

**Government Business Division
Policies and Procedures**

Section (Primary Department) Utilization Management		SUBJECT (Document Title) Request for Medical Policies/Coverage Guidelines, Clinical Guidelines, Criteria or Benefits - CA	
Effective Date 11/25/2002	Date of Last Review 04/24/2024	Date of Last Revision 04/24/2024	Dept. Approval Date 04/24/2024
Department Approval/Signature:			

Policy applies to health plans operating in the following State(s). Applicable products noted below.

Products	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input checked="" type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

POLICY:

Elevance health will provide copies of utilization management processes, medical policies, clinical guidelines, criteria or benefit provision, to members, providers and the public upon request. The disclosure of medical policy, guidelines, or criteria will be for a specifically requested procedure or condition.

DEFINITIONS:

None

PROCEDURE:

- I. Medical policy, clinical guideline, criterion or benefit provision that is used to modify, delay or deny services for a specific case under review is disclosed to the provider and the member in that specific case upon request.
- II. A log will be maintained to record requests and disclosures.
- III. All medical policies and/or review criteria are reviewed by the Medical Director or designee prior to mailing or faxing/ mailing to ensure that the requestor's needs are met. Or was the appropriate policy/criterion utilized in the decision-making process.
- IV. Public requests for medical policy, clinical guideline, and criterion or benefit provision are limited to specific requested procedures or conditions.
- V. The utilization management process is disclosed to the member, provider or public upon request, with disclosure statement

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REFERENCES:

- DHCS Contract Exhibit A, Attachment III; 2.3
- NCQA UM (Utilization Management) Standard 2

RESPONSIBLE DEPARTMENTS:

Primary Department:

Utilization Management (UM)

Secondary Department(s):

None

EXCEPTIONS:

None

REVISION HISTORY:

Review Date	Changes
04/24/24	Annual Review Rebranding update made to Policy section to reflect current guidelines
07/31/23	Annual Review Updated References section Updated primary department from "Medical Management: (Utilization & Case Management)" to "Utilization Management (UM)" to match PD in header Replaced "N/A" with "None" under Secondary Department(s) to match template
07/27/22	Annual Review, no changes
07/30/21	Annual Review, no changes
07/29/20	Annual Review, no changes
07/31/19	Annual Review, no changes
07/24/18	Annual Review, no changes
07/31/17	Annual Review, no changes
07/29/16	Annual Review, no changes
09/21/15	Updated procedure to include log and disclosure
03/02/15	Created California specific document from business wide document