

This form documents American Health's use of MCG[®] criteria (formerly Milliman Care Guidelines[®]), American Society of Addiction Medicine (ASAM) criteria and Aetna Clinical Policy Bulletins (CPBs).

The above criteria/CPBs are detailed and technical guidelines that span the continuum of care, including chronic care and behavioral health management and are based on evidence from objective, credible sources:

- Evidence in peer-reviewed published medical literature
- Technology assessments and structured evidence reviews
- Evidence-based consensus statements
- Expert opinions of healthcare providers
- Evidence-based guidelines from nationally recognized professional healthcare organizations and public health agencies

These criteria/CPBs are used in the Utilization Review process to help establish medical necessity of the proposed treatment/service and are annually updated by a team of doctors, nurses and other clinicians who review articles and other sources of evidence and chose the unique citations.

The Medical Director and the American Health Holding Utilization Review Clinical Staff annually review these internal guidelines.

FOR ALL SUBSTANCE USE DISORDER REVIEWS:

The clinical review criteria used shall be the most recent edition of the American Society of Addiction Medicine's (ASAM) Patient Placement Criteria.

FOR CHILD OR ADOLESCENT MENTAL DISORDER REVIEWS:

The clinical review criteria used shall be (i) the most recent guidelines of the American Academy of Child and Adolescent Psychiatry Child and Adolescent Service Intensity Instrument; or (ii) clinical review criteria demonstrated to be consistent with the most recent guidelines of the American Academy of Child and Adolescent Psychiatry Child and Adolescent Service Intensity Instrument.

FOR ADULT MENTAL DISORDER REVIEWS:

The clinical review criteria used shall be: (i) the most recent guidelines of the American Psychiatric Association or the most recent Standards and Guidelines of the Association for Ambulatory Behavioral Healthcare; or (ii) clinical review criteria demonstrated to be consistent with the most recent guidelines of the American Psychiatric Association or the most recent Standards and Guidelines of the Association for Ambulatory Behavioral Healthcare.

FOR APPLIED BEHAVIORAL ANALYSIS (ABA) THERAPY REVIEWS

The clinical review shall follow the Guidelines for ABA Therapy Reviews.

FOR ALL AETNA AFFILIATED GROUPS:

Aetna Clinical Policy Bulletins (CPBs) shall be used first as medical policy (i.e., for cosmetic, or experimental, unproven treatments, medical devices or when Aetna network applies). If there is no Aetna CPB, then MCG guidelines may be used.

FOR ALL NON-AETNA GROUPS:

MCG guidelines shall be used first to determine medical necessity and length of stay. If there is no MCG guideline or only a general MCG guideline available, then Aetna CPBs may be used.

Client and/or State Specific process would override these guidelines and established medical necessity criteria.

NOTE: AHH reserves the right to override any client-specific precert requirement at any time, if as a company we are not prior authorizing the named treatment/service.