

ADMINISTRATIVE POLICY STATEMENT

Georgia Medicaid

Policy Name & Number

Date Effective

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 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.

Administrative 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

	05/10/2023	Annual Review; Updated references. No changes. Approved at committee.
	05/08/2024	Annual Review; Updated references. No changes. Approved at committee.
Date Effective	09/01/2024	
Date Archived		

I. References

1. Cairns C, Ashman JJ, Kang K. *Emergency Department Visit Rates by Selected Characteristics: United States, 2019*. Centers for Disease Control and Prevention; 2022. NCHS Data Brief # 434. Accessed April 11, 2024. www.cdc.gov
2. Weis AJ, Jiang HJ. *Most Frequent Reasons for Emergency Department Visits, 2018*. AHRQ; 2021. Statistical Brief # 286. Accessed April 11, 2024. www.hcup-us.ahrq.gov

GA-MED-P-0296500

Issue Date 03/03/2021

DCH Approved 06/05/2024

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