



	Effective
Positive Airway Pressure Devices for Pulmonary Disorders-OH MCD-MM-1019	09/01/2022-11/30/2023
Policy Type	
MEDICAL	

Medical Policy Statement prepared by CareSource and its affiliates 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, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manual, or other applicable documents. If there is a conflict between the Evidence of Coverage documents, Medical Policy Statements, Provider Manual, or other applicable documents, the Evidence of Coverage documents, Medical Policy Statements, and Provider Manual shall prevail.

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