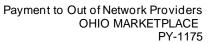


Reimbursement Policy Statement	
A.	Subject
B.	Background
C.	Definitions
D.	Policy
E.	Conditions of Coverage
F.	Related Policies/Rules
G.	Review/Revision History
н	References







Effective Date: 10/01/2020

E. Conditions of Coverage

Reimbursement is dependent on, but not limited to, submitting approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the individual fee schedules for appropriate codes.

F. Related Policies/Rules

Evidence of Coverage and Health Insurance Contract Ohio

G. Review/Revision History

DATE ACTI ON

