



OBTAINING CRITERIA

UC Davis Health makes available upon request any criteria used when determining the medical appropriateness of health care services. At any time, members or the public may request free of charge a copy of the actual benefit provision, guideline, protocol or other similar criterion used to approve or deny authorization requests by calling the **Managed Care Department at 800-445-3936 and selecting option 3.**

Utilization Management decision-making is based only on appropriateness of care and service and existence of coverage. One of the primary purposes of utilization review is to determine the medical necessity of services requested.

Except where any applicable law or regulation requires a different definition, **“Medically Necessary” or “Medical Necessity”** shall mean health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are (a) in accordance with generally accepted standards of medical practice; (b) clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient’s illness, injury or disease; and (c) not primarily for the convenience of the patient, physician, or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient’s illness, injury or disease.

For these purposes, “generally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, physician specialty society recommendations and the views of physicians practicing in relevant clinical areas and any other relevant factors.