



REIMBURSEMENT POLICY STATEMENT KENTUCKY MARKETPLACE

Policy Name		Policy Number	Effective Date
Durable Medical Equipment (DME) Modifiers		PY-1222	08/01/2021-11/30/2022
Policy Type			
Medical	Administrative	Pharmacy	REIMBURSEMENT

Reimbursement Policy Statement: Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference. (ef)223 jET BT0.ng122 (en)gd



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