



## Approval of 2020 Decision Support Criteria presented to:

<b>CMO Board of Managers</b>	<b>October 2020</b>
<b>CMO Medical-Behavioral Utilization Management &amp; Quality Management Improvement Committee</b>	<b>October 2020</b>

### 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: MCG Care Guidelines
  - Ambulatory Care
  - Inpatient Surgical Care
  - General Recovery Care
  - Home Healthcare
  - Recovery Care Facility
  - Behavioral Healthcare
- Other evidence-based resources such as Hayes or evidence based literature
- Level of Care for Alcohol and Drug Treatment (LOCATDR) Guidelines developed by the American Psychiatric Association (APA)