

Medicare Advantage Medical Coverage Policies - Frequently Asked Questions

If you received a denial or partial approval letter from *iCare's* Prior Authorization (PA) Department, the letter will include the name of the criteria our PA Department used to review your request for services.

iCare uses criteria from several different sources to review requests. Those sources may include Coverage Determinations from the Centers for Medicare and Medicaid Services (CMS) and policies developed and approved by *iCare's* Utilization Management (UM) Committee.

Q: How do I tell what type of criteria was used to review my request?

A: Your letter states whether a CMS coverage determination or an *iCare* coverage policy was used. CMS coverage determinations (called an NCD or LCD) are available for your review at CMS's [Medicare Coverage Database](#).

Q: How do I locate an *iCare* coverage policy referenced in the letter I received?

A: Your letter included a policy name and number, for example "**HUM-1033-003 - Capsule Endoscopy**". You can search for that policy by name (**Capsule Endoscopy**) or by the number (**1033-003**) on Humana's [Medical and Pharmacy Coverage Policies](#) *iCare* is a subsidiary of Humana, and Humana's coverage policies are applicable to Humana and all of its subsidiaries.

Q: My letter also included a reference to MCG criteria. How do I obtain a copy of that?

A: You can obtain a copy of the MCG criteria used to determine an authorization by following these steps:

1. [Access guidelines here](#), read the disclaimer, and accept the terms and conditions.
2. Complete the User information form.
3. Complete the verification process to continue.
4. Click on the arrow icon.
5. Click on the guidelines you wish to view.

You can also obtain a copy of criteria by calling *iCare's* Prior Authorization Department at 414-299-5539 or 855-839-1032.

For any other questions, please contact *iCare* using the phone number on the back of your ID card.

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-777-4376. Someone who speaks English can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-777-4376. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Hmong: Peb muaj kev pab txhais lus dawb los teb cov lus nug uas koj muaj txog peb txoj kev npaj khomob lossis tshuaj. Yog xav tau ib tug neeg txhais lus, hu rau peb ntawm 1-800-777-4376. Ib tug neeg uas hais lus Hmong lwm yam lus tuaj yeem pab koj. Qhov no yog