# MEDICAL NECESSITY

**Policy Number:** BIP096.G  
**Effective Date:** February 1, 2019  

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Covered benefits are listed in three (3) Sections A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member’s Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member’s EOC/SOB, the member’s EOC/SOB provision will govern.

## Essential Health Benefits for Individual and Small Group

For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits (“EHBs”). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member’s specific plan document to determine benefit coverage.

### A. FEDERAL/STATE MANDATED REGULATIONS

None

### B. STATE MARKET PLAN ENHANCEMENTS

None

### C. COVERED BENEFITS

**IMPORTANT NOTE:** Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

An Intervention will be covered under the UnitedHealthcare Health Plan if it is an otherwise covered category of service, not specifically excluded, and Medically Necessary.

An Intervention may be medically indicated yet not be a covered benefit or meet the definition of Medical Necessity.
An Intervention is Medically Necessary if, as recommended by the Treating Physician and determined by the Medical Director of UnitedHealthcare or the Network Medical Group, it is (all of the following):

a. A Health Intervention for the purpose of treating a Medical Condition
b. The most appropriate supply or level of service, considering potential benefits and harms to the member
c. Known to be Effective in treating the Medical Condition. For existing Interventions, effectiveness is determined first by Scientific Evidence, then by professional standards, then by expert opinion. For New Interventions, effectiveness is determined by Scientific Evidence.
d. If more than one Health Intervention meets the requirements of a, b and c above, furnished in the most Cost Effective manner which may be provided safely and effectively to the member.

NOTE: Please refer to the member’s EOC for information regarding timely access to Medically Necessary care.

D. NOT COVERED

None

E. DEFINITIONS

1. **Cost Effective**: An intervention is considered cost effective if the benefits and harms relative to costs represent an economically efficient use of resources for patients with this condition. In the application of this criterion to an individual case, the characteristics of the individual patient shall be determinative.

2. **Effective**: The intervention is considered effective if it can reasonably be expected to produce the intended results and to have expected benefits that outweigh potential harmful effects.

3. **Health Outcomes**: Outcomes that affect health status as measured by the length or quality (primarily as perceived by the patient) of a person’s life.

4. **Health Intervention**: An item or service delivered or undertaken primarily to treat (that is, prevent, diagnose, detect, treat, or palliate) a medical condition or to maintain or restore functional ability. A health intervention is defined by the intervention itself, the medical condition and the patient indications for which it is being applied.

5. **Medical Condition**: A disease, illness, injury, genetic or congenital defect, pregnancy, or a biological condition that lies outside the range of normal, age appropriate human variation

6. **New Intervention**: An intervention that is not yet in widespread use for the medical condition and patient indications being considered. New interventions for which clinical trials have not been conducted because of epidemiological reasons (e.g., rare or new diseases or orphan populations) shall be evaluated on the basis of professional standards of care. If professional standards of care do not exist, or are outdated or contradictory, decisions about such new interventions should be based on convincing expert opinion.

7. **Scientific Evidence**: Consists primarily of controlled clinical trials that either directly or indirectly demonstrate the effect of the intervention on health outcomes. If controlled clinical trials are not available, observational studies that suggest a causal relationship between the intervention and health outcomes can be used. Such studies do not by themselves demonstrate a causal relationship unless the magnitude of the effect observed exceeds anything that could be explained either by the natural history of the medical condition or potential experimental biases. For existing interventions, the scientific evidence should be considered first and, to the greatest extent possible, should be the basis for determinations of medical necessity. If no scientific evidence is available, professional standards of care should be considered. If professional standards of care do not exist, or are outdated or contradictory, decisions about existing interventions should be based on expert opinion. Giving priority to
scientific evidence does not mean that coverage of existing interventions should be denied in the absence of conclusive scientific evidence. Existing interventions can meet the definition of medical necessity in the absence of scientific evidence if there is a strong conviction of effectiveness and benefit expressed through up-to-date and consistent professional standards of care or, in the absence of such standards, convincing expert opinion.

8. **Treating Physician**: a Physician who has personally evaluated the patient.

### F. POLICY HISTORY/REVISION INFORMATION

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<tr>
<td>02/01/2019</td>
<td>Covered Benefits</td>
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<tr>
<td></td>
<td>• Replaced reference to “Participating Medical Group” with “Network Medical Group”</td>
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<td>• Added instruction to refer to the member’s Evidence of Coverage (EOC) for information regarding timely access to Medically Necessary care</td>
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