

United Physicians Network ensures the Criteria and Guidelines used to determine medical necessity and clinical appropriateness of medical, behavioral, and pharmaceutical services are objective and aligned with medical evidence.

Medicare Advantage Hierarchy is as follows:

- a. National Coverage Determinations (NCD), including transmittals and change requests or Organization Guidelines.
- b. Local coverage determinations (LCD), and general coverage and benefit conditions included in Traditional Medicare laws.
- c. Health Plan Sponsors Medical Policies.
- d. Health Plan Sponsors Clinical Guidelines.
- e. Health Plan Sponsors Clinical Utilization Management Guidelines: MCG or InterQual, as applicable.
- f. Nationally Recognized Standards of Practice and Guidelines

If there is insufficient guidance based on the above then, consistent with the Medicare Managed Care Manual Chapter 4, Section 90.5, the Medical Director will make the decision based on authoritative evidence such as:

- i. Studies from government agencies (e.g., the FDA).
- ii. Evaluations performed by independent technology assessment groups (e.g., BCBSA).
- iii. Well-designed controlled clinical studies that have appeared in peer review journals.
- iv. Prior decisions by the Independent Review Entity (IRE) contracted by CMS.

Medi-Cal Hierarchy is as follows:

- a. Federal and State Laws and Mandates for Medicaid/Medi-cal.
- b. Medi-Cal Clinical Guidelines.
- c. Health Plan Sponsors Clinical Guidelines or Criteria.
- d. National Evidence Based Criteria (i.e., MCG, Interqual, Apollo).
- e. Nationally Recognized Standards of Practice and Guidelines.
- f. United Physicians Network Clinical Guidelines.