

MCG Transition FAQs

Updated January 2023

Effective **February 13, 2023**, Highmark will incorporate MCG Health clinical guidelines into Highmark's criteria of clinical decision support, replacing Change Healthcare (InterQual). This change is being made to align the clinical review processes and platforms for Highmark health plans.

Below are answers to some Frequently Asked Questions regarding the transition:

Q: Who is MCG Health?

A: MCG Health provides unbiased clinical guidance that gives healthcare organizations confidence in their patient-centered care decisions.

Q: Why is Highmark making this change?

A: Highmark's transition from Change Healthcare (InterQual) to MCG will more fully support our [Living Health](#) strategy and allow us to upgrade our Utilization Management (UM) capabilities and automation.

Q: How does Highmark use clinical criteria for authorization decision-making?

A: Initial reviews of authorization requests are performed by Highmark registered nurse reviewers with clinical experience. They utilize the following criteria, guidelines, and policies to review the medical necessity of the requested services:

- MCG Health Clinical Criteria
- Highmark Medical Policies
- Highmark Medicare Advantage Medical Policies
- [American Society of Addiction Medicine](#) (ASAM) Criteria
- New York Only: Level of Care for Alcohol and Drug Treatment Referral (LOCADTR) Criteria



Additional information about authorization decision-making can be found on Highmark's Provider Manual Chapter 5, Unit 1 - Care & Quality Management: Care Management Overview.

Q: What clinical services are in scope change?

A: MCG Guidelines provide criteria for settings ranging from acute through outpatient, including the following (except for delegated services):

- Inpatient and Surgical Care
- General Recovery Care (serves as a companion to Inpatient and Surgical Care guidelines)
- Ambulatory Care
 - Guidelines for procedures, durable medical equipment, prosthetics, orthotics, and supplies
 - Rehabilitation evaluations, services, and modalities
- Recovery Facility Care (Skilled Nursing Facility, Inpatient Rehabilitation Facility)

- Home Care
- Behavioral Health (psychiatric levels of care that require authorization)
 - **Note:** Highmark will continue to use ASAM guidelines for Substance Use Disorder levels of care that require authorization.
- [MCG's Medicare Compliance Solution](#) is coming later in 2023.
 - The Medicare Compliance Solution incorporates Medicare National Coverage Determination (NCD) guidelines, National Coverage Analysis (NCA) guidelines, and Local Coverage Determination (LCD) guidelines to support clinicians with time savings and better documentation practices.

Q: Where will MCG's guidelines be found?

A: Highmark's medical policies and MCG's evidence-based clinical criteria will be available within MCG's AutoAuth workflow when submitting prior authorizations.

Q: What is the best way to assure enough clinical information is sent with the initial request for Highmark to process an authorization?

A: The following information is valuable to consider as you are submitting your authorization.

- Check all clinical values in the MCG guidelines that apply to represent the full clinical condition of the patient.
- Attach relevant supporting documentation with the request, i.e., a history and physical, labs, imaging, prior discharge instructions (if a readmission), etc.
- Most importantly, wait until the treatment plan is established and tests resulted to submit the inpatient authorization request (typically within 48 hours of an urgent admission).

Q: What Highmark members will be affected?

A: Any Highmark members who receive services that require authorization utilizing MCG Health Clinical Criteria in the review of medical necessity are in scope.

Q: Who do I call with questions?

A: Contact your Provider Account Liaison, if applicable, or email mcgquestions@highmarkhealth.org.

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