# Medicare Advantage Medical Policy Management

**Medicare Advantage Medical Policy** #MA-089
Original Effective Date: 03/01/2025
Current Effective Date: 10/01/2026

*Applies to all products administered or underwritten by the Health Plan, unless otherwise provided in the applicable contract. Medical technology is constantly evolving, and we reserve the right to review and update Medical Policy periodically.*

*Blue Advantage does not cover investigational or experimental services, including any drug, device, procedure, or service provided under the investigational arm of a clinical trial or study unless mandated by the Centers for Medicare and Medicaid Services. Coverage is limited to routine services for Category A IDE studies and to devices and related services for Category B IDE studies when not supplied by the trial sponsor. Approved IDE studies are posted on www.cms.gov/medicare/coverage/evidence.*

# Policy Hierarchy

The Medicare Advantage (MA) Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations. The MA Plan's medical policies follow Medicare Advantage Policy Guidelines to comply with the CMS Policy, National Coverage Determinations (NCDs) and /or Local Coverage Determinations (LCDs). When coverage criteria are not fully established by Medicare statutes, NCDs or LCDs we develop medical necessity guidelines that provide clinical benefits that are highly likely to outweigh any clinical harms, including from delayed or decreased access to items or services.

Per CMS requirements, MA Medical Policy will be determined using the following hierarchy:

1. **National Coverage Determinations (NCDs)**
2. **Local Coverage Determinations (LCDs) Novitas Solutions Inc.**
3. **Internal Medical Policy**
4. **InterQual®**
5. **LCDs from Other Medicare Administrator Contractors**

*Note: In the absence of guidance found within hierarchy sources, medical directors are permitted to utilize approved government agency, medical society or other authoritative publications to inform coverage determinations. (See below.)*

# Policy Guidelines

**Medicare Advantage Administrative Guidelines**
To access CMS NCDs and LCDs, click Medicare Coverage Database to begin your search.

**National Coverage Determinations (NCDs)**
For some services, procedures, and technologies, CMS has published an NCD, which is to be applied on a national basis for all Medicare beneficiaries. NCDs are binding for all Medicare Advantage plans.

To review the specific NCDs, please click "accept" on the CMS licensing agreement at the bottom of the CMS webpage when prompted. Click MCD Search Results to see the NCDs alphabetical index.

**Local Coverage Determinations (LCDs)**
When there is no NCD or other coverage provision outlining medical necessity criteria within a Medicare manual, or when there is a need to further define an NCD, then the MAC for a service area may develop a local coverage determination (LCD) or article.

For services, procedures, and technologies, the MA Plan will utilize LCDs appropriate for this region as approved by CMS. Novitas Solutions Inc. is the primary designated MAC to follow for this MA Plan's service region. When there is not a Novitas LCD available, other approved regional LCDs, specifically CGS Administrators, LLC and Wisconsin Physicians Service Government Health Administrators (WPS), will be utilized.

Novitas Solutions Inc. is available at https://www.novitas-solutions.com/webcenter/portal/NovitasSolutions.

To review the specific Novitas Solutions LCDs, please click "accept" on the Novitas Solutions licensing agreement on the home page when prompted. Click to see the LCDs alphabetical index.

For durable medical equipment (DME), the MA Plan will follow LCDs from CGS Administrators as designated by CMS for this jurisdiction.

To review specific DME LCDs from CGS Administrators, please visit CGS DME LCDs.

For home health and hospice services (HHH), the MA Plan will follow LCDs from Palmetto GBA as designated by CMS for this jurisdiction.

To review specific HHH LCD's from Palmetto GBA, please visit Palmetto GBA HHH LCDs.

**Internal Medical Policies**
In the absence of a national or local Medicare coverage guidance regarding medical treatments, procedures, drugs, devices or biological products, then CMS guidelines allow for the MA Plan to make its own coverage determination. However, it must use an objective, evidence-based process based on authoritative evidence. In these situations, the MA Plan may apply Medical Policy criteria to the services under review. The MA Plan's medical policies are developed following an objective, evidence-based process based on scientific evidence, generally accepted and current standards of medical practice, and authoritative clinical practice guidelines.

The MA Plan may consider some services to be investigational. *When a procedure or device is deemed "investigational" by the MA Plan, the term "investigational" is* ***not*** *meant to imply the*

*procedure or device has not received approval by the Food and Drug Administration (FDA). Rather, the use of this term simply means the procedure or device does not meet the health plan's objective, evidence-based technology assessment based on authoritative evidence.*

In addition, most services related to or required as a result of non-covered services are also non-covered under Medicare. Thus, services directly associated with the investigational procedure or technology may also be denied as not medically necessary. As previously stated, the issuance of a procedure code (CPT or HCPCS) or FDA approval is not sufficient for a procedure to be considered medically reasonable and necessary. While the FDA reviews data from studies and clinical trials to determine safety and effectiveness prior to approval, it does not establish medical necessity of that device or drug. Medicare may adopt FDA determinations regarding safety and effectiveness, but Original Medicare, Medicare contractors, and Medicare Advantage Organizations evaluate whether or not the drug or device is reasonable and necessary for the Medicare population under §1862(a)(1)(A).

**InterQual®**
If no policy criteria are available within an NCD, LCD, or internal medical policy for the services in question, Interqual® criteria may be applied when available.

The MA Plan is also allowed to use LCD guidance from the following MACs that are cited within Medicare InterQual® criteria:

- CGS Administrators, LLC; available at https://www.cgsmedicare.com/
- Palmetto GBA; available at https://www.palmettogba.com/
- Noridian Healthcare Solutions; available at https://www.noridianmedicareportal.com/
- Wisconsin Physician Service Government Health Administrators (WPS); available at https://www.wpsgha.com/
- First Coast Service Options, Inc.; available at https://www.fcso.com/

InterQual® can be accessed by providers and members through the Interqual® Transparency Tool. Click Sign In – One Healthcare ID to register and access the InterQual® tool.

**Use of LCDs from Other Medicare Administrator Contractors**
If no policy criteria are available within an NCD, LCD, internal medical policy or Interqual® for the services in question, the MA Plan may reference the LCDs below from other MACs.

| LCD Number/Codes | Title | MAC | Last Reviewed Date |
|---|---|---|---|
| L37641 | LCD - Continuous Peripheral Nerve Blocks (CPNB) (L37641) | Palmetto GBA | 03/17/2026 |

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|---|---|---|---|
| L37641 Coding: | 64416, 64446, 64448, 64449 | | |
| L33818 | LCD - Excision of Malignant Skin Lesions (L33818) | First Coast Service Options | 03/17/2026 |
| L33818 Coding: | 11600, 11601, 11602, 11603,11604, 11606, 11620, 11621, 11622, 11623 11624, 11626, 11640, 11641, 11642, 11643, 11644, 11646 | | |
| L34008 | LCD - Computerized Corneal Topography (L34008) | CGS Administrators | 03/17/2026 |
| L34008 Coding: | 92025 | | |
| L33449 | LCD - Swallowing Studies for Dysphagia (L33449) | Palmetto GBA | 03/17/2026 |
| L33449 Coding: | 70370, 70371, 74230 | | |
| L33428 | LCD - Cosmetic and Reconstructive Surgery (L33428) | Palmetto GBA | 07/21/2026 |
| L33428 Coding: | 15780, 15781, 15782, 15783, 15830, 15847, 19316, 19325, 19328, 19330, 19340, 19342, 19350, 19355, 19357, 19361, 19364, 19367, 19368, 19369, 19370, 19371, 19380, 19396, 19318, 20912, 21210, 21230, 21235, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30468, 15730, 15733, 21076, 21077, 21079, 21080, 21081, 21082, 21083, 21084, 21086, 21087, 21088, 21089, 21120, 21121, 21122, 21123, 21125, 21127, 21137, 21138, 21139, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21172, 21175, 21179, 21180, 21181, 21182, 21183, 21184, 21188, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21209, 21215, 21240, 21242, 21243, 21244, 21245, 21246, 21247, 21248, 21249, 21255, 21256, 21260, 21261, 21263, 21267, 21268, 21270, 21275, 21280, 21282, 21295, 21296, 21299 | | |

**Approved Government Agency, Medical Society or Other Authoritative Publications**
Sources approved for use by medical directors to guide coverage determinations include but are not limited to the following:

- Agency for Healthcare Research and Quality (AHRQ) – Clinical Information. Available at: Home | Agency for Healthcare Research and Quality (ahrq.gov).
- American Board of Medical Specialties. Specialty and Subspecialty Certificates. 2022. Available at: http://www.abms.org/member-boards/specialty-subspecialty-certificates/.
- Centers for Disease Control and Prevention (CDC). Available at: http://www.cdc.gov.
- Centers for Medicare & Medicaid Services (CMS). Available at: https://www.cms.gov/medicare-coverage- database/search.aspx.
- National Library of Medicine – PUBMED. Available at: http://www.ncbi.nlm.nih.gov/sites/entrez.

- U.S. Food and Drug Administration (FDA). Available at: http://www.fda.gov.
- National Comprehensive Cancer Network (NCCN). Available at https://www.nccn.org.
- The following physician specialty societies where publicly available:

**Specialty Societies**

| General Certificate(s) | Specialty Society<br><br>*(+) Indicates Guidelines Publicly Available*<br>*(-) Indicates Guidelines Not Publicly Available* | Subspecialty Certificate(s) |
|---|---|---|
| Allergy and Immunology | American Academy of Asthma, Allergy and Immunology (AAAAI) (+)<br>http://www.aaaai.org<br><br>American College of Allergy, Asthma and Immunology (ACAAI) (-)<br>https://acaai.org/ | None |
| Anesthesiology | American Society of Anesthesiologists® (ASA) (+)<br><br>For additional information visit the ASA website: https://www.asahq.org/ | 1. Adult Cardiac Anesthesiology<br>2. Critical Care Medicine<br>3. Health Care Administration, Leadership, and Management<br>4. Hospice and Palliative Medicine<br>5. Neurocritical Care<br>6. Pain Medicine<br>7. Pediatric Anesthesiology<br>8. Sleep Medicine |
| Colon and Rectal Surgery | American Society of Colon and Rectal Surgeons (ASCRS) (+)<br>http://www.fascrs.org | None |
| Dermatology | American Academy of Dermatology (AAD) (+)<br>http://www.aad.org | 1. Dermatopathology<br>2. Micrographic Dermatologic Surgery<br>3. Pediatric Dermatology |

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| Emergency Medicine | American College of Emergency Physicians® (ACEP) (+)<br>https://www.acep.org/ | 1. Anesthesiology Critical Care Medicine<br>2. Emergency Medical Services<br>3. Health Care Administration, Leadership, and Management<br>4. Hospice and Palliative Medicine<br>5. Internal Medicine-Critical Care Medicine<br>6. Medical Toxicology<br>7. Neurocritical Care<br>8. Pain Medicine<br>9. Pediatric Emergency Medicine<br>10. Sports Medicine<br>11. Undersea and Hyperbaric Medicine |
| Family Medicine | American Academy of Family Practice (AAFP) (-)<br>http://www.aafp.org | 1. Adolescent Medicine<br>2. Geriatric Medicine<br>3. Health Care Administration, Leadership, and Management<br>4. Hospice and Palliative Medicine<br>5. Pain Medicine<br>6. Sleep Medicine<br>7. Sports Medicine |
| Internal Medicine | American College of Physicians℠ (ACP) (+)<br>http://www.acponline.org | 1. Adolescent Medicine |

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| | | 2. Adult Congenital Heart Disease<br>3. Advanced Heart Failure and Transplant Cardiology<br>4. Cardiovascular Disease<br>5. Clinical Cardiac Electrophysiology<br>6. Critical Care Medicine<br>7. Endocrinology, Diabetes and Metabolism<br>8. Gastroenterology<br>9. Geriatric Medicine<br>10. Hematology<br>11. Hospice and Palliative Medicine<br>12. Infectious Disease<br>13. Interventional Cardiology<br>14. Medical Oncology<br>15. Nephrology<br>16. Neurocritical Care<br>17. Pulmonary Disease<br>18. Rheumatology<br>19. Sleep Medicine<br>20. Sports Medicine<br>21. Transplant Hepatology |
| Medical Genetics<br><br>1. Clinical Biochemical Genetics<br>2. Clinical Cytogenetics | American College of Medical Genetics and Genomics (ACMG) (+)<br>http://www.acmg.net | 1. Medical Biochemical Genetics<br>2. Molecular Genetic Pathology |

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| and Genomics<br>3. Clinical Genetics and Genomics (MD)<br>4. Clinical Molecular Genetics and Genomics<br>5. Laboratory Genetics and Genomics | | |
| Neurological Surgery | American Association of Neurological Surgeons (AANS) (+)<br>For additional information visit the AANS website: https://www.aans.org/ | 1. Neurocritical Care |
| Nuclear Medicine | American College of Nuclear Medicine (ACNM) (-)<br>http://www.acnmonline.org | None |
| Obstetrics and Gynecology | American Congress of Obstetricians and Gynecologists (ACOG) (+)<br>http://www.acog.org | 1. Complex Family Planning<br>2. Critical Care Medicine<br>3. Gynecologic Oncology<br>4. Maternal and Fetal Medicine<br>5. Reproductive Endocrinology/ Infertility<br>6. Urogynecology and Reconstructive Pelvic Surgery |
| Ophthalmology | American Academy of Ophthalmology (AAO) (+)<br>For additional information visit the AAO website: https://www.aao.org/ | None |
| Orthopaedic Surgery | American Academy of Orthopaedic Surgeons (AAOS) (+)<br>http://www.aaos.org | 1. Orthopaedic Sports Medicine |

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| | | 2. Surgery of the Hand |
| Otolaryngology | American Academy of Otolaryngology-Head and Neck Surgery (AAO-HNS) (+)<br>http://www.entnet.org | 1. Complex Pediatric Otolaryngology<br>2. Neurotology<br>3. Plastic Surgery Within the Head and Neck<br>4. Sleep Medicine |
| Pathology<br>1. Pathology-Anatomic/ Pathology-Clinical<br>2. Pathology-Anatomic<br>3. Pathology-Clinical | College of American Pathologists (CAP) (+)<br>http://www.cap.org<br><br>American Society for Clinical Pathology (ASCP) (+)<br>http://www.ascp.org | 1. Blood Banking/Transfusion Medicine<br>2. Clinical Informatics<br>3. Cytopathology<br>4. Dermatopathology<br>5. Hematopathology<br>6. Neuropathology<br>7. Pathology - Chemical<br>8. Pathology - Forensic<br>9. Pathology - Hematology<br>10. Pathology - Medical Microbiology<br>11. Pathology - Molecular Genetic<br>12. Pathology - Pediatric |
| Pediatrics | American Academy of Pediatrics (AAP) (+)<br>http://www.aap.org | 1. Adolescent Medicine<br>2. Child Abuse Pediatrics<br>3. Developmental-Behavioral Pediatrics<br>4. Hospice and Palliative Medicine<br>5. Medical Toxicology |

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| | | 6. Neonatal-Perinatal Medicine<br>7. Pediatric Cardiology<br>8. Pediatric Critical Care Medicine<br>9. Pediatric Emergency Medicine<br>10. Pediatric Endocrinology<br>11. Pediatric Gastroenterology<br>12. Pediatric Hematology-Oncology<br>13. Pediatric Hospital Medicine<br>14. Pediatric Infectious Diseases<br>15. Pediatric Nephrology<br>16. Pediatric Pulmonology<br>17. Pediatric Rheumatology<br>18. Pediatric Transplant Hepatology<br>19. Sleep Medicine<br>20. Sports Medicine |
| Physical Medicine and Rehabilitation | American Academy of Physical Medicine and Rehabilitation (AAPM&R) (+)<br>http://www.aapmr.org | 1. Brain Injury Medicine<br>2. Neuromuscular Medicine<br>3. Pain Medicine<br>4. Pediatric Rehabilitation Medicine<br>5. Spinal Cord Injury Medicine |

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| | | 6. Sports Medicine |
| Plastic Surgery | American Society of Plastic Surgeons® (ASPS) (+)<br>http://www.plasticsurgery.org | 1. Plastic Surgery Within the Head and Neck<br>2. Surgery of the Hand |
| Preventive Medicine<br>1. Aerospace Medicine<br>2. Occupational Medicine<br>3. Public Health and General Preventive Medicine | American College of Preventive Medicine (ACPM) (+)<br>http://www.acpm.org<br><br>American College of Occupational and Environmental Medicine (ACOEM) (+)<br>http://www.acoem.org | 1. Addiction Medicine<br>2. Clinical Informatics<br>3. Health Care Administration, Leadership, and Management<br>4. Medical Toxicology<br>5. Undersea and Hyperbaric Medicine |
| Psychiatry and Neurology<br>1. Psychiatry<br>2. Neurology<br>3. Neurology with Special Qualification in Child Neurology | American Psychiatric Association (APA) (+)<br>https://www.psychiatry.org/ https://www.psychiatry.org/<br><br>American Academy of Child & Adolescent Psychiatry (AACAP) (+)<br>http://www.aacap.org<br><br>American Academy of Neurology® (AAN) (+)<br>http://www.aan.com<br>Child Neurology Society (CNS) (-)<br>http://www.childneurologysociety.org | 1. Addiction Psychiatry<br>2. Brain Injury Medicine<br>3. Child and Adolescent Psychiatry<br>4. Clinical Neurophysiology<br>5. Consultation-Liaison Psychiatry<br>6. Epilepsy<br>7. Forensic Psychiatry<br>8. Geriatric Psychiatry<br>9. Neurocritical Care*<br>10. Neurodevelopmental Disabilities<br>11. Neuromuscular Medicine<br>12. Pain Medicine<br>13. Sleep Medicine |

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| | | 14. Vascular Neurology |
| Radiology<br>1. Diagnostic Medical Physics<br>2. Diagnostic Radiology<br>3. Interventional Radiology and Diagnostic Radiology<br>4. Nuclear Medical Physics<br>5. Radiation Oncology<br>6. Therapeutic Medical Physics | American College of Radiology (ACR®) (+)<br>http://www.acr.org<br>*NOTE: Do not confuse with American College of Rheumatology* | 1. Neuroradiology<br>2. Nuclear Radiology<br>3. Pain Medicine<br>4. Pediatric Radiology |
| | American Society for Therapeutic Radiation and Oncology ASTRO (+)<br>For additional information visit the ASTRO website:<br>https://www.astro.org/ | |
| Surgery and Vascular Surgery | American College of Surgeons (ACS) (+)<br>http://www.facs.org<br>*NOTE: Do not confuse with American Cancer Society.* | 1. Complex General Surgical Oncology<br>2. Pediatric Surgery<br>3. Surgery of the Hand<br>4. Surgical Critical Care |
| Thoracic and Cardiac Surgery | Society of Thoracic Surgeons (STS) (+)<br>http://www.sts.org/ | 1. Congenital Cardiac Surgery |
| Urology | American Urological Association (AUA) (+)<br><br>For additional information visit the AUA website:<br>https://www.auanet.org/guidelines-and-quality/guidelines | 1. Pediatric Urology<br>2. Urogynecology and Reconstructive Pelvic Surgery |

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**Subspecialty Societies**

| Subspecialty Certificate | Specialty Society<br>*(+) Indicates Guidelines Publicly Available*<br>*(-) Indicates Guidelines Not Publicly Available* |
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| Cardiology | American College of Cardiology (ACC) (+)<br>http://www.acc.org<br><br>Society for Cardiovascular Angiography and Interventions (SCAI) (+)<br>http://www.scai.org/Default.aspx |
| Clinical Cardiac Electrophysiology | Heart Rhythm Society℠ (HRS) (+) (collaborative with ACC)<br>http://www.hrsonline.org/ |
| Critical Care Medicine | Society of Critical Care Medicine (SCCM) (+)<br><br>For additional information visit the SCCM website:<br>http://www.sccm.org/Home |
| Endocrinology, Diabetes and Metabolism | American Association of Clinical Endocrinologists AACE (+)<br>http://www.aace.com |
| | Endocrine Society (+)<br>https://www.endocrine.org/ |
| Gastroenterology | American College of Gastroenterology (ACG) (+)<br>https://gi.org/<br><br>American Gastroenterological Association (AGA) (+)<br>http://www.gastro.org |
| | Society of American Gastrointestinal and Endoscopic Surgeons (SAGES) (+)<br>https://www.sages.org/ |
| Geriatric Medicine | American Geriatrics Society (AGS) (+)<br>http://www.americangeriatrics.org |
| Geriatric Psychiatry | American Association for Geriatric Psychiatry (AAGP) (-)<br>http://www.aagponline.org/ |
| Gynecologic Oncology | Society of Gynecologic Oncology (SGO) (+)<br>http://www.sgo.org |
| Hematology | American Society of Hematology (ASH) (+)<br>http://www.hematology.org |
| Hospice and Palliative Medicine | American Academy of Hospice and Palliative Medicine (AAHPM) (+)<br>http://www.aahpm.org |

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| Infectious Disease | Infectious Disease Society of America (IDSA) (+)<br>http://www.idsociety.org |
| Medical Toxicology | American College of Medical Toxicology (ACMT) (+)<br>http://www.acmt.net |
| Nephrology | American Society of Nephrology (ASN) (-)<br>http://www.asn-online.org |
| Neuromuscular | American Association of Neuromuscular & Electrodiagnostic Medicine (AANEM) (+)<br>http://www.aanem.org/Home.aspx |
| Neuroradiology | American Society of Neuroradiology (ASNR) (-)<br>http://www.asnr.org |
| Oncology | American Society of Clinical Oncology (ASCO®) (+)<br>http://www.asco.org |
| Pain Medicine | American Chronic Pain Association (ACPA) (+)<br>https://www.acpanow.com/ |
| | American Academy of Pain Medicine (AAPM) (+)<br>https://painmed.org/ |
| Pulmonary Disease | American College of Chest Physicians® (CHEST) (+)<br>http://www.chestnet.org |
| Reproductive Endocrinology/Infertility | American Society for Reproductive Medicine (ASRM) (+)<br>http://www.asrm.org |
| Rheumatology | American College of Rheumatology (ACR) (+)<br><br>For additional information visit the ACR website:<br>http://www.rheumatology.org/<br>*NOTE: Do not confuse with American College of Radiology* |
| Sleep Medicine | American Academy of Sleep Medicine (AASM) (+)<br>http://www.aasmnet.org |
| Sports Medicine | American Orthopaedic Society for Sports Medicine (AOSSM) (-)<br>http://www.sportsmed.org |
| Surgery of the Hand | American Society for Surgery of the Hand (ASSH) (-)<br>https://www.assh.org/ |
| Transplant Hepatology | American Association for the Study of Liver Diseases (AASLD) (+)<br>http://www.aasld.org |
| | American Society of Transplantation (AST) (+)<br>https://www.myast.org/ |
| Undersea and Hyperbaric Medicine | Undersea and Hyperbaric Medical Society (UHMS) (+)<br>https://www.uhms.org/ |
| Vascular and Interventional Radiology | Society of Interventional Radiology (SIR) (+)<br>http://www.sirweb.org |
| Vascular Surgery | Society for Vascular Surgery (SVS) (+)<br>https://vascular.org/ |

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# Background/Overview

Medicare Advantage Policy Guidelines are developed as needed and are subject to a minimum of an annual review, update and approval by a Utilization Management (UM) Committee. When there is not clear CMS guidance, NCDs or LCDs, an established process exists within the Health Plan. The extensive review of the medical policies ensures guidelines are based on the highest level of evidence currently available in clinical literature, widely accepted professional guidelines, clinical effectiveness data, community physicians and rigorous new technology assessment reports. The committee makes final recommendations for approval and implementation and reports out to the UM Committee.

The medical policies are provided as information only for the purpose of transparency of the criteria or medical necessity guidelines used in determining coverage for payment purposes. The existence of the medical policy is not an authorization, certification, explanation of benefits, or a contract for the services, devices, or drugs that is referenced in the medical policy. Medical policies do not constitute medical advice and do not guarantee any results or outcomes. Medical policy is not intended to replace independent medical judgment for treatment of individuals. Treating physicians and health care providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to individual plan documents.

# References

1. Title XVIII of the Social Security Act, §1862(a)(1)(A)
2. Medicare Claims Processing Manual, Pub. #100-04, Chapter 23 - Fee Schedule Administration and Coding Requirements, §30 - Services Paid Under the Medicare Physician's Fee Schedule, A. Physician's Services
3. Medicare Managed Care Manual, Pub. #100-16, Chapter 4 - Benefits and Beneficiary Protections, §90.1 – Overview
4. Medicare Managed Care Manual, Pub. #100-16, Chapter 4 - Benefits and Beneficiary Protections, §90.6 – Sources for Obtaining Information
5. Medicare Managed Care Manual, Pub. #100-16, Chapter 4 - Benefits and Beneficiary Protections, §90.3 – General Rules for NCDs
6. Medicare Managed Care Manual, Pub. #100-16, Chapter 4 - Benefits and Beneficiary Protections, §90.4.1 – MACS with Exclusive Jurisdiction over a Medicare Item or Service
7. Medicare Managed Care Manual, Pub. #100-16, Chapter 4 - Benefits and Beneficiary Protections, §90.5 - Creating New Guidance
8. Medicare Benefit Policy Manual, Pub. #100-02, Chapter 16 - General Exclusions From Coverage, §180 - Services Related to and Required as a Result of Services Which Are Not Covered Under Medicare

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# Policy History

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| 02/18/2025 | Utilization Management Committee review and approval. New Policy. |
| 03/18/2025 | Utilization Management Committee review and approval. Added language specifying CMS designation of CGS for DME LCDs and Palmetto GBA for HHH LCDs. Removed language specific to molecular diagnostic tests and added reference to MA-023 MolDX: Molecular Diagnostic Tests (MDT). |
| 07/15/2025 | Utilization Management Committee review and approval. LCDs from other MACs that are no longer in use by the Health Plan removed from table. Last reviewed date updated. |
| 09/16/2025 | Approved government agency, medical society or other authoritative publications with corresponding information added to hierarchy. |
| 03/17/2026 | Utilization Management Committee review and approval. LCDs from other MACs that are no longer in use by the Health Plan removed from table. |
| 07/21/2026 | Utilization Management Committee review and approval. Palmetto L33428 Cosmetic and Reconstructive Surgery added to table of LCDs from other MACs. |

Next Scheduled Review Date: 07/2027

**Medically Necessary (or "Medical Necessity") - Health care services, treatment, procedures, equipment, drugs, devices, items or supplies that a Provider, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:

A. In accordance with nationally accepted standards of medical practice;
B. Clinically appropriate, in terms of type, frequency, extent, level of care, site and duration, and considered effective for the patient's illness, injury or disease; and
C. Not primarily for the personal comfort or convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.

‡ Indicated trademarks are the registered trademarks of their respective owners.

**NOTICE:** If the Patient's health insurance contract contains language that differs from the Health Plan's Medical Policy definition noted above, the definition in the health insurance contract will be relied upon for specific coverage determinations.

**NOTICE:** Medical Policies are scientific based opinions, provided solely for coverage and informational purposes. Medical Policies should not be construed to suggest that the Health Plan recommends, advocates, requires, encourages, or discourages any particular treatment, procedure, or service, or any particular course of treatment, procedure, or service.

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**NOTICE:** Federal and State law, as well as contract language, including definitions and specific contract provisions/exclusions, take precedence over Medical Policy and must be considered first in determining eligibility for coverage.
**NOTICE:** If an authorization for an ongoing course of treatment has been provided to a member and the member changes from one health plan to another health plan (e.g., a member moves from carrier A to Blue Advantage), Blue Advantage may honor the previous health plan's authorization for the same service under the same type of in-network benefit for a 90-day transition period. Documentation of the authorization for the ongoing course of treatment from the previous health plan must be provided to us by the member or their provider and the services provided for the course of treatment must otherwise be a covered service under the Blue Advantage health plan.

## Medicare Advantage Members

Established coverage criteria for Medicare Advantage members can be found in Medicare coverage guidelines in statutes, regulations, National Coverage Determinations (NCD)s, and Local Coverage Determinations (LCD)s. To determine if a National or Local Coverage Determination addresses coverage for a specific service, refer to the Medicare Coverage Database at the following link: https://www.cms.gov/medicare-coverage-database/search.aspx. You may wish to review the Guide to the MCD Search here: https://www.cms.gov/medicare-coverage-database/help/mcd-benehelp.aspx.

When coverage criteria are not fully established in applicable Medicare statutes, regulations, NCDs or LCDs, internal coverage criteria may be developed. This policy is to serve as the summary of evidence, a list of resources and an explanation of the rationale that supports the adoption of this internal coverage criteria.

## InterQual®

Interqual® is utilized as a source of medical evidence to support medical necessity and level of care decisions. InterQual® criteria are intended to be used in connection with the independent professional medical judgment of a qualified health care provider. InterQual® criteria are clinically based on best practice, clinical data, and medical literature. The criteria are updated continually and released annually. InterQual® criteria are a first-level screening tool to assist in determining if the proposed services are clinically indicated and provided in the appropriate level or whether further evaluation is required. The utilization review staff does the first-level screening. If the criteria are met, the case is approved; if the criteria are not met, the case is referred to the medical director.