



**EFFECTIVE DATE:** 01/23/2013  
**POLICY LAST UPDATED:** 01/23/2013

### OVERVIEW

This is an administrative policy that defines Medical necessity for commercial products as adopted by Blue Cross and Blue Shield of RI (BCBSRI). This term is used in all member certificates and the definition noted below is consistent in all commercial agreements.

**NOTE:** The effective date of this policy relates to the date BCBSRI created documentation to reflect the medical necessity definition that exists in our subscriber agreements and does not indicate a change.

### PRIOR AUTHORIZATION

Not Applicable

### POLICY STATEMENT

#### Commercial Products

Reimbursement is provided for all medically necessary services when the medical criteria and the guidelines noted below 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.

### MEDICAL CRITERIA

None

### BACKGROUND

This is an administrative policy that defines Medical necessity for commercial products as adopted by Blue Cross and Blue Shield of RI (BCBSRI). This term is used in all member certificates and the definition noted below is consistent in all commercial agreements.

**MEDICALLY NECESSARY** means that the health care services provided to treat your illness or injury, upon review by Blue Cross & Blue Shield of Rhode Island 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;
- not primarily for the convenience of the member, the member's family or provider of such member;  
AND
- the most appropriate supplies or level of service which can safely be provided to the member, i.e. no less expensive professionally acceptable alternative is available.

## COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage, Subscriber Agreement for applicable Services Not Medically Necessary coverage.

## CODING

Not Applicable

## RELATED POLICIES

None

## PUBLISHED

Provider Update Apr 2013

## REFERENCES

None

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This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

