



# REIMBURSEMENT POLICY STATEMENT OHIO MARKETPLACE PLANS

Policy Name	Policy Number	Effective Date
Molecular Diagnostic Testing for Hepatitis B and C	PY-	





<b>B18.0</b>	Chronic viral hepatitis B with delta-agent
<b>B18.1</b>	Chronic viral hepatitis B without delta-agent
<b>B19.10</b>	Unspecified viral hepatitis B without hepatic coma
<b>B19.11</b>	Unspecified viral hepatitis B with hepatic coma
<b>B17.10</b>	Acute hepatitis C without hepatic coma
<b>B17.11</b>	Acute hepatitis C with hepatic coma

