14480643[redacted]2023	04/30/2024[redacted]
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource 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 morb idity, 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 necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medica l Policy Statement. If there is a conflict between the Medical 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 used to make the determination.
According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for thed[H)16.5 (eal)-5 Tc 0 4J8 0 Td[f)-9 [P)2 (ol)-6.6 (i)-6.7 (c

Georgia	Indiana	Kentucky	Ohio	West Virginia

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

A. Member must be medically stable for transfer; AND
   1. Member requires transfer to a level of care which is not available at the originating facility; or
   2. Member requires transfer for a medically necessary diagnostic or therapeutic service which is not available at the originating facility; or
   3. Member requires transfer for services of a specialist to evaluate, diagnose or treat their condition when that specialist is not available at the originating facility; or
   4. Member requires transfer because member has received care at a specific prior institution for a condition 10.5 (r)o (r)-6 (10.5 (r)2 (ondi)13.5 (t)-6p (r)-5.9 (be.6 (i)13.5 (r

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