

Medical Coverage Policy | Medical Necessity



EFFECTIVE DATE: 09|05|2017

POLICY LAST UPDATED: 09|05|2017

OVERVIEW

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

MEDICAL CRITERIA

BlueCHiP for Medicare

Centers for Medicare and Medicaid Services (CMS) defines medical necessity as "Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine". In addition, BCBSRI, assesses the clinical validity and utility of the test or services being requested to determine if it is reasonable and necessary.

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;
- 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 that 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, November 2017

Provider Update, January 2017

Provider Update, March 2016

Provider Update, August 2015

Provider Update, April 2013

REFERENCES

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

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