MEDICAL POLICY STATEMENT
Ohio MyCare

Policy Name & Number	Date Effective
Policy Type	
MEDICAL	

CareSource

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o
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o
o
o
o

o

o

AND

o

AND

o **AND**

o

Routine care cost

Life-threatening disease or condition

Category A (Experimental) device nll s3 (f)ub0.5 j -jal i Cll ims

AND

AND

OR

OR

NOT