Connecticut Medical Assistance Program

Policy Transmittal 2011-19

PB 2011-36 May 2011

GAMA. Bof

Roderick L. Bremby, Commissioner

Effective Date: May 1, 2011 Contact: Patricia McCooey 860-424-4873

TO: All Providers

RE: Definition of Medical Necessity

The purpose of this bulletin is to inform providers of the definition of medical necessity enacted through a 2010 legislative change. Conn. Gen. Stat. Section 17b-259b (2011)

The definition went into effect on April 14, 2010 and applies to all of the Department's Medical Assistance programs. In the near future, the Department will promulgate regulations to delete references to the former definition and incorporate the new definition. The regulations will also remove all references to "medically appropriate" and "medical appropriateness" which have been superseded by the new definition.

The new definition provides as follows:

- (a) For purposes of the administration of the medical assistance programs by the Department of Social Services, "medically necessary" and "medical necessity" mean those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are:
- (1) Consistent with generally-accepted standards of medical practice that are defined as standards that are based on:
 - (A) credible scientific evidence published in peerreviewed medical literature that is generally recognized by the relevant medical community,
 - **(B)** recommendations of a physician-specialty society,
 - (C) the views of physicians practicing in relevant clinical areas, and
 - **(D)** any other relevant factors;
- (2) Clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease;
- (3) Not primarily for the convenience of the individual, the individual's health care provider or other health care providers;

- (4) Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and
- (5) Based on an assessment of the individual and his or her medical condition

The first requirement of the new definition, (a)(1), provides that in order to be medically necessary, a good or service must be consistent with generally accepted standards of medical practice as demonstrated by: evidence in the medical literature, other professional recommendations or other factors. It is not necessary or possible that <u>all</u> of the factors or criteria contained in requirement (a)(1)(A) through (D) be satisfied for every service. For example, many treatments have not been subjected to peer-reviewed clinical trials or studies but may still be necessary to patient care per one or more of the other criteria.

The fact that a treatment meets one or more of the criteria does not mean that it necessarily meets the definition. One of the other criteria may indicate lack of medical necessity and may be weighted more heavily if it reflects stronger, more relevant or more recent evidence. Again, to the extent relevant evidence is available, each of the criteria that comprise (a)(1) should be weighted to determine if this requirement is satisfied.

In contrast to the four subparts of (a)(1) which call for the balancing described in the preceding paragraph, all five requirements ((1) through (5)) of the new definition must be met for a requested service to be deemed to be medically necessary.

Furthermore, if requested services are denied, the Department (or its agent) when issuing the denial must, upon request, make available to the patient copies of any clinical policies, criteria or guidelines used to assist in the evaluation for the service requested for medical necessity. Such criteria, policies or guidelines may only assist in making the determination of medical necessity; only the definition (above) may be the basis for the determination of medical necessity.

<u>Posting Instructions:</u> Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

<u>**Distribution:**</u> This policy transmittal is being distributed to providers of the Connecticut Medical Assistance Program Provider Manual by HP Enterprise Services.

Responsible Unit: DSS, Medical Care Administration, Patricia McCooey, Staff Attorney, Medical Policy at (860) 424-4873.