

REIMBURSEMENT POLICY STATEMENT INDIANA MARKETPLACE PLANS

Policy Name	Policy Number	Effective Date
Readmission	PY-0725	06/01/2019-10/31/2021
Policy Type		
Medical	Administrative	Pharmacy
REIMBURSEMENT		

to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management 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, illness, or injury and

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