

Table 2. State Definitions of Medical Necessity: Comparison with State Contract Language

(N/A=No information pertaining to state pediatric medical necessity standard in Medicaid MCO contracts)¹

| State | Enabling Law or Regulation | Statutory/regulatory definition | Definition | Preventive standard in statute or rule (y/n) | Existence of MCO Contracts (y/n) | Contract Definition | Variation in Contract/State definitions (y/n) |
|-------|---|---------------------------------|--|--|----------------------------------|---------------------|---|
| AL | Alabama Administrative Code Alabama Medicaid Agency Ch. 560-X-44. Quality Assurance (Ala. Admin. Code r. 560-X-44.02) | Regulation | Medical necessity is the need or condition documented in the medical record by a physician which indicates the level of care required. | No | N/A | - | N/A |
| AK | Alaska Administrative Code Title 7. Health and Social Services Part 3. Public Assistance and Medical Assistance Chapter 43. Medical | Regulation | Medically necessary and appropriate means a course of diagnosis or treatment that is (A) reasonably calculated to diagnose, correct, cure, alleviate or prevent the worsening of medical conditions that endanger life, cause suffering or pain, result in illness or infirmity, threaten to cause or aggravate a disability, or cause physical deformity or malfunction; and (B) used because there is no equally effective more conservative or substantially less costly course of medical diagnosis or treatment available or suitable for the Medicaid recipient requesting the service; "course of treatment" may include mere observation | Yes | N/A | - | N/A |

¹ These states were not included in the database for Negotiating the New Health System: A Nationwide Study of Medicaid Managed Care Contracts (3rd Ed., 1999).

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| | Assistance Article 20. Federally Qualified Health Centers (7 Alaska Admin. Code 43.874) | | or, if appropriate, no treatment at all. | | | | |
| AZ | Arizona Administrative Code Title 9. Health Services Ch. 22. Arizona Health Care Cost Containment System (AHCCCS) Administration Article 1. Definitions (Ariz. Admin. Code R9-22-101) | Regulation | Medically necessary means a covered service provided by a physician or other licensed practitioner of the healing arts and within the scope of practice under state law to (a) prevent disease, disability, and other adverse health conditions or their progression; or (b) prolong life. | Yes | Yes | No provision for Pediatric Medical Necessity | N/A |

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| AR | | Yes | A service, drug, supply, or article necessary for the diagnosis of an illness or injury in accord with generally accepted standards of medical practice at the time the service, drug, or supply is provided. When specifically applied to a confinement it further means the diagnosis or treatment of the covered person's medical symptoms or condition cannot be safely provided to that person as an outpatient. A service, drug or supply or article shall not be medically necessary if it: (i) is investigational, experimental, or for research purposes; or (ii) is provided solely for the convenience of the patient, the patient's family, physician, hospital, or any other provider; or (iii) of care that is needed to provide safe, adequate and appropriate diagnosis or treatment; or (iv) could have been omitted without adversely affecting the covered person's condition of a medical device, drug, or substance not formally approved by the United States Food and Drug Administration. | No | N/A | - | N/A |
| CA | Welfare and Institutions Code Division 9. Public Social Services Part 3 Aid and Medical Assistance Chapter 7. Basic Health Care | Statute | A service is medically necessary or a medical necessity when it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain. | Yes | Yes | EPSDT Supplemental Services, including case management service...EPSDT supplemental services are defined in Title 22, CCR Section 51184 and include medically necessary health services that would not otherwise be covered by the Medi-Cal program...." California Contract , pages 91-92 | Yes |

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| | Article 2. Definitions (Cal. Welf. & Inst. Code §14059.5) | | | | | | |
| CO | The Code of Colorado Regulations Department Of Health Care Policy And Finance Medical Services Board Medical Assistance 8.205.11. Definitions (10 CCR Medical Assistance 8.205.11) | Regulation | A covered service shall be deemed medically necessary if, in a manner consistent with accepted standards of medical practice, it: 1. Is found to be an equally effective treatment among other, less conservative or more costly treatment options, and 2. Meets at least one of the following criteria: (a) The service will, or is reasonably expected to prevent or diagnose the onset of an illness, condition, primary disability or secondary disability; (b) The service will, or is reasonably expected to cure, correct, reduce or ameliorate the physical, mental, cognitive or developmental effects of an illness, injury or disability; (c) The service will, or is reasonably expected to reduce or ameliorate the pain or suffering caused by an illness, injury or disability; (d) The service will, or is reasonably expected to assist the individual to achieve or maintain maximum functional capacity in performing Activities of Daily Living. | NA | Yes | No provision for Pediatric Medical Necessity | N/A |
| CT | Conn. General Statutes Ann. Title 17B. Social Services Chapter | Statute | Appropriate and medically necessary means the standard for health services as determined by health care providers in accordance with the prevailing practices and standards of the medical profession and community. | No | N/A | - | NA |

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| | 319V. Medical Assistance (C.G.S.A. §17b-259) | | | | | | |

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| DE | Delaware Administrative Register Volume 2, Issue 7 January 1, 1999 Final Regulations Department Of Health And Social Services Division Of Social Services | Reg | <p>Medical Necessity is defined as: the essential need for medical care or services (all covered State Medicaid Plan services, subject to age and eligibility restrictions and/or EPSDT requirements) which, when prescribed by the beneficiary's primary physician care manager and delivered by or through authorized and qualified providers, will:</p> <ul style="list-style-type: none"> . be directly related to the diagnosed medical condition or the effects of the condition of the beneficiary (the physical or mental functional deficits that characterize the beneficiary's condition), and be provided to the beneficiary only; . be appropriate and effective to the comprehensive profile (e.g. needs, aptitudes, abilities, and environment) of the beneficiary and the beneficiary's family; . be primarily directed to treat the diagnosed medical condition or the effects of the condition of the beneficiary, in all settings for normal activities of daily living, but will not be solely for the convenience of the beneficiary, the beneficiary's family, or the beneficiary's provider. . be timely, considering the nature and current state of the beneficiary's diagnosed condition and its effects, and will be expected to achieve the intended outcomes in a reasonable time; . be the least costly, appropriate, available health service alternative, and will represent an effective and appropriate use of program funds; . be the most appropriate care or service that can be safely and effectively provided to the beneficiary, and will not duplicate other services provided to the beneficiary; | Yes (prevent the worsening of) | Yes | EPSDT requires coverage for all follow-up diagnostic and treatment services deemed medically necessary to ameliorate or correct a problem discovered during an EPSDT screen. Such medically necessary diagnosis and treatment services must be provided as long as they are Medicaid-covered services as defined in Delaware RFP, Appendix F. Delaware RFP , pages II.25- II.26. | Yes |

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| | | | <ul style="list-style-type: none"> . be sufficient in amount, scope and duration to reasonably achieve its purpose; . be recognized as either the treatment of choice (i.e. prevailing community or statewide standard) or common medical practice by the practitioner's peer group, or the functional equivalent of other care and services that are commonly provided; . be rendered in response to a life threatening condition or pain, or to treat an injury, illness, or other diagnosed condition, or to treat the effects of a diagnosed condition that has resulted in or could result in a physical or mental limitation, including loss of physical or mental functionality or developmental delay; and will be reasonably determined to: <ul style="list-style-type: none"> . diagnose, cure, correct or ameliorate defects and physical and mental illnesses and diagnosed conditions or the effects of such conditions; or . prevent the worsening of conditions or effects of conditions that endanger life or cause pain, or result in illness or infirmity, or have caused or threaten to cause a physical or mental dysfunction, impairment, disability, or developmental delay; or . effectively reduce the level of direct medical supervision required or reduce the level of medical care or services received in an institutional setting or other Medicaid program; or . restore or improve physical or mental functionality, including developmental functioning, lost or delayed as the result of an illness, injury, or other diagnosed condition or the effects of the illness, injury or condition; or | | | | |

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| | | | . provide assistance in gaining access to needed medical, social, educational and other services required to diagnose, treat, or support a diagnosed condition or the effects of the condition, in order that the beneficiary might attain or retain independence, self-care, dignity, self-determination, personal safety, and integration into all natural family, community, and facility environments and activities | | | | |
| DC | Weil's Code Of D.C. Municipal Regulations, Title 22. Public Health And Medicine Chapter 60. Health Benefits Plan Members Bill Of Rights Cdcr 22-60-6099 (2000) 22-60-6099. Definitions | Statute | Medically Necessary Care - means the care which, in the opinion of the treating physician, is reasonably needed to (i) prevent the onset or worsening of an illness, condition, or disability; (ii) establish a diagnosis; (iii) provide palliative, curative, or restorative treatment for physical and/or mental health conditions; and (iv) 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 that are appropriate for individuals of the same age | NA | Yes | ...In making medical necessity-related coverage determinations in the case of children under 21, Provider must authorize coverage if, taking into account the clinical evidence, as well as the recommendations of the child's PCP and other health, educational, and social services professionals caring for the child, Provider determines that a service covered under this contract is necessary to: (a) correct or ameliorate a physical or mental condition; or (b) prevent the onset or worsening of a disabling or chronic condition. ... In making medical necessity-related coverage determinations in the case of children with developmental disabilities, Provider shall provide coverage if, taking into consideration the clinical evidence, as well as the opinion of health, educational, and social services professionals furnishing care to such children, Provider determines that the care is necessary to correct or ameliorate the effects of a developmental disability. District of Columbia Contract, pages 21, 22,24-26 | No |
| FL | Florida Admin Code Ann | Regulation | Medically necessary or medical necessity means that the medical or allied care, goods, or services furnished or ordered | Yes | Yes | No provision for pediatric medical necessity | N/A |

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| | Title 59 Agency for Health Care Admin Subtitle 59G Medicaid Ch 59G-1 General Medicaid (Fla. Admin. Code Ann. r. 59G-1.010) | | must meet the following conditions: (1) be necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain; (2) be individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the patient's needs; (3) be consistent with generally accepted professional medical standards as determined by the Medicaid program, and (4) be reflective of the level of services that can be safely furnished, and for which no equally effective and more conservative or less costly treatment is available; statewide; and (5) be furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider. | | | | |
| GA | Georgia Admin Code Title 272. Rules of Georgia Department of Community Health State Health Planning Agency Ch 272-3 Patient's Right to Independent Review (GA Comp. R. & Regs. 272-3-.02) | Regulation | Care based upon generally accepted medical practices in light of conditions at the time of treatment which is: (1) appropriate and consistent with the diagnosis and the omission of which could be adversely affect or fail to improve the eligible enrollee's condition; (2) compatible with the standards of acceptable medical practice in the United States; (3) provided in a safe and appropriate setting given the nature of the diagnosis and the severity of the symptoms; (4) not provided solely for the convenience of the eligible enrollee or the convenience of the health care provider or hospital; and (5) not primarily custodial care, unless custodial care is a covered service or benefit under the eligible enrollee's evidence of coverage. | No | Yes | No provision for pediatric medical necessity | N/A |

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| HI | | Yes | Medical necessity means the standard for health care services as determined by physicians and health care providers in accordance with the prevailing practices and standards of the medical profession and community. | No | Yes | 30.730. The following four points will be addressed when deciding whether a service to an EPSDT patient is medically necessary: (1) Is it appropriate for the age and health status of the individual? (2) Will it prevent or ameliorate the effects of a condition, illness, injury or disorder? (3) Will it aid the overall physical and mental growth and development of the individual? (4) Will it assist in achieving or maintaining functional capacity? ... Hawaii RFP Amendment, 5.0 | Yes |
| ID | Idaho Admin Code Agency 16. Department of Health and Welfare Title 03. Ch. 09 Rules Governing Medical Assistance (IDAPA 16.03.09.003) | Regulation | A service is medically necessary if it is reasonably calculated to prevent, diagnose, or treat conditions in the client that endanger life, cause pain, or cause functionally significant deformity or malfunction; and there is no other equally effective course of treatment available or suitable for the client requesting the service which is more conservative or substantially less costly. | Yes | N/A | | N/A |
| IL | Ill. Admin Code Title 89: Social Services Ch I: Department of Public Aid Subch D: Medical Programs | Regulation | Medically necessary to preserve health, alleviate sickness, or correct a handicapping condition. | Yes | Yes | No provision for pediatric medical necessity | N/A |

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| | Part 140 Medical Payment Subpart B: Medical Provider Participation (89 Ill. Adm. Code 140.40) | | | | | | |
| IN | Indiana Code IC 28-8-10-1 | Statute | Health care services that the association has determined: (1) are recommended by a legally qualified physician; (2) are commonly and customarily recognized throughout the physician's profession as appropriate in the treatment of the patient's diagnosed illness; and (3) are not primarily for the scholastic education or vocational training of the provider or patient. | No | Yes | No provision for pediatric medical necessity | N/A |
| IA | Iowa House Study Bill No. 244, Iowa 78 th General Assembly – First Session, March 10, 1999 | Bill | Medically Necessary: Health care services or products that a prudent health care provider would provide to a patient to prevent, diagnose, or treat an illness, injury, or disease or its symptoms, in a manner which is in accordance with generally accepted standards of practice, is clinically appropriate, and is not primarily for the convenience of the patient or the health care provider. | Yes | Yes | No provision for pediatric medical necessity | N/A |
| KS | Kansas Statutes Annotated Ch. 21 Crimes and Punishments Kansas Criminal | Statute | Medically Necessary: Any goods, services, item, facility or accommodation, that a reasonable and prudent provider under similar circumstances would believe is appropriate for diagnosing or treating a recipient's condition, illness or injury. | No | N/A | | N/A |

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| | Code (Articles 31 to 47) Part II. Prohibited Conduct Article 38. Crimes Affecting Governmental Functions Kansas Medicaid Fraud Control Act (K.S.A. §21-3845) | | | | | | |

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| KY | | No | Not defined in statute | | Yes | <p>Medically Necessary Health Services means age appropriate services reasonable and necessary to diagnose and provide preventive, palliative, curative or restorative treatment for physical or mental conditions in accordance with professionally recognized standards of health care generally accepted at the time services are provided, and in accordance with 42 C.F.R. § 440.230, including services for children authorized under 42 U.S.C. 1396d(r). Kentucky Contract, page 14.</p> <p>Early and Periodic Screening, Diagnosis and Treatment (EPSDT) provides any medically necessary diagnosis and treatment for Medicaid recipients under the age of 21 indicated as the result of an EPSDT health assessment or any other encounter with a licensed or certified health care professional, even if the service is not otherwise covered by the Kentucky Medicaid Program. These services which are not otherwise covered by the Kentucky Medicaid Program are called EPSDT Special Services.</p> <p>The Partnership shall provide EPSDT Special Services as required by 42 USC Section 1396 and by 907 KAR 1:034. Kentucky Contract, Attachment IX, page 100.</p> | N/A |
| LA | Louisiana Insurance Administrative Code Louisiana Administrative Code Title 40. | Statute | To be medically necessary, a service must be: --Consistent with the diagnosis and treatment of a condition or complaint; and --Consistent with the standards of good medical practice; and --Not solely for the convenience of the | No | N/A | | N/A |

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| | Labor and Employment Part I. Workers' Compensation Administration Ch. 27. Utilization Review Procedures Exhibits (LAC T. 40, Pt. I, §2717) | | patient, family, hospital or physician; and --Furnished in the most appropriate and least intensive type of medical care setting required by the patient's condition. | | | | |
| ME | Maine Revised Statutes Annotated Title 18-A. Probate Code Article V. Protection of Persons Under Disability and their Property Part 8. Uniform Health Care Decisions Act (18-M.R.S.A. §5-805) | Statute | A medically necessary procedure is one providing the most patient-appropriate intervention or procedure that can be safely and effectively given. | No | Yes | The contractor shall: vi. provide diagnosis and treatment, if the need for such services is indicated as a result of a screening; whether or not that service is included in the Medicaid State Plan. Maine RFP , pages 27, 28. | Yes |
| MD | Code of Maryland Regulation | Regulation | Medically Necessary: Directly related to diagnostic, preventive, curative, palliative, or rehabilitative treatment. | Yes | Yes | No provision for pediatric medical necessity | N/A |

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| | s Title 10. Department of Health and Mental Hygiene Subtitle 09 Medical Care Programs Ch. 12 Disposable Medical Supplies and Durable Medical Equipment (MD Health & Men. 10.09.12.01) | | | | | | |
| MA | Massachusetts General Laws Annotated Part I. Administration of the Government Title XVII. Public Welfare Ch. 118G. Health Care | Statute | Medically necessary services as mandated under Title XIX of the Federal Social Security Act. | Yes | Yes | (A) EPSDT Diagnosis and Treatment Services consist of all medically necessary services listed in section 1905 (a) of the Social Security Act (42 U.S.C section 1396d(a)) that are required to correct or ameliorate conditions discovered as a result of a medical screening and are reimbursable for Medical Assistance recipients under age 21, if the service is determined by the Division to be medically necessary. Massachusetts Contract, Appendix E, Section I, unnumbered pages. | No |

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| | Finance and Policy (M.G.L.A. 118G §1) | | | | | | |
| MI | Michigan Administrative Code Department of Consumer and Industry Services Bureau of Workers' Disability Compensation (418.101 to R 418.2206) Workers' Compensation Health Care Services Part 1. General Provisions (Mich. Admin. Code r. 418.106) | Regulation | Medically appropriate care means health care that is suitable for a particular person, condition, occasion, or place. | No | Yes | No provision for pediatric medical necessity | N/A |
| MN | Minnesota Statutes Annotated Insurance Chapter 62Q Requireme | Statutes | Health care services appropriate, in terms of type, frequency, level, setting and duration to the enrollee's diagnosis or condition, and diagnostic testing and preventive services. Must be consistent with generally accepted practice parameters as determined by health care | Yes | Yes | No provision for pediatric medical necessity | N/A |

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| | nts for Health Plan Companies (M.S.A. §62Q.60) | | providers in the same or similar general specialty as typically manages the condition, procedure, or treatment at issue and must: (1) help restore or maintain enrollee's health; or (2) prevent deterioration of the enrollee's condition. | | | | |

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| MS | Mississippi 2000 Session Laws, 2000 Regular Session (2000 Miss. Laws Ch. 302 (S.B. 2143)) | Bill | | NA | Yes | No provision for pediatric medical necessity | N/A |
| MO | State of Missouri Code of State Regulations Annotated, Title 22 - Missouri Consolidated Health Care Plan Division 10-Health Care Plan, Chapter 2-Plan Options (22 CSR 10-12.010) | Regulation | Services and/or supplies usually rendered or prescribed for the specific illness or injury. | No | Yes | No provision for pediatric medical necessity | N/A |

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| MT | Administrative Rules of Montana, Title 46. Department of Social and Rehabilitation Services Ch. 20. Mental Health Services, Subch. 1. Mental Health Access Plan (Mont. Admin. T. 46.20.103) | Regulation | | Yes | Yes | <p>Provide all COVERED SERVICES to eligible Early and Periodic Screening, Diagnosis, and treatment (EPSDT) ENROLLEES.</p> <p>In accordance with federal regulations, CONTRACTORS must provide or arrange for all MEDICALLY NECESSARY and medically appropriate COVERED SERVICES found to be needed by a child as a result of a comprehensive screening visit or an >inter-periodic screen, whether or not they are ordinarily within the limits the CONTRACTOR has placed on COVERED SERVICES for all MEDICAID ENROLLEES. Please see ATTACHMENT 2 for a more detailed description and requirements of the EPSDT program. Montana Contract, Attachment 1, unnumbered page.</p> | No |
| NE | | No | N/A | N/A | Yes | 3.2.1: Provide or arrange for the provision of all Covered Services in a timely fashion pursuant to NAC, as further clarified in all Neb. Medical Assistance Program Provider Handbooks, and HMO Contracts Interpretation Bulletins (CIBs) and as otherwise specified in the Contract except: ... (d) treatment for a condition identified during a Health Check examination that is not covered under NMAP. Nebraska RFP , pages 4-5. | N/A |
| NV | Nevada Administrative Code Ch. 695C. Health Maintenance | Regulation | Services determined by an organization to be appropriate and necessary and required, not merely for the sake of convenience, according to generally accepted principles of medical practice, for the diagnosis or direct care and treatment of an illness or injury. | No | Yes | No provision for pediatric medical necessity | N/A |

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| | Organization General Provisions (Nev. Admin. Code ch. 695C, s. 055) | | | | | | |
| NH | New Hampshire Statutes Annotated Title XXXVII. Insurance Ch. 420-J. Managed Care Law (R.S.A. §420-J:7-a) | Statute | A health carrier shall maintain a definition of medical necessity and shall file with the insurance department a copy of the health carrier's definition of medical necessity. | No | Yes | No provision for pediatric medical necessity | N/A |
| NJ | New Jersey Administrative Code Title 8. Department of Health and Senior Services Ch. 31B. Hospital Financing Subch. 3. Financial Monitoring and Reporting Regulations (N.J. | Regulation | Compliance with professionally developed criteria and standards of care for determining that a patient warrants an acute hospital level of care for a given diagnosis and/or problem. | No | Yes | The contractor must provide EPSDT equivalent services. EPSDT is a federally mandated comprehensive child health program for Medicaid recipients from birth through 20 years of age. Section 1905 (r) of the Social Security Act (42 U.S.C. 1396 (d) and federal regulation 42 CFR 441.50 et seq. defines EPSDT service as: 5. Such other necessary health care, diagnostic services, treatment, and other measures to correct or ameliorate defects, and physical and mental illnesses and conditions discovered by the screening services. New Jersey Contract, pages 171, 173. | Yes |

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| | Admin. Code tit. 8, §31B-3.77) | | | | | | |
| NM | New Mexico Administrative Rules New Mexico Human Services Department Medical Assistance Division Title 8. Social Services Ch. 4. Medical Assistance Division Part MAD. Medical Assistance Division 606 Description of Program – General Program Description (8 NMAC 4.MAD.606) | Regulation | Those medical services which: (a) are essential to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure member medical conditions that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or aggravate a handicap, or result in illness or infirmity of a member; (b) are provided at an appropriate facility and at the appropriate level of care for the treatment of a member's medical condition; and, (c) are provided in accordance with generally accepted standards of medical practice. | Yes | Yes | No provision for pediatric medical necessity | N/A |
| NY | Official Compilation of Codes, Rules and | Regulation | Consistent with quality care and generally accepted professional standards. | No | Yes | 10.4(c) The Contractor is required to provide the C/THP services outlined in Appendix O (Benefit package) and Appendix D (NY SDOH Medicaid Managed Care Program RFP) and comply with applicable | Yes |

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| | Regulations of the State of New York, Title 18. Department of Social Services, Subch. E. Medical Care, Article 1. General Part 500. General Provisions (18 NYCRR 500.1) | | | | | <p>EPSDT requirements specified in 42 CFR, Part 441, sub-part B, 18NYCRR, Part 508 and the New York State Department of Health C/THP manual. The Contractor is required to provide C/THP services to Medicaid Enrollees under 21 years of age when:</p> <ul style="list-style-type: none"> - The care or services are essential to prevent, diagnose, prevent the worsening of, alleviate or ameliorate the effects of an illness, injury, disability, disorder or condition. - The care or services are essential to the overall physical cognitive and mental growth and developmental needs of the child. - The care or service will 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 that are appropriate for individuals of the same age. <p>The Contractor shall base its determination on medical and other relevant information provided by the individuals PCP, other physicians, school, local social services, and/or local public health officials that have evaluated the child. New York Contract, page 28.</p> | |
| NC | North Carolina Administrative Code Title 10. Department of Health and | Regulation | Determined by generally accepted North Carolina community practice standards as verified by independent Medicaid consultants. | No | Yes | 6.15 Health Check EPSDT Services... The Plan must assure the provision of periodic health screens, including health education; and the provision of any treatment or services covered by the State's Medicaid program, necessary to correct or ameliorate defects and physical or mental illness and conditions discovered during screening services..." | Yes |

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| | Human Services Ch. 26. Medical Assistance Subch. 26C. Amount:: Duration: and Scope of Assistance (10 NCAC 26C.0005) | | | | | 1.41 Medical Necessary Services - Those services which are in the opinion of the treating physician, reasonable and necessary in establishing a diagnosis and providing palliative, curative, or restorative treatment for physical and/or mental health conditions in accordance with the standards of medical practice generally accepted at the time the services are rendered. Each service must be sufficient in amount, duration and scope to reasonably achieve its purpose; and the amount, duration and scope of coverage may not arbitrarily be denied or reduced solely because of the diagnosis, type of illness, or condition (42 CFR §440.230). Medicaid EPSDT coverage rules (42 USC § 1396(r)(5) and 42 USC §1396d(a)). North Carolina Contract , Appendix I, unnumbered page. | |
| ND | North Dakota Administrative Code Title 92. Workers Compensation Bureau Article 92-01. General Administration Ch. 92-01-02. Rules of Procedure - North Dakota | Regulation | A medical service or supply necessary to diagnose or treat a compensable injury, which is appropriate to the location of service, is medically necessary if it is widely accepted by the practicing peer group and has been determined to be safe and effective based on published, peer-reviewed, scientific studies. | Yes | Yes | <p>1.8 Health Tracks Program (EPSDT)</p> <p>In accordance with federal regulations, Contractors must provide or arrange for all medically necessary covered services found to be needed by a child as a result of a comprehensive screening visit or any other visit, whether or not they are ordinarily within the limits the Contractor has placed on covered services for all Medicaid enrollees. See Attachment D for a more detailed description and requirements of the Health Tracks program. North Dakota Contract, Attachment C, page C-10.</p> <ol style="list-style-type: none"> 1. Background 2. Federal law and regulations governing the administration of the Medicaid program require that a state provide | Yes |

| State | Enabling Law or Regulation | Statutory/regulatory definition | Definition | Preventive standard in statute or rule (y/n) | Existence of MCO Contracts (y/n) | Contract Definition | Variation in Contract/State definitions (y/n) |
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| | Workers' Compensation Act (NDAC 92-01-02-29.1) | | | | | health screenings and necessary diagnostic and treatment services for all children under age twenty-one who are eligible for Medicaid. The Contractor will coordinate Health Tracks Screenings with the local public health units. The Department will pay the public health units directly for screening services. North Dakota Contract , Attachment D, page D-1 | |
| OH | 5101. Department of Human Services 5101:3. Division of Medical Assistance Ch. 5101:3-1. General Information (OAC 5101:3-1-01) | Regulation | Services which are necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part significant pain and discomfort. A medically necessary service must: (1) meet accepted standards of medical practice; (2) be appropriate to the illness or injury for which it is performed as to type of service and expected outcome; (3) be appropriate to the intensity of service and level of setting; (4) provide unique, essential, and appropriate information when used for diagnostic purposes. | No | Yes | No provision for pediatric medical necessity | N/A |
| OK | Oklahoma Administrative Code, Title 360. Oklahoma State and Education Employees Group Insurance Board, Ch. 10. Health, Life, and | Regulation | Services or supplies which, under the provisions of the Plan, are determined to be: (1) appropriate and necessary for the symptoms, diagnosis or treatment of the medical condition; (2) provided for the diagnosis of direct care and treatment of the medical condition; (3) within standards of good medical practice within the community; (4) not primarily for the convenience of the member, the member's provider or another provider; and, (5) the most appropriate supply or level of service which can safely be provided. | No | Yes | No provision for pediatric medical necessity | N/A |

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| | Dental Plans, Subch. 1. General Provisions (OAC 360:10-1-2) | | | | | | |
| OR | Oregon Administrative Rules Compilation, Ch. 410 Department of Human Resources, Office of Medical Assistance Programs Division 120. Medical Assistance Programs (OAR 410-120-0000) | Regulation | Those services and items that are required for diagnosis or treatment of illness, or injury, and which, in the judgment of the Medical Assistance Program are: (1) consistent with the diagnosis and treatment of the patient's condition; and (2) appropriate with regard to standards of good medical practice; and (3) not primarily for the convenience of the patient or a provider of services or supplies; and (4) the least costly of the alternative supplies or levels of services which can be safely provided to the patient; and (5) will significantly improve the basic health status of the client. | No | Yes | No provision for pediatric medical necessity | N/A |
| PA | Pennsylvania Administrative Code, Title 55. Public Welfare Part III. Medical Assistance Manual Ch. 1101. General | Regulation | A service, item, procedure or level of care that is: (1) compensable under the Medical Assistance Program, (2) necessary to the proper treatment or management of an illness, injury or disability, and (3) prescribed, provided or ordered by an appropriate licensed practitioner in accordance with accepted standards of practice. | No | Yes | The HMO must have written policies and procedures for enrolling members into an EPSDT program and for providing all medically necessary EPSDT services to all eligible children and young adults up to age twenty one, without regard to MA covered services. Pennsylvania RFP , page 39. For children under the age of twenty one, services are not subjected to amount, duration, or scope limitation, if determined to be medically necessary. Pennsylvania RFP , page 27. | Yes |

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| | Provisions Definitions (55 Pa. Code §1101.21) | | | | | <p>Any medically-necessary health care, eligible under the federal Medicaid program, required to treat conditions detected during a visit must be covered by the HMO.</p> <p>If a health care professional prescribes services or equipment for an individual under twenty-one (21) years of age, which is not normally covered by the MA Program, or for which the HMO requires prior authorization, the HMO has twenty-one (21) days to determine whether the services are medically necessary. Any requests exceeding twenty-one (21) days will be deemed approved, become the financial responsibility of the HMO, and must be promptly provided. In cases, where the request is identified as urgent, and the need for a decision in less than twenty-one (21) days is adequately explained, the HMO will accept the request by FAX, mail or any other means, and will process the request in sufficient time to ensure that the child's medical care or ability to function is not jeopardized or the child is not unnecessarily institutionalized. The HMO must have a formal process for appeals in place should they deny a service on the basis that it was deemed not medically necessary.</p> <p>Pennsylvania RFP, page 41.</p> | |
| RI | Rhode Island Administrative Rules and Regulations, Department of | Regulation | The performance of an eligible health service, as defined by the act, required by a physician according to the custom and usage in the community. | No | Yes | EPSDT requires coverage for all follow-up diagnostic and treatment services deemed medically necessary to ameliorate or correct a problem discovered during an EPSDT screen. Such medically necessary diagnosis and treatment services must be provided regardless of whether such services are covered by the State Medicaid Plan, as long as they are Medicaid-covered services as | Yes |

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| | Administration Budget Division, Catastrophic Health Insurance Plan (RI Dept of Administration, Budget Div. 1) | | | | | defined in the Social Security Act. Rhode Island Contract, pages 24-25. | |
| SC | Code of Laws of South Carolina 1976 Annotated Regulations Ch. 69. Department of Insurance 69-46 Medicare Supplement Insurance S.C. Code of Regulations R. 69-46 §VII | Regulation | Appropriate and necessary services as determined by any provider affiliated with the HMO which are rendered to an enrollee for any condition requiring, according to generally accepted principles of good medical practice, the diagnosis or direct care and treatment of an illness or injury and are not provided only as a convenience. | No | Yes | No provision for pediatric medical necessity | N/A |
| SD | Administrative Rules of South Dakota Title 67 Department of | Regulation | Medically necessary services must meet the following conditions: (1) it is consistent with the recipient's symptoms, diagnosis, condition, or injury; (2) it is recognized as the prevailing standard and is consistent with generally accepted professional medical standards of the | No | N/A | - | N/A |

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| | Social Services Article 67:16 Covered Medical Services Ch. 67:16:01 General Provision(ARSD 67:16:01:06.02) | | provider's peer group; (3) it is provided in response to a life-threatening condition; to treat pain, injury, illness, or infection; to treat a condition that could result in physical or mental disability; or to achieve a level of physical or mental function consistent with prevailing community standards for diagnosis or condition; (4) it is not furnished primarily for the convenience of the recipient or the provider; and (5) there is no other equally effective course of treatment available or suitable for the recipient requesting the service which is more conservative or substantially less costly | | | | |
| TN | Rules and Regulations of the State of Tennessee Department of Health and Environment (1200) Bureau of Medical Care Services Division of Medicaid Ch. 1200-13-12 Bureau of TennCare (Tenn. Comp. R. & Regs. tit. 1200, ch. 13-12- | Regulation | Services or supplies provided by an institution, physician, or other provider that are required to identify or treat a TennCare enrollee's illness or injury and which are: (1) consistent with the symptoms or diagnosis and treatment of the enrollee's condition, disease, ailment or injury; and (2) appropriate with regard to standards of good medical practice; and (3) not solely for the convenience of an enrollee, physician, institution or other provider; and (4) the most appropriate supply or level of services which can safely be provided to the enrollee | no | Yes | <p>3. Child Health Care will be delivered according to the standards of the American Academy of Pediatrics (AAP) and in compliance with the EPSDT policies now in effect. Tennessee Contract, Guidelines, page 47.</p> <p>All medically necessary services shall be covered for enrollees under 21 years of age in accordance with EPSDT requirements, including federal regulations as described in 42 CFR Part 441, Subpart B, and the Omnibus Budget Reconciliation Act of 1989. Tennessee Contract, Amendment 4, page 3.</p> <p>Attachment I: DEFINITIONS shall be revised by replacing and/or incorporating the following definitions into the appropriate alphabetical order in Attachment I of the Agreement and renumbering all definitions accordingly.</p> <p><i>Medically Necessary</i> - shall mean services or supplies provided by an institution, physician, or other provider that are</p> | Yes |

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| | .01) | | | | | required to identify or treat a TennCare enrollees illness, disease, or injury. When applied to enrollees under 21 years of age, services shall be provided in accordance with EPSDT requirements including federal regulations as described in 42 CFR Part 441, Subpart B, and the Omnibus Budget Reconciliation Act of 1989. Tennessee Contract , Amendment Number 4, pages 31, 32. | |
| TX | Texas Administrative Code Title 25. Health Services Part 1. Texas Department of Health Ch. 33. Early and Periodic Screening, Diagnosis, and Treatment Subch. J Texas Health Steps Medical Case Management (25 TAC §33.501) | Regulation | Services which are: (1) reasonably necessary to prevent illness(es) or medical condition(s), to maintain function or to slow further functional deterioration, or to provide early screenings, interventions, care, and/or provide care or treatment for eligible recipients who have medical condition(s) that cause suffering or pain, cause physical deformity or limitations in function, threaten to cause or worsen a disability, cause illness or infirmity, or endanger life; (2) provided at appropriate locations and at the appropriate levels of care for the treatment of the medical condition(s); (3) consistent with health care practice guidelines and standards endorsed by professionally recognized health care organizations or governmental agencies; (4) consistent with the diagnosis(es) of the condition(s); and (5) no more intrusive or restrictive than necessary to provide a proper balance of safety, effectiveness, and efficiency. | Yes | Yes | No provision for pediatric medical necessity | N/A |
| UT | Utah | Regulation | A medically necessary service means that | Yes | Yes | No provision for pediatric medical | N/AA |

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| | Administrative Code Health R414. Health Care Financing, Coverage and Reimbursement Policy (U.A.C. R414-1) | | (1) it is reasonably calculated to prevent, diagnose, or cure conditions in the recipient that endanger life, cause suffering or pain, cause physical deformity or malfunction, or threaten to cause a handicap; and (2) there is no other equally effective course of treatment available or suitable for the recipient requesting the service that is more conservative or substantially less costly. | | | necessity | |
| VT | | Yes | Health care services including diagnostic testing, preventive services and aftercare appropriate, in terms and type, amount, frequency level, setting, and duration to the member's diagnosis or condition. Medically-necessary care must be consistent with generally accepted practice parameters as recognized by health care providers in the same or similar general specialty as typically treat or managed the diagnosis or condition, and (1) help restore or maintain the member's health; or (2) prevent deterioration of or palliate the member's condition; or (3) prevent the reasonably likely onset of a health problem or detect an incipient problem. | Yes | Yes | <p>For individuals with traditional Medicaid eligibility under the age of 21 years, medical/clinical necessity includes a determination that the service(s) is/are needed to achieve proper growth and development or prevent the onset or worsening of a health condition. Vermont Contract, page 30.</p> <p>2.5.2.2 EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Services Diagnosis and Treatment</p> <p>EPSDT requires coverage for all follow-up diagnostic and treatment services deemed medically necessary to ameliorate or correct a problem...≡ Vermont Contract, pages 32-33.</p> | No |
| VA | Virginia Administrative Code Title 12. Health VAC Agency No. | Regulation | An item or service provided for the diagnosis or treatment of a patient's condition consistent with community standards of medical practice and in accordance with Medicaid policy. | No | N/A | - | NA |

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| | 30 Department of Medical Assistance Services Ch. 130. Amount, Duration and Scope of Selected Services Part IX. DMAS-122 Adjustment Process (12 VAC 30-130-600) | | | | | | |
| WA | Washington Administrative Code Title 388. Social and Health Services, Department of Public Assistance Ch. 388-500. Medical Definitions (WAC 388-500-0005) | Regulation | A term for describing a requested service which is reasonably calculated to prevent, diagnosis, correct, cure, alleviate or prevent worsening of conditions in the client that endanger life, or cause suffering pain, or result in an illness or infirmity, or threaten to cause or aggravate a handicap, or cause a physical deformity or malfunction. | Yes | Yes | No provision for pediatric medical necessity | N/A |

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| WV | | Yes | Appropriate and medically necessary means the standard for health care services as determined by physicians and health care providers in accordance with the prevailing practices and standards of the medical profession and community. | No | N/A | | N/A |
| WI | Wisconsin Administrative Code Health and Family Medical Assistance Ch. HFS 101. Introduction and Definitions (WI Admin Code, HEALTH AND FAMILY, MEDICAL ASSISTANCE, CHAPTER HFS 101) | Regulation | Medically Necessary: Means medical assistance service under ch. HFS 107 that is: (1) required to prevent, identify or treat a recipient's illness, injury or disability; and (2) meets the following standards: (a) is consistent with the recipient's symptoms or with prevention, diagnosis or treatment of the recipient's illness, injury or disability; (b) is provided consistent with standards of acceptable quality of care applicable to the type of service, the type of provider and the setting in which the service is provided; (c) is appropriate with regard to generally accepted standards of medical practice; and (d) is not medically contraindicated with regard to the recipient's diagnoses, the recipient's symptoms or other medically necessary services being provided to the recipient | Yes | Yes | No provision for pediatric medical necessity | N/A |

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| WY | Wyoming Rules and Regulations, Department of Health, Medicaid Ch. 3 Provider Participation (WY Rules and Regulations HLTH MDCD Ch 3 s 3) | Regulation | A health service that is required to diagnose, treat, cure or prevent an illness, injury or disease which has been diagnosed or is reasonably suspected; to relieve pain; or to improve and preserve health and be essential to life. The service must be: (1) consistent with the diagnosis and treatment of the recipient's condition; (2) in accordance with the standards of good medical practice among the provider's peer group; (3) required to meet the medical needs of the recipient and undertaken for reasons other than the convenience of the recipient and the provider; and (4) performed in the most cost effective and appropriate setting required by the recipient's condition. | Yes | N/A | - | NA |