

## **Medical Necessity Coverage Criteria For Medicare Advantage Members**

When making medical necessity determinations for basic and supplemental benefits for AvMed's Medicare membership, we apply the following coverage criteria in the following hierarchy:

### **If there is a CMS NCD, Medicare Law or LCD available, it will be used instead of AvMed's Internal and External Coverage Criteria Sources**

- CMS's national coverage determinations (NCDs);
- General coverage and benefit conditions included in Traditional Medicare laws, unless superseded by laws applicable to MA plans.
- CMS's local coverage determinations (LCDs) found here: [Interactive LCD index \(active / future effective, proposed, and retired LCDs\) \(fcsomedicare.com\)](#)
- CMS' National Coverage Determinations (NCDs) found here: [MCD Beneficiary Guide \(cms.gov\)](#)

### **AvMed's Internal and External Coverage Criteria Sources**

- AvMed's Internal Coverage Criteria that apply to Medicare can be found here: [Protocols - Avmed](#) under the "AvMed Coverage Guidelines" section
- External Criteria Sources:
  - ©2021 MCG Health, LLC (Part of the Hearst Health Network) Ambulatory Care, Inpatient & Surgical Care, General Recovery Care, and Recovery Facility Care: Contact AvMed for copies of coverage criteria:
    - Members: AvMed's Member Engagement Center at 1- 800-782-8633 for assistance.
    - Providers: AvMed's Provider Service Center at 1-800-452-8633, Option 3, for assistance.
  - Optum National Behavioral Health Clinical Criteria found here: [Clinical Criteria and Guidelines \(providerexpress.com\)](#)
  - Optum Health Transplant Guidelines found here:
    - <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/clinical-guidelines/transplant-review-guidelines-solid-organ-transplantation.pdf>
    - <https://www.uhcprovider.com/content/dam/provider/docs/public/policies/clinical-guidelines/transplant-review-guidelines-hematopoietic-stem-cell-transplantation.pdf>

- Evolent/New Century Health (NCH) Clinical Review Criteria for Cardiology, Radiation Oncology and Medication Oncology services found here: [Compliance and Regulatory Information - New Century Health](#)
- eviCore healthcare Coverage Criteria found here: [Cardiovascular & Radiology | eviCore healthcare](#)
- eviCore Laboratory Management Coverage Criteria (DNA Direct): To request copies of utilization-review criteria, please complete this [form](#) and submit the request via email to reqcriteria@evicore.com or fax it to 1-866-699-8160, Attention: Request for Criteria.
- CVS/Caremark P&T Committee recommendations specific to coverage guidelines found here: [Providers - AvMed](#) under the “Provider Forms- Pharmacy-Medical, Part B Authorization Criteria” section
- ESI P&T Committee recommendations specific to coverage guidelines found here: [Prescriptions | AvMed](#) under the “Prior Authorization & Step Therapy- Medicare Advantage” section
- National Comprehensive Cancer Network (NCCN) Clinical Practice Guidelines found here: [National Comprehensive Cancer Network - Home \(nccn.org\)](#)

**Providers:** If you have questions or need information on how to obtain a copy of AvMed’s decision-making criteria, please call AvMed’s Provider Service Center at 1-800-452-8633, Option 3, for assistance.

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