Molina Clinical Policy
Medically Necessary Services: Policy No. 332

Last Approval: 6/8/2022
Next Review Due By: June 2023

DISCLAIMER

This Molina Clinical Policy (MCP) is intended to facilitate the Utilization Management process. Policies are not a supplementation or recommendation for treatment; Providers are solely responsible for the diagnosis, treatment and clinical recommendations for the Member. 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 (e.g., 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 this MCP and provide the directive for all Medicare members.[1] References included were accurate at the time of policy approval and publication.

OVERVIEW

This policy defines medically necessary or medical necessity for a requested service or technology (e.g., any treatments, diagnostics, procedures, drugs, vaccines, facilities, equipment, devices or supplies).

State Health Plan regulations for all Lines of Business (LOBs) and local compliance and/or legal team should be reviewed before applying this policy. Individual health plan definitions in government contracts for all LOBs (including Medicaid, Medicare and MarketPlace) have precedence and supersede the following 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.

RELATED POLICIES

Clinical Trials MCP-183
Evaluation of New Technology (UM-10) MCP-000
Experimental and Investigational Services MCP-184

COVERAGE POLICY

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:

1. In accordance with generally accepted standards of medical practice; **AND**
2. Appropriate for the symptoms, diagnosis, or treatment of the Member’s condition, disease, illness or injury; **AND**
3. Not primarily for the convenience of the Member or health care provider; **AND**
4. Not more costly than an alternative service, or site of services, at least as likely to produce equivalent results.

APPROVAL HISTORY

6/8/2022	Policy revised. Updated Overview and Coverage Policy section (no content changes); added Related Policies section.
6/9/2021	Policy reviewed, no changes.
6/17/2020	Policy reviewed, moved bullet number 2 in red to bullet number 1 and added applicable to all LOBs.
1/17/2019	Changed the definition of Medical Necessity to Molina Healthcare Legal Department’s definition.
12/13/2018	New policy.

REFERENCES

1. Centers for Medicare and Medicaid Services (CMS). Medicare coverage database (search: definition medically necessary). Available CMS.
2. MCP-184 Experimental and Investigational Services Policy.
3. Molina Healthcare Legal Department definition of Medical Necessity.
4. National Committee for Quality Assurance (NCQA). HP standards and guidelines: 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.

APPENDIX

Reserved for State specific information. *Information includes, but is not limited to, State contract language, Medicaid criteria and other mandated criteria.*