



HAP CareSource™

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



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- B. Federal regulation or state regulation, including state waiver regulations when applicable, in compliance with criteria established above in section D.II.
 - 1. CareSource complies with all current CMS payment policies and national coverage determinations (NCDs).
 - 2. In the absence of an NCD, CareSource utilizes criteria (a) TJET (c) 1007

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3. Definition of medical necessity. American Medical Association. Policy – H-320.953. Accessed February 27, 2024. www.ama.com

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