

Medical Policies and Clinical Utilization Management Guidelines

Attached is a list of the ***Clinical UM Guidelines and/or Medical Policies*** the health plan has adopted.

Their purpose is to help you provide quality care by reducing inappropriate use of medical resources.

InterQual[®] Criteria are used for medical necessity review (both medical and behavioral health) except for substance use services, which use criteria from the American Society of Addiction Medicine (ASAM). If InterQual Criteria 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)

Medicaid state contracts, regulatory guidance and CMS requirements supersede InterQual Criteria and our *Medical Policy* criteria.

Note: We make determinations of medical necessity on a case-by-case basis in accordance with the definition of medical necessity.

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

November 2019 Clinical Utilization Management Guidelines

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 November 25, 2019. For markets with carved-out pharmacy services, the applicable listings below are informational only.

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

CUMG Number	CUMG Title	New Item
CG-LAB-09	Drug Testing or Screening in the Context of Substance Use Disorder and Chronic Pain	
CG-MED-69	Inhaled Nitric Oxide	



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