



Approval of 2017 Decision Support Criteria presented to:

CMO Board of Managers	March 17, 2017
CMO Medical-Behavioral Utilization Management & Quality Management Improvement Committee	March 27, 2017

Overview

During the utilization review and case management process the CMO applies objective and evidence-based criteria and takes individual circumstances and the local delivery system into account when determining the medical appropriateness of health care services.

The licensed evidence-based criteria are approved by both the CMO Board of Managers and CMO Medical-Behavioral Utilization Management and Quality Management Improvement Committee to assist CMO, Network Care Management clinical staff with making determination of clinical appropriateness. The licensed guidelines used include, but are not limited to:

- Health Plan Eligibility and Coverage
- CMS Criteria
 - National Coverage Determinations (NCD)
 - Local Coverage Determinations (LCD)
 - Local Coverage Medical Policy Article
 - Medicare Benefit Policy Manual
- Health Plan Criteria (e.g. Coverage Summary, Medical Policy)
- Evidence Based Criteria: InterQual Clinical Content
 - Acute Adult Criteria
 - Acute Pediatric Criteria
 - Imaging Criteria
 - InterQual Clinical Evidence Summaries
 - Outpatient Rehabilitation and Chiropractic Criteria
 - Rehabilitation Criteria
 - Sub-acute Skilled Nursing Criteria
- Other evidence-based resources such as Hayes or evidence based literature
- Guidelines developed by the American Society of Addictive Medicine (ASAM)
- Guidelines developed by the American Psychiatric Association (APA)