



**The Hierarchy IHPSW or IIC entities operating in the Exchanges of UT, TX, AZ, or NV,  
The Exchange criteria order of use is as follows:**

1. Benefits and Eligibility as defined in the Evidence of Coverage (plan document)
2. Federal Mandates and any applicable State Requirements
3. Any CMS/HHS overriding document (e.g., HCFA Rulings, DAB Rulings)
4. CMS National Coverage Determinations (NCD) o Any available but applicable local Coverage Determinations (LCD)
5. Any available but applicable local Coverage Articles (LCA) (Active/Retired)
6. Applicable peer reviewed NCQA accredited delegate medical policy (for Behavioral Health benefits only) that is approved by delegate's UMC at least annually o MCG (2024 28th Edition)
7. MCG (2025 29th Edition, estimated affect March 2025)
8. Any authoritative, peer-reviewed physician specialty society guidelines (e.g., NCCN) or federal government agency publications (e.g., NIH, AHRQ, FDA, CDC)

Providers can contact Imperial Health Plan at (626) 838-5100 to obtain criteria used to make a final determination.