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| Utilization Management Program: Clinical Criteria Selection |  |
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**Clinical Criteria Process**

The Payer Compass Utilization Review Department, specifically the Payer Compass Medical Director and Utilization Review Nurses, will apply the most current version of evidence-based clinical criteria and/or guidelines in reviewing requests to render determinations.

At the time of the request for services, the requestor is informed of the Utilization Review requirements.

In cases where the clinical criteria and/or guidelines are not appropriate and/or do not meet medical necessity, the Payer Compass Utilization Review Nurse will consult and collaborate with the Payer Compass Medical Director and/or IRO who are responsible for all non-certified decisions. The Payer Compass Utilization Review Nurse does not make decisions to non-certify. Only physicians or other specialty providers make these decisions.

### The following outlines examples of the evidence-based criteria and clinical guidelines:

* + MCG Evidence-Based Guidelines
	+ National Comprehensive Cancer Network® Evidence-Based Guidelines
	+ Medicare/CMS guidelines
	+ Food and Drug Administration (FDA)
	+ National **Guidelines** Clearinghouse (NGC)
	+ Medical Review Institute of America
	+ Physician Review Network
	+ Other clinical criteria and/or guidelines approved by Medical Peer Review using scientific medical literature