



REIMBURSEMENT POLICY STATEMENT INDIANA MARKETPLACE PLANS

Policy Name		Policy Number	Effective Date
Molecular Diagnostic Testing for Hepatitis B and C		PY-0876	11/01/2019
Policy Type			
Medical	Administrative	Pharmacy	REIMBURSEMENT

Reimbursement Policy Statement: Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding metho (a)3.993 (n)4.005ai

A. Subject
Mp



