

REIMBURSEMENT POLICY STATEMENT

Indiana Medicaid

| Policy Name & Number | Date Effective |
|---------------------------------|-----------------------|
| Modifiers-IN MCD-PY-1347 | 03/01/2024 |
| Policy Type | |
| REIMBURSEMENT | |

Reimbursement Policies prepared by CareSource and its affiliates are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefit

