Source	***Statute/Regulation Cite***	***Definition***
Federal Law		
Federal EPSDT law	42 USC § 1396d(r)(5)	In addition to specified screening, diagnosis, and treatment, law requires other necessary health care, diagnostic services, treatment, and other measures described in law to "correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the state plan."
Federal Medicaid law	42 USC § 1396a(a)(10)(B)	Requires medical assistance made available to categorically eligible individuals to be "no less in amount, duration, or scope than the medical assistance made available to a medically needy recipient."
Federal Medicaid regulation	42 CFR §440.230	Implements above statute, and allows state Medicaid agency to place appropriate limits on a service based on such criteria as medical necessity or utilization control
Federal Medicaid regulation	42 CFR §438.210	Requires each Medicaid managed care contract, for purpose of utilization control, to specify what constitutes medically necessary services in a manner that is no more restrictive than that used in the state Medicaid program and addresses the extent to which the managed care entity is responsible for covering services related to : (1) preventing, diagnosing, and treating health impairment, (2) the ability to achieve age-appropriate growth and development, and (3) the ability to attain, maintain, or regain functional capacity.
Individual States' Medicaid Definitions		
Connecticut	Medicaid--Reference to MN Appears in over 40 DSS regulations, including reimbursement to acute care general hospitals	As found in Sec. 17b-262-300 (14) "Medical necessity" or "medically necessary" means health care provided to correct or diminish the adverse effects of a medical condition or mental illness; to assist a client in attaining or maintaining an optimal level of health; to diagnose a condition; or to prevent a medical condition from occurring

	HUSKY managed care contracts	Same as above
	State Administered General Assistance regulation (Connection Agency Regulations, 17b-192-2(14)	"Health services required to prevent, identify, diagnose, treat, rehabilitate, or ameliorate a health problem or its effects, or to maintain health and functioning, provided such services are: 1. consistent with generally accepted standards of medical practice, 2. clinically appropriate in terms of type, frequency, timing, site, and duration; 3. demonstrated through scientific evidence to be safe and effective and the least costly among similarly effective alternatives, where adequate scientific evidence exists; and 4. efficient in regard to the avoidance of waste and refraining from provision of services that, on the basis of the best available scientific evidence, are not likely to produce benefit
Massachusetts	130 Code of Massachusetts Regulations §450.204	A service is considered "medically necessary" if it: 1. is reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the [MassHealth] member that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a handicap, or result in illness of infirmity; and 2. there is no other medical service or site of service, comparable in effect; available; and suitable for the member requesting the service, that is more conservative or less costly to the MassHealth agency. Services that are less costly to the MassHealth agency include, but are not limited to, health care reasonably known by the provider, or identified by the MassHealth agency pursuant to a prior authorization request, to be available to the member through a third party *(130 Code of*

		Massachusetts Regulations §450.204). The regulations allow the state Medicaid agency to impose sanctions on providers for (1) providing or prescribing a service or (2) admitting a member to an inpatient facility when the services or admission are not medically necessary. This definition applies to all Medicaid services, regardless of whether they are provided on a managed care or fee-for-service basis.
New York	NY State Social Services Law, Part 365	"Medically necessary medical, dental, and remedial care, services, and supplies" in the Medicaid program are those "necessary to prevent, diagnose, correct, or cure conditions in the person that cause acute suffering, endanger life, result in illness or infirmity, interfere with such person's capacity for normal activity, or threaten some significant handicap and which are furnished an eligible person" in accordance with state law." Officials in the state's Medicaid agency report that this definition applies to both the fee-for-service and managed care populations.
Rhode Island	No cite available	Rhode Island's Department of Human Services, Center for Child and Family Health, uses the following definition of medical necessity in its Medicaid managed care program, RIte Care. Specifically, the Center defines "medical necessity" or "medically necessary" as: health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating an illness, injury, disease, or its syptoms, and that are (a) in accordance with generally accepted standards of medical practice; (b) clinically appropriate,

		in terms of type, frequency, extent, site, and duration, and considered effective for the patient's illness, injury, or disease; and (c) not primarily for the convenience of the patient, physician, or other health care providers, and not more costly than an alternative services or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease. The department further defines "generally accepted standards of medical practice" as standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community, physician specialty society recommendations, and the views of physicians practicing in relevant clinical areas and any other relevant factors." This definition also applies to the state's fee-for-service Medicaid program.
Other Definitions		
National Settlement	In re Managed Care Litigation in the U.S. District Court for the Southern District of Florida	Health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are: a) in accordance with generally accepted standards of medical practice; b) clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease; and c) not primarily for the convenience of the patient, physician or other health care provider, and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease. For these purposes, "generally accepted standards of medical practice" means

		standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community or otherwise consistent with the standards set forth in policy issues involving clinical judgment.
State Law—Commercial Insurance Industry (based on above settlement definition)	38a-513c, 38a-482a	Requires individual and group health insurance policies to contain definition. It means "health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing, or treating an illness , injury, disease or its symptoms, and that are (1) in accordance with generally accepted standards of medical practice; (2) clinically appropriate, in terms of type, frequency, extent, site, and duration and considered effective for the patient's illness, injury, or disease; and (3) not primarily for the convenience of the patient, physician, or other health care provider and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease. "Generally accepted standards of medical" are standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community or otherwise consistent with the standards set forth in policy issues involving clinical judgment.