Provider Partners Health Plans

Hierarchical Coverage Guidelines for Authorization

Health care providers are expected to exercise professional medical judgement in providing the most appropriate care and are responsible for the medical advice and treatment of our members.

When coverage criteria are not fully established by the Centers for Medicare and Medicaid Services (CMS), Provider Partners and our contracted Utilization Management First-tier, Downstream and Related Entities (FDRs) use evidence-based guidelines according to established Medical Policies and InterQual® criteria which are based on generally accepted standards of care. These evidence-based guidelines provide clinical benefits that promote the delivery of quality care, strengthen patient outcomes and reinforce appropriate utilization.

Clinical criteria are ranked from 1 to 6 in the chart below.

CLINICAL COVERAGE CRITERIA		OVERVIEW AND ACCESS
1	**Medicare National Coverage Determinations (NCDs)**	Decisions made by the Centers for Medicare and Medicaid Services (CMS) that describe the criteria and coverage limitations that apply to a specific service, item or technology that is covered by Medicare and is binding on all Medicare contractors. *Search:* CMS Medicare Coverage Database *See:* Medicare National Coverage Determinations Manual
2	**Medicare Local Coverage Determinations (LCDs) & Local Coverage Articles (LCAs)**	LCDs are decisions made by a local Medicare Administrative Contractor (MAC) that describes the criteria and coverage limitations that apply to a specific service or item that is covered by Medicare and is binding on Medicare contractors within the specific jurisdiction that the MAC oversees. LCAs are articles typically published by a MAC to provide coding/billing guidelines or other provider education that is complimentary to an existing NCD or LCD. In some cases, LCAs may be issued by MACs as independent policies. LCAs apply only to the MAC that issued the Article. *Search:* CMS Medicare Coverage Database
3	**Medicare Benefit Policy Manual**	This is an official CMS document that provides a comprehensive guide on how Medicare covers a range of services, including rules, regulations, and billing requirements. The Medicare Manual outlines the foundational coverage rules and policies for the Medicare program and can help clarify ambiguities left by NCDs, LCDs, and LCAs. Search: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c01.pdf
4	**InterQual® Criteria**	Industry-leading, evidence-based and objective medical necessity criteria and UM technology for appropriate care. *Search InterQual Transparency Tool:* https://identity.onehealthcareid.com/oneapp/index.html#/login
5	**Provider Partners Medical Policies**	Plan-specific clinical policies that must be used for utilization management decisions when there is no applicable NCD, LCD, LCA or InterQual guideline. PPHP

CLINICAL COVERAGE CRITERIA		OVERVIEW AND ACCESS
		Medical specific policy includes additional benefits or limitations within the framework of the NCD or LCD or other mentioned guidelines. *See Provider Partners website:* *http://www.pphealthplan.com/providers*
6	**CMS-based Resources**	Other CMS-based resources include, but are not limited to, documentation such as Medicare Fact Sheets, Coverage Guidance Documents and National Coverage Analysis (NCAs). *See CMS Medicare Coverage Center:* https://www.cms.gov/medicare/coverage/center
7	**Community Standards of Care**	Level of care that a reasonable healthcare provider within a specific geographic area and medical specialty would provide to a patient in similar circumstances, essentially meaning the accepted practices and treatments considered clinically appropriate by the medical community in that region for a particular condition.