CLINICAL DECISION-MAKING HIERARCHY

A. Gold Coast Health Plan (GCHP) and its contracted providers must adhere to the following decision-making hierarchy when considering coverage criteria for medical necessity determinations:

1. Centers for Medicare and Medicaid (CMS) Guidelines including, but not limited to:
    i. Medicare National Coverage Determinations (NCDs)
    ii. Medicare Local Coverage Decisions (LCDs)
    iii. Medicare Local Coverage Articles (LCAs)
    iv. Medicare Manuals (Internet Only Manuals (IOM))

2. The state Department of Health Care Services (DHCS) Medi-Cal Provider Manual Criteria for dual eligible members also refer to: DHCS Medi-Cal Guidelines

B. Internal coverage criteria (in the absence of Medicare and Medi-Cal guidelines) based on current evidence in publicly available, widely used treatment guidelines or clinical literature, such as:

1. Nationally recognized evidence-based guidelines/criteria, in conjunction with the clinical judgement of a qualified health professional, including:
    i. Utilization Management Decision-Support Guidelines (such as MCG®, InterQual®)
    ii. National Comprehensive Cancer Network (NCCN)®
    iii. American Diabetes Association (ADA)®
    iv. American Heart Association (AHA)®
    v. American Academy of Family Physicians (AAFP)®
    vi. American Geriatrics Society (AGS)®
    vii. United States Preventative Services Task Force (USPSTF)®
    viii. Centers for Disease Control and Prevention (CDC)®
    ix. UptoDate®

C. In coverage situations where there is no NCD, LCD, or guidance on coverage in original Medicare manuals, a Medicare Advantage Organization (MAO) may adopt the coverage policies of other MAOs in its service area.