


MEDICAL POLICY STATEMENT		
Effective Date	Next Annual Review Date	Last Review / Revision Date
4/2008	10/2012	10/2011
Author		
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CSMG Medical Policy Statements are derived from literature based and supported clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services are those health care services or supplies which 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.

A. SUBJECT

Medication Dispenser Policy

B. BACKGROUND

This policy reviews the medical necessity for home medication dispensing.

Home Medication Dispenser Systems may assist a member to safely remain in their home and follow their physician prescribed plan of treatment by offering members unable to dispense their own medication an option to safely adhere to their medication regimen.

C. POLICY

For Special Needs Plan members, reference the below link to search for Applicable National Coverage Descriptions (NCD) and Local Coverage Descriptions (LCD):

CareSource may cover use of a Medication Dispenser System in a member's home if **all** of the below criteria are met.

1. Participate in CareSource Case Management Program
2. Documented physician agreement of medication dispenser use
3. Home nursing oversight
4. Member must require assistance with medication set up and/or dispensing medication
5. Safe environment for utilization of medication dispenser
6. Member/caregiver is able to participate in utilizing medication dispenser
7. Member/caregiver is willing to participate in utilizing medication dispenser
8. Risk/exhibited medication non-compliance
9. Monitored medication dispenser may be authorized in cases of exhibited medication non compliance.
10. Reasonable expectation that the intervention will assist member in medication compliance

If there is no LCD or NCD present reference the CareSource Policy for coverage.

D. REVIEW / REVISION HISTORY

Date Issued: 4/2008

Date Revised: 4/2009, 10/2011

Date Reviewed: 7/2009, 7/2011, 10/2011

E. REFERENCES

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