

We are committed to providing quality care and services to the members we serve. AmeriBen Medical Management uses clinical criteria guidelines and medical policies using the hierarchy (order) listed below, when deciding to approve, change or deny care for people with similar illnesses or conditions. The clinical criteria guidelines and medical policies are available to providers and members upon request without charge. Your pre-certification letter will indicate which clinical guideline and/or medical policy was used for your pre-certification request and can be accessed using the keyword or code search option through the links noted below.

Clinical Criteria/Medical Policies Hierarchy for Specialty Medications/Chemotherapy

- 1 **Federal or State requirements (as applicable)**
- 2 **Member benefits**
- 3 **CarelonRx Clinical Criteria** - [click here](#)
- 4 **HealthLink Medical Policies** - [click here](#)
- 5 **Milliman Care Guidelines (MCG)** - [click here](#)
- 6 **Carelon Medical Benefits Management Guidelines**- [click here](#)

Clinical Criteria/Medical Policies Hierarchy for ALL OTHER SERVICES

- 1 **Federal or State requirements (as applicable)**
- 2 **Member benefits**
- 3 **Milliman Care Guidelines (MCG)** - [click here](#)
- 4 **HealthLink Medical Policies** - [click here](#)
- 5 **Carelon Medical Benefits Management Guidelines**- [click here](#)

- Medical guidelines, criteria or policies address the medical need for new services or procedures and new applications of existing services or procedures. Application of criteria is reviewed in the context of the individual member, considering the member's age, co-morbidities, medical history, complications, and/or response to treatment. In the absence of specific guidelines, criteria or medical policy, a case-by-case review is conducted using appropriate standards that may include literature search and technology assessment criteria.
- For Precertification requirements, please log in to [myameriben.com](#), look up the member, and scroll to Documents to view Schedule of Benefits and pre-certification listing. The document type may have variation in name (plan document, summary plan description, benefit booklet, etc.).
- Utilization management decisions are based on appropriateness of care and service and existence of coverage, and AmeriBen does not reward denials of coverage. Decisions are based on what is right for each member based on the type of care and service.