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- I. **Purpose:** Sharp Rees Stealy has written UM decision-making criteria that are objective and based on medical evidence. There is specific criteria to evaluate the necessity of medical, behavioral healthcare, and pharmaceutical services requiring approval, if appropriate.
- II. **Goal:** SRS will have written UM decision-making criteria that are objective, based on medical evidence and follows the plan criteria hierarchy.
- III. **Responsibility:** Utilization Management Staff
- IV. **Process:**

SRS reviews criteria on an annual basis and more frequently, when necessary. The process for reviewing updates, modifying and/or adding and including criteria is completed by UM leadership with oversight and review by the Medical Director of Managed Care. SRS UM follows the hierarchy as dictated by each health plan and including state/federal regulations.


Medical Group policy can also be created, modified, added and included in this review process, as necessary. Criteria may be developed and reviewed using information on best practice and evidence found in professional journals and publications. Specialists and non-staff contracted/network practitioners must also be involved in developing, adopting, and reviewing criteria because they are subject to application of the criteria.

Authorization decisions will be based on the hierarchy criteria as identified as per health plan. Referrals will be reviewed after eligibility, federal and state mandates, benefits and EOC have been reviewed/identified.

### 1. Sharp Health Plan

#### a) Sharp Healthplan Only--Commercial Criteria Hierarchy:

1. Federal or State Mandates
2. Sharp Health plan Medical Policy
3. National Comprehensive Cancer Network (NCCN) Guidelines for oncology, MCG Care Guidelines including for oncology, if not in NCCN, Medication; PMB Criteria, Food and Drug Administration (FDA), WPATH Standard of Care.
4. Hayes Knowledge Center.

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5. Other guidelines and tools developed by third parties to assist in determining medical necessity and administering health benefits ie: Professional Associations. (e.g., Up-to-Date (UTD), and Professional Associations, among others.


**b) Sharp Healthplan Senior/Medicare Criteria Hierarchy:**

1. National Coverage Determinations (NCD)
2. Local Coverage Determinations (LCD), Noridian Policies (DME only if no NCD) including articles and CMS manuals.
3. Sharp Healthplan Medical Clinical Medicare Policies
4. National Comprehensive Cancer Network (NCCN) Guidelines for Oncology. MCG Care Guidelines, Medication PBM Criteria, Food and Drug Administration (FDA)
5. Other guidelines and tools developed by third parties to assist in determining medical necessity and administering health benefits ie: Professional Associations.

**2. United HealthCare**

**a. Commercial Criteria Hierarchy:**

- i. Criteria for determining medical necessity UnitedHealthcare and medical groups/IPAs delegated for utilization/medical management review nationally recognized evidence-based criteria to determine medical necessity and appropriate level of care for services whenever possible. UnitedHealthcare and delegates use several resources and guidelines to determine medical necessity and appropriate level of care. When using criteria to make decisions about service requests, the delegate must use the following criteria appropriate to the benefit plan.
- ii. UHC West
  1. Eligibility
  2. Evidence of Coverage (EOC)/Schedule of Benefits (SOB)
  3. UnitedHealthcare West Benefit interpretation policies (BIP)
  4. UnitedHealthcare West Medical/drug policies or review guidelines
  5. MCG Care Guidelines/InterQual criteria
  6. Hayes


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b. Senior/Medicare Criteria Hierarchy

- i. Eligibility
- ii. Benefit document: Evidence of Coverage (EOC)
- iii. Medicare Coverage Database: National Coverage Determinations (NCD)
- iv. Medicare Coverage Database: Local Coverage Determinations (LCD)
- v. Medicare Coverage Database: Local Coverage Articles (LCA's)
- vi. Medicare Benefit Policy Manual
- vii. UnitedHealthcare Medicare Advantage Medical Policies (MAMPs)
- viii. In circumstances where Medicare guidelines are silent or not fully established, delegates may use any of the following criteria:
  1. a. MCG/Inter Qual - Nationally recognized third-party evidence-based clinical guidelines
  2. Internally developed clinical criteria- Sharp Healthcare Medical Necessity Policy
- ix. When there is no Medicare coverage criteria, no Medicare Advantage coverage summary, AND no information from additional resources, THEN: The reviewer may then use clinical literature that CMS considers to be of high enough quality.

3. Blue Shield of California, Commercial Hierarchy;

- a. Medical Management
  - i. BSC medical policy
  - ii. Applicable vendor/delegate policy as adopted by BSC (e.g., Evolent Specialty Services, Inc. [Evolent], Concert Genetics)
  - iii. MCG guidelines
  - iv. Professional guidelines (including non-profit professional associations) and evidence-based reviews/peer-reviewed articles, including but not limited to:
    - National Comprehensive Cancer Care Network (NCCN)
    - Up-to-Date
    - American Academy of Family Physicians (AAFP)
    - American College of Physicians (ACP)
    - American Academy of Pediatrics (AAP)
    - The American College of Obstetricians and Gynecologists (ACOG)
  - v. Health maintenance organization (HMO) LOB only: If above items in hierarchy are not applicable (i.e., no license/subscription, not case-specific),

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- then evidence-based policy reviewed and approved by the Independent Physician Association (IPA)/medical group's UM Committee may be used
- vi. Contracted external medical review agency review
  - b. Pharmacy (Commercial Group) BSC Medication Policies


**4. Aetna, Anthem, Cigna, and Health Net Criteria Hierarchies:**

**b. Commercial Criteria Hierarchy:**

1. Federal Mandates
2. State Mandates (include WPATH for Health Net)
3. Health Plan Medical Policy or Clinical Guideline
4. Criteria: MCG™. If no MCG, Hayes can only be referenced for United Healthcare and Sharp Healthplan
5. SRS Guidelines (OON, Acupuncture) or Sharp Healthcare Medical Necessity Policy if the plan does not have a Medical Necessity Policy
6. Evidence-Based-Literature (e.g., NCCN Guidelines, Hayes search & summary literature without a Hayes rating, peer reviewed journals, other published resources) can only support a determination based on a Medical Necessity Policy. Denial language is only extracted from the Medical Necessity Policy. However, both the literature source(s) and the Medical Necessity Policy should be attached for review.

**a) Senior/Medicare Criteria Hierarchy:**

1. National Coverage Determinations (NCD)
2. Local Coverage Determinations (LCD)
3. Health Plan Medical Policy or Clinical Guidelines (Medicare Advantage or Commercial Policies respectively)
4. Standardized Criteria: MCG™
5. SRS Guidelines (OON, Acupuncture) or Sharp Healthcare Medical Necessity Policy if the plan does not have a Medical Necessity Policy.  
Evidence-Based-Literature (e.g., NCCN Guidelines, Hayes search & summary literature without a Hayes rating, peer reviewed journals, other published resources) can only support a determination based on a Medical Necessity Policy. Denial language is only extracted from the Medical Necessity Policy. However, both the literature source(s) and the Medical Necessity Policy should be attached for review.

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V. **REFERENCES**


1. Criteria Hyperlinks:

1. Aetna: <https://navinet.navimedix.com/Main.asp>
2. Anthem: <https://provider2.anthem.com/wps/portal/ebpmybcc>
3. Blue Shield: <https://www.blueshieldca.com/provider/home.sp>
4. Cigna: <https://cignaforhcp.cigna.com/wps/portal>
5. HealthNet-Commercial: <https://www.healthnet.com/portal/home.do>
6. United Healthcare-
  - a. Commercial: [2026 UnitedHealthcare Care Provider Administrative Guide for Commercial, Individual Exchange, and Medicare Advantage](#)
  - b. United Healthcare-Senior: [2026 UnitedHealthcare Care Provider Administrative Guide for Commercial, Individual Exchange, and Medicare Advantage](#)
7. Sharp Healthplan-Commercial and Senior:
  - a. Commercial: [2026-commercial-provider-operations-manual-march-2026\\_final.pdf](#)
  - b. Sharp Health Plan Medicare: [2026-medicare-provider-operations-manual\\_october-2025\\_effective-january-2026.pdf](#)
8. MCG: <http://cgi.careguidelines.com/login-careweb.htm>
9. Center for Medicare & Medicaid Services (CMS): <http://www.cms.gov/medicarecoverage-database/overview-and-quick-search.aspx>
10. National Comprehensive Cancer Network (NCCN): <https://www.nccn.org/>

2. Hayes Technology Assessment Rating System:

- A: Established Benefit
- B: Some Proven Benefit
- C: Potential but Unproven Benefit
- D1: No Proven Benefit
- D2: Insufficient Evidence

3. Sharp Healthcare Medical Necessity Policy & Procedure  
(SharpNet > Policies & Procedures > Medical Necessity)

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4. Sharp Rees Stealy Medical Group Acupuncture Department Guideline; SRS UM Sharepoint

**V. ATTACHMENTS**

**VI. APPROVALS:**

- A. Managed Care Committee: 3/2017, Ad Hoc 6/28/18, Ad Hoc 6/2019, Ad Hoc 8/2019, Ad Hoc Committee Meeting 8/2020, 5/2022, 3/2023, 9/2024, Ad Hoc 3/2025, 2/2026, 4/2026, 5/2026



Ambulance Transport non-emergent, non-capped
Botox at SRS
Bariatric procedures
Blepharoplasty
Conization: Cold Cone Procedure at SRS
Continuity of Care
Continuous Glucose Monitoring
Cortisone Knee Injections at SRS
Dialysis (non-ESRF purposes only)
Dental
DME (non-cap prior auth needed)/Orthotics
Dermatology UV light therapy/Photodynamic therapy
General Surgery
Hearing Aids/Cochlear implants
Hospice (commercial only for OON/non-Sharp)
Home Safety Evaluations
Home Health
Injectables
Infusions/OPP
Infertility
Inpatient Acute Rehab
Inpatient Admissions Elective admissions within Sharp and Radys
Inpatient Acute Medical Chemical Dependency, BSC only
OOA Directed Care Consult, Treatment, Services, and Admissions, if PMG risk.
OON Admissions elective only
OON Labs, testing, Imaging, procedures, and therapy
OON Specialist Consult and Follow Up
OT and Speech Extensions
Otolaryngology procedures
Post-Acute (SNF) Admission
Sharp Facilities Treatments and Therapies (i.e.: SHIS, Cardiac Rehab, Pain management, genetic counseling, Chemotherapy, pulmonary rehab, CREP, etc.)
Pain Pump Referral and Maintenance
Vestibular Rehabilitation at SRS, Extensions only

## SRS Prior Authorization List

5/21 kb, 5/23kb, 2/24kb, 2/26mm,