
Medical Policies – Overview

For most commercial plans, Blue Cross® Blue Shield® of Arizona (BCBSAZ) uses many nationally recognized medical policy guidelines. This includes best-in-class, evidence-based criteria developed by eviCore, Change Healthcare InterQual®, American Specialty Health (ASH), and the National Comprehensive Cancer Network® (NCCN®). We also use policies developed by the BCBS Association and develop our own proprietary evidence-based criteria, based on emerging science and technology, medical literature, and credible clinical data. Please note:

- Self-funded employer groups with plans administered by a TPA, BCBSAZ-contracted administrators of our Medicare Advantage (MA) plans (P3 Healthcare and Arizona Priority Care), and other BCBS Plans may use their own medical and administrative criteria, which might differ from ours, including determination of what services are considered experimental and investigational.
- BCBSAZ-contracted vendor(s) may establish evidence-based criteria for services they provide or administer on our behalf.
- Federal Employee Program® (FEP®) plans and BCBSAZ-administered Medicare Advantage plans use other medical policies. See below for information.

FEP medical policies

Clinical criteria applicable to FEP members is based on the medical policies and utilization management guidelines listed on the [FEP website](#). InterQual is used for inpatient admissions.

Medicare Advantage: Criteria used for BCBSAZ-administered plans

The criteria for outpatient procedures are based primarily on the [CMS National Coverage Determinations \(NCD\)](#) and [Local Coverage Determinations \(LCD\)](#). If there are no applicable NCD or LCD criteria and the service is included in our eviCore program for MA (high-tech radiology, oncology, radiation therapy, lab management, spine/joint surgery, and interventional pain management), eviCore will apply other nationally recognized guidelines or its own guidelines as appropriate. If addressed by NCD, LCD, or eviCore, we may use [MCG® care guidelines](#) or our own clinical judgment to determine medical necessity. We use ASH guidelines for musculoskeletal services.

For inpatient review (acute and post-acute settings), we use [MCG® care guidelines](#) or our own clinical judgment to determine medical necessity.

We follow the same hierarchy of sources for Part B drug guidelines. When there is no applicable guideline from those sources, we reference Micromedex® to see if the drug is FDA-approved for the patient's indication. For Part D drugs, we use the MedImpact® guidelines.

BCBSAZ review of clinical criteria

We review most clinical criteria applicable to BCBSAZ-administered plans at least annually, and more often as new material data becomes available. Medical and scientific resources for these criteria include, but are not limited to:

- High-grade, published, peer-reviewed, medical, and scientific literature
- Expert specialty reviews
- Professional medical organizations' position statements to support determinations concerning such matters as medical necessity, procedural coverage, and benefit determination and development

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Credible criteria must meet the following requirements:

- The technology must have final approval from the appropriate governmental regulatory bodies.
- The scientific evidence must permit conclusions concerning the technology's effect on health outcomes.
- The technology must improve the patient's net health outcome.
- The technology must be as beneficial as any established alternative.
- The improvement must be attainable outside of the investigational setting.

Healthcare evidence reviews: Evidence Street®

Evidence Street is a proprietary, subscription-based web platform of the Blue Cross Blue Shield Association, dedicated to transparent, efficient healthcare evidence reviews. During certain review periods, healthcare product and pharmaceutical manufacturers may submit their peer-reviewed evidence for consideration.

Impact of changes in medical technology on claim coding and processing

Rapid changes in the practice of medicine and use of associated supporting technologies can sometimes impact claim adjudication. A procedure or diagnostic test may be considered eligible for coverage when applied in one way or to a particular diagnosis, and not considered eligible for coverage when applied in a new way or for a different diagnosis because recognition of its efficacy in these new circumstances is still developing.

An existing CPT or HCPCS code may not accurately describe the combination of a procedure or diagnostic test and the corresponding utilization. Consequently, BCBSAZ may inadvertently pay a claim that properly should have been denied as non-covered or excluded, and vice versa.

When BCBSAZ receives information about a technology that is being considered for use in a new way, we assess that application for medical safety and efficacy. This assessment may result in a clarification to our clinical criteria. If so, that can result in denials of new claims for procedures that were previously paid or payment of new claims for procedures that were previously denied.

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eviCore is a separate, independent company, contracted with BCBSAZ to provide prior authorization services to BCBSAZ providers and members. eviCore healthcare is a registered service mark of CareCore National, LLC.

InterQual® is a registered trademark of Change Healthcare LLC and/or one of its subsidiaries.

ASH is a separate, independent company, contracted with BCBSAZ to provide the chiropractic network, covered chiropractic services, and related claim processing and appeal/grievance resolution.

NCCN Guidelines are the proprietary and copyright-protected information of National Comprehensive Cancer Network Inc.

MCG care guidelines are the proprietary and copyright-protected information of MCG Health, LLC, part of the Hearst Health network.

Micromedex is a registered trademark of Micromedex, Inc.

MedImpact is a registered trademark of MedImpact Healthcare Systems, Inc.

Arizona Priority Care (AZPC) is a separate, independent company contracted with BCBSAZ to provide healthcare services to BCBSAZ providers and members.

Arizona Priority Care is a service mark of Arizona Health Advantage, Inc.

P3 Health Partners is a separate, independent company that provides services to BCBSAZ providers and members.

Medical Policies – Access

How to access medical policies

TYPE OF PLAN	HOW TO ACCESS MEDICAL POLICIES
BCBSAZ Commercial Plans	<p>Access the following resources in the azblue.com secure provider portal at “Practice Management > Medical Policies”</p> <ul style="list-style-type: none"> • eviCore guidelines • InterQual criteria • BCBSAZ proprietary policies • Site-of-Service Requirements (for certain medications) • ASH chiropractic guidelines • Pharmacy coverage guidelines <p>If you can't find policies by accessing the above resources, call 602-864-4614</p>
Corporate Health Services (CHS) Plans (administered by TPAs)	Check the back of the member ID card for utilization management information
BCBSAZ-TPA Co-Administered Plans	<ul style="list-style-type: none"> • Group # 039176 (Amkor Technology, Inc. uses AmeriBen 1-800-388-3193) • Group # 037461 (NAEBT) uses American Health Group 1-800-847-7605
BlueCard® (Out-of-Area) Plans	Access the BlueCard medical policy router tool in the azblue.com secure provider portal at “Practice Management > Medical Policies”
FEP Plans	fepblue.org/legal/policies-guidelines
Medicare Advantage (MA) Plans administered by BCBSAZ	<ul style="list-style-type: none"> • CMS National Coverage Determinations (NCD) • Local Coverage Determinations (LCD) • eviCore guidelines • BCBSAZ proprietary policies • MCG Care Guidelines – Call BCBSAZ at 1-800-446-8331
MA Plans administered by AZPC	Call 480-499-8720
MA Plans administered by P3	Call 520-274-4421