

Clinical Review Criteria

When reviewing the medical necessity and/or clinical appropriateness of requested healthcare services, the CoreSource Healthcare Management Department utilizes explicit clinical criteria. These criteria are based on nationally recognized standards, current clinical principles and processes, and are developed with involvement from appropriate providers/prescribers with current knowledge relevant to the criteria. When multiple standards addressing the same treatment protocol exist, the Healthcare Management Department has the right to select the standard upon which the determination will be based.

Healthcare Management Department Clinical Review Criteria include, but are not limited to:

- MCG [*formerly Milliman Care Guidelines*] address ambulatory care, general recovery care, home care, inpatient and surgical care, chronic care, recovery facility care and behavioral health.
- National Cancer Institute Website at www.cancer.gov
- NCCN Clinical Practice Guidelines in Oncology at www.nccn.org
- Applicable Federal or State mandated clinical review criteria
- Plan-specific criteria that is not disallowed by applicable State or Federal regulation.



CoreSource solutions