



Codifying Medical Policies: Best Practices and Solutions

1



Introductions

2

CMS-0057 Quick Overview

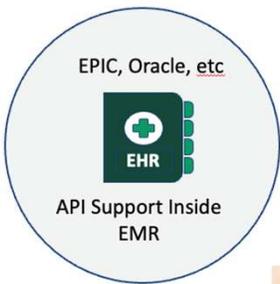


Replace manual Prior Authorization processes with seamless, automated, system-to-system communication between payer and provider.

Requires use of multiple interconnected systems

3

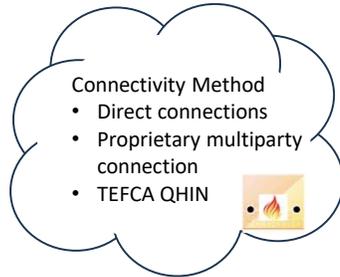
CMS-0057 Quick Overview



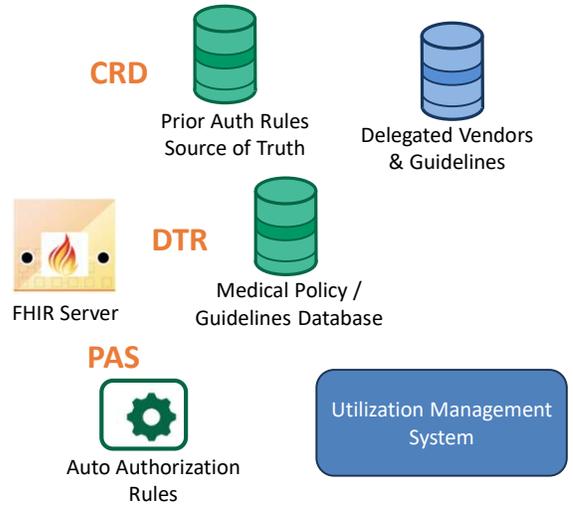
OR



Provider Systems



Network



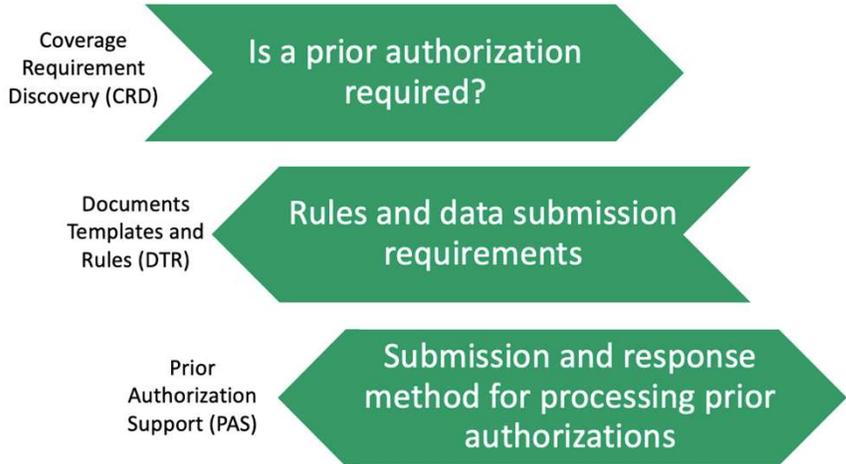
Payer Systems

4

CMS-0057 Quick Overview

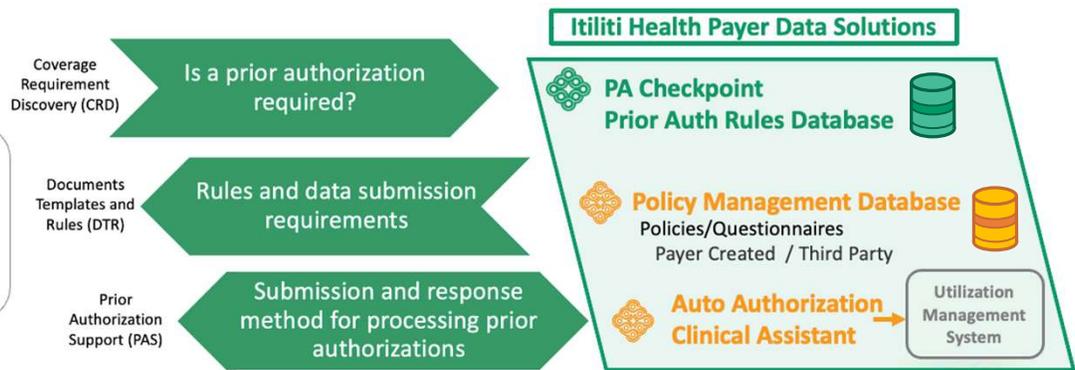


Three Application Programming Interfaces (APIs)



5

CMS-0057 Quick Overview



6

CMS-0057 Quick Overview



Itiliti Health Payer Data Solutions



7



Deeper Dive into DTR/Policy Guideline Communication

- 1 DTR STRATEGY
- 2 BLUE CROSS BLUE SHIELD ALABAMA CASE STUDY
- 3 DEMO OF BCBS AL SOLUTION

8



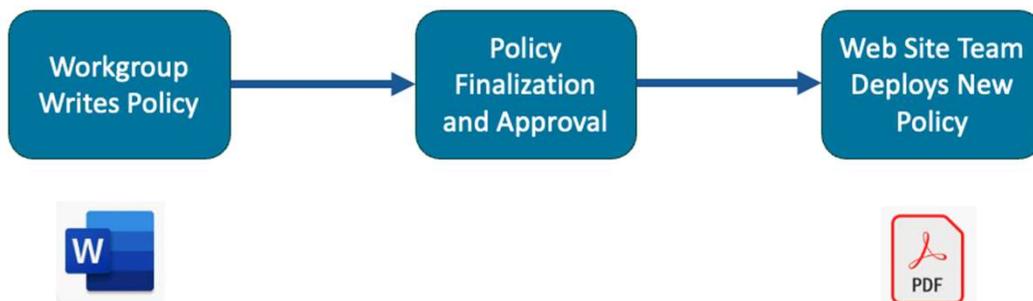
1 DTR STRATEGY – PAYER CHALLENGE

- Hundreds of policies in human readable documents that need to support this API based, digital workflow

9



Existing Policy Creation / Editing Workflow

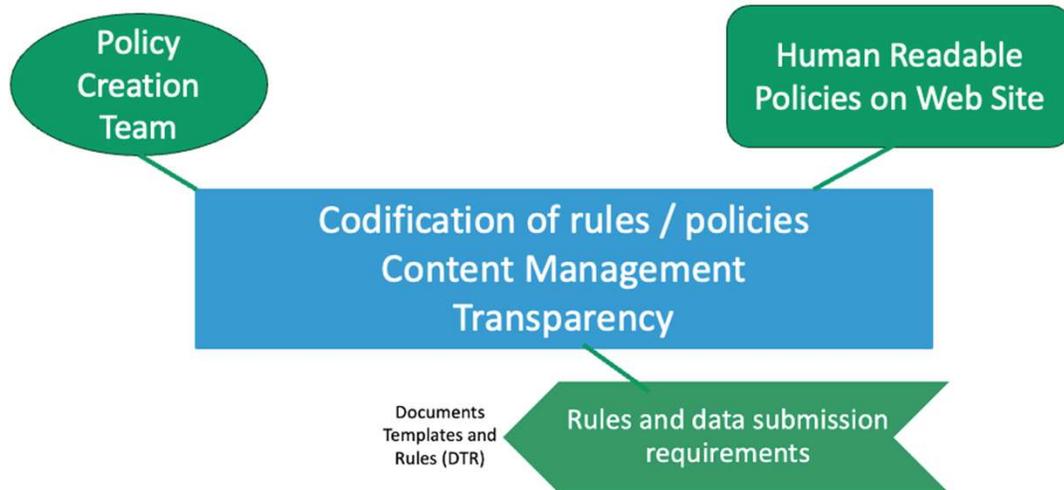


- Challenges
 - Versioning
 - Effective dates
 - Approvals
 - Auditability
 - Efficiency
 - Ease of finding policies

10



Payer Opportunity – Process redesign with added benefits



11



DTR Requirement

- Convert guidelines within policies into an API compliant format – FHIR Questionnaire

12



DTR Requirement

- Convert guidelines within policies into an API compliant format –
 - FHIR Questionnaire (method of requesting provider information)
 - Yes/No questions
 - Text entry questions
 - Clinical measurement questions
 - Document attachments
- } (can include codes to automatically gather data from compatible EHR systems)

13



DTR Requirement – Practical Strategy

- Convert all policies into digital format (Human readable and API readable)

 - Most frequently used policies
 - Specific yes/no, clinical questions and document attachments relevant to guideline

 - All other policies
 - One common set of questions and guideline specific document attachments

14



Case Study: BlueCross BlueShield of Alabama's Medical Policy Solution

1 DTR STRATEGY

2 BLUE CROSS BLUE SHIELD ALABAMA CASE STUDY

- **Policies/Workflow Before Transformation**
- Vendor Selection Process
- Process of Ingestion
- Policy Transparency Post-Ingestion
- Delegated Vendors
- Questionnaire Development
- Results and Outcomes

3 DEMO OF BCBS AL SOLUTION

15



2 BLUE CROSS BLUE SHIELD ALABAMA CASE STUDY

• Policies/Workflow Before Transformation



• Challenges

- Versioning
- Effective dates
- Approvals
- Auditability
- Efficiency
- Ease of finding policies

16



Case Study: BCBS of Alabama's Medical Policy Solution

1 DTR STRATEGY

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- Phases of the Process
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17



2 BLUE CROSS BLUE SHIELD ALABAMA CASE STUDY

- **Vendor Selection Process**

18



Case Study: BCBS of Alabama's Medical Policy Solution

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19



2 BLUE CROSS BLUE SHIELD ALABAMA CASE STUDY

- **Process of Ingestion**
 - Over 600 policies
 - Formatted in Word and PDF
 - Ingestion process
 - Identify existing format structure
 - Codify ingestion process
 - Ingest policies
 - User acceptance testing
 - Deployment
- Policies now human readable and machine readable

20



Case Study: BCBS of Alabama's Medical Policy Solution

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21



2 BLUE CROSS BLUE SHIELD ALABAMA CASE STUDY

- **Policy Transparency Post-Ingestion**

22

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[Provider](#)


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Looking for Insurance?

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23


Medical Policies

Keyword

Programs

Procedure Code

Policy Status

 Final Draft

Policy Date

Policy #	Policy Name	Effective Dates	Version	Status
003	Negative Pressure Wound Thera...	01/01/2023	v001	Final
004	Minimally Invasive Approaches to...	01/01/2023	v001	Final
006	Thoracic-Lumbo-Sacral Orthosis ...	01/01/2023	v001	Final
008	Adjustable Cranial Orthoses for P...	01/01/2023	v001	Final
015	Sympathetic Therapy and Bioelec...	01/01/2023	v001	Final
016	Ultrasounds in Preanancv	01/01/2023	v001	Final

24



Medical Policies

 Print

Policy Number: 517

Policy Name: Lumbar Spinal Fusion Surgery

Policy Type: Medical

Effective Date: 01-01-2023

Policy Subtype: Musculoskeletal

Last Review Date: 10-01-2024

NOTE: These criteria only apply to individuals aged 18 years and older.

Medical clearance is required for individuals with moderate to severe co-morbid conditions (e.g., cardiac disease, pulmonary disease, or diabetes) for assessment of pre-surgical risk and/or individual's ability for compliance with postoperative rehabilitation activities.

POLICY

Lumbar spinal fusion surgery may be considered medically necessary for ANY of the following indications regardless of smoking status:

1. Emergency Situations
 - a. Acute spinal fractures of less than three months duration with instability resulting in neural compression or spinal dislocation; or
 - b. Trauma (e.g., motor vehicle collisions, vertical fall)
 - c. Rapidly progressive symptoms of motor loss, neurogenic claudication, or cauda equina syndrome.
2. Tumors
 - a. Primary spinal tumor(s); or
 - b. Metastasis to the spine; or
 - c. Abscess or other growth creating a mass affect that damages or displaces the spine/spinal cord /nerves.
3. Infections affecting the spine (e.g., spinal tuberculosis, vertebral osteomyelitis, discitis).

Lumbar spinal fusion surgery may be considered medically necessary when a statement is provided from the physician that the individual is a non-smoker OR the individual will refrain from smoking for eight weeks prior to the planned surgery for ANY of the following indications:

NOTE: Smoking cessation applies to smoking of tobacco products (e.g., cigarettes, cigars, and/or pipe)

1. Degenerative disc disease (DDD) of the lumbar spine in the absence of instability when ALL of the following apply:

25

BCBS Alabama





Home > Policy Management > Policies > 053 > 001

Bariatric Surgery - 001

[← Back To Policy](#)

Bariatric Surgery

 Effective Date: 01-01-2020

 End Date: N/A

 Next Review Date: 12-31-2026

 Last Review Date: N/A

Published 

[Save](#)

[Preview](#) 

POLICY HEADER
CRITERIA
CONTENT
CODING NOTES
ATTACHMENTS
REQUIRED DOCUMENTS
QUESTIONNAIRE
REFERENCES
HISTORY
POLICY FOOTER
LOG

Policy Header

	Created Date	Modify Date	Action
No Data Available			

Rows per page: 10 | 0-0 of 0 | [|<](#) [<](#) [>](#) [>|](#)

26

13

```

1  Questionnaire-LumbarSpinalFusionSurgery517.json
2  {
3    "resourceType": "Questionnaire",
4    "id": "517-lumbar-spinal-fusion-surgery-policy-questionnaire",
5    "url": "https://mypolicies.itilitihealth.us/questionnaire/lumbar-spinal-fusion-surgery-517-vv001",
6    "version": "1.0.0",
7    "name": "LumbarSpinalFusionSurgery",
8    "title": "Lumbar Spinal Fusion Surgery",
9    "status": "active",
10   "date": "2025-07-27",
11   "publisher": "Itiliti Health",
12   "description": "[FHIR Questionnaire for assessing medical necessity criteria for] <Lumbar Spinal Fusion Surgery> [based on medical policy] <705/vv001>",
13   "jurisdiction": [
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19           "display": "United States of America"
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21       ]
22     }
23   ],
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30       "required": false,
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37         },
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40           "text": "Medical clearance is required for individuals with moderate to severe co-morbid conditions (e.g., cardiac disease, pulmonary
41           disease, or diabetes) for assessment of pre-surgical risk and/or individual's ability for compliance with postoperative rehabilitation activities.",
42           "type": "boolean",
43           "required": false
44         }
45       ]
46     }
47   ]
48 }
49
50
51

```

27

Lumbar Spinal Fusion Surgery

Prerequisites

The patient must be 18 years or older. Yes No Not Answered

Medical clearance is required for individuals with moderate to severe co-morbid conditions (e.g., cardiac disease, pulmonary disease, or diabetes) for assessment of pre-surgical risk and/or individual's ability for compliance with postoperative rehabilitation activities. Yes No Not Answered

For All Applicable Codes

Lumbar spinal fusion surgery may be considered medically necessary for ANY of the following indications regardless of smoking status:

Emergency Situations - Documentation of ONE of the following:

- Acute spinal fractures of less than three months duration with instability resulting in neural compression or spinal dislocation. Choose File No file chosen
- Trauma (e.g., motor vehicle collisions, vertical fall) Choose File No file chosen

Tumors - Documentation of ONE of the following

- Primary spinal tumor(s) Choose File No file chosen
- Metastasis to the spine Choose File No file chosen
- Abscess or other growth creating a mass affect that damages or displaces the spine/spinal cord/nerves Choose File No file chosen

Infections affecting the spine (e.g., spinal tuberculosis, vertebral osteomyelitis, discitis) Yes No Not Answered

For All Applicable Codes (with Smoking Restriction)

Prerequisites for the following criteria requires at least ONE of the following: Select one

Lumbar spinal fusion surgery may be considered medically necessary when ANY of the following indications are present:

Degenerative disc disease (DDD) of the lumbar spine in the absence of instability when ALL of the following apply:

- Maximum of two level fusion Yes No Not Answered
- The individual presents with discogenic pain for greater than 6 consecutive months Yes No Not Answered
- MRI (or other imaging) demonstrates morphological disc degeneration Yes No Not Answered
- Individual has previously not shown improvement from a minimum of six consecutive months of conservative therapy** Yes No Not Answered

28



Case Study: BCBS of Alabama's Medical Policy Solution

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29



2 BLUE CROSS BLUE SHIELD ALABAMA CASE STUDY

- **Delegated Vendors**

30

BlueCross BlueShield of Alabama | Medical Policies

Keyword
Enter keywords...

Procedure Code
Enter procedure code...

Policy Status
 Final Draft

Programs
 Select

- Select
- Autism Spectrum Disorder Applied Behavioral Analysis (ABA) Therapy
- Advanced Imaging Policies
- Radiation Therapy Policies
- Genetic Testing Policies
- Behavioral Health

Policy #	Policy Name	Effective Dates	Version	Status
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31

BlueCross BlueShield of Alabama | Medical Policies

Keyword
Enter keywords...

Procedure Code
Enter procedure code...

Policy Status
 Final Draft

Programs
Advanced Imaging Policies

Policy Date
05/12/2025

SUBMIT

Policy #	Policy Name	Effective Dates	Version	Status
ADV_IMG	Advanced Imaging Policies	01/01/2023	v001	Final

Rows per page: 10 | 1-1 of 1

32



Medical Policies

 Print

Policy Number: ADV_IMG
 Policy Name: Advanced Imaging Policies
 Policy Type: Medical
 Effective Date: 01-01-2023

Policy Subtype: Radiology

Advanced Imaging Policies

Blue Cross and Blue Shield partners with Carelon Medical Benefits Management to administer advanced imaging solutions for our members.

Clicking "Accept" below will take you to a website operated by Carelon Medical Benefits Management. Carelon is our business associate and an independent company providing diagnostic testing, information and services. Carelon has agreed to follow Blue Cross' privacy and security policies regarding the confidentiality and protection of your personal health information.

Note: Coverage is subject to member's specific benefits. Group-specific policies will supersede these policies when applicable. Please refer to the member's benefit plan.

Current Imaging Policies

To view medical policies for advanced imaging services, click "Accept" below the policy type you wish to view.

Cardiology

Radiology

Previous Imaging Policies

For a copy of previous imaging policies, email MedicalBenefitsManagement.Guidelines@Carelton.com, indicating the specific dates and guidelines needed.

Precertification of Advanced Imaging Services

Some advanced imaging services require precertification. See applicable CPT/HCPCS codes listed below.

CURRENT CODING

CPT:

0042T	CEREBRAL PERFUSION ANALYS CT W/BLOOD FLOW&VOLUME
0633T	CT BREAST W/3D RENDERING UNI WITHOUT CONTRAST

33




Case Study: BCBS of Alabama's Medical Policy Solution

1

DTR STRATEGY

2

BLUE CROSS BLUE SHIELD ALABAMA CASE STUDY

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3

DEMO OF BCBS AL SOLUTION

34



2 BLUE CROSS BLUE SHIELD ALABAMA CASE STUDY

- Results and Outcomes

35



Live Demo of
BCBS of
Alabama's
Solution

- 1 DTR STRATEGY**
- 2 BLUE CROSS BLUE SHIELD ALABAMA CASE STUDY**
- 3 DEMO OF BCBS AL SOLUTION**

36

Conclusions and Summary

