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Origination Date	9/1/2024
Originated Department	Clinical Operations

Clinical Criteria for UM Decisions

Audience
Medical Management

Purpose
<p>Medical policies provide general support for applying Mountain Health CO-OP member policy document coverage decisions, and the member-specific benefit plan document must be referenced. The terms of the member-specific Policy document may differ from the standard benefit plan based on this medical policy. If there is a conflict between a member-specific policy document and the Mountain Health CO-OP medical policy, the member-specific policy document supersedes this policy. Any person(s) applying this medical policy must identify member eligibility, the member-specific policy document, and related policies or guidelines before applying this medical policy, including the existence of any state or federal guidance. Mountain Health CO-OP medical policies are designed for informational purposes only and are not an authorization, explanation of benefits, or contract. Receipt of benefits is subject to the satisfaction of all terms and conditions of the member-specific policy document coverage. Mountain Health CO-OP reserves the sole discretionary right to modify all policies and guidelines at any time.</p>

Definition
N/A

Policy/Procedure
<p>All clinical criteria for utilization review decisions are consistent with nationally accepted clinical practice guidelines. Additional health plan documents, such as Provider Manuals, plan contracts, specific plan descriptions (SPDs), and benefit plan documents, are reviewed and maintained as a key resource in supporting UM considerations. The basic elements of prepayment review include member verification, benefit interpretation, and medical necessity review.</p>

Resources utilized by Mountain Health CO-OP or its delegates in determining coverage include, but are not limited to:

Commercial Group and Individual Plans- Hierarchy of criteria

1. Federal and state law
2. Plan Coverage document benefits and exclusions.
3. Mountain Health CO-OP policies and procedures.
4. Milliman Care Guidelines® or InterQual Criteria
5. Hayes rating of "A"- Established benefit or "B"- Some proven benefit.
6. Review of published policies, updated within the last 12 months of 3 commercial plans licensed to do business in the state of the member's plan
7. Published peer-reviewed literature and clinical guidelines and guideline summaries
8. UM team may reference Centers for Medicare & Medicaid Services (CMS) Local and National Coverage Determinations for services not identified in other resources listed above or State Medicaid Guidelines

When applying UM criteria, Mountain Health CO-OP also takes into account:

1. The availability of services in the local provider network and their ability to meet the members' needs; and,
2. The following individual member characteristics:
 - Age;
 - Comorbidities;
 - Complications;
 - Progress of treatment;
 - Psychosocial situation;
 - Barriers to care;
 - Social determinants inclusive of community and "natural" supports; and,
 - Home environment, when applicable.

The UM department staff utilizes the above criteria to determine the appropriate place of service and length of stay (LOS) for inpatient stays as well as specific outpatient services and procedures. When nationally recognized guidelines do not exist, Mountain Health CO-OP will consult with our physician advisors, who specialize in the requested services, to develop and adopt UM criteria based on reasonable scientific, peer-reviewed, evidence-based information. Requests by the provider for a peer-to-peer discussion will be honored to assist in obtaining a detailed description of the patient's needs and the expected outcome based on the request. When conducting routine prospective, concurrent, and retrospective utilization reviews, all reasonable efforts are made to gather only the information necessary to certify the admission, procedure, treatment length of stay, and/or frequency and duration of services.

Copies of the specific criteria utilized in the determination of the authorization are available on request from the UM department to any requesting practitioner or provider free of charge. The review criteria can be faxed, mailed or emailed upon request. UM Criteria is also made available by telephone or in-person at Mountain Health CO-OP upon request. At least annually, the Quality Improvement Council (QIC) and Clinical Operations leadership reviews, and updates as needed, the utilization management standards to determine whether the

standards utilized meet industry’s best practices and the health care needs of Mountain Health CO-OP members.

Utilization management staff will update utilization management standards that require a more immediate change (e.g. a new national Medicare Coverage Determination). These changes will be implemented per state or federal guidance and will be reported to the Medical Policy Committee, during one of the scheduled meetings.

Vendors

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Review/Revision/Approval History

Date	Description
10/27/2025	Adopted

Disclaimer

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult appropriate healthcare providers for medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member’s benefit plan, effective when services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Including or excluding a procedure, diagnosis, or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as they apply to an individual member.

Mountain Health CO-OP makes no representations and accepts no liability regarding the content of any external information cited or relied upon in this policy. Mountain Health CO-OP updates its Coverage Policies regularly and reserves the right to amend these policies and give notice per State and Federal requirements.

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