

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

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

COVERAGE POLICY

- ❑ **Please check State Health Plan regulations for all Lines of Business (LOBs) and your local compliance and or Legal team before applying this policy. Individual Health Plan definitions in government contracts for all LOBs (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

DOCUMENTATION REQUIREMENTS. Molina Healthcare reserves the right to require that additional documentation be made available as part of its coverage determination; quality improvement; and fraud; waste and abuse prevention processes. Documentation required may include, but is not limited to, patient records, test results and credentials of the provider ordering or performing a drug or service. Molina Healthcare may deny reimbursement or take additional appropriate action if the documentation provided does not support the initial determination that the drugs or services were medically necessary, not investigational or experimental, and otherwise within the scope of benefits afforded to the member, and/or the documentation demonstrates a pattern of billing or other practice that is inappropriate or excessive.

SUMMARY OF MEDICAL EVIDENCE

There are no published guidelines or recommendations by national/professional societies and organizations.

SUPPLEMENTAL INFORMATION

None.

CODING & BILLING INFORMATION

No applicable codes.

Molina Clinical Policy

Medically Necessary Services: Policy No. 332

Last Approval: 6/9/2021
Next Review Due By: June 2022



APPROVAL HISTORY

6/9/2021	Policy reviewed, no changes.
6/17/2020	Policy reviewed, moved bullet no. 2 in red to bullet no. 1; added "applicable to all LOB".
1/17/2019	Changed definition of "medical necessity" to Molina Healthcare Legal Department's definition.
12/13/2018	New policy.

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.

Other Resources

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

APPENDIX

Reserved for State specific information (to be provided by the individual States, not Corporate). Information includes, but is not limited to, State contract language, Medicaid criteria and other mandated criteria.