PrimeWest HEALTH
A greater Minnesota health plan™

3905 Dakota St
Alexandria, MN 56308
1-888-588-4420 • 1-320-763-4135
Fax 1-320-762-8750 • www.primewest.org

Topic: General Medical Necessity
Effective Date: May 27, 2020
Last Reviewed: December 11 , 2025

# General Medical Necessity Criteria

The following General Medical Necessity Criteria are to be used when there are no diagnosis- or procedure-specific criteria applicable to the situation.

All criteria must be met for the service to be considered medically necessary.

1. The services are prescribed by a licensed health care practitioner practicing within the scope of his/her license in the context of his/her treatment of the individual.
2. The services are safe, effective, and consistent with nationally accepted standards of medical practice.
3. The services are not experimental or investigational.
4. The services are not cosmetic.
5. The services are individualized, specific, and consistent with the individual's signs, symptoms, history, and diagnosis.
6. Either: [6.1 or 6.2 must be met]

    6.1. The services are reasonably expected to diagnose a disease or condition which would require medical treatment due to significant detrimental effect on the individual's health status, provided that:

        6.1.1. Screening is required to achieve compliance with federal statutory or regulatory mandates under the EPSDT program, or

        6.1.2. The screening is of newborns for metabolic or genetic defects as defined in applicable statue or regulation, or

6.1.3. The screening is provided in accordance with nationally recognized clinical guidelines for pap smears, mammograms, prostate cancer screening, colorectal cancer screening, or sexually transmitted diseases (including HIV), or

6.1.4. All the following must be met:

6.1.4.1. The screening must have a significant probability of detecting the disease or condition.

6.1.4.2. The disease or condition must have a significant detrimental effect on the health status of the affected individual.

6.1.4.3. Treatment in the asymptomatic phase must yield a therapeutic result.

6.1.4.4. Effective evidence-based methods of treatment are available for treating the disease or condition at the stage which the screening is designed to detect.

OR

6.2. The services are reasonably expected, in a clinically meaningful way, to:

6.2.1. Help restore or maintain the individual's health, or

6.2.2. Improve or prevent deterioration of the individual's disorder or condition, or

6.2.3. Delay progression of a disorder or condition characterized by a progressively deteriorating course when that disorder or condition is the focus of treatment for this episode of care.

7. The individual complies with the essential elements of treatment.
8. The services are not primarily for the convenience of the individual, practitioner, caregiver, family, or another party.
9. The services are not predominantly domiciliary or custodial.
10. No exclusionary criteria are met.
11. All conservative treatment options for your medical condition have been exhausted.

References:

PrimeWest Health criteria is developed from the systematic, continuous review and critical appraisal of the most current evidence-based literature. A comprehensive literature review of the clinical evidence was conducted in order to create this criteria. Sources searched included PubMed, Agency for Healthcare Research and Quality (AHRQ), Comparative Effectiveness Reviews, the Cochrane Library, Choosing Wisely, Centers for Medicare & Medicaid Services (CMS) National Coverage Determinations, the National Institute of Health and Care Excellence (NICE), and Up to Date. PrimeWest also includes societal guidelines in its decision making process. These include the National medical specialty societies (more than 120 national medical specialty and other societies) that make up the Federation of Medicine.