

**Mountain State Blue Cross Blue Shield  
(Otherwise referred to as the Plan)**

**CORPORATE POLICY AND PROCEDURES**

**TITLE: APPLYING MEDICAL CRITERIA TO DETERMINE MEDICAL NECESSITY**

**No: MP 05**                      **Supersedes No.: N/A**                      **Original Effective Date: 11/15/01**  
**Standards:**                      **Date of Last Review: 04/23/04**  
**Related Policies: N/A**                      **Date of Last Revision: 04/23/04**

Page 1 of 4

**DRAFT ( )                      INTERIM ( )                      FINAL (X)**

---

**Lines of Business:**

**Applies To:           FEP ( X)           PPO ( X)           POS ( X)           INDEMNITY ( X )**

**Variation for: (N/A)**

**Intended Distribution:   Standard List ( X)   Secondary Review List ( )   Secondary  
Distribution List:( )**

---

**POLICY**

Upon receiving a request for services, the Plan must determine medical necessity. The Care/Case Manager will review all pertaining Plan medical policies along with other medical policy documentation, as applicable, before rendering a decision.

**DEFINITIONS**

***Medical Necessity:*** A service or supply required to diagnose or treat an injury, ailment, condition, disease, or illness, and determined by the Plan to be:

- Appropriate with regard to the standards of good medical practice.
- Not primarily for the convenience of a member or a Provider.
- The most appropriate supply or level of service that can be safely and adequately provided in the most cost-effective setting.

**PURPOSE**

To ensure that every Care/Case Manager utilizes the appropriate medical documentation in a systematic, uniform manner when rendering a decision regarding a request for services.

**Mountain State Blue Cross Blue Shield  
(Otherwise referred to as the Plan)**

**CORPORATE POLICY AND PROCEDURES**

**TITLE: APPLYING MEDICAL CRITERIA TO DETERMINE MEDICAL NECESSITY**

**No: MP 05**

**Page 2 of 4**

---

**PROCEDURE**

1. The Care/Case Manager will consult the Plan's medical policy, if available, and render a decision based on that information. (Refer to CM 29 Protocol Criteria Screening).
2. If the Plan does not have an approved medical policy relating to the requested service, the Care/Case Manager will review Highmark's medical policy. \*
3. If neither Mountain State Blue Cross Blue Shield, nor Highmark medical policies address criteria for the service requested, the Blue Cross Blue Shield Association medical policies would be reviewed.
4. Should criteria be conflicting or unavailable, the Medical Director will make the final decision, based on review of available information.
5. The Care/Case Manager will document the determination rendered by the Medical Director/Physician in the appropriate areas.
6. Determinations will be based on the clinical criterion that was current at the time services were rendered.

**\*Exceptions:**

- **For the Seamless Product (POS8), Highmark Medical Policy should be reviewed first, prior to a determination, except where WV State Law supercedes.**
- **For the Federal Employees Program (FEP), the FEP Benefit Brochure and Federal Administrative Manual (FAM) should be reviewed first. If the criteria is not addressed in these two sources, the Blue Cross Blue Shield Association (BCBSA) policy should be used. If there is a question after reviewing all of these sources, it should be sent to the FEP Director's office for clarification.**
- **For the Classic Blue Part A, Centers for Medicare and Medicaid Services (CMS) will be the first choice of review, United Government Services (UGS) the second choice of review and Highmark Medicare Advantage Policy the third choice of review. For the Classic Blue Part B, CMS will be the first choice of review, Palmetto GBA the second choice of review and Highmark Medicare Advantage Policy the third choice of review.**

**Mountain State Blue Cross Blue Shield  
(Otherwise referred to as the Plan)**

**CORPORATE POLICY AND PROCEDURES**

**TITLE: APPLYING MEDICAL CRITERIA TO DETERMINE MEDICAL NECESSITY**

**No: MP 05**

**Page 3 of 4**

---

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances may warrant individual consideration, based on review of applicable medical records.

Medical policies are designed to supplement the terms of a member's contract. The member's contract defines the benefits available; therefore, medical policies should not be construed as overriding specific contract language. In the event of conflict, the contract shall govern.

Medical policies do not constitute medical advice, nor the practice of medicine. Rather, such policies are intended only to establish general guidelines for coverage and reimbursement under Mountain State Blue Cross Blue Shield plans. Application of a medical policy to determine coverage in an individual instance is not intended and shall not be construed to supercede the professional judgment of a treating provider. In all situations, the treating provider must use his/her professional judgment to provide care he/she believes to be in the best interest of the patient, and the provider and patient remain responsible for all treatment decisions.

Mountain State Blue Cross Blue Shield (MSBCBS) retains the right to review and update its medical policy guidelines at its sole discretion. These guidelines are the proprietary information of MSBCBS. Any sale, copying or dissemination of the medical policies is prohibited; however, limited copying of medical policies is permitted for individual use.

**Mountain State Blue Cross Blue Shield  
(Otherwise referred to as the Plan)**

**CORPORATE POLICY AND PROCEDURES**

**TITLE: APPLYING MEDICAL CRITERIA TO DETERMINE MEDICAL NECESSITY**

**No: MP 05**

**Page 4 of 4**

---

**SIGNATURE PAGE**

Approval: \_\_\_\_\_

Approval: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_