			Effective Date			
Medical Drug Reimbursement Rates		PY-0794	07/14/2019-12/31/2021			
Policy Type						
Medical	Administrative	Pharmacy	REIMBURSEMENT			

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 w ithout w hich 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.

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Effective Date: 07/14/2019

Date Revised		
Date Effective	07/14/2019	
Date Archived		This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy

H. References

The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.

