8.4 0 0 **1**8.4 133.6 681.6 Tm [(R)-32.18 70726 88.777 -581







Effective Date: 4/1/2020

Hepatitis Panel for Acute Viral Hepatitis

A. BACKGROUND

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate in the most accurate and appropriate in the most accurate and the control of the submitting provider to submit the most accurate and appropriate in the most accurate and appropriate and appropriate in the most accurate and appropriate and accurate accurate a













