

1 **Clinical Practice Guideline:** **Clinical Guidelines and Criteria**

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3 **Date of Implementation:** **February 9, 2006**

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5 **Contact:** **Clinical Care Management**  
6 **Clinical Quality Management**

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9 American Specialty Health Organizations (ASH) is charged, through its role as a health plan  
10 and network, to:

- 11 • Evaluate current peer reviewed research literature, generally accepted standards of  
12 practice, and existing practice parameters relevant to services offered by the  
13 specialties represented by ASH;
- 14 • Develop clinical practice guidelines for these diagnostic and treatment planning  
15 practices;
- 16 • Obtain initial and annual review and approval of the clinical practice guidelines by  
17 ASH’s clinical committees, consisting of practicing, contracted clinicians;
- 18 • Implement clinical practice guidelines within ASH’s credentialing, clinical practice  
19 management (UM), and clinical performance management (QM) programs; and
- 20 • Manage contracted practitioner compliance with these clinical practice guidelines and  
21 criteria.

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

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31 **Generally Accepted Standards of Medical<sup>1</sup> Practice:**

32 Generally Accepted Standards of Medical Practice means standards that are based on  
33 **Credible Scientific Evidence** published in peer-reviewed **Medical Literature** generally  
34 recognized by the relevant medical community<sup>2</sup>, Physician and **Healthcare Provider**

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<sup>1</sup> 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.

<sup>2</sup> 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.

1 **Specialty Society** recommendations, the views of Physicians and Healthcare Providers  
2 practicing in relevant clinical areas and any **Other Relevant Factors**.

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

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

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

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

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

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

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<b>Clinical Practice Guidelines</b>	
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
<b>Clinical Policies</b>	
UM 2	Clinical Services Evaluation
UM 8	Medical Necessity Definition
UM 9	Treatment Form Waiver Program
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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ASH has also developed individual Clinical Practice Guidelines (CPGs) related to specific techniques, procedures, and technologies. These CPGs, as well as the policies and CPGs listed above, are available for review on the ashcompanies.com public website and/or available upon request.