

Subject: Medically Necessary Services		Original Effective Date: 12/19/2018
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DISCLAIMER

This Molina Clinical Policy (MCP) is intended to facilitate the Utilization Management process. It expresses Molina's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by Molina) for a particular member. The member's benefit plan determines coverage. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or CMS for Medicare and Medicaid members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of Molina Clinical Policy (MCP) document and provide the directive for all Medicare members.

PURPOSE

To define medically necessary services for the following services: medical and behavioral healthcare procedures, pharmaceuticals and devices.

PROCESS

- ❑ **Please check State Health Plan regulations for all Lines of Business (LOB) and your local compliance and or legal team before applying this policy. Individual Health Plan definitions in government contracts for all LOB including Medicaid, Medicare and MarketPlace are recognized first and supersede the below definition. This policy is applicable only when there is NO existing definition in the member benefit, health plan contract documents and individual health plan state regulations.**
- ❑ Molina Healthcare defines the terms “**Medically Necessary or Medical Necessity**” as health care services provided to a patient for the purpose of evaluating, diagnosing, or treating an illness, injury, disease, or its symptoms and that are: (i) in accordance with generally accepted standards of medical practice; (ii) appropriate for the symptoms, diagnosis, or treatment of the Member’s condition, disease, illness or injury; (iii) not primarily for the convenience of the Member or health care provider; and (iv) not more costly than an alternative service, or site of services, at least as likely to produce equivalent results. ⁴

REFERENCES

Government Agency

1. **Centers for Medicare & Medicaid Services (CMS).** Medicare Coverage Database. Glossary. Definition of Medically Necessary: “Services or supplies that 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.” Accessed at: <https://www.cms.gov/apps/glossary/default.asp?Letter=M&Language=English>
2. **National Committee for Quality Assurance (NCQA).** HP Standards and Guidelines. 2017. Appendix 9. Glossary. Definition of Medical Necessity Determination: “A decision about coverage for a requested service based on whether the service is needed, based on a member's circumstances, or clinically appropriate. A medical necessity review and appropriate practitioner review of experimental or investigational requests are required, unless the requested services or procedures are specifically excluded from the benefits plan.” The term “requested service, services or supplies” applies to medical and behavioral healthcare procedures, pharmaceuticals and devices.

Additional Resources

3. MCP-184 Experimental and Investigational Services Policy.
4. Molina Healthcare Legal Department definition of Medical Necessity.

REVIEW/REVISION HISTORY

12/13/18: New Policy



1/17/19: Changed the definition of Medical Necessity to Molina Healthcare legal department's definition of Medical Necessity.

6/17/20: Policy reviewed, moved bullet number 2 in red to bullet number 1 and added applicable to all LOB.

6/9/21: Policy reviewed, no changes