

Utilization Management – Clinical Criteria and Availability of Clinical Criteria

The Utilization Management (UM) review process uses a wide range of criteria, guidelines, and reference tools to assist in determinations of benefit coverage, behavioral health needs and medical appropriateness. Supporting clinical and benefit information, relevant to each case will be reviewed when making medical necessity coverage determinations.

All criteria are reviewed and approved at least annually. Only appropriate clinical and behavioral health practitioners with relevant experience are involved in the development, adoption and reviewing of the criteria. The criteria must comply with Medicare, local and national coverage determinations, and relevant Medicaid requirements.

Approved Clinical Criteria for Utilization Management Decisions

- CMS criteria: National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs) and Local Coverage Articles (LCAs), Medicare Benefit Policy Manuals
- State Medi-Cal Guidelines
- Health plans' Evidence of Coverage (EOC), Medical Policy or Clinical Guidelines
- National/ Specialty Guidelines, e.g.:
 - AIM Specialty Health Clinical Appropriateness Guidelines
 - American College of Radiology (ACR) Appropriateness Criteria
 - Milliman® Care Guidelines (MCG)
 - InterQual
 - National Comprehensive Cancer Network (NCCN)
 - U.S. Preventive Service Task Force (USPSTF) Recommendations Grade A, B & C
- Government Agency, Medical Society and other Authoritative Publications, e.g.:
 1. Agency for Healthcare Research and Quality (AHRQ): <http://www.ahrq.gov>
 2. Agency for Healthcare Research and Quality (AHRQ) Clinical Practice Guidelines: <http://www.ahrq.gov/clinic/cpgsix.htm>
 3. Center for Medicare and Medicaid Services (CMS): <http://www.cms.hhs.gov> – Topics – coverage – Medicare Advisory Committee (MCAC)
 4. Department of Health and Human Services: Center for Disease Control and Prevention (CDC): <http://www.cdc.gov>
 5. Food and Drug Administration (FDA): <http://www.fda.gov> (including listing on the FDA Orphan Drug Approval)
 6. National Library of Medicine – PUBMED: http://www.nlm.nih.gov/bsd/pubmed_tutorial/m1001.html
 7. The American Hospital Formulary Service Drug Information

8. The U.S. Pharmacopoeia Dispensing Information, Vol. 1

9. Physician specialty societies where publicly available.

- Clinical Criteria Utilized in BH Decision Making:
 - Level of Care Criteria

	Clinical Specialty	Nonprofit Professional Association	Criteria or Guideline (Current Version)
1.	Substance Use Disorder Any Age	American Society of Addiction Medicine (ASAM)	ASAM 3 rd Edition 2013
2.	Mental Health Disorders Patients 18 and Older	American Association of Community Psychiatrists	Level of Care Utilization System (LOCUS) 20 2020
3.	Mental Health Disorders Patients 6 to 17 Years of Age	American Association of Community Psychiatrists Or American Academy of Child & Adolescent Psychiatry	Child and Adolescent Level of Care Utilization System (CALOCUS) 20* Or Child and Adolescent Service Intensity Instrument (CASII)*2019
4.	Mental Health Disorders Patients 0 to 5 Years of Age	American Academy of Child and Adolescent Psychiatry	Early Childhood Service Intensity Instrument (ESCI)

- Clinical Practice Guidelines for Specific Diagnoses

	Clinical Specialty	Nonprofit Professional Association	Criteria or Guidelines (Current Version)
1.	Gender Dysphoria	World Professional Association for Transgender Health (WPATH)	WPATH Standards of Care Version 7 2012 Anticipated release of Version 8 in 2021

Availability of Clinical Criteria

Upon request, medical groups will make available all criteria, clinical review guidelines and medical review policies utilized for decision making to members and practitioners. With each determination made by the medical group, members and providers are notified in writing of the process for requesting a free copy of the criteria guideline or policy used to make the determination.

- Contact:

Medical Group	Mail	Email	Phone
Regal Medical Group	Regal Medical Group P.O. Box 371330 Reseda, CA 91337	customerservice@regalmed.com	Customer Service: (818) 357-5000 or (866) 654-3471 TDD/TTY: (800) 735-2929 (English) / (800) 855-3000 (Spanish)
Lakeside Medical Group	Lakeside Community Healthcare P.O. Box 371330 Reseda, CA 91337	customerservice@regalmed.com	Customer Service: (818) 357-5000 or (866) 654-3471 TDD/TTY: (800) 735-2929 (English) / (800) 855-3000 (Spanish)
ADOC Medical Group	ADOC Medical Group 600 City Parkway West Suite 400 Orange, CA 92868	info@adoc.us	Customer Service (866) 654-3471 TDD/TTY: (800) 735-2929 (English) / (800) 855-3000 (Spanish)