

Ohio Medicaid DDNUR Contract 05-17-2024

Procedure Code	Procedure Description	Pricing Indicator	Rate Type	Mod1	Mod2	Mod3	Mod4	Max Fee	Max Fee Eff. Date	Max Fee End Date	PA
G0493	RN CARE EA 15 MIN HH/HOSPICE	MAXFEE	ORU					11.19	1/1/2024	12/31/2299	N
G0493	RN CARE EA 15 MIN HH/HOSPICE	MAXFEE	NRC					7.46	1/1/2024	12/31/2299	N
G0493	RN CARE EA 15 MIN HH/HOSPICE	MAXFEE	ARC					9.25	1/1/2024	12/31/2299	N
G0493	RN CARE EA 15 MIN HH/HOSPICE	MAXFLT	NRA					NA	NA	NA	N
G0493	RN CARE EA 15 MIN HH/HOSPICE	MAXFLT	ARA					NA	NA	NA	N
G0494	LPN CARE EA 15MIN HH/HOSPICE	MAXFEE	OLU					9.36	1/1/2024	12/31/2299	N
G0494	LPN CARE EA 15MIN HH/HOSPICE	MAXFEE	NLC					6.24	1/1/2024	12/31/2299	N
G0494	LPN CARE EA 15MIN HH/HOSPICE	MAXFEE	ALC					7.82	1/1/2024	12/31/2299	N
T1002	RN SERVICES UP TO 15 MINUTES	HHPDN	NRB					NA	NA	NA	N
T1002	RN SERVICES UP TO 15 MINUTES	MAXFEE	ORU					11.19	1/1/2024	12/31/2299	N
T1002	RN SERVICES UP TO 15 MINUTES	HHPDN	ORB					NA	NA	NA	N
T1002	RN SERVICES UP TO 15 MINUTES	HHPDN	ARB					NA	NA	NA	N
T1003	LPN/LVN SERVICES UP TO 15MIN	MAXFEE	OLU					9.36	1/1/2024	12/31/2299	N
T1003	LPN/LVN SERVICES UP TO 15MIN	HHPDN	ALB					NA	NA	NA	N
T1003	LPN/LVN SERVICES UP TO 15MIN	HHPDN	OLB					NA	NA	NA	N
T1003	LPN/LVN SERVICES UP TO 15MIN	HHPDN	NLB					NA	NA	NA	N