

# Medicare: Utilization Management and Prior Authorization

The Centers for Medicare & Medicaid Services (CMS) introduced regulations and changes related to Medicare Advantage plans (MA plans) prior authorization, coverage criteria and access to care. We have provided additional information and links on how Aetna® and Allina Health | Aetna MA Plans comply with these regulations.

## Coverage criteria

- MA plans must comply with:
  - Coverage criteria in statute, regulation, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs) and general coverage
  - Benefit conditions included in Original Medicare as interpreted by CMS.
- When coverage criteria aren't fully established in Medicare statute, regulation, NCD and LCD, MA plans may create publicly accessible internal coverage criteria based on current evidence in widely used treatment guidelines or clinical literature.

## How to access supplemental guidelines for: (click link)

[Aetna Supplemental Criteria](#)

[Clinical Policy Bulletins](#)

[Medicare Part B drugs supplemental guidelines](#)

[Aetna 2025 Dental Clinical Policy Bulletins](#)

[American Specialty Health \(ASH\)](#)

[EviCore](#)

- Select Providers' Hub, then choose the Clinical Guidelines tile.
- Pick what type of category best fits your interest in the guidelines.
- Read and accept the terms and conditions.
- Enter "Aetna" within the search bar, then select the magnify glass.

*These guidelines are proprietary to EviCore. Aetna can't distribute them without the permission of EviCore.*

[Liberty Dental](#)

## Aetna® supplemental criteria

### For members:

Step 1: Visit your secure member website at [AetnaMedicare.com](https://www.aetna.com/medicare) and log in.

- Go to the section labeled Member Resources
- Select [Aetna](#) Supplemental Criteria Guidelines

### Step 2:

- Read and accept the terms and conditions.
- Enter your first and last name, and what type of category best fits your interest in the guidelines.
- Provide your preferred way of receiving a verification code (text, email, or telephone).
- Enter your verification code when you receive it.
  - You'll be shown a list of MCG guidelines selected for Aetna Medicare content.
  - You can choose the guidelines you want to review in your web browser.
  - You won't be able to print the guidelines.

Allina Health | Aetna members can follow the above instructions when visiting their secure member website at [Allinahealthaetnamedicare.com](https://www.allinahealth.com/aetna)

Providers: Log in to Availity at <https://apps.availity.com/web/onboarding/availity-fr-ui/#/login>

- Select Payer Spaces
- Choose the Aetna payer space tile
- Select Resources
- Choose Aetna Supplemental Criteria Guidelines
- Follow instructions under step 2 (for members)

For all others: Visit [AetnaSupplementalCriteriaGuidelines.access.mcg.com](https://www.aetna.com/medicare) for access to the Aetna Supplemental Guidelines portal.

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Some providers are permitted to use their own criteria. If you see one of these providers, please see provider specific links below.

### [Kelsey-Seybold Clinic InterQual Criteria Data Base](#)

- Choose the InterQual Criteria Database tile and follow prompts to Create One Healthcare ID

### **Our medical necessity reviews.**

- We'll review the stay to determine whether inpatient admission was appropriate. We may also review the entire medical record to support or refute the reasonableness of the physician's expectation. But we'll use entries after the point of the admission order to interpret what the physician should have known or should have expected at the time of admission.
- It's important that our providers and facilities supply us with detailed clinical records to support the physician's judgement.

### **Our MA plans can use Internal Coverage Criteria to determine Medical Necessity**

- We've created publicly accessible internal coverage criteria when coverage criteria aren't fully established under the Medicare statute, regulation, national coverage determinations (NCD) or local coverage determinations (LCD).
- Our internal coverage criteria are based on current evidence in widely used treatment guidelines or clinical literature and comply with CMS requirements.

### **We're here to help answer your questions.**

For questions about Medicare individual coverage or benefits, please call Member Services at:

- **1-800-282-5366 (TTY: 711)** for Medicare Advantage plans. Available 7 days a week, 8 AM to 8 PM.
- **1-866-409-1221 (TTY: 711)** for Special Needs plans (SNPs) or Dual Eligible Special Needs plans (D-SNPs). Available 7 days a week, 8 AM to 8 PM.
- **1-866-235-5660 (TTY: 711)** for Aetna Medicare Prescription Drug Plans (PDPs). Available 7 days a week, 24 hours a day.
- **1-833-570-6671 (TTY: 711)** for Allina Health | Aetna Medicare Advantage Plans. Available 7 days a week, 8 AM to 8 PM CT.
- **1-888-624-6290 (TTY: 711)** for Medicare Supplement. Available 7 days a week, 7 AM to 8 PM CT.
- **1-888-267-2637 (TTY: 711)** for Employer Group Medicare Advantage. Available Monday to Friday, 8 AM to 9 PM ET.

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