

## MEDICAL POLICY

POLICY TITLE	MEDICAL NECESSITY
POLICY NUMBER	MP 4.003

CLINICAL BENEFIT	<input checked="" type="checkbox"/> MINIMIZE SAFETY RISK OR CONCERN. <input checked="" type="checkbox"/> MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. <input checked="" type="checkbox"/> ASSURE APPROPRIATE LEVEL OF CARE. <input type="checkbox"/> ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. <input type="checkbox"/> ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. <input checked="" type="checkbox"/> ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective Date:	11/1/2024

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### I. POLICY

***This policy applies if there is not a specific Medical Policy that outlines criteria for medical necessity. If a specific policy does exist, then the criteria for medical necessity in that policy may supersede the guidelines in this policy.***

Specific medical policies document the circumstances and conditions under which care and services are determined to be appropriate and necessary. Capital Blue Cross defines “medical necessity or medically necessary” to mean the following:

- Services or supplies that a physician exercising prudent clinical judgment would provide to an individual for the diagnosis and/or the direct care and treatment of the individual’s medical condition, disease, illness, or injury; **and**
- In accordance with accepted standards of good medical practice; **and**
- Clinically appropriate for the individual’s medical condition, disease, illness, or injury; **and**
- Not primarily for the convenience of the individual and/or individual’s family, physician, or other health care provider; **and**
- Not costlier than alternative services or supplies at least as likely to produce equivalent results for the individual’s condition, disease, illness, or injury.

For these purposes, “generally accepted standards of good medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, national physician specialty society recommendations and the views of physicians practicing in relevant clinical areas, and other

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clinically relevant factors. The fact that a provider may prescribe, recommend, order, or approve a service or supply does not of itself make it medical necessity or a covered benefit.

**Exception:** When a member’s contract provides for benefits contrary to the medical necessity provision, Capital Blue Cross will cover services to the extent provided in the contract.

Medical necessity is established in medical policies after assessment of the scientific evidence.

Scientific evidence and other resources reviewed include, but are not limited to:

- Decisions and recommendations of appropriate governmental regulatory bodies, such as the FDA (The Food and Drug Association), National Institutes of Health (NIH), Centers for Disease Control (CDC), Centers for Medicare and Medicaid Services (CMS), Health and Human Services (HHS), Agency for Healthcare Research and Quality (AHRQ), and the United States Preventive Services Task Force (USPSTF)
- The opinions and evaluations of national medical organizations; professional specialty societies; clinical panels, task forces, and other technology evaluation bodies
- Available clinical evidence in published scientific literature
- External physician reviews

In addition to the Capital Blue Cross Medical Policies, Capital Blue Cross utilizes InterQual criteria, which is an industry standard set of objectives, evidence-based, utilization management criteria to assist in evaluating the medical necessity and appropriateness of medical care delivered to individuals. InterQual criteria is evaluated yearly for updates and changes.

### Medical Necessity for Out of Network Services

Requests for non-emergency care from non-participating practitioners or providers require prior authorization and medical review.

Non-covered health plan services are not covered out-of-network.

Services from Out of Network healthcare providers are considered **medically necessary** for the following situations:

- Ongoing course of treatment (beyond routine monitoring) for a serious and complex condition, defined as **one** of the following:
  - an acute illness that is serious enough to require specialized medical treatment to avoid the reasonable possibility of death or permanent harm (including but not limited to chemotherapy, radiation therapy, or post-operative visits), **OR**
  - a chronic illness or condition that is life threatening, degenerative, potentially disabling, or congenital and requires specialized medical care over a prolonged period of time, **OR**
- Urgent surgery, including postoperative care; **OR**
- Pregnancy and related conditions; **OR**

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- Treatment for a terminal illness (as determined under section 1861(dd)(3)(A) of the Social Security Act); **OR**
- An ongoing course of treatment for a health condition for which a treating healthcare provider attests that discontinuing care by that healthcare provider would worsen the condition or interfere with anticipated outcomes; **OR**
- There are no in network providers with appropriate training and experience to provide the services that are being requested (i.e., specialized surgery, specialty care for a rare condition, etc.); **OR**
- Covered services are not accessible and available from contracted healthcare providers who are closer than non-contracted providers or within reasonable distances.
- Emergent services for which the closest provider/facility is out of network. (See definitions)

***Cross-reference:***

**MPC-AP-12** How We Evaluate New Technology  
**CLM-103** Continuity of Care

### II. PRODUCT VARIATIONS

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This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations as discussed in Section VI. Please see additional information below.

**FEP PPO** - Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at:

<https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies>.

### III. DESCRIPTION/BACKGROUND

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This policy describes the circumstances under which a service is considered medically necessary.

### IV. DEFINITIONS

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**BlueCard Program** is a program that allows the member to access covered healthcare services from Host Blue in-network providers of a Blue Cross and/or Blue Shield Licensee (Blue Plan) located outside the service area. The local Blue Plan servicing the geographic area where the covered healthcare service is provided is referred to as the “Host Blue.”

**Emergency Service** is any healthcare services provided to a member after the onset of a medical condition, including a mental health condition or substance use disorder, that manifests itself by acute symptoms of sufficient severity or severe pain, such that a prudent layperson,

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who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in any of the following:

- Placing the health of the member, or, with respect to a pregnant woman, the health of the woman or her unborn child, in serious jeopardy;
- Serious impairment to bodily functions;
- Serious dysfunction of any bodily organ or part;
- Other serious medical consequences; or
- Transportation, treatment, and related emergency services provided by a licensed emergency medical services agency if the condition is as described in this definition.

**Host Blue** is a local Blue Cross and/or Blue Shield Licensee serving a geographic area other than our service area that has contractual agreements with providers in that geographic area, which participate in the BlueCard program, regarding claim filing or payment for covered healthcare services rendered to our members who use services of such providers when traveling outside of our service area

**In-Network Provider** is a professional provider, facility provider, or any other eligible healthcare provider or practitioner that is approved by Capital Blue Cross and, where licensure is required, is licensed in the applicable state and provides covered services and has entered into a provider agreement with or is otherwise engaged by Capital Blue Cross to provide benefits to the member and who satisfies credentialing and privileging criteria. The status of a provider as an in-network provider may change from time to time. It is the member's responsibility to verify the current status of a provider.

**Out of Network Provider** is a provider that is not under contract with Capital Blue Cross or a provider who is not a BlueCard in-network provider.

### V. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits, and which require preauthorization. There are different benefit plan designs in each product administered by Capital Blue Cross. Members and providers should consult the member's health benefit plan for information or contact Capital Blue Cross for benefit information.

### VI. DISCLAIMER

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*Capital Blue Cross' medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit*

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*information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital Blue Cross' Provider Services or Member Services. Capital Blue Cross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.*

### VII. CODING INFORMATION

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**Note:** This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

➤ **Specific procedure coding does not apply to this policy.**

### VIII. POLICY HISTORY

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<b>MP 4.003</b>	<b>08/24/2020 Consensus Review.</b> No change to policy statement. Definitions updated to match COC.
	<b>07/14/2021 Consensus Review.</b> No change to policy statement. Product variations updated.
	<b>06/03/2022 Major Review.</b> Added section about scientific evidence. Medical Necessity Out of Network section extensively revised. Removed mileage and pregnancy requirements, one visit approval while transitioning to in network provider, examples of qualifying conditions and not medically necessary non contracted provider section and added medically necessary out of network situations criteria. FEP language updated. Added definitions.
	<b>04/28/2023 Minor Review.</b> Statement added to beginning of policy indicating that this policy is applicable if there is not a specific medical policy outlining criteria for medical necessity.
	<b>06/17/2024 Consensus Review.</b> No change to policy statement.

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*Health care benefit programs issued or administered by Capital Blue Cross and/or its subsidiaries, Capital Advantage Insurance Company®, Capital Advantage Assurance Company® and Keystone Health Plan® Central. Independent licensees of the Blue Cross BlueShield Association. Communications issued by Capital Blue Cross in its capacity as administrator of programs and provider relations for all companies.*