

## Medical Necessity Guidelines, Medical 347

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Effective Date 1/1/2026

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Coverage Policy Medical 347

Version 2

**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details <sup>\*</sup>.**

### Description & Definitions:

"Medical necessity" or "medically necessary" means appropriate and necessary health care services which are rendered for any condition which, according to generally accepted principles of good medical practice, requires the diagnosis or direct care and treatment of an illness, injury, or pregnancy-related condition, and are not provided only as a convenience. (§ 38.2-5800).

Medically Necessary services include, but are not limited to, diagnostic services, procedures, test, treatments, facilities, equipment, drugs or devices that meet the definition of Medical Necessity.

### Criteria:

**Medically Necessary** services and/or supplies means the use of services or supplies as provided by a Hospital, Health Care Facility, Skilled Nursing Facility, Physician, or other provider which meet **ALL of the following** criteria:

- Required to identify, evaluate or treat the Member's condition, disease, ailment or injury, including pregnancy related conditions.
- In accordance with recognized standards of care for the Member's condition, disease, ailment, or injury.
- Appropriate with regard to standards of good medical practice.
- Not solely for the convenience of the Member, or a participating Physician, Hospital, or other health care provider; and
- The most appropriate supply or level of service which can be safely provided to the Member as substantiated by the records and documentation maintained by the provider of the services or supplies.
- Clinically appropriate in terms of type, frequency, extent, site, and duration.

For the purpose of this policy, "recognized standards of care" mean standards based upon credible scientific evidence that has been published in peer-reviewed literature, and / or physician specialty association recommendations, and are considered generally relevant by medical community.

When determining which of the supplies or services will be covered, Sentara Health Plans may compare the cost-effectiveness of alternative supplies and / or settings in which medically necessary services may be eligible for coverage.

### Document History:

Revised Dates:

Reviewed Dates:

- September 2025 – Implementation date of January 1, 2026. Annual review. No changes to criteria. Updated to new format only.

Origination Date: 3/1/2025

## Coding:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

Coding	Description
	None

*The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

## Policy Approach and Special Notes: \*

- Coverage
  - See the appropriate benefit document for specific coverage determination. Individual specific benefits take precedence over medical policy.
- Application to products
  - Policy is applicable to Sentara Health Plan Commercial products
- Authorization requirements
  - Pre-certification by the Plan is required.
- Special Notes:
  - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
  - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

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## Keywords:

Medical Necessity, Medically Necessary