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://blueshieldofca.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-database/search.aspx
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. Evolent: 2026 Evolent Clinical Guidelines - Advanced Imaging v2.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. Central Health https://www.centralhealthplan.com/Member/ClinicalCriteria
    d. Elevance Health (Anthem) https://www.anthem.com/provider/policies/clinical-guidelines/
    e. Health Net https://www.healthnet.com/content/healthnet/en_us/providers/working-with-hn/medical_policies.html#F
    f. Humana Medical and Pharmacy Coverage Policies
    g. Molina Healthcare https://www.molinaclinicalpolicy.com/
    h. SCAN https://www.scanhealthplan.com/providers/clinical-guidelines
    i. United Healthcare https://www.uhcprovider.com/en/policies-protocols/commercial-policies/commercial-medical-drug-policies.html