



MEDPOINT MANAGEMENT UTILIZATION MANAGEMENT CLINICAL CRITERIA HIERARCHY

In accordance with applicable federal and state guidelines, the following order of precedence shall be observed:

For **Medi-Cal** Line of Business,

- Criteria required by applicable state or federal regulatory agency
- Health plan-specific clinical policies* (see Additional Resources)
- Corporate or evidence-based guidance addressing new or existing technology, such as Milliman Care Guideline (MCG), EviCore, NIA, InterQual®, Hayes, UpToDate, Apollo Medical Review Criteria Guidelines for Managed Care, etc.

For **Medicare** Line of Business,

- CMS Medicare National Coverage Determination (NCD), CMS Medicare Local Coverage Determination (LCD), CMS Local Coverage Determinations (LCD), CMS Local Coverage Articles (LCA), or CMS Medicare Benefit Policy Manual
- Health plan-specific clinical policies* (see Additional Resources)
- Corporate or evidence-based guidance addressing new or existing technology, such as Milliman Care Guideline (MCG), EviCore, NIA, InterQual, UpToDate, Apollo Medical Review Criteria Guidelines for Managed Care, etc.

For Part B Drug and Biologicals Only:

- Medicare Approved Drug Compendia and/or relevant guidance from the FDA according to the rules in the Medicare Benefit Policy Manual Chapter 15, Section 50.4 and sub-chapters, paying special attention to the distinctions for anti-cancer chemotherapy regimen drugs (50.4.5) and immunosuppressive drugs (50.5.1), AND IF APPLICABLE
- Organization Specific Guidelines for Part B Drug Step Therapy or organization Specific Guidelines for Device Preferred Products. Step therapy guidelines can only be applied to drugs not used within the last 365 days

For **Commercial** Line of Business,

- Member's Evidence of Coverage (EOC) or criteria required by applicable state or federal regulatory agency
- Health plan-specific clinical policies* (see Additional Resources)
- Corporate or evidence-based guidance addressing new or existing technology, such as Milliman Care Guideline (MCG), EviCore, NIA, InterQual®, Hayes, UpToDate, Apollo Medical Review Criteria Guidelines for Managed Care, etc.

World Professional Association for Transgender Health (WPATH): Standards of Care for the Health of Transsexual, Transgender and Gender nonconforming people from WPATH will be utilized as primary source to provide clinical guidance in determination of coverage.

A copy of the criteria used to make a decision is available upon request. Please contact the **UM Department** at NOASupport@medpointmanagement.com

The link/pathway for Milliman Care Guidelines (MCG) can be located at:

- Aetna: <https://aetna.access.mcg.com/index>
- Blue Shield of California: <https://blueshielddofca.access.mcg.com/index>
- Elevance Health (Anthem): <https://medicare.access.mcg.com/index>
- Humana Health: <https://humana.access.mcg.com/index>
- Molina Healthcare: <https://molinahealth.access.mcg.com/index>
- WellCare Health Plans: <https://provider.wellcare.com/>

The link/pathway for InterQual can be located at:

- United Healthcare https://www.uhcprovider.com/en/policies-protocols/sec_interqual-clinical-criteria.html

Additional Resources:

1. National Coverage Determination (NCD): <https://www.cms.gov/medicare/coverage/determination-process>
2. Local Coverage Determination (LCD): <https://www.cms.gov/medicare/coverage/determination-process/local>
3. Local Coverage Articles (LCA): <https://www.cms.gov/medicare-coverage-database/reports/local-coverage-articles-state-report.aspx?stateRegion=all&contractorNumber=all&articleStatus=all>
4. National Imaging Association (NIA): <https://www1.radmd.com/sites/default/files/2024-01/2024%20NIA%20Advanced%20Imaging%20Guidelines%20v2.pdf>
5. DHCS Medi-Cal Guidelines: <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/publications>
6. National Comprehensive Cancer Network (NCCN) <https://www.nccn.org/guidelines/guidelines-process/about-nccn-clinical-practice-guidelines>
7. Carelon Clinical Guidelines <https://guidelines.carelonmedicalbenefitsmanagement.com/>
8. EviCore <https://www.evicore.com/provider/clinical-guidelines>
9. Up To Date <https://www.uptodate.com/contents/search>
10. Apollo <https://medpoint.apollomanagedcare.com>
11. *Health plan-specific clinical policies
 - a. Aetna <https://www.aetna.com/health-care-professionals/clinical-policy-bulletins.html>
 - b. Alignment Health Plan <https://www.alignmenthealthplan.com/providers/provider-resources>
 - c. Brand New Day <https://www.bndhmo.com/clinical-criteria>
 - d. Central Health <https://www.centralhealthplan.com/Member/ClinicalCriteria>
 - e. Elevance Health (Anthem) <https://www.anthem.com/provider/policies/clinical-guidelines/>
 - f. Health Net https://www.healthnet.com/content/healthnet/en_us/providers/working-with-hn/medical_policies.html#F
 - g. Humana https://apps.humana.com/tad/tad_new/home.aspx?type=provider
 - h. Molina Healthcare <https://www.molinaclinicalpolicy.com/>
 - i. SCAN <https://www.scanhealthplan.com/providers/clinical-guidelines>
 - j. United Healthcare [Clinical Guidelines | UHCprovider.com](https://www.uhcprovider.com/en/policies-protocols/sec_interqual-clinical-criteria.html)