

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
- Imaging Criteria
- 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.

CMS recognized guidelines, Local Coverage Determinations (LCDs) and National Coverage Determinations (NCDs), may be utilized when other criteria do not specifically address the provider request.

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.00004*.

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.



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The new *Clinical Utilization Management (UM) Guidelines* below were adopted by the medical operations committee for our members on May 27, 2021.

To view a guideline, visit <https://www11.anthem.com/search>.

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



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