

Administrative Policy Statement
INDIANA MARKETPLACE PLANS

Policy Name	Policy Number	Date Effective
Medical Necessity Determinations	AD-0048	07/01/2020
Policy Type		
Medical	ADMINISTRATIVE	

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A. Subject
Medical Necessity Determinations

B. Background

CareSource will determine medical necessity for a requested service, procedure, or product based on the hierarchy within this policy.

C. Definitions

Medically Necessary: Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

D. Policy

I. The reviewer will determine medical necessity based on the following hierarchy:

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