

## Unit 4 Criteria for Medical Necessity Decisions

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**Definition of  
“medically  
necessary”**

The terms “**Medically Necessary**” or “**Medical Necessity**” refer to services or supplies, provided by a provider, that Highmark Blue Shield determines are:

- (a) appropriate for the symptoms and diagnosis or treatment of the Member's condition, illness, disease or injury; and
- (b) provided for the diagnosis or the direct care and treatment of the Member's condition, illness, disease or injury;
- (c) in accordance with standards of good medical practice; and
- (d) not primarily for the convenience of the Member or the Member's Provider; and
- (e) the most appropriate supply or level of Service that can safely be provided to the Member. When applied to hospitalization, this further means that the member requires acute care as an Inpatient due to the nature of the services rendered or the Member's condition, and the Member cannot receive safe or adequate care as an outpatient.

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## Unit 4 Criteria for Medical Necessity Decisions, continued

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### **National criteria and corporate medical policy**

Highmark Blue Shield uses McKesson Health Solution's InterQual® criteria and/or corporate medical policy in making its determinations of medical necessity and clinical appropriateness. Both of these resources consider regional and local variations in medical practice as well as individual member needs.

Both criteria sets have been approved by practicing physicians and are maintained in accordance with the most scientifically based health care research available.

The Care/Case Management uses the following criteria, guidelines and policies in determining the medical necessity and clinical appropriateness of utilization decisions:

- Members Benefits
- InterQual
- Highmark Medical Policy
- Highmark Medicare Advantage Medical Policy (includes all CMS/HGSA positions)

Highmark Behavioral Health uses the following criteria and guidelines:

- InterQual criteria for Behavioral Health
- ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders

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## Unit 4 Criteria for Medical Necessity Decisions, Continued

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### **Highmark Blue Shield medical policy**

Highmark Blue Shield's medical policies are developed to define the requirements for coverage of services as provided under the member's benefit. Clarify and support the benefit language present in member benefit documentation. These policies are based on extensive medical research and input from professional consultants and actively practicing physicians. They address services such as the following:

- Anesthesia services
- Consultations
- Durable medical equipment and supplies
- Pathology
- Diagnostic medical services
- Radiology
- Nuclear medicine
- Surgery
- Cosmetic and reconstructive surgery
- Maternity services
- Therapies
- Evaluation and management services

Medical policies also address services that are considered experimental or investigational and those judged to be "of current questionable usefulness." Medical policies address the relationship among services on a claim and provides guidance on which services must be combined for billing purposes.

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### **Guidelines and policies are available**

Criteria used for medical necessity and clinical appropriateness decisions are available to participating providers by contacting Healthcare Management Services, at (866) 803-3708, option 1, (for medical criteria) and option 2 (for behavioral health criteria).

Highmark Blue Shield Medical Policy is available to participating providers through the Highmark website, at [www.highmarkblueshield.com](http://www.highmarkblueshield.com), or via the NaviNet Resource Center. If for any reason NaviNet is not available, or if your facility needs a hard copy of a particular medical policy document, you may request the information from Healthcare Management Services, at (866) 803-3708, option 1, Monday through Friday, from 8:30 a.m. to 7:00 p.m., or from 8:30 a.m. through 4:30 p.m. on Saturdays and Sundays.

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