



EFFECTIVE DATE: 09 | 05 | 2017

POLICY LAST REVIEWED: 01 | 17 | 2024

OVERVIEW

This is an administrative policy that defines medical necessity for as adopted by Blue Cross & Blue Shield of Rhode Island (BCBSRI).

MEDICAL CRITERIA

Medicare Advantage Plans

According to Centers for Medicare and Medicaid Services (CMS), medically necessary services, or supplies:

- Are proper and needed for the diagnosis or treatment of your medical condition.
- Are provided for the diagnosis, direct care, and treatment of your medical condition.
- Meet the standards of good medical practice in the local area and are not mainly for the convenience of the member or their doctor.

In addition, the healthcare services provided to treat a member's illness or injury is supported by the following:

- Peer reviewed medical literature guidelines published by nationally recognized health care organizations which includes scientific data that supports the efficacy or clinical validity of the service.
- The service meets professional standards of safety and effectiveness, which are generally recognized in the United States for diagnosis, care or treatment of a condition.
- The opinion of health professionals in the recognized health specialty involved that supports the service.
- Any other relevant information brought to our attention.

According to CMS, medically necessary services or supplies:

- Are proper and needed for the diagnosis or treatment of your medical condition.
- Are provided for the diagnosis, direct care, and treatment of your medical condition.
- Meet the standards of good medical practice in the local area and are not mainly for the convenience of you or your doctor.

Commercial Products

Medically necessary means that the healthcare services provided to treat a member's illness or injury, upon review by BCBSRI are:

- Appropriate and effective for the diagnosis, treatment, or care of the condition, disease, ailment, or injury for which it is prescribed or performed;
- Appropriate with regard to generally accepted standards of medical practice within the medical community or scientific evidence;
- Not primarily for the convenience of the member, the member's family, or provider of such member; AND
- The most appropriate in terms of type, amount, frequency, setting, duration, supplies or level of service which can safely be provided to the member, i.e., no less expensive professionally acceptable alternative is available.

PRIOR AUTHORIZATION

None

POLICY STATEMENT

Reimbursement is provided for all medically necessary services when the medical criteria and the guidelines noted above are met. In addition, services must be a covered benefit.

BCBSRI reserves the right to complete preauthorization or retrospective review as defined in specific medical policies. In some instances, medical records may be requested for determination of medical necessity. When medical records or clinical information is requested, all the specific information needed to make the medical necessity determination must be included.

COVERAGE

Benefits may vary between groups/contracts. Please refer to Subscriber Agreement for the applicable “services not medically necessary” and out of network coverage.

BACKGROUND

Not applicable

CODING

Not applicable

RELATED POLICIES

Out of Network Services

PUBLISHED

Provider Update, March 2024

Provider Update, March 2023

Provider Update, April 2022

Provider Update, June 2021

Provider Update, May 2020

REFERENCES

1. Medicare.gov: <https://www.medicare.org/articles/what-does-medically-necessary-mean/>

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