



BlueCross BlueShield
of Illinois

Utilization Management

*Government Programs
Clinical Review Criteria*

Provider Education



Blue Cross and Blue Shield of Illinois,
a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee
of the Blue Cross and Blue Shield Association

Background

In accordance with Illinois House Bill 2595 (Public Act 102-0579), the [Accepted Standards of Behavioral Health Care Act of 2021](#), effective Jan. 1, 2023, Blue Cross and Blue Shield of Illinois will provide annual education on clinical review criteria.

Staff training includes third party contracted vendor staff and BCBSIL employees who review claims, conduct utilization reviews, or make medical necessity determinations.

Training resources will also be made available to stakeholders, providers, beneficiaries and potential participants.

Information on how to access utilization review criteria and related resources is available on the [Prior Authorization Support Materials \(Government Programs\) page](#), in the [Utilization Management section](#) of our provider website.

Clinical Review Criteria: Introduction

This training is intended to provide a general overview of clinical review criteria that are used in prior authorization decision-making for our Government Programs members.

The training spotlights BCBSIL's Medical Policies and Pharmacy Guidelines, as well as external clinical review criteria sources, such as the examples in the list below.

- American Society of Addiction Medicine (ASAM)
- MCG™ Care Guidelines
- EviCore healthcare clinical guidelines
- Medicare National and Local Coverage Determinations
- Illinois Department of Healthcare and Family Services Provider Handbook
- Illinois Administrative Code

Medical Policy for BCBSIL

Medical Policies for BCBSIL are based on research that provides evidence of scientific merit for a particular medical technology. Technology determinations used in Medical Policies are based in part on criteria developed by the Blue Cross Blue Shield Association's Technology Evaluation Center (TEC).

Our Medical Policies also are based on data from the peer-reviewed scientific literature, from criteria developed by specialty societies and from guidelines adopted by other health care organizations.

Medical Policies are used as guidelines for coverage determinations in health care benefit programs, unless otherwise indicated.

For more information, refer to the [Medical Policy page](#) in our Standards and Requirements section.

BCBSIL Pharmacy Guidelines

Pharmacy medical necessity criteria follow all state and federal regulatory and applicable industry standards. This eliminates unfair rules for any category of treatment.

Prime Therapeutics is our pharmacy benefit management vendor. Pharmacy criteria are developed using the following resources:

- U.S. Food and Drug Administration approved labeling
- Compendia, including:
 - *Clinical Pharmacology*
 - *DrugDex*®
 - *National Comprehensive Cancer Network*
 - *The American Society of Health System Pharmacists*
- Evidence-based practice
- Clinical Trials published in peer-reviewed journals

For more information on Pharmacy criteria, visit [Prime's website](#).

American Society of Addiction Medicine (ASAM)

The ASAM Criteria®: Treatment Criteria for Addictive, Substance-Related, Co-Occurring Conditions is used as criteria to guide clinicians in making medical necessity decisions for patients with addiction disorders.

The ASAM criteria are designed to support multi-dimensional assessments and treatments, attending to the multiple needs of each person – not just the person's alcohol or drug use.

There is also a greater emphasis on the need for integrated care, addressing both the mental and physical health disorders present in patients with addictions.

For more information, visit the [ASAM website](#). ASAM Criteria are accessible to providers via the BCBSIL-branded Payer Spaces section in [Availity® Essentials](#), under the Resources tab.

MCG Care Guidelines

MCG provides industry-leading evidence-based care guidelines used to determine medical necessity for multiple levels of care.

After analysis of peer-reviewed papers and research studies each year, guidelines are updated in strict accordance with the principles of evidence-based medicine. Each year, thousands of references are reviewed and ranked, with unique citations.

Care guidelines from MCG provide access to evidence-based best practices and care-planning tools across the entire care journey, supporting clinical decision-making and efficient transitions between care settings.

BCBSIL may use MCG care guidelines for review of multiple levels of care, including but not limited to:

- *Acute Inpatient*
- *Outpatient Medical and Surgical Procedures*
- *Home Care*

For more information, visit the [MCG website](#). MCG Care Guidelines are accessible to providers via the BCBSIL-branded Payer Spaces section in [Availity](#), under the Resources tab.

EviCore Clinical Guidelines

EviCore clinical guidelines are used for the certification of selected care category requests which include Cardiology, Radiology, Medical Oncology, Molecular Genetics, Physical and Occupational Therapy, Speech Therapy, Joint Surgery, Spine Surgery, Interventional Pain Management, Radiation Therapy, Sleep Studies, Specialty Drug Therapies, Post-Acute Skilled Nursing and Long-term Acute Care.

These guidelines are evidence-based and continually updated to be consistent with the most current practices and recommendations from national and international medical societies and evidence-based medicine research centers. In addition, the criteria are supplemented by information published in peer-reviewed literature.

For more information, refer to the [EviCore website](#).

Medicare National and Local Coverage Determinations

The Centers for Medicare & Medicaid Services (CMS) develops National and Local Coverage Determinations (NCDs/LCDs) to determine coverage for services that: are reasonable and necessary for the diagnosis or treatment of an illness or injury, can improve functioning of a malformed body member, or are a covered preventive service.

NCDs/LCDs are made through an evidence-based process, with opportunities for public participation. In some cases, CMS' own research is supplemented by an outside technology assessment and/or consultation with the Medicare Evidence Development & Coverage Advisory Committee (MEDCAC).

In the absence of a national coverage policy, an item or service may be covered at the discretion of the Medicare contractors based on the LCD.

LCDs are specific to individual states.

For more NCD/LCD information, refer to CMS' [Medicare Coverage Database \(MCD\) Search page](#).

Illinois Government: Additional Resources Used for Prior Authorization Decision-making

The [HFS Provider Handbook](#) provides information regarding the Illinois Medicaid benefits, policies and procedures applicable to services available to Illinois Medicaid beneficiaries. The handbook is used as a source for screening and evaluating service requests.

The [Illinois Administrative Code](#) is the compilation of administrative rules for state agencies published in the Illinois Registry. The Illinois Administrative Code is used as a guide, and as a source for screening and evaluation of appropriateness of requested services.

Additional Information

The information in this presentation is intended to offer a general overview for providers regarding utilization review criteria that may apply.

Additional information/education is available upon request.

We're Here To Help

Our Provider Network Consultant (PNC) teams are your liaison with BCBSIL. If you need to contact your designated PNC, see our [PNC assignment list](#) for the appropriate email address.

We also encourage you to sign up for online training on a variety of topics.

- Our PNCs conduct ongoing orientations and other webinars for providers.
- There's also a monthly Provider Hot Topics webinar so you can connect with your PNC for an informal Q&A.
- Check our [Webinars and Workshops](#) page for dates, times and online registration.

Disclaimers

The above material is for informational purposes only and is not a substitute for the independent medical judgment of a physician or other health care provider. Physicians and other health care providers are encouraged to use their own medical judgment based upon all available information and the conditions of the patient in determining the appropriate course of treatment. References to other third party sources or organizations are not a representation, warranty or endorsement of such organizations. The fact that a service or treatment is described in this material is not a guarantee that the service or treatment is a covered benefit and members should refer to their certificate of coverage for more details, including benefits, limitations and exclusions. Regardless of benefits, the final decision about any service or treatment is between the member and their health care provider.

The BCBSIL Medical Policies are for informational purposes only and are not a substitute for the independent medical judgment of health care providers. Providers are instructed to exercise their own clinical judgment based on each individual patient's health care needs. The fact that a service or treatment is described in a medical policy is not a guarantee that the service or treatment is a covered benefit under a health benefit plan. Some benefit plans administered by BCBSIL, such as some self-funded employer plans or governmental plans, may not utilize BCBSIL Medical Policies. Members should contact the customer service number on their member ID card for more specific coverage information.

Prime Therapeutics LLC (Prime) is a pharmacy benefit management company. BCBSIL contracts with Prime to provide pharmacy benefit management and other related services. BCBSIL, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime.

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MCG (formerly Milliman Care Guidelines) is a trademark of MCG Health, LLC (part of the Hearst Health network), an independent third party vendor.

EviCore healthcare is an independent company that has contracted with BCBSIL to provide prior authorization for expanded outpatient and specialty utilization management for members with coverage through BCBSIL.

Availity is a trademark of Availity, LLC, a separate company that operates a health information network to provide electronic information exchange services to medical professionals. Availity provides administrative services to BCBSIL.

BCBSIL makes no endorsement, representations or warranties regarding third party vendors and the products and services they offer.