

# REIMBURSEMENT POLICY STATEMENT OHIO MEDICAID

Policy Name	Policy Number	Effective Date
Avastin for use in Ophthalmology Billing Guideline	PY-0706	05/01/2019-12/31/2022
Policy Type		
Medical	Administrative	Pharmacy
		<b>REIMBURSEMENT</b>

## Table of Contents

Reimbursement Policy Statement.....	1
A. Subject .....	2
B. Background .....	2
C. Definitions .....	2
D. Policy .....	2
E. Conditions of Coverage	



Archiv