

Utilization management guide

BOOKLET 3:

Clinical review guidelines

Humana

Table of contents

Utilization management ————————————————————————————————————	1
Clinical review guidelines ————————————————————————————————————	1
Frequently asked questions ————————————————————————————————————	2



Utilization management

Our utilization management (UM) program works to improve healthcare quality, reduce costs and improve the overall health of the population. It is a process that evaluates the efficiency, appropriateness and medical necessity of the treatments, services, procedures and facilities provided to patients on a case-by-case basis. Humana does not reward physicians, other individuals or Humana employees for denying coverage or encouraging under-use of services.



🖓 Clinical review guidelines

During the UM process, Humana uses nationally accepted clinical guidelines—an approval screening guide—to determine the medical necessity for services. We also develop internal clinical policies— Humana Medical Coverage Policies (HMCPs) based on peer-reviewed literature. View the Medical Coverage Policies.

Humana uses a variety of guidelines in making UM determinations, including CMS (Centers for Medicare & Medicaid Services), NCDs (National Coverage Determination), LCDs (Local Coverage Determination), and Manuals; MCG® care guidelines* and Humana Medical Coverage policies (limited to approvals only). The guideline that is used is dependent upon the service requested. The UM process is guided by a hierarchy of how to apply the various guidelines.

Prior to an adverse medical necessity determination, a licensed, board-certified medical director reviews all available clinical documentation to evaluate if guidelines are met. The medical director renders a decision in accordance with clinical review guidelines and currently accepted medical standards of care, taking into account the individual circumstances of each case. Providers may obtain the guidelines used to make a specific adverse determination by contacting Humana.

Any clinical criteria used in making UM determinations are available upon request by contacting our Utilization Management department.



Send written requests to:

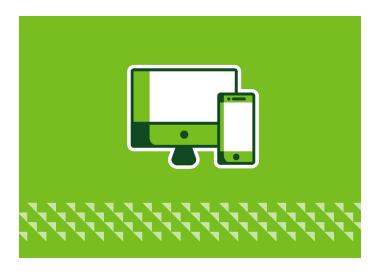
Humana Correspondence

P.O. Box 14601

Lexington, KY 40512-4601

Submit by fax: 800-266-3022

Submit by phone: 800-523-0023



* MCG Health is part of the Hearst Health network.

FREQUENTLY ASKED QUESTIONS

What are clinical review/clinical practice guidelines?

The Institute of Medicine (IOM) defines clinical practice guidelines as statements that include recommendations, intended to optimize patient care, that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options.

How does Humana formulate its guidelines?

In formulating its guidelines, Humana adopts guidance from national organizations generally accepted as experts in their field. The guidelines are updated and approved semiannually by Humana's Physician Guideline Review Committee.

The clinical guidelines shown on Humana's provider portal contain links to the relevant expert organization. For example, the diabetes guideline links to the American Diabetes Association.

What is Availity Essentials?

The Availity Essentials Provider Portal is a multipayer site where you can use a single user ID and password to work with Humana and other participating payers online. Availity Essentials is compliant with all Health Insurance Portability and Accountability Act of 1996 (HIPAA) regulations, and there is no cost to register.

- If you are not registered for the Availity
 Essentials Portal, please register here so you
 have access to the most up-to-date resources
 and tools.
- As reference, here is a printable handout with Availity Essentials registration instructions.

Who can I contact if I have questions about online tools on the Availity Portal?

If you have problems using the Availity Essentials portal, call Availity Essentials Client Services at **800-AVAILITY (800-282-4548)**. Assistance is available Monday – Friday, 8 a.m. – 8 p.m., Eastern time, excluding holidays.

Who can I contact to view the clinical criteria used for an adverse determination?

Physicians may obtain the guidelines used to make a specific adverse determination by contacting Humana. The clinical criteria used in making UM determinations are available upon request by contacting our Utilization Management department.

Send written requests to:

Humana Correspondence P.O. Box 14601 Lexington, KY 40512-4601

Submit by phone: 800-523-0023 Submit by fax: 800-266-3022





