Select Health

CODING/REIMBURSEMENT POLICY

MEDICAL NECESSITY – GEOGRAPHIC CONSIDERATIONS

Policy # 97
Implementation Date: 4/24/24
Review Dates:
Revision Dates:

Disclaimer:
1. Policies are subject to change without notice.
2. Policies outline coverage determinations for Select Health Commercial, Select Health Advantage (Medicare/CMS), and Select Health Community Care (Medicaid/CHIP) plans. Refer to the "Policy" section for more information.

Description

To qualify for benefits, services must be medically necessary. Certain services also require preauthorization before the member receives services, and the process used to review a preauthorization request involves determinations of medical necessity.

For certain services, the applicable method of determining medical necessity may include some consideration of the geographic location of the services. This Policy provides guidance on consideration of geographic location when determining medical necessity of services.

COMMERCIAL PLAN POLICY

If the criteria for determining medical necessity consider the geographic location of the services as a factor in determining medical necessity, then all facts and circumstances relevant to the medical necessity determination shall be considered in evaluating whether the particular member would benefit from services in a particular geographic location.

The determination that a member might benefit from services in a particular geographic location is not a determination that the member is entitled to in-network coverage for out-of-network services (i.e., "failed access").

SELECT HEALTH ADVANTAGE (MEDICARE/CMS)

Select Health Advantage will follow the Commercial Plan Policy.

SELECT HEALTH COMMUNITY CARE (MEDICAID)

Select Health Community Care will follow the Commercial Plan Policy.

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.

Select Health® makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. Select Health updates its Coverage Policies regularly, and reserves the right to amend these policies without notice to healthcare providers or Select Health members.

Members may contact Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Coverage Policy may call Select Health Provider Relations at (801) 442-3692.