

## **Medicare Criteria Hierarchy:**

1. [Medicare Benefit Policy Manual](#)
2. [Medicare Managed Care Manual](#)
3. Health Plan EOC
  - a. [Aetna](#)
  - b. [Alignment](#)
  - c. [Anthem](#)
  - d. [Brand New Day](#)
  - e. [Central Valley Health Plan](#)
  - f. [Health Net](#)
  - g. [UnitedHealthcare](#)
2. [Medicare](#)
  - a. National Coverage Determination (NCD)
  - b. Local Coverage Determination (LCD)
  - c. Local Coverage Article (LCA)
3. [Medicare Benefit Policy](#)
4. Health Plan Criteria
  - a. [Aetna](#)
  - b. [Alignment \(Medical Policies\)](#)
  - c. [Anthem Blue Cross](#)
  - d. [Brand New Day](#)
  - e. [Central Valley Health Plan/Humana](#)
  - f. [Health Net](#)
  - g. [UnitedHealthcare](#)
5. [InterQual, Adult & Pediatric](#) (not used for Central Valley Health Plan/Humana)
6. [Carelton Medical Benefits Management clinical appropriateness guidelines](#)
  - a. Diagnostic Imaging
  - b. Sleep Disorders
7. [National Comprehensive Cancer Network Guidelines](#)
8. Sante UM Policies and Procedures (see next pages)