
Medical Policies – Overview

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

Note: Although we started using MCG care guidelines on November 1, 2023 (replacing our use of the InterQual® guidelines), we will refer to InterQual for applicable guidelines in effect prior to November 1, 2023.

Medical policies used for Medicare Advantage plans administered by AZ Blue

The primary criteria used for Medicare Advantage plans are the [CMS National Coverage Determinations \(NCD\)](#) and the [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 not addressed by NCD, LCD, or eviCore, we may use AZ Blue proprietary policies or [MCG® care guidelines](#) to determine medical necessity. We use ASH guidelines for chiropractic services.

For inpatient review (acute and post-acute settings), we use [MCG® care guidelines](#) 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. We use the OptumRx Part D prior authorization guidelines.

FEP medical policies

Clinical criteria applicable to FEP members is based on the FEP medical policies and utilization management guidelines listed on the [FEP website](#). MCG is used for inpatient review (acute and post-acute settings).

Medical policies used by other plan administrators

Please note the following plans that may use other medical and administrative policies that might differ from ours, including determination of what services are considered experimental and investigational:

- Plans for some self-funded employer groups may be administered by a third-party administrator.
- Our ACA StandardHealth with Health Choice plan (prefix IAZ) – medical determination criteria is available at <https://standardhealthhc.com./providers/clinical-guidelines>.
- Some of our Medicare Advantage HMO plans are administered by OptumCare Arizona (as indicated on the back of the ID card).
- Plans from other BCBS payers may use other utilization management guidelines.

AZ Blue review of clinical criteria

We review most clinical criteria applicable to AZ Blue-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

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- Expert specialty reviews
- Professional medical organizations' position statements to support determinations concerning such matters as medical necessity, procedural coverage, and benefit determination and development

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.

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, AZ Blue may inadvertently pay a claim that properly should have been denied as non-covered or excluded, and vice versa.

When AZ Blue 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 AZ Blue to provide prior authorization services to AZ Blue providers and members. eviCore healthcare is a registered service mark of CareCore National, LLC.

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

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

ASH is a separate, independent company, contracted with AZ Blue 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.

Micromedex is a registered trademark of Micromedex, Inc.

OptumCare Network of Arizona ("OptumCare Arizona") is a separate, wholly owned subsidiary of Optum and is contracted with AZ Blue to provide utilization management and claim/payment processing services for providers and attributed members with certain AZ Blue Medicare Advantage HMO plans.

OptumRx is a separate, independent company that provides and is solely responsible for providing pharmacy services to AZ Blue providers and members. OptumRx does not provide AZ Blue products or services.

Medical Policy Access – Quick Guide

TYPE OF PLAN	HOW TO ACCESS MEDICAL POLICIES
AZ Blue Commercial Plans	<p>Access the following resources in the AZ Blue provider portal at “Practice Management > Medical Policies”</p> <ul style="list-style-type: none"> • eviCore guidelines • AZ Blue proprietary policies • MCG care guidelines • Site-of-Service Requirements (for certain medications) • ASH chiropractic guidelines • Pharmacy coverage guidelines (for drugs covered under pharmacy benefits) <p>If you can't find policies by accessing the above resources, call 602-864-4614</p>
ACA StandardHealth with Health Choice Plan	Prefix IAZ: Visit https://standardhealthhc.com./providers/clinical-guidelines or call 1-800-322-8670
Federal Employee Program® (FEP®) Plans	fepblue.org/legal/policies-guidelines
BlueCard® (Out-of-Area) Plans	Use the BlueCard medical policy router tool in the AZ Blue provider portal at “Practice Management > Medical Policies” to access medical policy resources for the member's home plan
Corporate Health Services (CHS) Group Plans (administered by TPAs)	Check the back of the member ID card for utilization management information
AZ Blue-TPA Co-Administered Plans	<p>Prefixes K8Y and K8Z (Amkor Technology, Inc.; Group # 039176): Contact AmeriBen at 1-800-388-3193</p> <p>Prefix NBT (NAEBT; Group # 037461): Contact American Health Group at 1-800-847-7605</p> <p>Prefix PTP (Pioneer Title Holding Company, Inc.; Group # 044410): Contact AmeriBen at 1-800-388-3193</p>
Medicare Advantage (MA) Plans administered by AZ Blue	<ul style="list-style-type: none"> • CMS National Coverage Determinations (NCD) • Local Coverage Determinations (LCD) • eviCore guidelines • AZ Blue proprietary policies • MCG care guidelines – Call AZ Blue at 1-800-446-8331
MA HMO Plans administered by Optum (as indicated on the back of the ID card)	https://providers.optumcaremw.com