

## ADMINISTRATIVE POLICY STATEMENT Indiana Marketplace Policy Name & Number Date Effective Healthcare Acquired Conditions IN MP AD-1162 02/01/2022-12/31/2022 Policy Type ADMINISTRATIVE

Administrative Policy Statement prepared by CareSource and its affiliates are derived from literature d on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medic agement industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are no ed to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of diseas injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairmed sfunction of func a body organ or part, or significant pain and discomfort. These services meet the standards of good dical practi the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member provider. Me necessary services also include those services defined in any Evidence of Coverage documents. Policy State Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization of percent of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.





