



HealthSmart Management Services Organization, Inc

Utilization Management Clinical Criteria Hierarchy

Federal or State Guidelines, where applicable, the following hierarchy will be followed:

- For Medi-Cal: DHCS criteria is primary source, Health Plan criteria is secondary source and then evidenced based criteria [such as InterQual, MCG, Hayes, UpToDate, Apollo Medical Review Criteria Guidelines for Managed Care].
- For Commercial: DMHC - Knox Keene Act - Title 28 is the Primary Source, Health Plan criteria is secondary source with evidenced based criteria [such as InterQual, MCG, Hayes, UpToDate, Apollo Medical Review Criteria Guidelines for Managed Care] as next source.
- For Medi-Care/Medicare Advantage: CMS is Primary Source with hierarchy being National Coverage Determinations [NCD] then Local Coverage Determinations [LCD], Local Coverage Articles [LCA], Medicare Manuals [Medicare Managed Care, Medicare Benefit Policy, Medicare Program Integrity, Medicare Claims Processing], then Health Plan criteria and then evidenced based [such as InterQual, MCG, Hayes, UpToDate, Apollo Medical Review Criteria Guidelines for Managed Care] as next source.
 - For Part B Drug and Biologicals Only: Use 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)
- 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.

Community Medical Standards: American Medical Association; American Academy of Pediatrics; American Board of Obstetrics and Gynecology; American Board of Internal Medicine/Family Practice.

Practice Guidelines developed by the Quality Management Committee in conjunction with the UMC.

Utilization Management Clinical Criteria are available to the public upon request.

Request for Utilization Management Clinical Criteria can be made by contacting the UM Department at (714) 947-8600.



Additional Resources:

World Professional Associate for Transgender Health (WPATH) www.wpath.org/publications/soc

California Code of Regulations, Title 22
www.dhcs.ca.gov/services/adp/Pages/CA_Code_Regulations.shtml.aspx

DHCS All-Plan Letters and Other DHCS Regulatory Guidance regarding UM
www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx

DMHC Regulatory Guidance regarding UM <https://www.dmhc.ca.gov/LawsRegulations.aspx>

Centers for Medicare and Medicaid Services (CMS) Guidelines National Coverage Determinations (NCD) <https://www.cms.gov/medicare-coverage-database/reports/national-coverage-ncd-report.aspx?chapter=all&sortBy=title>

Local Coverage Determinations (LCD) <https://www.cms.gov/medicare-coverage-database/reports/local-coverage-final-lcds-alphabetical-report.aspx?lcdStatus=all>