

ADMINISTRATIVE POLICY STATEMENT D-SNP

Policy Name & Number	Date Effective
Medical Necessity Determinations-DSNP-AD-1246	10/01/2023
Policy Type	
ADMINISTRATIVE	

Administrative Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by

The



E. State-Specific Information
NA

F. Conditions of Coverage

Coverage determinations for CareSource members are made in accordance with the applicable Centers for Medicare and Medicaid Services (CMS) payment policies, National and Local Coverage Determinations, Medicare Evidence of Coverage, and Summary of Benefits documents. These documents and the other policies described herein are utilized to determine on a case-by-case basis limitations, exclusions, and/or covered benefits of health services for members.

The following does not guarantee coverage or claims payment for a procedure or treatment under a plan (not an all-inclusive list):

- I. A physician has performed or prescribed a procedure or treatment.
- II. The procedure or treatment may be the only available treatment for an injury, sickness, or behavioral health disorder.
- III. The physician has determined that a particular health care service is medically necessary or medically appropriate.

G. Related Policies/Rules
NA

H. Review/Revision History

DATE		ACTION
Date Issued	10/12/2022	Combined individual policies (AD GA 0921, IN 0922, OH 0900) and created template.
Date Revised	06/21/2023	Annual review. Updated specialty chart. Approved at Committee.
Date Effective	10/01/2023	
Date Archived		

I. References
1.

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.