



# REIMBURSEMENT POLICY STATEMENT

## Ohio Marketplace

Policy Name & Number	Date Effective
Dental Procedures in Hospital Outpatient Facility or Ambulatory Surgery Center OH MPPY-1307	07/01/2022-03/31/2023
Policy Type	
M	

Reimbursement Policies prepared

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract

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