



## REIMBURSEMENT POLICY STATEMENT KENTUCKY MARKETPLACE PLANS

Policy Name	Policy Number	Effective Date
Molecular Diagnostic Testing for Respiratory Virus	PY-0884	11/01/2019-08/31/2022
Policy Type		
Medical	Administrative	Pharmacy
		<b>REIMBURSEMENT</b>

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 methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider

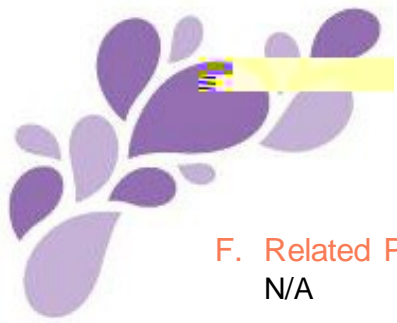
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F. Related Policies/Rules  
N/A

G. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	11/01/2019	New Policy
<b>Date Revised</b>		

Archived