



Impacted Cerumen Removal		AD-1059	11/01/2021-02/28/2023
Policy Type			
Medical	ADMINISTRATIVE	Pharmacy	Reimbursement

Administrative Policy Statements 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 c(o,)22 (t) (t)22 standards2o(andar)77 ((b)-4# (h(t)22 e,)22 (but)22 p but)2op7 (e d)44 ((y)44.1 (nec)44 (es)44 (s)44 (7 (e f(t)22

Table of Contents

Administrative Policy Statement	1
A. Subject	2
B. Background	2
C. Definitions.....	2
D. Policy	2
E. Conditions of Coverage.....	3
F. Related Policies/Rules.....	3
G. Review/Revision History.....	3
H. References.....	3

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