

Clinical Criteria Used by L.A. Care Health Plan (UM and BH) and/or Delegated PPGs Criteria outside of those listed below may be used; criteria are not limited to this list but are limited to those that are within regulatory and legal guidelines

MCLA

- 1. Member Handbook:
 - A. Covered Benefits
 - B. Non-Contracted Providers
- 2. World Professional Associate for Transgender Health (WPATH) https://www.wpath.org/publications/soc
- 3. Medi-cal guidelines including Medi-Cal Provider Manual and guidance
- 4. California Code of Regulations, Title 22 https://www.dhcs.ca.gov/services/adp/Pages/CA Code Regulations.shtml.aspx
- 5. DHCS All-Plan Letters and Other DHCS Regulatory Guidance regarding UM https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx
- 6. DMHC Regulatory Guidance regarding UM https://www.dmhc.ca.gov/LawsRegulations.aspx
- 7. L.A. Care Clinical Practice Guidelines, including guidelines generated by delegated (PPGs) providers
- 8. Navitus Criteria (for Physician Administered Drugs)
- 9. MCG https://www.mcg.com/
- 10. Up To Date https://www.uptodate.com/login & other Medical Society Guidelines

D-SNP

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 - a. Covered Benefits
 - b. Non-Contracted Providers
- 2. Centers for Medicare and Medicaid Services (CMS) Guidelines
 - a. National Coverage Determinations (NCD) https://www.cms.gov/medicare-coverage-database/reports/national-coverage-ncd-report.aspx?chapter=all&sortBy=title
 - b. Local Coverage Determinations (LCD) <a href="https://www.cms.gov/medicare-coverage-database/reports/local-coverage-final-lcds-alphabetical-report.aspx?lcdStatus=all-database/reports/local-coverage-final-lcds-alphabetical-report.aspx?lcdStatus=all-database/reports/local-coverage-final-lcds-alphabetical-report.aspx?lcdStatus=all-database/reports/local-coverage-final-lcds-alphabetical-report.aspx?lcdStatus=all-database/reports/local-coverage-final-lcds-alphabetical-report.aspx?lcdStatus=all-database/reports/local-coverage-final-lcds-alphabetical-report.aspx?lcdStatus=all-database/reports/local-coverage-final-lcds-alphabetical-report.aspx?lcdStatus=all-database/reports/local-coverage-final-lcds-alphabetical-report.aspx?lcdStatus=all-database/reports/local-coverage-final-lcds-alphabetical-report.aspx?lcdStatus=all-database/reports/local-coverage-final-lcds-alphabetical-report.aspx?lcdStatus=all-database/reports/local-coverage-final-lcds-alphabetical-report.aspx?lcdStatus=all-database/reports/local-coverage-final-lcds-alphabetical-report.aspx?lcdStatus=all-database/reports/local-coverage-final-lcds-alphabetical-report.aspx?lcdStatus=all-database/reports/local-database/reports/loc
- 3. World Professional Associate for Transgender Health (WPATH) https://www.wpath.org/publications/soc
- 4. California Code of Regulations, Title 22 https://www.dhcs.ca.gov/services/adp/Pages/CA Code Regulations.shtml.aspx
- 5. DHCS All-Plan Letters and Other DHCS Regulatory Guidance regarding UM https://www.dhcs.ca.gov/formsandpubs/Pages/AllPlanLetters.aspx
- 6. DMHC Regulatory Guidance regarding UM https://www.dmhc.ca.gov/LawsRegulations.aspx

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LACC/PASC

- 1. Member Handbook:
 - a. Covered Benefits
 - b. Non-Contracted Providers
- 2. World Professional Associate for Transgender Health (WPATH)

https://www.wpath.org/publications/soc

- DMHC Regulatory Guidance regarding UM https://www.dmhc.ca.gov/LawsRegulations.aspx
- 4. L.A. Care Clinical Practice Guidelines, including guidelines generated by delegated (PPGs) providers*
- 5. Navitus Criteria (for Physician Administered Drugs)
- 6. MCG https://www.mcg.com/
- 7. Up to Date https://www.uptodate.com/login & other Medical Society Guidelines

Additional Behavioral Health Criteria for Commercial LOB

*As of 1/1/2021 La Care has implemented non-profit medical necessity criteria including adopting LOCUS/CALOCUS/ECSII, American Society of Addition Medicine (ASAM), and World Professional Association for Transgender Health (WPATH) criteria.

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