



Clinical Criteria Guidelines & Medical Policies

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.

- If an MCG guideline was used in your pre-certification, you can get a free copy of the MCG guideline used by calling AmeriBen Medical Management at the phone number listed on the member's ID card for Precertification. *
- If a medical policy was used in your pre-certification, those 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. Carelon Rx Clinical Criteria
<https://www.anthem.com/ms/pharmacyinformation/clinicalcriteria.html>
4. HealthLink Medical Policies**
<https://provider.healthlink.com/missouri-provider/medical-policies-and-clinical-guidelines>
(**or Regence Medical Policies for groups utilizing the Regence Network only)
5. Milliman Care Guidelines (MCG)
6. Carelon Medical Benefits Management Clinical Guidelines
<https://guidelines.carelonmedicalbenefitsmanagement.com/>



Clinical Criteria/Medical Policies Hierarchy for ALL OTHER SERVICES

1. Federal or state requirements (as applicable)
2. Member benefits
3. Milliman Care Guidelines (MCG)
4. HealthLink Medical Policies**

<https://provider.healthlink.com/missouri-provider/medical-policies-and-clinical-guidelines>

(**or Regence Medical Policies for groups utilizing the Regence Network only)

5. Carelon Medical Benefits Management Clinical Guidelines

<https://guidelines.carelonmedicalbenefitsmanagement.com/>

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 list. 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.

