

Medical services and supplies such as for example visits to a specialist doctor or hearing aid must be medically necessary in order to be covered by Medicaid.

What does it mean for medical services and supplies to be medically necessary?

For children (0-20 years-of-age), **medical necessity** starts with looking at the individual health care needs of a specific child. What may be medically necessary for one child may not be for another. This process starts with your doctor or other health care professional evaluating your child's needs and prescribing treatment or supplies if they have been determined to help improve or sustain your child's health. The medical professional should know which orders/prescriptions need to receive prior approval by Medicaid.

Just because a doctor says something is medically necessary, however, doesn't automatically mean it meets Medicaid's rules for medical necessity.

For the medical services and supplies to be medically necessary they also must be considered appropriate for the specific need (sometimes referred to as normal course and treatment?) and have a good chance of helping the condition addressed or at least prevent the condition from worsening. This also means the ordered treatment cannot be considered experimental by the medical community.

Medical necessity also requires that the treatment, etc., cannot be ordered solely for the benefit of a child's caretaker or health care provider. Respite care, for example, is to give a caretaker a break so it would NOT be considered medically necessary. However, some services such as respite may be available under a [Medicaid Waiver program](#).

For services, procedures or medical supplies, etc., determined to be medically necessary for a child, Medicaid cannot impose arbitrary limits such as number of treatments.

Beginning in FY 2014-15, practices that were recognized as enhanced PCMPs – defined as meeting five out of nine standards – received additional payment. The standards include providing weekend and evening appointments and providing onsite access to behavioral health care providers. As of May 2015, 265 practice sites, serving more than 500,000 ACC members, met the enhanced PCMP criteria.