

North Carolina
State Health Plan
for Teachers and State Employees and
NC Health Choice for Children

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North Carolina Health Choice Medical Policy

Medically Necessary

Policy Number: NHCAD0125

Active policy, no longer scheduled for routine review.

Definition:

As defined in NC General Statute 58-50-61(a) (12), "Medically necessary services or supplies" means those covered services or supplies that are:

- a. Provided for the diagnosis, treatment, cure, or relief of a health condition, illness, injury, or disease.
- b. Except as allowed under G.S. 58-3-255, not for experimental, investigational, or cosmetic purposes.
- c. Necessary for and appropriate to the diagnosis, treatment, cure, or relief of a health condition, illness, injury, disease, or its symptoms.
- d. Within generally accepted standards of medical care in the community.
- e. Not solely for the convenience of the insured, the insured's family, or the provider.

Coverage:

The fact that a doctor may prescribe, order, recommend, or approve a service or supply does not, in and of itself, make it a covered service or medically necessary, even though it is not specifically listed as an exclusion. Only the Member's medical condition is considered when deciding which setting (i.e., inpatient or outpatient) is medically necessary.

The Plan will provide coverage for medically necessary services when it is determined that the medical criteria and guidelines shown below are met.

The following criteria are the basis for the Plan's determination that a service or supply is medically necessary.

1. The service or supply must be provided for the diagnosis, treatment, cure, or relief of a health condition, illness, injury, or disease.
2. The service or supply must not be experimental, investigational, or cosmetic in purpose. See Note below.
3. It must be necessary for and appropriate to the diagnosis, treatment, cure, or relief of a health condition, illness, injury, disease, or its symptoms.
4. It must be within generally accepted standards of medical care in the community.
5. It must not be solely for the convenience of the insured, the insured's family, or the provider.

Only medically necessary services are eligible for coverage.

For medically necessary services, the Plan may compare the cost-effectiveness of alternative services or supplies when determining which of the services or supplies will be covered.

NOTE: Notwithstanding criterion 2. under Coverage above, coverage is provided for eligible clinical trials for treatment of life-threatening conditions; see Medical Policy NCHCSU0190, Experimental and Investigational Procedures for specifics regarding this coverage.

Approval Procedures:

See Approval Procedures in the medical policy related to the specific type of service or supply.

The Plan may review any service/supply for which payment by the Plan is requested for medical necessity based on the above criteria.

Limitations and Exclusions:

1. Services that are not deemed medically necessary are non-covered; i.e., any procedure, service or supply that does not meet criteria above.
2. This policy does not apply to services for which benefits are specifically excluded by the NC Health Choice Program (such as, but not limited to, dental implants and pregnancy related care) even if they may be construed to be medically necessary per the above definition.
3. This policy does not apply to mental health and chemical dependency; Policy AD0430 defines medical necessity for mental health and chemical dependency.

Authority:

GS 135-42 (b)

GS 108A-70.21 (b)

G.S. 135-39.5(18) (statute effective through 06/30/2008 for Predecessor Plan)

G.S. 135-40.1(1a)(1b)(17a) (statute effective through 06/30/2008 for Predecessor Plan)

G.S. 135-40.4(a) (statute effective through 06/30/2008 for Predecessor Plan)

G.S. 135-40.5(a)(e) (statute effective through 06/30/2008 for Predecessor Plan)

G.S. 135-40.6(1)(2)(3)(8) (statute effective through 06/30/2008 for Predecessor Plan)

G.S. 135-40.7(5)(16) (statute effective through 06/30/2008 for Predecessor Plan)

G.S. 135-40.7B (statute effective through 06/30/2008 for Predecessor Plan)

Source:

58-50-61(a)12.

Complete Review of Policy:

September 2000

March 2005

March 2007

March 2009

Revised:

April 2005

May 2007

November 2008

May 2009