

Ohio Medicaid ACUPN Contract 06-19-2024

Procedure Code	Procedure Description	Pricing Indicator	Rate Type	Mod1	Mod2	Mod3	Mod4	Max Fee	Max Fee Eff. Date	Max Fee End Date	PA
97810	ACUPUNCT W/O STIMUL 15 MIN	PRXOVR	DEF					NA	NA	NA	S
97810	ACUPUNCT W/O STIMUL 15 MIN	MAXFEE	DEF					26.25	1/1/2024	12/31/2299	S
97811	ACUPUNCT W/O STIMUL ADDL 15M	PRXOVR	DEF					NA	NA	NA	S
97811	ACUPUNCT W/O STIMUL ADDL 15M	MAXFEE	DEF					18.38	1/1/2024	12/31/2299	S
97813	ACUPUNCT W/STIMUL 15 MIN	PRXOVR	DEF					NA	NA	NA	S
97813	ACUPUNCT W/STIMUL 15 MIN	MAXFEE	DEF					32.71	1/1/2024	12/31/2299	S
97814	ACUPUNCT W/STIMUL ADDL 15M	PRXOVR	DEF					NA	NA	NA	S
97814	ACUPUNCT W/STIMUL ADDL 15M	MAXFEE	DEF					24.83	1/1/2024	12/31/2299	S