

Organization Determination Guideline and Review Transparency

Alterwood Advantage strives to display total review and clinical indication transparency with members and providers. Alterwood Advantage complies with all Medicare regulations regarding authorizations, as well as additional applicable criteria. Criteria utilized in review include:

- National Coverage Determination (NCD) Guidelines
- Local Coverage Determination (LCD) Guidelines
- Medicare Benefit Policies
- Milliman Care Guidelines (MCG)

Alterwood Advantage chooses not to utilize internal medical policies for medical necessity review in favor of the available NCDs, LCDs, Medicare Benefit Policies, and MCG, as appropriate.

The Prior Authorization Summary and Code List that is posted to Alterwood Advantage's website provides applicable guideline criteria, as appropriate, which can be accessed in the Provider Resources section: <https://www.alterwoodadvantage.com/for-providers/>

NCDs and LCDs for Maryland can be accessed at the following link: [https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=&keywordType=starts&areald=s25&docType=NCA,CAL,NCD,ME](https://www.cms.gov/medicare-coverage-database/search-results.aspx?keyword=&keywordType=starts&areald=s25&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all)

Alterwood Advantage is working with MCG to provide more specific review criteria availability on the Alterwood Advantage Member and Provider Portals.

Members may call Alterwood Health's Member Services department regarding access to the Member Portal at 667-262-9412 or Toll Free at 866-675-3944 (TTY:711).

Providers may call Alterwood Health's Provider Services department regarding access to the Provider Portal at 667-262-9429 or Toll Free at 866-274-3265.