

Contra Costa Health Plan

Utilization Management.

Title: Utilization Review Criteria and Guidelines

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Applies to:

Medi-Cal

Medicare

Commercial

State Sponsored

All

N/A

Regulatory/Accreditation:

DMHC:

CMS:

DHCS:

Other Reg. References:

NCQA:

N/A

Units:

Administration

Advice Nurses

All Staff

Business Services

Case Management

Health Ed/Cultural Ling.

Marketing

Member Services

Planning, Survey, Reg Affairs

Provider Affairs

Quality Management

Auth/Utilization Management

POLICY

Written clinical criteria or guidelines are used in the utilization review process to ensure consistent review and decision-making by the Utilization Management (UM) staff. The clinical criteria and guidelines utilized by the UM staff may be product line specific, evidence-based, and/or derived from standards respected in the health care industry. This includes criteria for determining the medical necessity of health care services and benefits for the diagnosis, prevention and treatment of mental health and substance use disorders, which are based on current generally accepted standards of mental health and substance use disorder care. Before using any such criteria, CCHP shall verify and document before use that the criteria were developed in accordance with current generally accepted standards of mental health and substance use disorder care.

“Generally accepted standards of mental health and substance use disorder care” means standards of care and clinical practice that are generally recognized by health care providers practicing in relevant clinical specialties such as psychiatry, psychology, clinical sociology, addiction medicine and counseling, and behavioral health treatment pursuant to Section 1374.73. Valid, evidence-based sources establishing generally accepted standards of mental health and substance use disorder care include peer-reviewed scientific studies and medical literature, clinical practice guidelines and recommendations of nonprofit health care provider professional associations, specialty societies and federal government agencies, and drug labeling approved by the United States Food and Drug Administration.

“Mental health and substance use disorders” means a mental health condition or substance use disorder that falls under any of the diagnostic categories listed in the mental and behavioral disorders chapter of the most recent edition of the International Classification of Diseases or that is listed in the most recent version of the Diagnostic and Statistical Manual of Mental Disorders. Changes in terminology, organization, or classification of mental health and substance use disorders in future versions of the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders or the World Health Organization’s International Statistical Classification of Diseases and Related Health Problems shall not affect the conditions covered by this section as long as a condition is commonly understood to be a mental health or substance use disorder by health care providers practicing in relevant clinical specialties.

As noted in the UM Program Description, UM decisions are based on the clinical appropriateness of care/service (including type, frequency, extent, site, and duration) and existing coverage. UM decisions are not made primarily for the economic benefit of CCHP and its members or for the convenience of the patient, treating physician, or other health care provider. Accordingly, the UM staff are not compensated for denying services or encouraged to make decisions that result in underutilization. The UM staff’s non-quantitative treatment limitation policies and procedures shall not be more restrictive for mental health/substance abuse services than for medical/surgical services.

Neither CCHP nor its contracted entities or entities it otherwise works through utilize an artificial intelligence, algorithm, or other software tool for the purpose of utilization review or utilization management functions, based in whole or in part on medical necessity, or contracts with or otherwise works through an entity that use an artificial intelligence, algorithm, or other software tool for the purpose of utilization review or utilization management functions, based in whole or in part on medical necessity.

Guidelines are available to providers and members at no cost. Please refer to policy [UM 15.030-Disclosure of Utilization Management Criteria and Guidelines](#) for details.

PURPOSE

To ensure that medical necessity decisions for proposed health care services are consistent with criteria or guidelines that mimic standards established by the individual’s product line or when not available or nonspecific, supported by sound clinical principles and processes.

SCOPE

Contra Costa Health Plan provides coverage for “Basic Healthcare Services” including:

- (1) Physician services, including consultation and referral.
- (2) Hospital inpatient services and ambulatory care services.
- (3) Diagnostic laboratory and diagnostic and therapeutic radiologic services.
- (4) Home health services.
- (5) Preventive health services.
- (6) Emergency health care services, including ambulance and ambulance transport services and out-of-area coverage. “Basic health care services” includes ambulance and ambulance transport services provided through the “911” emergency response system.

- (7) Hospice care pursuant to California Health and Safety Code - HSC § 1368.2 .
- (8) Intermediate services, including the full range of levels of care, including, but not limited to, residential treatment, partial hospitalization, and intensive outpatient treatment.
- (9) Prescription drugs, if the plan contract includes coverage for prescription drugs.
- (10) Mental Health and Substance Use Disorder Services, including behavioral health treatment (this includes counseling and psychotherapy)
- For CCHP Medi-Cal members, some MH/SUD services of Moderate/Severe acuity are accessed via the Specialty Mental Health Services (SMHS) sector via Contra Costa County Behavioral Health Services (BHS).

Contra Costa Health Plan applies the criteria and guidelines in this policy to these services, as appropriate.

PROCEDURE

I. Source of Criteria and Guidelines

“Utilization review criteria” means any criteria, standards, protocols, or guidelines used by a health care service plan to conduct utilization review. Contra Costa Health Plan (CCHP) draws and follows recommendations from a number of nationally recognized sources in the development of clinical authorization guidelines and the application of criteria in the decision-making process. These recommendations and guidelines are used to evaluate the medical necessity for preventive care, admissions, outpatient surgeries, diagnostic and therapeutics, and ancillary services, such as durable medical equipment, orthotics, and prosthetics. Quality Council (QC) approves the following organizations and resources for the Utilization Management Department to use in the decision-making process unless otherwise mandated by federal/state law, policies, or regulations. Usage preference is explained in section “Application of Criteria and Guidelines.” The guidelines listed below demonstrate the breadth of guidelines that CCHP uses but is not exhaustive.

- State Department of Health Care Services-DHCS (Medi-Cal) *- *Medi-Cal product line*
- Noridian Administrative Services-DMERC Reg D*- *Medicare and commercial product lines*
- Center for Medicare/Medicaid Services (CMS)*- *Medicare and commercial product lines*
- Health Plan established clinical authorization guidelines*
- Apollo guidelines or InterQual Intensity of Service and Severity of Illness Criteria*
- National Guideline Clearinghouse (http://guidelines.gov/resources/guideline_index.aspx)
- Contra Costa County Health Services’ Approved Electronic Library Web-Based Resources (Including Up-to-Date and other resources)
- American Academy of Pediatrics (<http://pediatrics.org>)
- American Congress of Obstetricians and Gynecologists (<http://www.acog.org>)
- National Comprehensive Cancer Network (<http://www.nccn.org/>)
- National Institute for Health (<http://www.nih.gov/>)
- American Academy of Family Physicians
- American Academy of Neurology
- American Academy of Sleep Medicine
- American College of Physicians
- American Psychiatric Association

- American Psychological Association
- Council of Autism Service Providers
- Canadian National Network for Mood and Anxiety Treatments
- American Society of Addiction Medicine
- American Association for Community Psychiatry
- American Academy of Child and Adolescent Psychiatry
- World Professional Association for Transgender Health
- American Medical Association Practice Parameters
- National Committee for Quality Assurance
- Joint Commission Accreditation for Hospital Organizations
- Guidelines from other national societies and nonprofits, as appropriate

Please see “Application of Criteria and Guidelines” section for additional details.

In addition, other statistical data and resources are considered that may influence the frequency of review and revision of guidelines including: admits/1000, bed days/1000, visits/1000, under and over utilization of services, and any standards or goals published by professional organizations and approved by QC prior to use.

Please note for CCHP commercial mental health and substance abuse services, Health and Safety Code (HSC) Section 1374.721(b) requires CCHP to apply the criteria and guidelines set forth in the most recent versions of treatment criteria developed by the nonprofit professional association for the relevant clinical specialty. Section 1374.721(c) prohibits CCHP from applying different, additional, conflicting, or more restrictive utilization review criteria than the criteria developed by the nonprofit professional associations, unless the criteria are outside the scope or are related to advancements in technology or types of care not yet covered in the nonprofit professional association criteria. Section 1374.721(d) requires, if CCHP purchases or licenses utilization review criteria pursuant to HSC §1374.721 paragraph (1) or (2) of subdivision (c), CCHP shall verify and document before use that the criteria were developed in accordance with HSC §1374.721 subdivision (a)

II. Development of Clinical Criteria or Guidelines

In consultation with providers from the Contra Costa Regional Medical Center (RMC) and/or Community Provider networks (CPN), the CCHP UM department review and create guidelines based on valid and reliable clinical evidence or a consensus of health care professionals in the relevant field(s). The guidelines also consider the needs of members and stem from recognized organizations that develop or promulgate evidence-based clinical practice guidelines or are developed with the involvement of board-certified Providers from appropriate specialties. These practices will be used to establish authorization and utilization review guidelines.

On an annual basis, the Chief Medical Officer, or designee reviews its UM criteria and procedures against current clinical and medical evidence. Quality Council (QC) will then review, approve, and recommend revisions to the application of criteria and guidelines. Documentation of above activities is noted in the QC minutes.

III. Utilization of Criteria or Guidelines by Participating Providers

Participating providers will be notified by CCHP that Health Plan established guidelines, InterQual, Apollo, Medi-Cal, Medicare, relevant Commercial Mental Health Guidelines (e.g. LOCUS), and guidelines from national societies and nonprofits are the primary criteria for the decision-making process. CCHP review guidelines are available to providers for free and applicable to all utilization activities.

IV. Application of Criteria and Guidelines

The consistency of applying approved criteria and guidelines is measured at all levels of delegation via periodic retrospective review by Utilization Management leadership, Utilization Management rounds, or periodic audits of determinations made by using these criteria. As part of the UM Physician's secondary review, the physician who serves as the ultimate decision maker will verify that the nurse has selected and applied appropriate criteria and guidelines.

When clinical criteria are applied, the individual needs of the member, such as age, comorbidities, physical limitations, home environment, psychosocial situation, complications, and progress of treatment are considered. The Health Plan also considers the member's benefit package and availability of alternative level of care, such as skilled nursing facilities, long-term acute care, sub-acute facilities and home health services in the local health delivery system.

In general, guidelines used in the decision-making process (prospective, concurrent and retroactive reviews and determinations) are as follows:

- For hospital admission review (emergency room admissions, concurrent stay and retroactive review):
 1. Based on enrollee's product line:
 - a. Medi-Cal guidelines for Medi-Cal enrollees,
 - b. Medicare guidelines for Medicare and commercial enrollees, and for Medi-Cal enrollees when Medi-Cal guidelines do not exist or are non-specific.
 2. InterQual guidelines when #1a or #1b are nonexistent or non-specific.
 3. Apollo Medical Review guidelines when #2 is nonexistent or non-specific.
- For elective admissions, long term acute care hospitals, skilled nursing facilities, specialty care referrals, outpatient and ancillary services the following priority order are used for decision-making, except as noted under ADOPTED GUIDELINES:
 4. Based on enrollee's product line:
 - a. Medi-Cal guidelines for Medi-Cal enrollees,
 - b. Medicare guidelines for Medicare and commercial enrollees, and for Medi-Cal enrollees when Medi-Cal guidelines do not exist or are nonspecific, such as DME, orthotic and prosthetic.
 5. Apollo Medical Review Criteria guidelines when #4a and #4b are nonexistent or non-specific.
 6. InterQual guidelines when #5are nonexistent or nonspecific
 7. Current (within 24 months of last revision or update) Health Plan clinical authorization guidelines when the above are nonexistent or non-specific.
 8. If above sources do not have authorization guidelines specific to the requested service, CCHP follows guidelines established by nationally recognized sources listed in subheading, "Source of Criteria and Guidelines".

V. MENTAL HEALTH Criteria, Guidelines, and Authorization Requirements

- For CCHP Commercial Members, CCHP adopts the following criteria and guidelines for selected Mental Health and Substance Use Services:

Service	NPA	Criteria Name
Applied Behavioral Analysis	Council of Autism Service Providers	Applied Behavior Analysis Practice Guidelines for the Treatment of Autism Spectrum Disorder - Third Edition
Comprehensive Diagnostic Assessment	American Academy of Child and Adolescent Psychiatry	Practice Parameter for the Assessment and Treatment of Children and Adolescents With Autism Spectrum Disorder (2014), and Practice Parameter for the Assessment and Treatment of Psychiatric Disorders in Children and Adolescents With Intellectual Disability (Intellectual Developmental Disorder) (2020)
Comprehensive Diagnostic Assessment	American Academy of Pediatrics	Identification, Evaluation, and Management of Children With Autism Spectrum Disorder (2020)
Electroconvulsive Therapy	Canadian Network for Mood and Anxiety Treatments	2016 Clinical Guidelines for the Management of Adults with Major Depressive Disorder (2016)
Electroconvulsive Therapy - Adolescent	American Academy of Child and Adolescent Psychiatry	Practice Parameter for Use of Electroconvulsive Therapy With Adolescent (2004)
Gender Affirming Services	World Professional Association for Transgender Health	Standards of Care for the Health of Transgender and Gender Diverse People, Version 8
Mental Health - Higher Levels of Care - Adolescent	American Academy of Child and Adolescent Psychiatry	Child and Adolescent Level of Care/Service Intensity Utilization System
Mental Health - Higher Levels of Care - Adult	American Association for Community Psychiatry	Level of Care Utilization System for Psychiatric and Addiction Services
Mental Health - Higher Levels of Care - Child	American Academy of Child and Adolescent Psychiatry	Early Childhood Service Intensity Instrument
Neuropsychological Testing	American Psychological Association	APA Guidelines for Psychological Assessment and Evaluation
Psychological Testing	American Psychological Association	APA Guidelines for Psychological Assessment and Evaluation
Substance Use Disorders - Higher Levels of Care	American Society of Addiction Medicine	The American Society of Addiction Medicine, 3rd Edition
Transcranial Magnetic Stimulation	Canadian Network for Mood and Anxiety Treatments	2016 Clinical Guidelines for the Management of Adults with Major Depressive Disorder (2016)

- For CCHP Medi-Cal Members accessing Outpatient Non-Specialty Mental Health Services (for mild/moderate acuity), **no authorization** is required for medically necessary services rendered by a contracted provider working in the scope of their practice.
 - For CCHP Commercial Members, no authorization is necessary from CCHP for medically necessary Outpatient Mental Health or Substance Use services

- (LOCUS Levels 1 and 2, or ASAM Levels 0.5 and 1) provided by a contracted provider working in the scope of their practice.
- When reviewing case notes per the criteria above, if the scoring of any dimension is unclear to the reviewer, CCHP will use the higher applicable score in calculating a service level. For example, if the notes indicate a score between 2 and 3 on a particular dimension, CCHP would use 3 as the dimension score (which might be the differential between overall levels of care assigned).
 - When an enrollee has met criteria for a level of care as determined by a ASAM Criteria, LOCUS, CALOCUS/CASII, and/or ECSII assessment but either clinical services or supports consistent with that care are not available, the health plan authorizes the next higher level of care.
- For CCHP Commercial members, the following Mental Health (MH) and Substance Use Disorder (SUD) Services require a prior authorization (PA) based on medical necessity review:
 - MH multidisciplinary treatment in an intensive outpatient psychiatric (IOP) treatment program (Also covered by Health Safety Code Section 1374.72) or if a person has a dual diagnosis there is SUD treatment as part of the PHP and IOP.
 - Continued hospitalization beyond the 72-hour involuntary hold requires ongoing concurrent review and authorization.
 - MH crisis residential program
 - SUD inpatient services/detoxification– are covered as medically necessary.
 - SUD transitional residential recovery services in a non-medical residential recovery setting
 - Behavioral Health Treatment (BHT)

Please note that as discussed above, for Commercial members, CCHP shall apply the criteria and guidelines set forth in the most recent versions of treatment criteria developed by the nonprofit professional association for the relevant clinical specialty unless the criteria are outside the scope or are related to advancements in technology or types of care not yet covered in the nonprofit professional association criteria.

After January 1, 2021, CCHP clinical staff reviewing mental health and SUD service requests will undergo training in the relevant nonprofit professional association criteria as set forth by SB 855 – initial training to have been completed within 6 months of criteria being adopted. For ongoing implementation of SB 855 Non-Profit guidelines, CCHP will implement a formal education program consistent with the requirements of Rule 1300.74.721(o) - within at least 3 years following initial adoption.

Covered by Health and Safety Code Section 1374.72:

MH psychological testing is excluded unless determined to be medically necessary services.

These services do not require PA:

- MH Psychiatric observation occurs at CCRMC Psychiatric Emergency Services (PES).

- **Admission** MH inpatient psychiatric hospitalization and MH partial hospitalization program (PHP) does not require a PA, however **Continued** hospitalization beyond the 72-hour involuntary hold requires ongoing concurrent review and authorization.
- Community resources are recommended for SUD group therapies. For example, Alcoholics Anonymous, Narcotics Anonymous, LifeRing. Otherwise, group therapies are not covered.

Substance Use Disorder (SUD) services handled by the PCP:

- SUD medication treatment for withdrawal.
- SUD individual consultation, evaluation, or care.

ADOPTED GUIDELINES

PLEASE NOTE: In lieu of the above, CCHP has adopted specific guidelines for the services listed in the below section.

1. American Academy of Pediatrics Recommendation for Treatment of Child and Adolescent Overweight and Obesity, Suggested Staged Approach to Weight Management for Children and Adolescents for:
 - a. **Child and adolescent obesity and weight management**
http://pediatrics.aappublications.org/cgi/content/full/120/Supplement_4/S254
2. National Comprehensive Cancer Network, NCCN Guidelines for Treatment of Cancer by Site
 - a. **PET scans** http://www.nccn.org/professionals/physician_gls/f_guidelines.asp
3. For Billing Code Utilization:
 - a. Craneware Online Reference Toolkit <http://ort.craneware.com>

If guidelines or criteria do not exist, literature search for evidence-based, best practice standards shall apply. The Health Plan may use product-line specific Industry Collaboration Effort (ICE) Pre-Service Denial and Modification Reasons to compose denial and modification reasons.