



REIMBURSEMENT POLICY STATEMENT

Ohio Medicaid

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 documento04 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

Table of Contents

A. Subject.....	2
B. Background.....	2
C. Definitions	2
D. Policy	2
E. Conditions of Coverage.....	3
F. Related Policies/Rules.....	3
G. Review/Revision History.....	3
H. References.....	4



Preventive Evaluation and Management Services and
Acute Care Visit on Same Date of Service-OH MCD-PY-0007
Effective Date: 01/01/2023



Preventive



Preventive