

ADMINISTRATIVE POLICY STATEMENT

Marketplace

Policy Name & Number	Date Effective
Claims Editing and Review-MP-AD-1178	GA, IN, KY, WV: 08/01/2023 OH: 09/01/2023

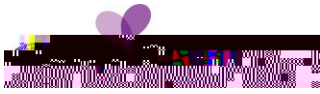
Pf(0).01(1)(c)(4)(A)(i)02 Artifact 31eW*nB2f102

without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, or treatment of disease, illness, injury, or condition, or significant pain and discomfort. These services meet the standards of good medical practice, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment for services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) requested. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document for determination.

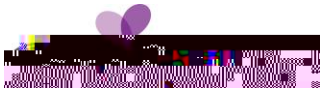
According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical/surgical conditions as covered under this policy.

This policy applies to



7. Center for Medicare and Medicaid (CMS) rules and notifications
 - a. CMS Billing rules and instructions (www.cms.gov)
 - b. Medicare NCCI Instructions/ Manual
 - c. Medicaid NCCI Instructions/ Manual
 - d. NCD & LCD Bulletins
 - e. National Physician Fee Schedule (NPFS) instructions
8. Food and Drug Administration (FDA) guidelines (www.fda.gov)
9. Center of Disease Control (CDC) guidelines (www.cdc.gov)
10. U.S. Preventive Services Task Forcer

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



(www.CareSource.com);

E. Conditions of Coverage

NA

F. Related Policies/Rules

NA

G. Review/Revision History

DATE

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