



Policy No.: 307

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## **MEDICAL NECESSITY**

ETHICS & COMPLIANCE DEPARTMENT

### **SCOPE:**

All Evolution Health colleagues providing medical services. For purposes of this policy, all references to “colleague” or “colleagues” include temporary, part-time and full-time associates, independent contractors, clinicians, officers and directors.

### **PURPOSE:**

The purpose of this policy is to outline the medical necessity guidelines.

### **POLICY:**

The National Coverage Determination and Local Coverage Determination guidelines identify medical necessity as services or items reasonable and necessary for the documented diagnosis, treatment of an illness or injury or to improve the function of a malformed body member.

Any Company colleague providing medical services should only order tests they believe are medically necessary for the diagnosis and treatment of their patients. The colleague should also thoroughly document the patient visit, demonstrating medical necessity.

The Company’s coders will identify and submit for payment the most appropriate codes based on provider documentation. Provider documentation will identify only professionally recognized and sound medical services that are accepted as necessary for the proper diagnosis and treatment of the patient.

### **POLICY REVIEW**

The Ethics & Compliance Department will review and update this Policy and all HIPAA policies when necessary in the normal course of its review of the Ethics & Compliance Program.