

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- General coverage and benefit conditions included in Traditional Medicare laws, unless superseded by laws applicable to MA plans.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: [Medical Technology/Coverage Guidelines - 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: <https://www.evolent.com/regulatory-compliance-and-privacy-policies>
- 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.
- Sentara Health Plans P&T Committee recommendations specific to coverage guidelines found here: Prescriptions | AvMed under the “Prior Authorization & Step Therapy Medicare Advantage” section [Prescriptions | AvMed](#)
- 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.

Medicare Members: If you have questions or need information on how to obtain a copy of AvMed’s decision-making criteria, please call AvMed’s Member Engagement Center at 1-800-782-8633 for assistance.