



To: All LPP Practitioners, Providers and Employees

From: UM/QI Committee Medical Director

Date: 04/13/2026

RE: Medical Criteria Utilized for Case / Referral Review

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The national criterion that is currently being used by the Health Plan HMO is identified and will be updated, as new editions are available. LPP utilizes the following criteria for member admission and referral review:

1. For Substance Use Disorder, in accordance to Illinois State Law under HB1530 Enrolled Public Act 097-0437 Section 5, the Illinois Insurance Code Section 370c.1 "...Medical necessity determination for substance use disorders shall be in accordance with appropriate patient placement criteria established by the American Society of Addiction Medicine (ASAM)." The Health Plan HMO has purchased ASAM 4<sup>th</sup> edition, 2014 criteria. All new staff will be trained on using criteria.
2. MCG 30th Edition guidelines are utilized for Medical Decision making
3. CMS guidelines (National Coverage Determinations and Local Coverage Determinations)
4. BCBS Medical Policy Manual
5. NCCN-Clinical Practice Guidelines in Oncology
6. Evidence Based Guidelines sources such as ADA, NHLBI, American Cancer Society, USPTF and National Specialty Societies
7. Other Guidelines as approved by the UM/QI Committee
8. Health Plan HMO internal policy as approved by UM/QI Committee
9. Health Plan HMO may determine procedures that do not require pre-certification via written policy and procedure. These policies will include diagnoses, procedures and/or practitioners that do not require prior authorization and/or concurrent review based on historical UM data.

The criteria's availability is disseminated to appropriate parties through the quarterly newsletter, IPA website, memo, and in written form, if requested. The information is also presented and discussed at the appropriate meetings.

The Medical Criteria and IPA's Policies and Procedures are in place to assist in allocating the appropriate length of stay for member's condition, identification if services meet Medical Criteria or not within patient benefit plan.