Medical Necessity

Medical necessity is the standard used to evaluate all requests for services.

Department of Health and Family Services (DHFS) says:

Wisconsin Medicaid reimburses only for services that are medically necessary as defined under HFS 101.03(96m), Wis. Admin. Code. Wisconsin Medicaid may deny or recoup payment if a service fails to meet Medicaid medical necessity requirements.

DHFS defines a medically necessary service as a service that: Is required to prevent, identify, or treat a recipient’s illness, injury, or disability.

A service defined as medically necessary also meets the following standards:

- Is consistent with the recipient’s symptoms or with prevention, diagnosis or treatment of the recipient’s illness, injury, or disability;
- 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;
- Is appropriate with regard to generally accepted standards of medical practice;
- 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;
- Is of proven medical value or usefulness and, consistent with s. HFS 107.035, Wis. Admin. Code, is not experimental in nature;
- Is not duplicative with respect to other services being provided to the recipient;
- Is not solely for the convenience of the recipient, the recipient’s family or a provider;
• With respect to prior authorization of a service and to other prospective coverage determinations made by the Department of Health and Family Services (DHFS), is cost–effective compared to an alternative medically necessary service that is reasonably accessible to the recipient; and
• Is the most appropriate supply or level of service that can be safely and effectively provided to the recipient.

This definition applies to all Medicaid services.