

Clinical Practice Guideline: Clinical Guidelines and Criteria

Date of Implementation: February 9, 2006

Product: Specialty

American Specialty Health – Specialty (ASH) is charged, through its role as a health plan, to:

- Evaluate current peer reviewed research literature, generally accepted standards of practice, and existing practice parameters relevant to services offered by the specialties represented by ASH;
- Develop clinical practice guidelines for these diagnostic and treatment planning practices;
- Obtain initial and annual review and approval of the clinical practice guidelines by ASH’s clinical committees, consisting of practicing, contracted clinicians;
- Implement clinical practice guidelines within ASH’s credentialing, clinical services, and clinical performance programs; and
- Manage practitioner compliance with these clinical practice guidelines and criteria.

ASH defines generally accepted standards of practice as those based on peer-reviewed, published research data, the educational standards accepted by the majority of the profession’s educational institutions, and reliable case studies that are core to the profession. Practices and protocols that are incorporated into baseline education, competency training, and certification or licensure testing requirements of the profession’s regulators (e.g., national and state boards and/or certifying entities) are also considered contributory to generally accepted standards of practice. The following definitions are applied:

Generally Accepted Standards of Medical¹ Practice:

Generally Accepted Standards of Medical Practice means standards that are based on **Credible Scientific Evidence** published in peer-reviewed **Medical Literature** generally recognized by the relevant medical community², Physician and **Healthcare Provider Specialty Society** recommendations, the views of Physicians and Healthcare Providers practicing in relevant clinical areas and any **Other Relevant Factors**.

¹ The terms “Medically Necessary” and “Medical Necessity” as used in this definition are synonymous with the terms “Medically/Clinically Necessary,” “Medical/Clinical Necessity,” “Clinically Necessary,” and “Clinical Necessity” as used in other ASH policies.

² The term Medical Community as used in ASH policy means that body of appropriately credentialed healthcare providers who engage in clinical practice, academic research, professional education, and clinical administration within the scope of the applicable clinical guidelines.

Credible Scientific Evidence: Credible Scientific Evidence is clinically relevant scientific information used to influence the diagnosis or treatment of a patient that meets industry standard research quality criteria, is adopted as credible by an ASH clinical peer review committee, and has been published in an acceptable peer reviewed literature published in clinical science sources.

Medical Literature: Medical Literature is clinically relevant clinical science information published in an acceptable peer reviewed literature published in clinical science sources.

Healthcare Provider Specialty Society: A Healthcare Provider Specialty Society is a society of specialty providers that represents a significant numbers of practicing practitioners or other academic or clinical research institutions for that specialty.

Other Relevant Factors: Other relevant factors are (a) specific evidence supported provider opinions and (b) professional judgments on clinical activities that represent a consensus opinion from the Medical Community.

ASH maintains a Clinical Services Program and a Quality Improvement Program in accordance with nationally recognized health care accreditation organization standards, client delegation requirements, and applicable state and federal laws and regulations. ASH verifies Covered Services are Medically Necessary Services through its Clinical Services Program. ASH evaluates the quality of services through its Quality Improvement Program in order to ensure the delivery of safe and clinically effective services to members. Practitioners participate in these programs by providing the necessary information for the clinical evaluation of services and by documenting and demonstrating clinical performance in accordance with professionally recognized standards of practice. Selected contracted practitioners also participate on clinical peer review committees responsible for review and approval of clinical policy, as well as credentialing, quality management, and member grievance decisions.

Clinical decisions are made by ASH in support of its Clinical Services Program and Quality Improvement Program and in accordance with the guidelines and criteria described in its policies and Clinical Practice Guidelines (CPGs), including but not limited to:

Clinical Practice Guidelines	
CPG 1	X-Ray Guidelines
CPG 2	Practice Parameters and Review Criteria
CPG 3	Quality Patient Management
CPG 5	Selected List of References

CPG 12	Medical Necessity Decision Assist Guideline for Musculoskeletal Conditions and Somatic/Neuropathic Pain Disorders
CPG 102	Radiographic Quality and Safety Parameters
CPG 110	Medical Record Documentation
CPG 111	Patient Assessments: Medical Necessity Decision Assist Guideline for Evaluations and Re-evaluations
CPG 121	Passive Physiotherapy Modalities
Clinical Policies	
UM 2	Medical Necessity Review
UM 8	Medical Necessity Definition
UM 9	Clinical Performance System
UM 10	Use of Industry Standard Code Sets
QM 1	Quality Improvement Program
QM 4	Technology Assessment
QM 7	Patient Safety - The Prevention, Recognition, and Management of Adverse Outcomes
QM 10	Management of Urgent Clinical Concerns
QM 11	Management of Suspected Abuse/Neglect Cases

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2 ASH has also developed individual Clinical Practice Guidelines (CPGs) related to specific
3 techniques, procedures, and technologies. These CPGs, as well as the policies and CPGs
4 listed above, are available for review on the ashcompanies.com public website and/or
5 available upon request.