

Download Interqual Level Of Care Criteria 2014

Editor's Note: Using Medical Necessity Criteria (MNC) and Level of Care (LOC) successfully requires constant attention, understanding, and on-going education. BHM's reviewer network expertise allows you to focus on quality patient care. Click [HERE](#) and discuss how BHM's MNC expertise can overcome medical necessity criteria challenges and improve your metrics. Utilization Management Criteria UPMC Health Plan uses nationally recognized criteria, as well as Health Plan medical policies, to determine utilization management decisions. [medicare supplemental insurance \(PDF download\)](#) [medicare coverage \(PDF download\)](#) [medicare supplement plans \(PDF download\)](#) [medicare part d \(PDF download\)](#) Blue Care Network announces date for program changes for breast biopsy (excisional) BCN previously communicated in the Nov.-Dec BCN Provider News, clinical review will be required for breast biopsy (excisional) and CCTA for BCN commercial and BCN Advantage HMO-POS SM and BCN Advantage HMO SM members effective Jan. 1, 2014. The effective date of these changes will be Jan. 6, 2014.