

PROVIDER BULLETIN

May 21, 2015

MCG Health, LLC Criteria to Determine Medical Necessity

Effective **July 1, 2015**, Anthem Blue Cross and Blue Shield Medicaid (Anthem) will use MCG Health, LLC (formerly known as Milliman Care Guidelines) criteria to determine medical necessity of both inpatient and outpatient precertification services, except in cases where superseded by state Medicaid requirements. This action is based on Commonwealth of Kentucky medical review criteria requirements effective 7/1/2015. The MCG Health criteria will replace Anthem's current proprietary Medical Policy and Clinical Utilization Management Guidelines review criteria.

Also beginning **July 1, 2015**, Anthem Health Care Management Services (HCMS) Behavioral Health department will use the following criteria for reviews of behavioral health services:

- Adults - Level of Care Utilization System (LOCUS)
- Substance use - American Society of Addiction Medicine (ASAM)
- Children and adolescents - Child and Adolescent Service Intensity Instrument (CASII)
- Young children - Early Childhood Service Intensity Instrument (ECSII)

Why is this change necessary?

After thorough investigation and analysis, and at the request of the Commonwealth of Kentucky, Anthem has decided to use the nationally recognized, peer-reviewed and evidence-based MCG Health criteria when reviewing the medical necessity of both inpatient and outpatient services. These guidelines are written by physicians, nurses and other health care professionals and represent a compilation of best practices drawn from the current best medical evidence. These guidelines will assist us in making medical necessity and level-of-care determinations.

Effective **July 1, 2015**, state requirements mandate the use of the above standardized tools.

What is the impact of this change?

We're moving to a standardized, widely-adopted set of medical review criteria help providers render quality care while reducing members' underuse, overuse or misuse of medical resources.

Please note: Existing precertification requirements have not changed.

For more information

If you have questions about this communication, received this fax in error or need assistance with any other items, call Provider Services at **1-855-661-2028**.

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