# Medical Necessity Criteria

Carelon Behavioral Health's Medical Necessity Criteria (MNC), also known as clinical criteria, are reviewed and updated at least annually to ensure that they reflect the latest developments in serving individuals with behavioral health diagnoses. Carelon Behavioral Health's Corporate Medical Management Committee (CMMC) adopts, reviews, revises and approves Medical Necessity Criteria per client and regulatory requirements. Carelon Behavioral Health Texas uses Change Healthcare's InterQual® Behavioral Health Criteria for mental health requests and the Texas Administrative Code's (TAC) criteria for Substance Use Disorder Criteria.

Network providers may give advice on development or adoption of UM criteria and on instructions for applying the criteria. These comments and opinions may be received through practitioner participation on committees, provider newsletter requests for review, and by considering comments from practitioners to whom the criteria have been circulated to for input and feedback. Carelon Behavioral Health disseminates criteria sets via the provider handbook, provider forums, newsletters, Internet site, and individual training sessions. In addition, members are provided copies free of charge upon request. Each Region and/or Engagement Center (EC) has ultimate responsibility to incorporate the levels of care included in a plan's benefits into the MNC that Carelon Behavioral Health uses. Before a criteria set is approved for use within a Region and/or EC, it is reviewed by the CMMC to ensure adherence to clinical best practices guidelines and overall core criteria standards. The core set of criteria is annually approved by the CMMC.

It is Carelon Behavioral Health's policy to authorize payment only for services that are medically necessary and provided for the identification and/or treatment of a member's illness.

Carelon Behavioral Health uses its Medical Necessity Criteria as guidelines, not absolute standards, and considers them in conjunction with numerous factors such as age, comorbidities, complications, progress of treatment, psychosocial situations, home environment, characteristics of the local delivery system, and availability of alternative levels of care. Carelon Behavioral Health also considers the service area's ability to support the patient after hospital discharge as well as a member's needs, strengths, and treatment history in determining the best placement for a member. Medical Necessity Criteria are applied to determine appropriate care for all members. In general, services will only be certified if the clinical presentation meets the specific medical necessity criteria for a particular level of care. However, in addition to the clinical presentation, the member's individual needs, social determinants of heath, and characteristics of the local service delivery system are also taken into consideration as well as family, community, and natural supports. UM Clinicians are trained to apply the appropriate medical necessity

clinical criteria. Audits of case activity documentation of both peer advisors and clinicians are conducted on a regular basis. The audit process enables monitoring of inter-rater reliability and ensures consistency across physician reviewers and clinicians. The audit may address the following areas:

- Timeliness of review process
- Completeness/adequacy of documentation
- Care management adherence to clinical policy guidelines
- Consistent application of clinical criteria
- Clinical appropriateness of decision-making
- Quality and content of telephonic discussions