

		Number			
Against Medical Advice (AMA)		AD-0791	03/01/2021-06/30/2022		
Policy Type					
Medical	ADMINISTRATIVE	Pharmacy	Reimbursement		

Administrative Policy Statements prepared by Care Source and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically

Table of Contents

Adn	ninistrative Policy Statement	1
A.	Subject	2
B.	Background	2
	Definitions	
D.	Policy	2
E.	Conditions of Coverage	2
	Related Policies/Rules	
G.	Review/Revision History	3
	Potoronoo	





