

ADMINISTRATIVE POLICY STATEMENT

Ohio MyCare

Policy Name & Number	Date Effective
Policy Development Process-OH MyCare-AD-1251	

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

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



III. Post Policy Development

Providers and members of the health partner community are notified of new policies

operating procedure guides a uniform, consistent process allowing for adequate notice of new criteria or revisions as outlined by state or company requirements.

E. Conditions of Coverage

NA

F. Related Policies/Rules

NA

G. Review/Revision History

	DATE	ACTION
Date Issued	09/28/2022	New policy.
Date Revised	09/13/2023	Annual review. Approved at Committee.
Date Effective	12/01/2023	
Date Archived		

H. References

1. Mental Health Parity and Addiction Equity Act. US Centers for Medicare and Medicaid Services. Accessed August 21, 2023. www.cms.gov

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