



REIMBURSEMENT POLICY STATEMENT

Indiana Medicaid

Policy Name & Number	Date Effective
Modifier 59, XE, XP, XS, XU-IN MCD-PY-1366	01/01/2023- / 0/2023
Policy Type	
REIMBURSEMENT	

Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims e,9p2 BT 8.04 0.6 (ef)5. 0 0 8.04 77.64 3

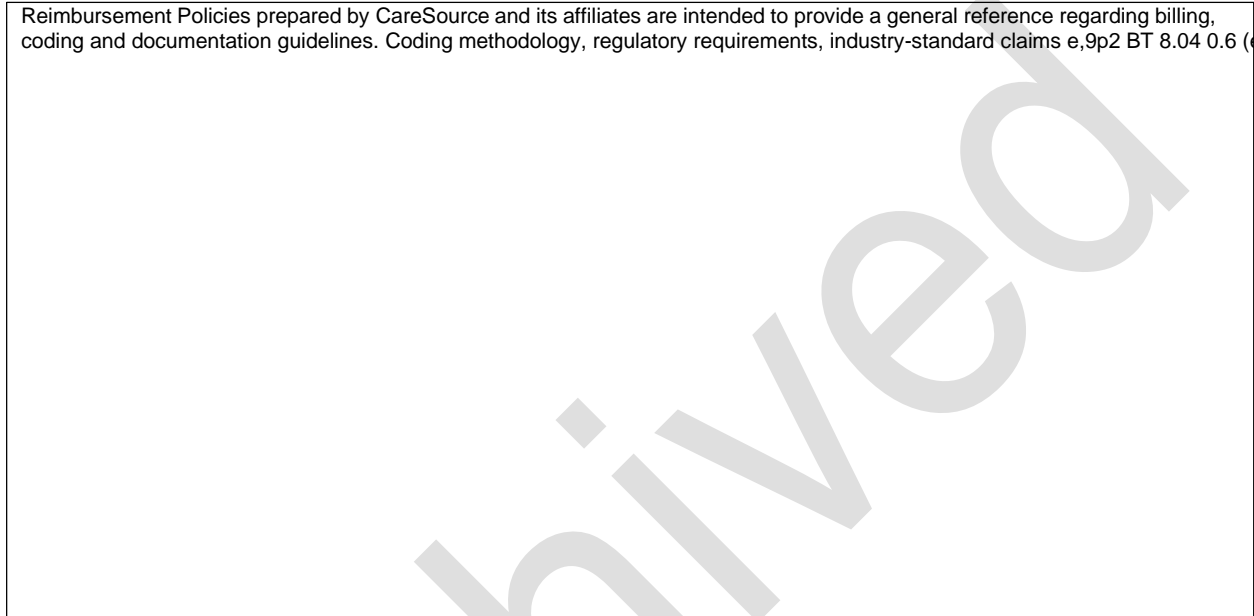


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The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.



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