Molina Clinical Policy
Medically Necessary Services
Policy No. 332

Last Approval: 06/10/2026
Next Review Due By: June 2027

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/or individual health plan state regulations.

RELATED POLICIES

MCP-000: Evaluation of New Technology
MCP-183: Clinical Trials and Rare Disease
MCP-184: Experimental and Investigational Services

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
2. Appropriate for the symptoms, diagnosis, or treatment of the Member’s condition, disease, illness, or injury
3. Not primarily for the convenience of the Member or health care provider
4. Not more costly than an alternative service, or site of services, that is at least as likely to produce equivalent results

APPROVAL HISTORY

06/10/2026	Policy reviewed. No changes to coverage criteria.
06/11/2025	Policy reviewed. No changes to coverage criteria.
06/12/2024	Policy reviewed. No changes to coverage criteria.
06/14/2023	Policy reviewed, updated NCQA definition for “medically necessary” in references.
06/08/2022	Policy revised. Updated Overview and Coverage Policy section (no content changes); added Related Policies section.
06/09/2021	Policy reviewed, no changes.

06/17/2020	Policy reviewed, moved bullet number 2 in red to bullet number 1 and added applicable to all LOBs.
01/17/2019	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). Accessed April 25, 2026. https://www.cms.gov/medicare-coverage-database/search.aspx.
2. Molina Healthcare Legal Department definition of Medical Necessity.
3. National Committee for Quality Assurance (NCQA). 2025 Standards and Guidelines for Accreditation in Utilization Management: Appendix 5 – Glossary- term "medical necessity".

APPENDIX

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

Washington
For Medicaid reviews, follow Washington Administrative Code (WAC) WAC 182-500-0070 definition of "medically necessary". https://app.leg.wa.gov/wac/default.aspx?cite=182-500-0070

"Medically necessary" is a term for describing requested service which is reasonably calculated to prevent, diagnose, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering or pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction. There is no other equally effective, more conservative or substantially less costly course of treatment available or suitable for the client requesting the service. For the purpose of this section, "course of treatment" may include mere observation or, where appropriate, no treatment at all.