



# PROVIDER ALERT



Alert #9 8-18-2009 HCAL, HCBK, HCCH, HCCMP, HCNC, HCNE, HCYAB

## DPW /OMHSAS APPROVED DEFINITION OF MEDICAL NECESSITY CRITERIA

As per Section 11.E. of your Unified Network Provider Agreement, Community Care is issuing this provider alert to inform HealthChoices providers that their Agreements are amended to add the DPW/OMHSAS approved definition of Medical Necessity Criteria in addition to the criteria currently included in the Agreement. As Community Care has always used a single provider agreement for both its HealthChoices networks and the networks it manages for the UPMC Health Plan Behavioral Health Services, the precise language required by the HealthChoices Program Standards is now added to ensure compliance with these standards. The addition is summarized below in bold following the existing definition, and can be found in the Unified Network Provider Agreement in the Definitions section:

- N. **Medical Necessity** or **Medically Necessary** means that the services provided to diagnose or treat an illness or condition are determined by Community Care to meet all of the following criteria:
- 1) The service is appropriate for the symptoms, diagnosis and treatment of a particular disease or condition that is defined under ICD-9-CM or DSM-IV, or its replacement.
  - 2) The service is provided in accordance with generally accepted standards of professional practice.
  - 3) The service is not rendered primarily for the convenience of the Enrollee, the Enrollee's family, Provider, or any other health care provider.
  - 4) The service or treatment is of the type, level and length needed to provide safe and adequate care. For inpatient service, this provision means that the Enrollee's symptoms or condition require(s) that the Enrollee cannot receive safe and appropriate care as an outpatient or in a less intensive setting.

*Community Care will authorize payment for all services deemed Medically Necessary for eligible Community Care Enrollees, including Medically Necessary services which are rendered under the terms of a court order.*

***In determining Medical Necessity for HealthChoices Enrollees, Community Care Medical Necessity Criteria will be consistent with the standards promulgated by the DPW Office of Mental Health and Substance Abuse Services whose definition is:***

***Medical Necessity – Clinical determinations to establish a service or benefit which will, or is reasonably expected to:***

- ***Prevent the onset of an illness, condition, or disability;***
- ***Reduce or ameliorate the physical, mental, behavioral, or developmental effects of an illness, condition, injury, or disability;***
- ***Assist the individual to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the individual and those functional capacities appropriate for the individuals of the same age.***

Please contact your provider representative at 1-888-251-2224 with questions related to this change.