

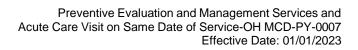
REIMBURSEMENT POLICY STATEMENT Ohio Medicaid

Office Medicald	
Policy Name & Number	Date Effective
Preventive Evaluation and Management Services and Acute Care Visit on Same Date of Service-OH MCD-PY-0007	01/01/2023-0 / 0/2024
Policy Type	
REIMBURSEMENT	

Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documo04 0 0 8.04 467.04 5769nb(um)-6.04 5769ndo2.4(o04 0 .4 5769n ng) 0 eSc(um)-6. ngardidiardier496Td [1bJ Ef4 5769ndo004 0 .04 5769ndo00

Table of Contents

Α.	Subject	2
	Background	
C.	Definitions	2
	Policy	
Ε.	Conditions of Coverage	3
F.	Related Policies/Rules	3
	Review/Revision History	
Н.	References	4





Preventive



Preventive

