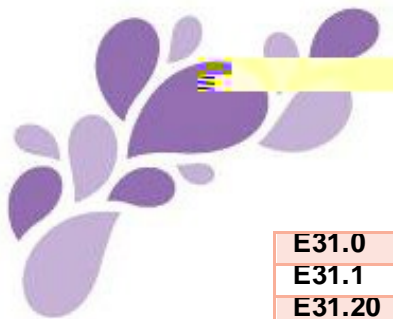


E 6

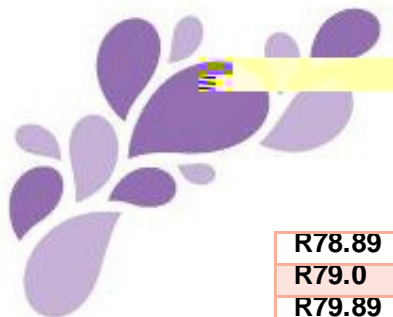
REIMBURSEMENT POLICY STATEMENT OHIO MARKETPLACE PLANS

Policy	Number	Effective Date
Glycosylated Hemoglobin A1C	PY-0161	03/01/2020-12/31/2021
Policy Type		
Medical	Administrative	Pharmacy

Archived



E31.0	Autoimmune polyglandular failure
E31.1	Polyglandular hyperfunction
E31.20	Multiple endocrine neoplasia [MEN] syndrome, unspecified
E31.21	Multiple endocrine neoplasia [MEN] type I
E31.22	Multiple endocrine neoplasia [MEN] type IIA
E31.23	Multiple endocrine neoplasia [MEN] type IIB
E31.8	Other polyglandular dysfunction
E31.9	Polyglandular dysfunction, unspecified
E74.8	Other specified disorders of carbohydrate metabolism
E79.0	Hyperuricemia without signs of inflammatory arthritis and tophaceous disease
E83.10	Disorder of iron metabolism, unspecified
E83.110	Hereditary hemochromatosis
E83.111	Hemochromatosis due to repeated red blood cell transfusions
E83.118	Other hemochromatosis
E83.119	Hemochromatosis, unspecified
E83.19	Other disorders of iron metabolism



R78.89	Finding of other specified substances, not normally found in blood
R79.0	Abnormal level of blood mineral
R79.89	Other specified abnormal findings of blood chemistry
R79.9	Abnormal finding of blood chemistry, unspecified
T38.3X1A	Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional)

antidiabetic] drugs, accidental (unintentional) (c)2584r029 Tw ID

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