

ADMINISTRATIVE POLICY STATEMENT INDIANA MARKETPLACE PLANS

| Poli | cy Name | Policy Number | Date Effective | | | | |
|--------------------------------|----------------|---------------|-----------------------|--|--|--|--|
| Court Mandated Health Services | | AD-0801 | 06/01/2020-01/31/2022 | | | | |
| Policy Type | | | | | | | |
| Medical | ADMINISTRATIVE | Pharmacy | Reimbursement | | | | |

Administrative Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illn

Table of Contents

| Adr | ministrative Policy Statement | 1 |
|-----|-------------------------------|---|
| A. | Subject | 2 |
| B. | Background | 2 |
| | Definitions | |
| | Policy | |
| | Conditions of Coverage. | |
| | Related Policies/Rules | |
| | Review/Revision History | |
| | | 2 |

The Administrative Policy Statement detailed above has