

Clinical Utilization Management Guidelines

Attached is a list of the *Clinical UM Guidelines* the health plan has adopted.

The full list of *Medical Policies* and *Clinical Utilization Management (UM) Guidelines* are publicly available on the [Medical Policy and Clinical UM Guideline subsidiary website](#). Their purpose is to help you provide quality care by reducing inappropriate use of medical resources.

The following InterQual® Criteria is utilized:

- Acute Adult and Pediatric Criteria
- Home Care Criteria
- Long-Term Care Criteria
- Outpatient Rehabilitation and Chiropractic Criteria
- Procedures Criteria
- Rehabilitation Criteria
- Subacute and Skilled Nursing Facility Criteria
- Durable medical equipment
- Molecular Diagnostics Criteria
- Behavioral Health Criteria

If InterQual does not cover a behavioral health service; the following standardized tools for medical necessity determinations are used:

- Adults: Level of Care Utilization System® (LOCUS)
- Children and Adolescents: Child and Adolescent Service Intensity Instrument (CASII)
- Young Children: Early Childhood Service Intensity Instrument (ECSII)

In addition, American Society of Addiction Medicine® (ASAM) criteria are used for substance use services according to state requirements.

Medicaid state contracts, regulatory guidance, CMS requirements and our *Medical Policy/Clinical UM Guidelines*, when approved by the Department for Medicaid Services (DMS), supersede InterQual Criteria.

Note: We make determinations of medical necessity on a case-by-case basis in accordance with the definition of medical necessity that is contained within the Medicaid state contract, regulatory guidance, CMS requirements or in our [*Medical Necessity Criteria Policy ADMIN.0004*].

If the request doesn't meet established criteria guidelines, it will be referred to a licensed physician reviewer with the appropriate clinical expertise to make a decision.



<https://providers.anthem.com/ky>

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The new *Clinical Utilization Management (UM) Guidelines* below were adopted by the medical operations committee for Anthem Blue Cross and Blue Shield Medicaid members on December 12, 2021.

To view a guideline, visit <https://www.anthem.com/provider/policies/clinical-guidelines>.

<i>CUMG</i> number	<i>CUMG</i> title	New item
CG-MED-69	Inhaled Nitric Oxide	



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