Administrative Policy Statement
INDIANA MARKETPLACE PLANS

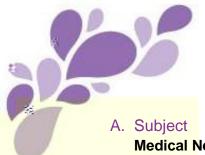
Policy Name	Policy Number	Date Effective				
Medical Necessity Determinations	AD-0048	07/01/2020				
Policy Type						

Medical

ADMINISTRATIVE



Effective Date: 07/01/2020



## **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:







