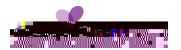
ADMINISTRATIVE POLICY STATEMENT Ohio Medicaid

Policy Name & Number Molecular Diagnostic Testing-OH MCD-AD-1049 Date Effective

05/.49q72.504 **6**9.78 251.33

The ADMINISTRATIVE Policy Statement detailed above has received due consideration as defined in the ADMINISTRATIVE Policy Statement Policy and is approved.



E. Conditions of Coverage

Providers must code to the highest degree of specificity when coding the CPT, HPCS code and diagnosis code. Failing to use the most appropriate ode900 0792 rappropriate odH