

## Sources of Utilization Management Criteria for GEHA's Elevate Plan for 2024

Refer to the back of your member ID card  
under the heading Prior Authorization for contact information.

Type of Service	Contracted Entity/Internal	Source of Utilization Management Criteria for Medical Necessity Determination
Inpatient Hospitalization	United Healthcare Clinical Services	<p><b>In order of hierarchy:</b></p> <ol style="list-style-type: none"> <li>1. Federal Mandates</li> <li>2. GEHA Plan Brochure</li> <li>3. GEHA Coverage Policy</li> <li>4. UHC Medical Policy</li> <li>5. UHC Coverage Determination Guidelines</li> <li>6. InterQual: use subset as directed by UHC Medical Policies (i.e., UHC custom subset or standard subset)</li> <li>7. Elective Inpatient Services Utilization Review Guide</li> <li>8. InterQual</li> </ol>
Behavioral Health Residential Treatment Center (RTC) for Inpatient only (no benefit for Outpatient RTC)	United Healthcare Clinical Services	<p><b>In order of hierarchy as applicable:</b></p> <ol style="list-style-type: none"> <li>1. Federal Mandates</li> <li>2. GEHA Plan Brochure</li> <li>3. Externally developed, evidence-based criteria such as but not limited to: InterQual, American Society of Addiction Medicine, LOCUS, CALLOCUS-CASII, ECSII</li> <li>4. Internally developed policies including: UHC Coverage Determination Guidelines, Optum Behavioral Health</li> </ol>

		<p>Clinical Policy, GEHA Clinical Coverage Policies</p> <ol style="list-style-type: none"> <li>5. Expert Medical Review</li> <li>6. Objective, evidence-based clinical criteria, and nationally recognized evidence-based guidelines</li> <li>7. Claims data analysis</li> </ol>
<p><b>Behavioral Health &amp; Substance Abuse:</b>  Partial Hospitalization Program (PHP), Intensive Outpatient Programs, Electroconvulsive Therapy (ECT), Transcranial Magnetic Stimulation (TMS), Neuropsychological Testing</p>	<p><b>United Healthcare Clinical Services</b></p>	<p><b>In order of hierarchy as applicable:</b></p> <ol style="list-style-type: none"> <li>1. Federal Mandates</li> <li>2. GEHA Plan Brochure</li> <li>3. Externally developed, evidence-based criteria such as but not limited to: InterQual, American Society of Addiction Medicine, LOCUS, CALLOCUS-CASII, ECSII</li> <li>4. Internally developed policies including: UHC Coverage Determination Guidelines, Optum Behavioral Health Clinical Policy, GEHA Clinical Coverage Policies</li> <li>5. Expert Medical Review</li> <li>6. Objective, evidence-based clinical criteria, and nationally recognized evidence-based guidelines</li> <li>7. Claims data analysis</li> </ol>
<p><b>Applied Behavior Analysis (ABA) Therapy</b></p>	<p><b>Optum Behavioral Health</b></p>	<p><b>In order of hierarchy as applicable:</b></p> <ol style="list-style-type: none"> <li>1. Federal Mandates</li> <li>2. GEHA Plan Brochure</li> <li>3. Externally developed, evidence-based criteria such as but not limited to: InterQual, American Society of Addiction Medicine, LOCUS, CALLOCUS-CASII, ECSII</li> <li>4. Internally developed policies including: UHC Coverage Determination Guidelines,</li> </ol>

		<p>Optum Behavioral Health Clinical Policy, GEHA Clinical Coverage Policies</p> <ol style="list-style-type: none"> <li>Expert Medical Review</li> <li>Objective, evidence-based clinical criteria, and nationally recognized evidence-based guidelines</li> <li>Claims data analysis</li> </ol>
<b>Skilled Nursing Facility (SNF), Long-Term Acute Care (LTAC), Acute Medical Rehab</b>	<b>United Healthcare Clinical Services</b>	<p><b>In order of hierarchy:</b></p> <ol style="list-style-type: none"> <li>Federal Mandates</li> <li>GEHA Plan Brochure</li> <li>GEHA Coverage Policy</li> <li>UHC Medical Policy</li> <li>UHC Coverage Determination Guidelines</li> <li>InterQual: use subset as directed by UHC Medical Policies (i.e., UHC custom subset or standard subset)</li> <li>InterQual</li> </ol>
<b>Spinal Pain Management, Spinal Surgery</b>	<b>United Healthcare Clinical Services</b>	<p><b>In order of hierarchy:</b></p> <ol style="list-style-type: none"> <li>Federal Mandates</li> <li>GEHA Plan Brochure</li> <li>GEHA Coverage Policy</li> <li>UHC Medical Policy</li> <li>UHC Coverage Determination Guidelines</li> <li>InterQual: use subset as directed by UHC Medical Policies (i.e., UHC custom subset or standard subset)</li> <li>InterQual</li> </ol>
<b>Oncology:</b> Outpatient Chemotherapy, Radiation, and Non-Surgical	<b>OncoHealth</b>	<p><b>In order of hierarchy:</b></p> <ol style="list-style-type: none"> <li>FDA</li> <li>National Societal Guidelines</li> <li>Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD)</li> <li>State-specific Medicaid policies</li> <li>Medical literature</li> </ol>

		6. Compendia recommendations 7. GEHA Drug Coverage Policy requirements when applicable
<b>Pharmacy</b>	<b>CVS/ Caremark</b>	<b>In order of hierarchy:</b> <ol style="list-style-type: none"> <li>1. The Standard of Care per clinical literature</li> <li>2. FDA labeling</li> <li>3. Specialty societies</li> <li>4. External clinical experts</li> </ol>
<b>Radiology:</b> High-tech Imaging	<b>eviCore</b>	<b>In order of hierarchy:</b> <ol style="list-style-type: none"> <li>1. Federal Mandates</li> <li>2. GEHA Plan Brochure</li> <li>3. eviCore Coverage Policy-created from nationally accepted standards from professional society recommendations, peer-reviewed literature, and subject-matter experts.</li> </ol>
<b>Genetic Testing</b>	<b>United Healthcare Clinical Services</b>	<b>In order of hierarchy:</b> <ol style="list-style-type: none"> <li>1. Federal Mandates</li> <li>2. GEHA Plan Brochure</li> <li>3. GEHA Coverage Policy</li> <li>4. UHC Medical Policy</li> <li>5. UHC Coverage Determination Guidelines</li> <li>6. InterQual: use subset as directed by UHC Medical Policies (i.e., UHC custom subset or standard subset)</li> <li>7. InterQual</li> <li>8. Other: NCCN Compendium</li> </ol>

<b>Transplant</b>	<b>GEHA</b>	<b>In order of hierarchy:</b> <ol style="list-style-type: none"> <li>1. Federal Mandates</li> <li>2. GEHA Plan Brochure</li> <li>3. InterQual</li> <li>4. Other: Generally accepted standards of medical practice are based on credible scientific published in peer-reviewed medical literature generally recognized by the relevant medical community, national physician specialty society recommendations and the views of medical practitioners practicing in relevant clinical areas, and any other relevant factors</li> </ol>
<b>Infertility</b>	<b>Progyny</b>	<b>In order of hierarchy:</b> <ol style="list-style-type: none"> <li>1. GEHA Plan Brochure</li> <li>2. GEHA Coverage Policy</li> <li>3. American Society of Reproductive medicine (ASRM)</li> </ol>
<b>All other surgeries, treatments, services, and supplies</b>	<b>United Healthcare Clinical Services</b>	<b>In order of hierarchy:</b> <ol style="list-style-type: none"> <li>1. Federal Mandates</li> <li>2. GEHA Plan Brochure</li> <li>3. GEHA Coverage Policy</li> <li>4. UHC Medical Policy</li> <li>5. UHC Coverage Determination Guidelines</li> <li>6. Medicare LCD for DME as directed by UHC Medical Policy</li> <li>7. InterQual: use subset as directed by UHC Medical Policies (i.e., UHC custom subset or standard subset)</li> <li>8. InterQual</li> <li>9. Other: NCCN Compendium</li> </ol>