



# Doe v. Blue Cross/Blue Shield of Maryland, Inc., 173 F.Supp.2d 398(D. Md. 2001)

Topics Covered: Health Plan Coverage, Managed Care Payments and Payment Issues (for Patients)

**Outcome: Very Unfavorable**

## **Issue**

The issue in this case was whether a health insurance company's internal guidelines for the determination of "medical necessity" of mental health benefits by a managed care organization were consistent with the insurance policy provisions.

## **AMA Interest**

The AMA supports the full and appropriate provision of health care services, including mental/behavioral health care services, and in connection with that, the AMA supports third party payors' approval of payment for those services, when medically necessary.

## **Case Summary**

The plaintiffs, beneficiaries under standard Blue Cross/Blue Shield of Maryland, Inc. ("Maryland Blue") health insurance policies, sought mental health or substance abuse benefits pursuant to the policy terms. Maryland Blue denied these claims, contending that the treatment sought was not medically necessary. The lawsuit alleged that Maryland Blue applied a different definition, in practice, for medical necessity than that set forth in its policies.

The court determined that the plaintiffs lacked standing to maintain their lawsuit, and dismissed the case in its entirety.

## **Litigation Center Involvement**

The Litigation Center contributed to the plaintiff's legal expenses.