

Ohio Medicaid CBCLT Contract 09-25-2023

Procedure Code	Procedure Description	Pricing Indicator	Rate Type	Mod1	Mod2	Mod3	Mod4	Max Fee	Max Fee Eff. Date	Max Fee End Date	PA
T1015	CLINIC SERVICE	UCCENC	UC9					NA	NA	NA	N
T2003	N-ET; ENCOUNTER/TRIP	MAXFEE	DEF					0	7/1/2003	12/31/2299	N