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

MEDICAL CRITERIA
Blue CHiP for Medicare
Medically necessary means that 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.

Commercial
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, May 2020
Provider Update, November 2019
Provider Update, June 2018
Provider Update, November 2017
Provider Update, January 2017
Provider Update, March 2016

REFERENCES
1. Medicare.gov: https://www.medicare.gov/glossary/m.html