

Ohio Medicaid DENT 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
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	PRXOVR	DEF					NA	NA	NA	N
0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	MAXFEE	DEF					37.66	1/1/2022	12/31/2299	N
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	PRXOVR	DEF					NA	NA	NA	N
0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	MAXFEE	DEF					37.66	1/1/2022	12/31/2299	N
0003A	ADM SARSCOV2 30MCG/0.3ML 3RD	PRXOVR	DEF					NA	NA	NA	N
0003A	ADM SARSCOV2 30MCG/0.3ML 3RD	MAXFEE	DEF					37.66	1/1/2022	12/31/2299	N
0004A	ADM SARSCOV2 30MCG/0.3ML BST	PRXOVR	DEF					NA	NA	NA	N
0004A	ADM SARSCOV2 30MCG/0.3ML BST	MAXFEE	DEF					37.66	1/1/2022	12/31/2299	N
0011A	ADM SARSCOV2 100MCG/0.5ML1ST	PRXOVR	DEF					NA	NA	NA	N
0011A	ADM SARSCOV2 100MCG/0.5ML1ST	MAXFEE	DEF					37.66	1/1/2022	12/31/2299	N
00120	ANESTH EAR SURGERY	PRXOVR	DEF					NA	NA	NA	N
00120	ANESTH EAR SURGERY	ANESTH	DEF					NA	NA	NA	N
00124	ANESTH EAR EXAM	PRXOVR	DEF					NA	NA	NA	N
00124	ANESTH EAR EXAM	ANESTH	DEF					NA	NA	NA	N
00126	ANESTH TYMPANOTOMY	PRXOVR	DEF					NA	NA	NA	N
00126	ANESTH TYMPANOTOMY	ANESTH	DEF					NA	NA	NA	N
0012A	ADM SARSCOV2 100MCG/0.5ML2ND	PRXOVR	DEF					NA	NA	NA	N
0012A	ADM SARSCOV2 100MCG/0.5ML2ND	MAXFEE	DEF					37.66	1/1/2022	12/31/2299	N
0013A	ADM SARSCOV2 100MCG/0.5ML3RD	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

0013A	ADM SARSCOV2 100MCG/0.5ML3RD	MAXFEE	DEF					37.66	1/1/2022	12/31/2299	N
00140	ANESTH PROCEDURES ON EYE	PRXOVR	DEF					NA	NA	NA	N
00140	ANESTH PROCEDURES ON EYE	ANESTH	DEF					NA	NA	NA	N
00142	ANESTH LENS SURGERY	PRXOVR	DEF					NA	NA	NA	N
00142	ANESTH LENS SURGERY	ANESTH	DEF					NA	NA	NA	N
00144	ANESTH CORNEAL TRANSPLANT	PRXOVR	DEF					NA	NA	NA	N
00144	ANESTH CORNEAL TRANSPLANT	ANESTH	DEF					NA	NA	NA	N
00145	ANESTH VITREORETINAL SURG	PRXOVR	DEF					NA	NA	NA	N
00145	ANESTH VITREORETINAL SURG	ANESTH	DEF					NA	NA	NA	N
00147	ANESTH IRIDECTOMY	PRXOVR	DEF					NA	NA	NA	N
00147	ANESTH IRIDECTOMY	ANESTH	DEF					NA	NA	NA	N
00148	ANESTH EYE EXAM	PRXOVR	DEF					NA	NA	NA	N
00148	ANESTH EYE EXAM	ANESTH	DEF					NA	NA	NA	N
00160	ANESTH NOSE/SINUS SURGERY	PRXOVR	DEF					NA	NA	NA	N
00160	ANESTH NOSE/SINUS SURGERY	ANESTH	DEF					NA	NA	NA	N
00162	ANESTH NOSE/SINUS SURGERY	PRXOVR	DEF					NA	NA	NA	N
00162	ANESTH NOSE/SINUS SURGERY	ANESTH	DEF					NA	NA	NA	N
00164	ANESTH BIOPSY OF NOSE	PRXOVR	DEF					NA	NA	NA	N
00164	ANESTH BIOPSY OF NOSE	ANESTH	DEF					NA	NA	NA	N
00170	ANESTH PROCEDURE ON MOUTH	PRXOVR	DEF					NA	NA	NA	N
00170	ANESTH PROCEDURE ON MOUTH	ANESTH	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

00172	ANESTH CLEFT PALATE REPAIR	PRXOVR	DEF					NA	NA	NA	N
00172	ANESTH CLEFT PALATE REPAIR	ANESTH	DEF					NA	NA	NA	N
00174	ANESTH PHARYNGEAL SURGERY	PRXOVR	DEF					NA	NA	NA	N
00174	ANESTH PHARYNGEAL SURGERY	ANESTH	DEF					NA	NA	NA	N
00176	ANESTH PHARYNGEAL SURGERY	PRXOVR	DEF					NA	NA	NA	N
00176	ANESTH PHARYNGEAL SURGERY	ANESTH	DEF					NA	NA	NA	N
00190	ANESTH FACE/SKULL BONE SURG	PRXOVR	DEF					NA	NA	NA	N
00190	ANESTH FACE/SKULL BONE SURG	ANESTH	DEF					NA	NA	NA	N
00192	ANESTH FACIAL BONE SURGERY	PRXOVR	DEF					NA	NA	NA	N
00192	ANESTH FACIAL BONE SURGERY	ANESTH	DEF					NA	NA	NA	N
00210	ANESTH CRANIAL SURG NOS	PRXOVR	DEF					NA	NA	NA	N
00210	ANESTH CRANIAL SURG NOS	ANESTH	DEF					NA	NA	NA	N
00211	ANESTH CRAN SURG HEMOTOMA	PRXOVR	DEF					NA	NA	NA	N
00211	ANESTH CRAN SURG HEMOTOMA	ANESTH	DEF					NA	NA	NA	N
00212	ANESTH SKULL DRAINAGE	PRXOVR	DEF					NA	NA	NA	N
00212	ANESTH SKULL DRAINAGE	ANESTH	DEF					NA	NA	NA	N
00214	ANESTH SKULL DRAINAGE	PRXOVR	DEF					NA	NA	NA	N
00214	ANESTH SKULL DRAINAGE	ANESTH	DEF					NA	NA	NA	N
00215	ANESTH SKULL REPAIR/FRACT	PRXOVR	DEF					NA	NA	NA	N
00215	ANESTH SKULL REPAIR/FRACT	ANESTH	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

00216	ANESTH HEAD VESSEL SURGERY	PRXOVR	DEF					NA	NA	NA	N
00216	ANESTH HEAD VESSEL SURGERY	ANESTH	DEF					NA	NA	NA	N
00218	ANESTH SPECIAL HEAD SURGERY	PRXOVR	DEF					NA	NA	NA	N
00218	ANESTH SPECIAL HEAD SURGERY	ANESTH	DEF					NA	NA	NA	N
00220	ANESTH INTRCRN NERVE	PRXOVR	DEF					NA	NA	NA	N
00220	ANESTH INTRCRN NERVE	ANESTH	DEF					NA	NA	NA	N
00222	ANESTH HEAD NERVE SURGERY	PRXOVR	DEF					NA	NA	NA	N
00222	ANESTH HEAD NERVE SURGERY	ANESTH	DEF					NA	NA	NA	N
00300	ANESTH HEAD/NECK/PTRUNK	PRXOVR	DEF					NA	NA	NA	N
00300	ANESTH HEAD/NECK/PTRUNK	ANESTH	DEF					NA	NA	NA	N
00320	ANESTH NECK ORGAN 1YR/>	PRXOVR	DEF					NA	NA	NA	N
00320	ANESTH NECK ORGAN 1YR/>	ANESTH	DEF					NA	NA	NA	N
0041A	ADM SARSCOV2 5MCG/0.5ML 1ST	PRXOVR	DEF					NA	NA	NA	N
0041A	ADM SARSCOV2 5MCG/0.5ML 1ST	MAXFEE	DEF					39.94	7/1/2023	12/31/2299	N
0042A	ADM SARSCOV2 5MCG/0.5ML 2ND	PRXOVR	DEF					NA	NA	NA	N
0042A	ADM SARSCOV2 5MCG/0.5ML 2ND	MAXFEE	DEF					39.94	7/1/2023	12/31/2299	N
0044A	ADM SARSCOV2 5MCG/0.5ML BST	PRXOVR	DEF					NA	NA	NA	N
0044A	ADM SARSCOV2 5MCG/0.5ML BST	MAXFEE	DEF					39.94	7/1/2023	12/31/2299	N
0064A	ADM SARSCOV2 50MCG/0.25MLBST	PRXOVR	DEF					NA	NA	NA	N
0064A	ADM SARSCOV2 50MCG/0.25MLBST	MAXFEE	DEF					37.66	1/1/2022	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

0071A	ADM SARSCV2 10MCG TRS-SUCR 1	PRXOVR	DEF					NA	NA	NA	N
0071A	ADM SARSCV2 10MCG TRS-SUCR 1	MAXFEE	DEF					37.66	1/1/2022	12/31/2299	N
0072A	ADM SARSCV2 10MCG TRS-SUCR 2	PRXOVR	DEF					NA	NA	NA	N
0072A	ADM SARSCV2 10MCG TRS-SUCR 2	MAXFEE	DEF					37.66	1/1/2022	12/31/2299	N
0081A	ADM SARSCV2 3MCG TRS-SUCR 1	PRXOVR	DEF					NA	NA	NA	N
0081A	ADM SARSCV2 3MCG TRS-SUCR 1	MAXFEE	DEF					37.66	6/17/2022	12/31/2299	N
0082A	ADM SARSCV2 3MCG TRS-SUCR 2	PRXOVR	DEF					NA	NA	NA	N
0082A	ADM SARSCV2 3MCG TRS-SUCR 2	MAXFEE	DEF					37.66	6/17/2022	12/31/2299	N
0083A	ADM SARSCV2 3MCG TRS-SUCR 3	PRXOVR	DEF					NA	NA	NA	N
0083A	ADM SARSCV2 3MCG TRS-SUCR 3	MAXFEE	DEF					37.66	6/17/2022	12/31/2299	N
0091A	ADM SARSCOV2 50 MCG/.5 ML1ST	PRXOVR	DEF					NA	NA	NA	N
0091A	ADM SARSCOV2 50 MCG/.5 ML1ST	MAXFEE	DEF					37.66	6/17/2022	12/31/2299	N
0092A	ADM SARSCOV2 50 MCG/.5 ML2ND	PRXOVR	DEF					NA	NA	NA	N
0092A	ADM SARSCOV2 50 MCG/.5 ML2ND	MAXFEE	DEF					37.66	6/17/2022	12/31/2299	N
0093A	ADM SARSCOV2 50 MCG/.5 ML3RD	PRXOVR	DEF					NA	NA	NA	N
0093A	ADM SARSCOV2 50 MCG/.5 ML3RD	MAXFEE	DEF					37.66	6/17/2022	12/31/2299	N
0094A	ADM SARSCOV2 50 MCG/.5 MLBST	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

0094A	ADM SARSCOV2 50 MCG/.5 MLBST	MAXFEE	DEF					37.66	3/29/2022	12/31/2299	N
0111A	ADM SARSCOV2 25MCG/0.25ML1ST	PRXOVR	DEF					NA	NA	NA	N
0111A	ADM SARSCOV2 25MCG/0.25ML1ST	MAXFEE	DEF					37.66	6/17/2022	12/31/2299	N
0112A	ADM SARSCOV2 25MCG/0.25ML2ND	PRXOVR	DEF					NA	NA	NA	N
0112A	ADM SARSCOV2 25MCG/0.25ML2ND	MAXFEE	DEF					37.66	6/17/2022	12/31/2299	N
0113A	ADM SARSCOV2 25MCG/0.25ML3RD	PRXOVR	DEF					NA	NA	NA	N
0113A	ADM SARSCOV2 25MCG/0.25ML3RD	MAXFEE	DEF					37.66	8/31/2022	12/31/2299	N
0124A	ADM SARSCV2 BVL 30MCG/.3ML A	PRXOVR	DEF					NA	NA	NA	N
0124A	ADM SARSCV2 BVL 30MCG/.3ML A	MAXFEE	DEF					39.94	7/1/2023	12/31/2299	N
0134A	ADM SARSCV2 BVL 50MCG/.5ML A	PRXOVR	DEF					NA	NA	NA	N
0134A	ADM SARSCV2 BVL 50MCG/.5ML A	MAXFEE	DEF					39.94	7/1/2023	12/31/2299	N
0144A	ADM SRSCV2 BVL 25MCG/.25ML A	PRXOVR	DEF					NA	NA	NA	N
0144A	ADM SRSCV2 BVL 25MCG/.25ML A	MAXFEE	DEF					39.94	7/1/2023	12/31/2299	N
0154A	ADM SARSCV2 BVL 10MCG/.2ML A	PRXOVR	DEF					NA	NA	NA	N
0154A	ADM SARSCV2 BVL 10MCG/.2ML A	MAXFEE	DEF					39.94	7/1/2023	12/31/2299	N
0164A	ADM SRSCV2 BVL 10MCG/0.2ML A	PRXOVR	DEF					NA	NA	NA	N
0164A	ADM SRSCV2 BVL 10MCG/0.2ML A	MAXFEE	DEF					39.94	7/1/2023	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

0173A	ADM SARSCV2 BVL 3MCG/0.2ML 3	PRXOVR	DEF					NA	NA	NA	N
0173A	ADM SARSCV2 BVL 3MCG/0.2ML 3	MAXFEE	DEF					39.94	7/1/2023	12/31/2299	N
0174A	ADM SARSCV2 BVL 3MCG/0.2ML A	PRXOVR	DEF					NA	NA	NA	N
0174A	ADM SARSCV2 BVL 3MCG/0.2ML A	MAXFEE	DEF					39.94	7/1/2023	12/31/2299	N
10004	FNA BX W/O IMG GDN EA ADDL	PRXOVR	DEF					NA	NA	NA	N
10004	FNA BX W/O IMG GDN EA ADDL	MAXFEE	FAC					35.24	1/1/2019	12/31/2299	N
10004	FNA BX W/O IMG GDN EA ADDL	MAXFEE	NFF					41.59	1/1/2019	12/31/2299	N
10005	FNA BX W/US GDN 1ST LES	PRXOVR	DEF					NA	NA	NA	N
10005	FNA BX W/US GDN 1ST LES	MAXFEE	FAC					21.95	1/1/2019	12/31/2299	N
10005	FNA BX W/US GDN 1ST LES	MAXFEE	NFF					57.36	1/1/2019	12/31/2299	N
10006	FNA BX W/US GDN EA ADDL	PRXOVR	DEF					NA	NA	NA	N
10006	FNA BX W/US GDN EA ADDL	MAXFEE	FAC					15.37	1/1/2019	12/31/2299	N
10006	FNA BX W/US GDN EA ADDL	MAXFEE	NFF					28.68	1/1/2019	12/31/2299	N
10007	FNA BX W/FLUOR GDN 1ST LES	PRXOVR	DEF					NA	NA	NA	N
10007	FNA BX W/FLUOR GDN 1ST LES	MAXFEE	FAC					28.10	1/1/2019	12/31/2299	N
10007	FNA BX W/FLUOR GDN 1ST LES	MAXFEE	NFF					126.77	1/1/2019	12/31/2299	N
10008	FNA BX W/FLUOR GDN EA ADDL	PRXOVR	DEF					NA	NA	NA	N
10008	FNA BX W/FLUOR GDN EA ADDL	MAXFEE	FAC					18.44	1/1/2019	12/31/2299	N
10008	FNA BX W/FLUOR GDN EA ADDL	MAXFEE	NFF					71.70	1/1/2019	12/31/2299	N
10009	FNA BX W/CT GDN 1ST LES	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

10009	FNA BX W/CT GDN 1ST LES	MAXFEE	FAC					34.24	1/1/2019	12/31/2299	N
10009	FNA BX W/CT GDN 1ST LES	MAXFEE	NFF					206.50	1/1/2019	12/31/2299	N
10010	FNA BX W/CT GDN EA ADDL	PRXOVR	DEF					NA	NA	NA	N
10010	FNA BX W/CT GDN EA ADDL	MAXFEE	FAC					25.68	1/1/2019	12/31/2299	N
10010	FNA BX W/CT GDN EA ADDL	MAXFEE	NFF					123.90	1/1/2019	12/31/2299	N
10011	FNA BX W/MR GDN 1ST LES	PRXOVR	DEF					NA	NA	NA	N
10011	FNA BX W/MR GDN 1ST LES	MANUAL	DEF					NA	NA	NA	N
10012	FNA BX W/MR GDN EA ADDL	PRXOVR	DEF					NA	NA	NA	N
10012	FNA BX W/MR GDN EA ADDL	MANUAL	DEF					NA	NA	NA	N
10021	FNA BX W/O IMG GDN 1ST LES	PRXOVR	DEF					NA	NA	NA	N
10021	FNA BX W/O IMG GDN 1ST LES	MAXFEE	FAC					49.77	1/1/2014	12/31/2299	N
10021	FNA BX W/O IMG GDN 1ST LES	MAXFEE	NFF					73.55	1/1/2014	12/31/2299	N
10022	FNA W/IMAGE	PRXOVR	DEF					NA	NA	NA	N
10022	FNA W/IMAGE	MAXFEE	DEF					NA			N
10040	ACNE SURGERY	PRXOVR	DEF					NA	NA	NA	N
10040	ACNE SURGERY	MAXFEE	FAC					48.33	1/1/2014	12/31/2299	N
10040	ACNE SURGERY	MAXFEE	NFF					62.13	1/1/2014	12/31/2299	N
10060	DRAINAGE OF SKIN ABSCESS	PRXOVR	DEF					NA	NA	NA	N
10060	DRAINAGE OF SKIN ABSCESS	MAXFEE	FAC					56.90	1/1/2014	12/31/2299	N
10060	DRAINAGE OF SKIN ABSCESS	MAXFEE	NFF					72.81	1/1/2014	12/31/2299	N
10061	DRAINAGE OF SKIN ABSCESS	PRXOVR	DEF					NA	NA	NA	N
10061	DRAINAGE OF SKIN ABSCESS	MAXFEE	FAC					62.08	1/1/2014	12/31/2299	N
10061	DRAINAGE OF SKIN ABSCESS	MAXFEE	NFF					87.31	1/1/2014	12/31/2299	N
10120	REMOVE FOREIGN BODY	PRXOVR	DEF					NA	NA	NA	N
10120	REMOVE FOREIGN BODY	MAXFEE	FAC					41	1/1/2014	12/31/2299	N
10120	REMOVE FOREIGN BODY	MAXFEE	NFF					65.78	1/1/2014	12/31/2299	N
10121	REMOVE FOREIGN BODY	PRXOVR	DEF					NA	NA	NA	N
10121	REMOVE FOREIGN BODY	MAXFEE	FAC					63.31	1/1/2014	12/31/2299	N
10121	REMOVE FOREIGN BODY	MAXFEE	NFF					106.80	1/1/2014	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

10140	DRAINAGE OF HEMATOMA/FLUID	PRXOVR	DEF					NA	NA	NA	N
10140	DRAINAGE OF HEMATOMA/FLUID	MAXFEE	FAC					55.17	1/1/2014	12/31/2299	N
10140	DRAINAGE OF HEMATOMA/FLUID	MAXFEE	NFF					84.47	1/1/2014	12/31/2299	N
10160	PUNCTURE DRAINAGE OF LESION	PRXOVR	DEF					NA	NA	NA	N
10160	PUNCTURE DRAINAGE OF LESION	MAXFEE	FAC					38	1/1/2014	12/31/2299	N
10160	PUNCTURE DRAINAGE OF LESION	MAXFEE	NFF					55.67	1/1/2014	12/31/2299	N
10180	COMPLEX DRAINAGE WOUND	PRXOVR	DEF					NA	NA	NA	N
10180	COMPLEX DRAINAGE WOUND	MAXFEE	FAC					59.25	1/1/2014	12/31/2299	N
10180	COMPLEX DRAINAGE WOUND	MAXFEE	NFF					95.23	1/1/2014	12/31/2299	N
11000	DEBRIDE INFECTED SKIN	PRXOVR	DEF					NA	NA	NA	N
11000	DEBRIDE INFECTED SKIN	MAXFEE	FAC					19.74	1/1/2014	12/31/2299	N
11000	DEBRIDE INFECTED SKIN	MAXFEE	NFF					34.34	1/1/2014	12/31/2299	N
11001	DEBRIDE INFECTED SKIN ADD-ON	PRXOVR	DEF					NA	NA	NA	N
11001	DEBRIDE INFECTED SKIN ADD-ON	MAXFEE	FAC					10.02	1/1/2014	12/31/2299	N
11001	DEBRIDE INFECTED SKIN ADD-ON	MAXFEE	NFF					15.02	1/1/2014	12/31/2299	N
11010	DEBRIDE SKIN AT FX SITE	PRXOVR	DEF					NA	NA	NA	N
11010	DEBRIDE SKIN AT FX SITE	MAXFEE	FAC					126.27	1/1/2014	12/31/2299	N
11010	DEBRIDE SKIN AT FX SITE	MAXFEE	NFF					214.12	1/1/2014	12/31/2299	N
11011	DEBRIDE SKIN MUSC AT FX SITE	PRXOVR	DEF					NA	NA	NA	N
11011	DEBRIDE SKIN MUSC AT FX SITE	MAXFEE	FAC					126.63	1/1/2014	12/31/2299	N
11011	DEBRIDE SKIN MUSC AT FX SITE	MAXFEE	NFF					256.44	1/1/2014	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

11012	DEB SKIN BONE AT FX SITE	PRXOVR	DEF					NA	NA	NA	N
11012	DEB SKIN BONE AT FX SITE	MAXFEE	FAC					199.72	1/1/2014	12/31/2299	N
11012	DEB SKIN BONE AT FX SITE	MAXFEE	NFF					360.03	1/1/2014	12/31/2299	N
11040	DEBRIDE SKIN; PARTIAL	PRXOVR	DEF					NA	NA	NA	N
11040	DEBRIDE SKIN; PARTIAL	MAXFEE	DEF					NA			N
11041	DEBRIDE SKIN; FULL	PRXOVR	DEF					NA	NA	NA	N
11041	DEBRIDE SKIN; FULL	MAXFEE	DEF					NA			N
11042	DEB SUBQ TISSUE 20 SQ CM/<	PRXOVR	DEF					NA	NA	NA	N
11042	DEB SUBQ TISSUE 20 SQ CM/<	MAXFEE	FAC					20.33	1/1/2014	12/31/2299	N
11042	DEB SUBQ TISSUE 20 SQ CM/<	MAXFEE	NFF					40.19	1/1/2014	12/31/2299	N
11043	DEB MUSC/FASCIA 20 SQ CM/<	PRXOVR	DEF					NA	NA	NA	N
11043	DEB MUSC/FASCIA 20 SQ CM/<	MAXFEE	FAC					74.18	1/1/2014	12/31/2299	N
11043	DEB MUSC/FASCIA 20 SQ CM/<	MAXFEE	NFF					124.70	1/1/2014	12/31/2299	N
11044	DEB BONE 20 SQ CM/<	PRXOVR	DEF					NA	NA	NA	N
11044	DEB BONE 20 SQ CM/<	MAXFEE	FAC					110.67	1/1/2014	12/31/2299	N
11044	DEB BONE 20 SQ CM/<	MAXFEE	NFF					172.73	1/1/2014	12/31/2299	N
11045	DEB SUBQ TISSUE ADD-ON	PRXOVR	DEF					NA	NA	NA	N
11045	DEB SUBQ TISSUE ADD-ON	MAXFEE	FAC					9.23	1/1/2014	12/31/2299	N
11045	DEB SUBQ TISSUE ADD-ON	MAXFEE	NFF					15.55	1/1/2014	12/31/2299	N
11046	DEB MUSC/FASCIA ADD-ON	PRXOVR	DEF					NA	NA	NA	N
11046	DEB MUSC/FASCIA ADD-ON	MAXFEE	FAC					18.65	1/1/2014	12/31/2299	N
11046	DEB MUSC/FASCIA ADD-ON	MAXFEE	NFF					27.23	1/1/2014	12/31/2299	N
11047	DEB BONE ADD-ON	PRXOVR	DEF					NA	NA	NA	N
11047	DEB BONE ADD-ON	MAXFEE	FAC					35.03	1/1/2014	12/31/2299	N
11047	DEB BONE ADD-ON	MAXFEE	NFF					44.83	1/1/2014	12/31/2299	N
11055	TRIM SKIN LESION	PRXOVR	DEF					NA	NA	NA	N
11055	TRIM SKIN LESION	MAXFEE	FAC					9.35	1/1/2014	12/31/2299	N
11055	TRIM SKIN LESION	MAXFEE	NFF					23.34	1/1/2014	12/31/2299	N
11056	TRIM SKIN LESIONS 2 TO 4	PRXOVR	DEF					NA	NA	NA	N
11056	TRIM SKIN LESIONS 2 TO 4	MAXFEE	FAC					15.67	1/1/2014	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

11056	TRIM SKIN LESIONS 2 TO 4	MAXFEE	NFF					28.90	1/1/2014	12/31/2299	N
11057	TRIM SKIN LESIONS OVER 4	PRXOVR	DEF					NA	NA	NA	N
11057	TRIM SKIN LESIONS OVER 4	MAXFEE	FAC					20.41	1/1/2014	12/31/2299	N
11057	TRIM SKIN LESIONS OVER 4	MAXFEE	NFF					35.53	1/1/2014	12/31/2299	N
11100	BIOPSY SKIN LESION	PRXOVR	DEF					NA	NA	NA	N
11100	BIOPSY SKIN LESION	MAXFEE	DEF					NA			N
11101	BIOPSY SKIN ADD-ON	PRXOVR	DEF					NA	NA	NA	N
11101	BIOPSY SKIN ADD-ON	MAXFEE	DEF					NA			N
11102	TANGNTL BX SKIN SINGLE LES	PRXOVR	DEF					NA	NA	NA	N
11102	TANGNTL BX SKIN SINGLE LES	MAXFEE	FAC					24.30	1/1/2019	12/31/2299	N
11102	TANGNTL BX SKIN SINGLE LES	MAXFEE	NFF					47.20	1/1/2019	12/31/2299	N
11103	TANGNTL BX SKIN EA SEP/ADDL	PRXOVR	DEF					NA	NA	NA	N
11103	TANGNTL BX SKIN EA SEP/ADDL	MAXFEE	FAC					14.58	1/1/2019	12/31/2299	N
11103	TANGNTL BX SKIN EA SEP/ADDL	MAXFEE	NFF					28.32	1/1/2019	12/31/2299	N
11104	PUNCH BX SKIN SINGLE LESION	PRXOVR	DEF					NA	NA	NA	N
11104	PUNCH BX SKIN SINGLE LESION	MAXFEE	FAC					30.38	1/1/2019	12/31/2299	N
11104	PUNCH BX SKIN SINGLE LESION	MAXFEE	NFF					59	1/1/2019	12/31/2299	N
11105	PUNCH BX SKIN EA SEP/ADDL	PRXOVR	DEF					NA	NA	NA	N
11105	PUNCH BX SKIN EA SEP/ADDL	MAXFEE	FAC					8.02	1/1/2019	12/31/2299	N
11105	PUNCH BX SKIN EA SEP/ADDL	MAXFEE	NFF					32.45	1/1/2019	12/31/2299	N
11106	INCAL BX SKN SINGLE LES	PRXOVR	DEF					NA	NA	NA	N
11106	INCAL BX SKN SINGLE LES	MAXFEE	FAC					36.94	1/1/2019	12/31/2299	N
11106	INCAL BX SKN SINGLE LES	MAXFEE	NFF					71.74	1/1/2019	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

11107	INCAL BX SKN EA SEP/ADDL	PRXOVR	DEF					NA	NA	NA	N
11107	INCAL BX SKN EA SEP/ADDL	MAXFEE	FAC					20.31	1/1/2019	12/31/2299	N
11107	INCAL BX SKN EA SEP/ADDL	MAXFEE	NFF					39.46	1/1/2019	12/31/2299	N
11200	REMOVAL OF SKIN TAGS <W/15	PRXOVR	DEF					NA	NA	NA	N
11200	REMOVAL OF SKIN TAGS <W/15	MAXFEE	FAC					41.92	1/1/2014	12/31/2299	N
11200	REMOVAL OF SKIN TAGS <W/15	MAXFEE	NFF					54.08	1/1/2014	12/31/2299	N
11201	REMOVE SKIN TAGS ADD-ON	PRXOVR	DEF					NA	NA	NA	N
11201	REMOVE SKIN TAGS ADD-ON	MAXFEE	FAC					9.96	1/1/2014	12/31/2299	N
11201	REMOVE SKIN TAGS ADD-ON	MAXFEE	NFF					13.28	1/1/2014	12/31/2299	N
11310	SHAVE SKIN LESION 0.5 CM/<	PRXOVR	DEF					NA	NA	NA	N
11310	SHAVE SKIN LESION 0.5 CM/<	MAXFEE	FAC					37.60	1/1/2014	12/31/2299	N
11310	SHAVE SKIN LESION 0.5 CM/<	MAXFEE	NFF					49.86	1/1/2014	12/31/2299	N
11311	SHAVE SKIN LESION 0.6-1.0 CM	PRXOVR	DEF					NA	NA	NA	N
11311	SHAVE SKIN LESION 0.6-1.0 CM	MAXFEE	FAC					38.66	1/1/2014	12/31/2299	N
11311	SHAVE SKIN LESION 0.6-1.0 CM	MAXFEE	NFF					51.99	1/1/2014	12/31/2299	N
11312	SHAVE SKIN LESION 1.1-2.0 CM	PRXOVR	DEF					NA	NA	NA	N
11312	SHAVE SKIN LESION 1.1-2.0 CM	MAXFEE	FAC					47.12	1/1/2014	12/31/2299	N
11312	SHAVE SKIN LESION 1.1-2.0 CM	MAXFEE	NFF					62.63	1/1/2014	12/31/2299	N
11313	SHAVE SKIN LESION >2.0 CM	PRXOVR	DEF					NA	NA	NA	N
11313	SHAVE SKIN LESION >2.0 CM	MAXFEE	FAC					63.32	1/1/2014	12/31/2299	N
11313	SHAVE SKIN LESION >2.0 CM	MAXFEE	NFF					83.17	1/1/2014	12/31/2299	N
11440	EXC FACE-MM B9+MARG 0.5 CM/<	PRXOVR	DEF					NA	NA	NA	N
11440	EXC FACE-MM B9+MARG 0.5 CM/<	MAXFEE	FAC					52.55	1/1/2014	12/31/2299	N
11440	EXC FACE-MM B9+MARG 0.5 CM/<	MAXFEE	NFF					68.33	1/1/2014	12/31/2299	N
11441	EXC FACE-MM B9+MARG 0.6-1 CM	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

11441	EXC FACE-MM B9+MARG 0.6-1 CM	MAXFEE	FAC					64.16	1/1/2014	12/31/2299	N
11441	EXC FACE-MM B9+MARG 0.6-1 CM	MAXFEE	NFF					83.44	1/1/2014	12/31/2299	N
11442	EXC FACE-MM B9+MARG 1.1-2 CM	PRXOVR	DEF					NA	NA	NA	N
11442	EXC FACE-MM B9+MARG 1.1-2 CM	MAXFEE	FAC					65.39	1/1/2014	12/31/2299	N
11442	EXC FACE-MM B9+MARG 1.1-2 CM	MAXFEE	NFF					87.37	1/1/2014	12/31/2299	N
11443	EXC FACE-MM B9+MARG 2.1-3 CM	PRXOVR	DEF					NA	NA	NA	N
11443	EXC FACE-MM B9+MARG 2.1-3 CM	MAXFEE	FAC					87.20	1/1/2014	12/31/2299	N
11443	EXC FACE-MM B9+MARG 2.1-3 CM	MAXFEE	NFF					113.37	1/1/2014	12/31/2299	N
11444	EXC FACE-MM B9+MARG 3.1-4 CM	PRXOVR	DEF					NA	NA	NA	N
11444	EXC FACE-MM B9+MARG 3.1-4 CM	MAXFEE	FAC					104.12	1/1/2014	12/31/2299	N
11444	EXC FACE-MM B9+MARG 3.1-4 CM	MAXFEE	NFF					137.81	1/1/2014	12/31/2299	N
11446	EXC FACE-MM B9+MARG >4 CM	PRXOVR	DEF					NA	NA	NA	N
11446	EXC FACE-MM B9+MARG >4 CM	MAXFEE	FAC					129.54	1/1/2014	12/31/2299	N
11446	EXC FACE-MM B9+MARG >4 CM	MAXFEE	NFF					177.67	1/1/2014	12/31/2299	N
11450	REMOVAL SWEAT GLAND LESION	PRXOVR	DEF					NA	NA	NA	N
11450	REMOVAL SWEAT GLAND LESION	MAXFEE	FAC					115.97	1/1/2014	12/31/2299	N
11450	REMOVAL SWEAT GLAND LESION	MAXFEE	NFF					154.33	1/1/2014	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

11640	EXC F/E/E/N/L MAL+MRG 0.5CM<	PRXOVR	DEF					NA	NA	NA	N
11640	EXC F/E/E/N/L MAL+MRG 0.5CM<	MAXFEE	FAC					68.85	1/1/2014	12/31/2299	N
11640	EXC F/E/E/N/L MAL+MRG 0.5CM<	MAXFEE	NFF					94	1/1/2014	12/31/2299	N
11641	EXC F/E/E/N/L MAL+MRG 0.6-1	PRXOVR	DEF					NA	NA	NA	N
11641	EXC F/E/E/N/L MAL+MRG 0.6-1	MAXFEE	FAC					107.77	1/1/2014	12/31/2299	N
11641	EXC F/E/E/N/L MAL+MRG 0.6-1	MAXFEE	NFF					123.83	1/1/2014	12/31/2299	N
11642	EXC F/E/E/N/L MAL+MRG 1.1-2	PRXOVR	DEF					NA	NA	NA	N
11642	EXC F/E/E/N/L MAL+MRG 1.1-2	MAXFEE	FAC					110.10	1/1/2014	12/31/2299	N
11642	EXC F/E/E/N/L MAL+MRG 1.1-2	MAXFEE	NFF					146.94	1/1/2014	12/31/2299	N
11643	EXC F/E/E/N/L MAL+MRG 2.1-3	PRXOVR	DEF					NA	NA	NA	N
11643	EXC F/E/E/N/L MAL+MRG 2.1-3	MAXFEE	FAC					127.01	1/1/2014	12/31/2299	N
11643	EXC F/E/E/N/L MAL+MRG 2.1-3	MAXFEE	NFF					173.46	1/1/2014	12/31/2299	N
11644	EXC F/E/E/N/L MAL+MRG 3.1-4	PRXOVR	DEF					NA	NA	NA	N
11644	EXC F/E/E/N/L MAL+MRG 3.1-4	MAXFEE	FAC					157.36	1/1/2014	12/31/2299	N
11644	EXC F/E/E/N/L MAL+MRG 3.1-4	MAXFEE	NFF					215.29	1/1/2014	12/31/2299	N
11646	EXC F/E/E/N/L MAL+MRG >4 CM	PRXOVR	DEF					NA	NA	NA	N
11646	EXC F/E/E/N/L MAL+MRG >4 CM	MAXFEE	FAC					202.47	1/1/2014	12/31/2299	N
11646	EXC F/E/E/N/L MAL+MRG >4 CM	MAXFEE	NFF					280.33	1/1/2014	12/31/2299	N
11752	REMOVE NAIL BED/TIP	PRXOVR	DEF					NA	NA	NA	N
11752	REMOVE NAIL BED/TIP	MAXFEE	DEF					NA			N
11900	INJECT SKIN LESIONS </W 7	PRXOVR	DEF					NA	NA	NA	N
11900	INJECT SKIN LESIONS </W 7	MAXFEE	FAC					18.82	1/1/2014	12/31/2299	N
11900	INJECT SKIN LESIONS </W 7	MAXFEE	NFF					34.24	1/1/2014	12/31/2299	N
11901	INJECT SKIN LESIONS >7	PRXOVR	DEF					NA	NA	NA	N
11901	INJECT SKIN LESIONS >7	MAXFEE	FAC					31.57	1/1/2014	12/31/2299	N
11901	INJECT SKIN LESIONS >7	MAXFEE	NFF					41.35	1/1/2014	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

11975	INSERT CONTRACEPTIVE CAP	PRXOVR	DEF					NA	NA	NA	N
11975	INSERT CONTRACEPTIVE CAP	MAXFEE	DEF					NA			N
11977	REMOVAL/REINSERT CONTRA CAP	PRXOVR	DEF					NA	NA	NA	N
11977	REMOVAL/REINSERT CONTRA CAP	MAXFEE	DEF					NA			N
12001	RPR S/N/AX/GEN/TRNK 2.5CM/<	PRXOVR	DEF					NA	NA	NA	N
12001	RPR S/N/AX/GEN/TRNK 2.5CM/<	MAXFEE	FAC					29.39	1/1/2014	12/31/2299	N
12001	RPR S/N/AX/GEN/TRNK 2.5CM/<	MAXFEE	NFF					67.35	1/1/2014	12/31/2299	N
12002	RPR S/N/AX/GEN/TRNK2.6- 7.5CM	PRXOVR	DEF					NA	NA	NA	N
12002	RPR S/N/AX/GEN/TRNK2.6- 7.5CM	MAXFEE	FAC					37.23	1/1/2014	12/31/2299	N
12002	RPR S/N/AX/GEN/TRNK2.6- 7.5CM	MAXFEE	NFF					77.98	1/1/2014	12/31/2299	N
12004	RPR S/N/AX/GEN/TRK7.6- 12.5CM	PRXOVR	DEF					NA	NA	NA	N
12004	RPR S/N/AX/GEN/TRK7.6- 12.5CM	MAXFEE	FAC					37.45	1/1/2014	12/31/2299	N
12004	RPR S/N/AX/GEN/TRK7.6- 12.5CM	MAXFEE	NFF					96.45	1/1/2014	12/31/2299	N
12005	RPR S/N/A/GEN/TRK12.6- 20.0CM	PRXOVR	DEF					NA	NA	NA	N
12005	RPR S/N/A/GEN/TRK12.6- 20.0CM	MAXFEE	FAC					64.72	1/1/2014	12/31/2299	N
12005	RPR S/N/A/GEN/TRK12.6- 20.0CM	MAXFEE	NFF					122.20	1/1/2014	12/31/2299	N
12006	RPR S/N/A/GEN/TRK20.1- 30.0CM	PRXOVR	DEF					NA	NA	NA	N
12006	RPR S/N/A/GEN/TRK20.1- 30.0CM	MAXFEE	FAC					83.78	1/1/2014	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

12006	RPR S/N/A/GEN/TRK20.1-30.0CM	MAXFEE	NFF					156.01	1/1/2014	12/31/2299	N
12007	RPR S/N/AX/GEN/TRNK >30.0 CM	PRXOVR	DEF					NA	NA	NA	N
12007	RPR S/N/AX/GEN/TRNK >30.0 CM	MAXFEE	FAC					97.11	1/1/2014	12/31/2299	N
12007	RPR S/N/AX/GEN/TRNK >30.0 CM	MAXFEE	NFF					170.61	1/1/2014	12/31/2299	N
12011	RPR F/E/E/N/L/M 2.5 CM/<	PRXOVR	DEF					NA	NA	NA	N
12011	RPR F/E/E/N/L/M 2.5 CM/<	MAXFEE	FAC					33.08	1/1/2014	12/31/2299	N
12011	RPR F/E/E/N/L/M 2.5 CM/<	MAXFEE	NFF					74.24	1/1/2014	12/31/2299	N
12013	RPR F/E/E/N/L/M 2.6-5.0 CM	PRXOVR	DEF					NA	NA	NA	N
12013	RPR F/E/E/N/L/M 2.6-5.0 CM	MAXFEE	FAC					39.81	1/1/2014	12/31/2299	N
12013	RPR F/E/E/N/L/M 2.6-5.0 CM	MAXFEE	NFF					87.06	1/1/2014	12/31/2299	N
12014	RPR F/E/E/N/L/M 5.1-7.5 CM	PRXOVR	DEF					NA	NA	NA	N
12014	RPR F/E/E/N/L/M 5.1-7.5 CM	MAXFEE	FAC					51.50	1/1/2014	12/31/2299	N
12014	RPR F/E/E/N/L/M 5.1-7.5 CM	MAXFEE	NFF					104.63	1/1/2014	12/31/2299	N
12015	RPR F/E/E/N/L/M 7.6-12.5 CM	PRXOVR	DEF					NA	NA	NA	N
12015	RPR F/E/E/N/L/M 7.6-12.5 CM	MAXFEE	FAC					68.36	1/1/2014	12/31/2299	N
12015	RPR F/E/E/N/L/M 7.6-12.5 CM	MAXFEE	NFF					135.24	1/1/2014	12/31/2299	N
12016	RPR FE/E/EN/L/M 12.6-20.0 CM	PRXOVR	DEF					NA	NA	NA	N
12016	RPR FE/E/EN/L/M 12.6-20.0 CM	MAXFEE	FAC					93.72	1/1/2014	12/31/2299	N
12016	RPR FE/E/EN/L/M 12.6-20.0 CM	MAXFEE	NFF					169.44	1/1/2014	12/31/2299	N
12017	RPR FE/E/EN/L/M 20.1-30.0 CM	PRXOVR	DEF					NA	NA	NA	N
12017	RPR FE/E/EN/L/M 20.1-30.0 CM	MAXFEE	DEF					148.51	9/1/2013	12/31/2299	N
12018	RPR F/E/E/N/L/M >30.0 CM	PRXOVR	DEF					NA	NA	NA	N
12018	RPR F/E/E/N/L/M >30.0 CM	MAXFEE	DEF					172.10	9/1/2013	12/31/2299	N
12020	CLOSURE OF SPLIT WOUND	PRXOVR	DEF					NA	NA	NA	N
12020	CLOSURE OF SPLIT WOUND	MAXFEE	FAC					66.03	1/1/2014	12/31/2299	N
12020	CLOSURE OF SPLIT WOUND	MAXFEE	NFF					109.03	1/1/2014	12/31/2299	N
12021	CLOSURE OF SPLIT WOUND	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

12021	CLOSURE OF SPLIT WOUND	MAXFEE	FAC					59.01	1/1/2014	12/31/2299	N
12021	CLOSURE OF SPLIT WOUND	MAXFEE	NFF					82.08	1/1/2014	12/31/2299	N
12031	INTMD RPR S/A/T/EXT 2.5 CM/<	PRXOVR	DEF					NA	NA	NA	N
12031	INTMD RPR S/A/T/EXT 2.5 CM/<	MAXFEE	FAC					85.58	1/1/2014	12/31/2299	N
12031	INTMD RPR S/A/T/EXT 2.5 CM/<	MAXFEE	NFF					103.33	1/1/2014	12/31/2299	N
12032	INTMD RPR S/A/T/EXT 2.6-7.5	PRXOVR	DEF					NA	NA	NA	N
12032	INTMD RPR S/A/T/EXT 2.6-7.5	MAXFEE	FAC					77.92	1/1/2014	12/31/2299	N
12032	INTMD RPR S/A/T/EXT 2.6-7.5	MAXFEE	NFF					143.77	1/1/2014	12/31/2299	N
12034	INTMD RPR S/TR/EXT 7.6-12.5	PRXOVR	DEF					NA	NA	NA	N
12034	INTMD RPR S/TR/EXT 7.6-12.5	MAXFEE	FAC					72.56	1/1/2014	12/31/2299	N
12034	INTMD RPR S/TR/EXT 7.6-12.5	MAXFEE	NFF					123.85	1/1/2014	12/31/2299	N
12035	INTMD RPR S/A/T/EXT 12.6-20	PRXOVR	DEF					NA	NA	NA	N
12035	INTMD RPR S/A/T/EXT 12.6-20	MAXFEE	FAC					85.39	1/1/2014	12/31/2299	N
12035	INTMD RPR S/A/T/EXT 12.6-20	MAXFEE	NFF					147.97	1/1/2014	12/31/2299	N
12036	INTMD RPR S/A/T/EXT 20.1-30	PRXOVR	DEF					NA	NA	NA	N
12036	INTMD RPR S/A/T/EXT 20.1-30	MAXFEE	FAC					98.87	1/1/2014	12/31/2299	N
12036	INTMD RPR S/A/T/EXT 20.1-30	MAXFEE	NFF					185.44	1/1/2014	12/31/2299	N
12037	INTMD RPR S/TR/EXT >30.0 CM	PRXOVR	DEF					NA	NA	NA	N
12037	INTMD RPR S/TR/EXT >30.0 CM	MAXFEE	FAC					124.14	1/1/2014	12/31/2299	N
12037	INTMD RPR S/TR/EXT >30.0 CM	MAXFEE	NFF					221.75	1/1/2014	12/31/2299	N
12051	INTMD RPR FACE/MM 2.5 CM/<	PRXOVR	DEF					NA	NA	NA	N
12051	INTMD RPR FACE/MM 2.5 CM/<	MAXFEE	FAC					58.39	1/1/2014	12/31/2299	N
12051	INTMD RPR FACE/MM 2.5 CM/<	MAXFEE	NFF					101.83	1/1/2014	12/31/2299	N
12052	INTMD RPR FACE/MM 2.6-5.0 CM	PRXOVR	DEF					NA	NA	NA	N
12052	INTMD RPR FACE/MM 2.6-5.0 CM	MAXFEE	FAC					71.18	1/1/2014	12/31/2299	N
12052	INTMD RPR FACE/MM 2.6-5.0 CM	MAXFEE	NFF					119.27	1/1/2014	12/31/2299	N
12053	INTMD RPR FACE/MM 5.1-7.5 CM	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

12053	INTMD RPR FACE/MM 5.1-7.5 CM	MAXFEE	FAC					73.97	1/1/2014	12/31/2299	N
12053	INTMD RPR FACE/MM 5.1-7.5 CM	MAXFEE	NFF					135.28	1/1/2014	12/31/2299	N
12054	INTMD RPR FACE/MM 7.6- 12.5CM	PRXOVR	DEF					NA	NA	NA	N
12054	INTMD RPR FACE/MM 7.6- 12.5CM	MAXFEE	FAC					85.24	1/1/2014	12/31/2299	N
12054	INTMD RPR FACE/MM 7.6- 12.5CM	MAXFEE	NFF					164.53	1/1/2014	12/31/2299	N
12055	INTMD RPR FACE/MM 12.6-20 CM	PRXOVR	DEF					NA	NA	NA	N
12055	INTMD RPR FACE/MM 12.6-20 CM	MAXFEE	FAC					120.62	1/1/2014	12/31/2299	N
12055	INTMD RPR FACE/MM 12.6-20 CM	MAXFEE	NFF					209.37	1/1/2014	12/31/2299	N
12056	INTMD RPR FACE/MM 20.1-30.0	PRXOVR	DEF					NA	NA	NA	N
12056	INTMD RPR FACE/MM 20.1-30.0	MAXFEE	FAC					168.38	1/1/2014	12/31/2299	N
12056	INTMD RPR FACE/MM 20.1-30.0	MAXFEE	NFF					272.32	1/1/2014	12/31/2299	N
12057	INTMD RPR FACE/MM >30.0 CM	PRXOVR	DEF					NA	NA	NA	N
12057	INTMD RPR FACE/MM >30.0 CM	MAXFEE	FAC					153.87	1/1/2014	12/31/2299	N
12057	INTMD RPR FACE/MM >30.0 CM	MAXFEE	NFF					303.87	1/1/2014	12/31/2299	N
13120	CMPLX RPR S/A/L 1.1-2.5 CM	PRXOVR	DEF					NA	NA	NA	N
13120	CMPLX RPR S/A/L 1.1-2.5 CM	MAXFEE	FAC					82.72	1/1/2014	12/31/2299	N
13120	CMPLX RPR S/A/L 1.1-2.5 CM	MAXFEE	NFF					134.11	1/1/2014	12/31/2299	N
13121	CMPLX RPR S/A/L 2.6-7.5 CM	PRXOVR	DEF					NA	NA	NA	N
13121	CMPLX RPR S/A/L 2.6-7.5 CM	MAXFEE	FAC					93.73	1/1/2014	12/31/2299	N
13121	CMPLX RPR S/A/L 2.6-7.5 CM	MAXFEE	NFF					192.19	1/1/2014	12/31/2299	N
13122	CMPLX RPR S/A/L ADDL 5 CM/>	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

13122	CMPLX RPR S/A/L ADDL 5 CM/>	MAXFEE	FAC					39.77	1/1/2014	12/31/2299	N
13122	CMPLX RPR S/A/L ADDL 5 CM/>	MAXFEE	NFF					65.60	1/1/2014	12/31/2299	N
13131	CMPLX RPR F/C/C/M/N/AX/G/H/F	PRXOVR	DEF					NA	NA	NA	N
13131	CMPLX RPR F/C/C/M/N/AX/G/H/F	MAXFEE	FAC					92.73	1/1/2014	12/31/2299	N
13131	CMPLX RPR F/C/C/M/N/AX/G/H/F	MAXFEE	NFF					162.27	1/1/2014	12/31/2299	N
13132	CMPLX RPR F/C/C/M/N/AX/G/H/F	PRXOVR	DEF					NA	NA	NA	N
13132	CMPLX RPR F/C/C/M/N/AX/G/H/F	MAXFEE	FAC					119.68	1/1/2014	12/31/2299	N
13132	CMPLX RPR F/C/C/M/N/AX/G/H/F	MAXFEE	NFF					270.46	1/1/2014	12/31/2299	N
13133	CMPLX RPR F/C/C/M/N/AX/G/H/F	PRXOVR	DEF					NA	NA	NA	N
13133	CMPLX RPR F/C/C/M/N/AX/G/H/F	MAXFEE	FAC					63.09	1/1/2014	12/31/2299	N
13133	CMPLX RPR F/C/C/M/N/AX/G/H/F	MAXFEE	NFF					95.96	1/1/2014	12/31/2299	N
13150	CMPLX RPR E/N/E/L 1.0 CM/<	PRXOVR	DEF					NA	NA	NA	N
13150	CMPLX RPR E/N/E/L 1.0 CM/<	MAXFEE	FAC					82.91	1/1/2014	12/31/2299	N
13150	CMPLX RPR E/N/E/L 1.0 CM/<	MAXFEE	NFF					165.11	1/1/2014	12/31/2299	N
13151	CMPLX RPR E/N/E/L 1.1-2.5 CM	PRXOVR	DEF					NA	NA	NA	N
13151	CMPLX RPR E/N/E/L 1.1-2.5 CM	MAXFEE	FAC					115.20	1/1/2014	12/31/2299	N
13151	CMPLX RPR E/N/E/L 1.1-2.5 CM	MAXFEE	NFF					197.77	1/1/2014	12/31/2299	N
13152	CMPLX RPR E/N/E/L 2.6-7.5 CM	PRXOVR	DEF					NA	NA	NA	N
13152	CMPLX RPR E/N/E/L 2.6-7.5 CM	MAXFEE	FAC					151.09	1/1/2014	12/31/2299	N
13152	CMPLX RPR E/N/E/L 2.6-7.5 CM	MAXFEE	NFF					311.49	1/1/2014	12/31/2299	N
13153	CMPLX RPR E/N/E/L ADDL 5CM/<	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

13153	CMPLX RPR E/N/E/L ADDL 5CM/<	MAXFEE	FAC					68.06	1/1/2014	12/31/2299	N
13153	CMPLX RPR E/N/E/L ADDL 5CM/<	MAXFEE	NFF					105.31	1/1/2014	12/31/2299	N
13160	LATE CLOSURE OF WOUND	PRXOVR	DEF					NA	NA	NA	N
13160	LATE CLOSURE OF WOUND	MAXFEE	DEF					427.63	7/1/2008	12/31/2299	N
15004	WOUND PREP F/N/HF/G	PRXOVR	DEF					NA	NA	NA	N
15004	WOUND PREP F/N/HF/G	MAXFEE	FAC					125.45	1/1/2014	12/31/2299	N
15004	WOUND PREP F/N/HF/G	MAXFEE	NFF					217.41	1/1/2014	12/31/2299	N
15005	WND PREP F/N/HF/G ADDL CM	PRXOVR	DEF					NA	NA	NA	N
15005	WND PREP F/N/HF/G ADDL CM	MAXFEE	FAC					41.59	1/1/2014	12/31/2299	N
15005	WND PREP F/N/HF/G ADDL CM	MAXFEE	NFF					67.78	1/1/2014	12/31/2299	N
15115	EPIDRM A-GRFT FACE/NCK/HF/G	PRXOVR	DEF					NA	NA	NA	N
15115	EPIDRM A-GRFT FACE/NCK/HF/G	MAXFEE	FAC					394.64	1/1/2014	12/31/2299	N
15115	EPIDRM A-GRFT FACE/NCK/HF/G	MAXFEE	NFF					530.72	1/1/2014	12/31/2299	N
15116	EPIDRM A-GRFT F/N/HF/G ADDL	PRXOVR	DEF					NA	NA	NA	N
15116	EPIDRM A-GRFT F/N/HF/G ADDL	MAXFEE	FAC					80.80	1/1/2014	12/31/2299	N
15116	EPIDRM A-GRFT F/N/HF/G ADDL	MAXFEE	NFF					116.67	1/1/2014	12/31/2299	N
15120	SKN SPLT A-GRFT FAC/NCK/HF/G	PRXOVR	DEF					NA	NA	NA	N
15120	SKN SPLT A-GRFT FAC/NCK/HF/G	MAXFEE	FAC					294.52	1/1/2014	12/31/2299	N
15120	SKN SPLT A-GRFT FAC/NCK/HF/G	MAXFEE	NFF					438.51	1/1/2014	12/31/2299	N
15121	SKN SPLT A-GRFT F/N/HF/G ADD	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

15121	SKN SPLT A-GRFT F/N/HF/G ADD	MAXFEE	FAC					78.39	1/1/2014	12/31/2299	N
15121	SKN SPLT A-GRFT F/N/HF/G ADD	MAXFEE	NFF					143.79	1/1/2014	12/31/2299	N
15135	DERM AUTOGRAFT FACE/NCK/HF/G	PRXOVR	DEF					NA	NA	NA	N
15135	DERM AUTOGRAFT FACE/NCK/HF/G	MAXFEE	FAC					431.19	1/1/2014	12/31/2299	N
15135	DERM AUTOGRAFT FACE/NCK/HF/G	MAXFEE	NFF					568.16	1/1/2014	12/31/2299	N
15136	DERM AUTOGRAFT F/N/HF/G ADD	PRXOVR	DEF					NA	NA	NA	N
15136	DERM AUTOGRAFT F/N/HF/G ADD	MAXFEE	FAC					67.75	1/1/2014	12/31/2299	N
15136	DERM AUTOGRAFT F/N/HF/G ADD	MAXFEE	NFF					68.65	1/1/2014	12/31/2299	N
15155	CULT SKIN GRAFT F/N/HF/G	PRXOVR	DEF					NA	NA	NA	N
15155	CULT SKIN GRAFT F/N/HF/G	MAXFEE	FAC					449.68	1/1/2014	12/31/2299	N
15155	CULT SKIN GRAFT F/N/HF/G	MAXFEE	NFF					470.48	1/1/2014	12/31/2299	N
15156	CULT SKIN GRFT F/N/HFG ADD	PRXOVR	DEF					NA	NA	NA	N
15156	CULT SKIN GRFT F/N/HFG ADD	MAXFEE	FAC					93.23	1/1/2014	12/31/2299	N
15156	CULT SKIN GRFT F/N/HFG ADD	MAXFEE	NFF					123.73	1/1/2014	12/31/2299	N
15157	CULT EPIDERM GRFT F/N/HFG +%	PRXOVR	DEF					NA	NA	NA	N
15157	CULT EPIDERM GRFT F/N/HFG +%	MAXFEE	FAC					126.33	1/1/2014	12/31/2299	N
15157	CULT EPIDERM GRFT F/N/HFG +%	MAXFEE	NFF					136.75	1/1/2014	12/31/2299	N
15170	ACELL GRAFT TRUNK/ARMS/LEGS	PRXOVR	DEF					NA	NA	NA	N
15170	ACELL GRAFT TRUNK/ARMS/LEGS	MAXFEE	DEF					NA			N
15171	ACELL GRAFT T/ARM/LEG ADD-ON	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

15171	ACELL GRAFT T/ARM/LEG ADD-ON	MAXFEE	DEF					NA			N
15175	ACELLULAR GRAFT F/N/HF/G	PRXOVR	DEF					NA	NA	NA	N
15175	ACELLULAR GRAFT F/N/HF/G	MAXFEE	DEF					NA			N
15176	ACELL GRAFT F/N/HF/G ADD- ON	PRXOVR	DEF					NA	NA	NA	N
15176	ACELL GRAFT F/N/HF/G ADD- ON	MAXFEE	DEF					NA			N
15220	SKIN FULL GRAFT SCLP/ARM/LEG	PRXOVR	DEF					NA	NA	NA	N
15220	SKIN FULL GRAFT SCLP/ARM/LEG	MAXFEE	FAC					253.53	1/1/2014	12/31/2299	N
15220	SKIN FULL GRAFT SCLP/ARM/LEG	MAXFEE	NFF					365.48	1/1/2014	12/31/2299	N
15221	SKIN FULL GRAFT ADD-ON	PRXOVR	DEF					NA	NA	NA	N
15221	SKIN FULL GRAFT ADD-ON	MAXFEE	FAC					46.98	1/1/2014	12/31/2299	N
15221	SKIN FULL GRAFT ADD-ON	MAXFEE	NFF					61.58	1/1/2014	12/31/2299	N
15240	SKIN FULL GRFT FACE/GENIT/HF	PRXOVR	DEF					NA	NA	NA	N
15240	SKIN FULL GRFT FACE/GENIT/HF	MAXFEE	FAC					305.78	1/1/2014	12/31/2299	N
15240	SKIN FULL GRFT FACE/GENIT/HF	MAXFEE	NFF					423.82	1/1/2014	12/31/2299	N
15241	SKIN FULL GRAFT ADD-ON	PRXOVR	DEF					NA	NA	NA	N
15241	SKIN FULL GRAFT ADD-ON	MAXFEE	FAC					73.14	1/1/2014	12/31/2299	N
15241	SKIN FULL GRAFT ADD-ON	MAXFEE	NFF					95.75	1/1/2014	12/31/2299	N
15260	SKIN FULL GRAFT EEN & LIPS	PRXOVR	DEF					NA	NA	NA	N
15260	SKIN FULL GRAFT EEN & LIPS	MAXFEE	FAC					345.22	1/1/2014	12/31/2299	N
15260	SKIN FULL GRAFT EEN & LIPS	MAXFEE	NFF					477.26	1/1/2014	12/31/2299	N
15261	SKIN FULL GRAFT ADD-ON	PRXOVR	DEF					NA	NA	NA	N
15261	SKIN FULL GRAFT ADD-ON	MAXFEE	FAC					102.20	1/1/2014	12/31/2299	N
15261	SKIN FULL GRAFT ADD-ON	MAXFEE	NFF					131.25	1/1/2014	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

15275	SKIN SUB GRAFT FACE/NK/HF/G	PRXOVR	DEF					NA	NA	NA	N
15275	SKIN SUB GRAFT FACE/NK/HF/G	MAXFEE	FAC					43.05	1/1/2014	12/31/2299	N
15275	SKIN SUB GRAFT FACE/NK/HF/G	MAXFEE	NFF					59.22	1/1/2014	12/31/2299	N
15276	SKIN SUB GRAFT F/N/HF/G ADDL	PRXOVR	DEF					NA	NA	NA	N
15276	SKIN SUB GRAFT F/N/HF/G ADDL	MAXFEE	FAC					9.05	1/1/2014	12/31/2299	N
15276	SKIN SUB GRAFT F/N/HF/G ADDL	MAXFEE	NFF					12.95	1/1/2014	12/31/2299	N
15277	SKN SUB GRFT F/N/HF/G CHILD	PRXOVR	DEF					NA	NA	NA	N
15277	SKN SUB GRFT F/N/HF/G CHILD	MAXFEE	FAC					76.32	1/1/2014	12/31/2299	N
15277	SKN SUB GRFT F/N/HF/G CHILD	MAXFEE	NFF					114.43	1/1/2014	12/31/2299	N
15278	SKN SUB GRFT F/N/HF/G CH ADD	PRXOVR	DEF					NA	NA	NA	N
15278	SKN SUB GRFT F/N/HF/G CH ADD	MAXFEE	FAC					23.60	1/1/2014	12/31/2299	N
15278	SKN SUB GRFT F/N/HF/G CH ADD	MAXFEE	NFF					31.37	1/1/2014	12/31/2299	N
15300	APPLY SKINALLOGRFT T/ARM/LG	PRXOVR	DEF					NA	NA	NA	N
15300	APPLY SKINALLOGRFT T/ARM/LG	MAXFEE	DEF					NA			N
15301	APPLY SKNALLOGRFT T/A/L ADDL	PRXOVR	DEF					NA	NA	NA	N
15301	APPLY SKNALLOGRFT T/A/L ADDL	MAXFEE	DEF					NA			N
15320	APPLY SKIN ALLOGRFT F/N/HF/G	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

15320	APPLY SKIN ALLOGRFT F/N/HF/G	MAXFEE	DEF					NA			N
15321	APLY SKNALLOGRFT F/N/HFG ADD	PRXOVR	DEF					NA	NA	NA	N
15321	APLY SKNALLOGRFT F/N/HFG ADD	MAXFEE	DEF					NA			N
15330	APLY ACELL ALOGRFT T/ARM/LEG	PRXOVR	DEF					NA	NA	NA	N
15330	APLY ACELL ALOGRFT T/ARM/LEG	MAXFEE	DEF					NA			N
15331	APLY ACELL GRFT T/A/L ADD- ON	PRXOVR	DEF					NA	NA	NA	N
15331	APLY ACELL GRFT T/A/L ADD- ON	MAXFEE	DEF					NA			N
15335	APPLY ACELL GRAFT F/N/HF/G	PRXOVR	DEF					NA	NA	NA	N
15335	APPLY ACELL GRAFT F/N/HF/G	MAXFEE	DEF					NA			N
15336	APLY ACELL GRFT F/N/HF/G ADD	PRXOVR	DEF					NA	NA	NA	N
15336	APLY ACELL GRFT F/N/HF/G ADD	MAXFEE	DEF					NA			N
15340	APPLY CULT SKIN SUBSTITUTE	PRXOVR	DEF					NA	NA	NA	N
15340	APPLY CULT SKIN SUBSTITUTE	MAXFEE	DEF					NA			N
15341	APPLY CULT SKIN SUB ADD- ON	PRXOVR	DEF					NA	NA	NA	N
15341	APPLY CULT SKIN SUB ADD- ON	MAXFEE	DEF					NA			N
15342	CULTURED SKIN GRAFT; 25 CM	PRXOVR	DEF					NA	NA	NA	N
15342	CULTURED SKIN GRAFT; 25 CM	MAXFEE	DEF					NA			N
15343	CULTURE SKN GRAFT ADDL 25 CM	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

15343	CULTURE SKN GRAFT ADDL 25 CM	MAXFEE	DEF					NA			N
15360	APPLY CULT DERM SUB T/A/L	PRXOVR	DEF					NA	NA	NA	N
15360	APPLY CULT DERM SUB T/A/L	MAXFEE	DEF					NA			N
15361	APLY CULT DERM SUB T/A/L ADD	PRXOVR	DEF					NA	NA	NA	N
15361	APLY CULT DERM SUB T/A/L ADD	MAXFEE	DEF					NA			N
15365	APPLY CULT DERM SUB F/N/HF/G	PRXOVR	DEF					NA	NA	NA	N
15365	APPLY CULT DERM SUB F/N/HF/G	MAXFEE	DEF					NA			N
15366	APPLY CULT DERM F/HF/G ADD	PRXOVR	DEF					NA	NA	NA	N
15366	APPLY CULT DERM F/HF/G ADD	MAXFEE	DEF					NA			N
15400	APPLY SKIN XENOGRAFT T/A/L	PRXOVR	DEF					NA	NA	NA	N
15400	APPLY SKIN XENOGRAFT T/A/L	MAXFEE	DEF					NA			N
15401	APPLY SKN XENOGRFT T/A/L ADD	PRXOVR	DEF					NA	NA	NA	N
15401	APPLY SKN XENOGRFT T/A/L ADD	MAXFEE	DEF					NA			N
17000	DESTRUCT PREMALG LESION	PRXOVR	DEF					NA	NA	NA	N
17000	DESTRUCT PREMALG LESION	MAXFEE	FAC					26.06	1/1/2014	12/31/2299	N
17000	DESTRUCT PREMALG LESION	MAXFEE	NFF					44.24	1/1/2014	12/31/2299	N
17003	DESTRUCT PREMALG LES 2-14	PRXOVR	DEF					NA	NA	NA	N
17003	DESTRUCT PREMALG LES 2-14	MAXFEE	FAC					2.24	12/31/2014	12/31/2299	N
17003	DESTRUCT PREMALG LES 2-14	MAXFEE	NFF					5.41	1/1/2017	12/31/2299	N
17004	DESTROY PREMAL LESIONS 15/>	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

17004	DESTROY PREMAL LESIONS 15/>	MAXFEE	FAC					88.51	12/31/2014	12/31/2299	N
17004	DESTROY PREMAL LESIONS 15/>	MAXFEE	NFF					132.38	1/1/2014	12/31/2299	N
20000	INCISION OF ABSCESS	PRXOVR	DEF					NA	NA	NA	N
20000	INCISION OF ABSCESS	MAXFEE	DEF					NA			N
20005	I&D ABSCESS SUBFASCIAL	PRXOVR	DEF					NA	NA	NA	N
20005	I&D ABSCESS SUBFASCIAL	MAXFEE	DEF					NA			N
20100	EXPLORE WOUND NECK	PRXOVR	DEF					NA	NA	NA	N
20100	EXPLORE WOUND NECK	MAXFEE	DEF					415.65	1/1/2000	12/31/2299	N
20101	EXPLORE WOUND CHEST	PRXOVR	DEF					NA	NA	NA	N
20101	EXPLORE WOUND CHEST	MAXFEE	FAC					103.04	1/1/2014	12/31/2299	N
20101	EXPLORE WOUND CHEST	MAXFEE	NFF					217.96	1/1/2014	12/31/2299	N
20200	MUSCLE BIOPSY	PRXOVR	DEF					NA	NA	NA	N
20200	MUSCLE BIOPSY	MAXFEE	FAC					58.42	1/1/2014	12/31/2299	N
20200	MUSCLE BIOPSY	MAXFEE	NFF					98.65	1/1/2014	12/31/2299	N
20205	DEEP MUSCLE BIOPSY	PRXOVR	DEF					NA	NA	NA	N
20205	DEEP MUSCLE BIOPSY	MAXFEE	FAC					78.13	1/1/2014	12/31/2299	N
20205	DEEP MUSCLE BIOPSY	MAXFEE	NFF					124.38	1/1/2014	12/31/2299	N
20206	NEEDLE BIOPSY MUSCLE	PRXOVR	DEF					NA	NA	NA	N
20206	NEEDLE BIOPSY MUSCLE	MAXFEE	FAC					41.82	1/1/2014	12/31/2299	N
20206	NEEDLE BIOPSY MUSCLE	MAXFEE	NFF					99.66	1/1/2014	12/31/2299	N
20220	BONE BIOPSY TROCAR/NEEDLE	PRXOVR	DEF					NA	NA	NA	N
20220	BONE BIOPSY TROCAR/NEEDLE	MAXFEE	FAC					35.60	1/1/2014	12/31/2299	N
20220	BONE BIOPSY TROCAR/NEEDLE	MAXFEE	NFF					66.39	1/1/2014	12/31/2299	N
20225	BONE BIOPSY TROCAR/NEEDLE	PRXOVR	DEF					NA	NA	NA	N
20225	BONE BIOPSY TROCAR/NEEDLE	MAXFEE	FAC					80.50	1/1/2014	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

20225	BONE BIOPSY TROCAR/NEEDLE	MAXFEE	NFF					226.13	1/1/2014	12/31/2299	N
20240	BONE BIOPSY OPEN SUPERFICIAL	PRXOVR	DEF					NA	NA	NA	N
20240	BONE BIOPSY OPEN SUPERFICIAL	MAXFEE	DEF					143.71	1/1/2000	12/31/2299	N
20245	BONE BIOPSY OPEN DEEP	PRXOVR	DEF					NA	NA	NA	N
20245	BONE BIOPSY OPEN DEEP	MAXFEE	DEF					343.50	7/1/2008	12/31/2299	N
20250	OPEN BONE BIOPSY	PRXOVR	DEF					NA	NA	NA	N
20250	OPEN BONE BIOPSY	MAXFEE	DEF					270.54	1/1/2000	12/31/2299	N
20251	OPEN BONE BIOPSY	PRXOVR	DEF					NA	NA	NA	N
20251	OPEN BONE BIOPSY	MAXFEE	DEF					307.90	1/1/2000	12/31/2299	N
20500	INJECTION OF SINUS TRACT	PRXOVR	DEF					NA	NA	NA	N
20500	INJECTION OF SINUS TRACT	MAXFEE	FAC					67.40	1/1/2014	12/31/2299	N
20500	INJECTION OF SINUS TRACT	MAXFEE	NFF					92.92	1/1/2014	12/31/2299	N
20501	INJECT SINUS TRACT FOR X- RAY	PRXOVR	DEF					NA	NA	NA	N
20501	INJECT SINUS TRACT FOR X- RAY	MAXFEE	FAC					28	1/1/2014	12/31/2299	N
20501	INJECT SINUS TRACT FOR X- RAY	MAXFEE	NFF					49.45	1/1/2014	12/31/2299	N
20520	REMOVAL OF FOREIGN BODY	PRXOVR	DEF					NA	NA	NA	N
20520	REMOVAL OF FOREIGN BODY	MAXFEE	FAC					85.99	1/1/2014	12/31/2299	N
20520	REMOVAL OF FOREIGN BODY	MAXFEE	NFF					115.14	1/1/2014	12/31/2299	N
20525	REMOVAL OF FOREIGN BODY	PRXOVR	DEF					NA	NA	NA	N
20525	REMOVAL OF FOREIGN BODY	MAXFEE	FAC					119.82	1/1/2014	12/31/2299	N
20525	REMOVAL OF FOREIGN BODY	MAXFEE	NFF					169.81	1/1/2014	12/31/2299	N
20550	INJ TENDON SHEATH/LIGAMENT	PRXOVR	DEF					NA	NA	NA	N
20550	INJ TENDON SHEATH/LIGAMENT	MAXFEE	FAC					32.70	1/1/2014	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

20550	INJ TENDON SHEATH/LIGAMENT	MAXFEE	NFF					41.82	1/1/2014	12/31/2299	N
20551	INJ TENDON ORIGIN/INSERTION	PRXOVR	DEF					NA	NA	NA	N
20551	INJ TENDON ORIGIN/INSERTION	MAXFEE	FAC					33.71	1/1/2014	12/31/2299	N
20551	INJ TENDON ORIGIN/INSERTION	MAXFEE	NFF					44.53	1/1/2014	12/31/2299	N
20552	INJ TRIGGER POINT 1/2 MUSCL	PRXOVR	DEF					NA	NA	NA	N
20552	INJ TRIGGER POINT 1/2 MUSCL	MAXFEE	FAC					26.77	1/1/2014	12/31/2299	N
20552	INJ TRIGGER POINT 1/2 MUSCL	MAXFEE	NFF					42.08	1/1/2014	12/31/2299	N
20553	INJECT TRIGGER POINTS 3/>	PRXOVR	DEF					NA	NA	NA	N
20553	INJECT TRIGGER POINTS 3/>	MAXFEE	FAC					33.88	1/1/2014	12/31/2299	N
20553	INJECT TRIGGER POINTS 3/>	MAXFEE	NFF					44.53	1/1/2014	12/31/2299	N
20555	PLACE NDL MUSC/TIS FOR RT	PRXOVR	DEF					NA	NA	NA	N
20555	PLACE NDL MUSC/TIS FOR RT	MAXFEE	DEF					197.78	1/1/2008	12/31/2299	N
20560	NDL INSJ W/O NJX 1 OR 2 MUSC	PRXOVR	DEF					NA	NA	NA	N
20560	NDL INSJ W/O NJX 1 OR 2 MUSC	MAXFEE	FAC					11.85	7/1/2021	12/31/2299	N
20560	NDL INSJ W/O NJX 1 OR 2 MUSC	MAXFEE	NFF					18.95	7/1/2021	12/31/2299	N
20561	NDL INSJ W/O NJX 3+ MUSC	PRXOVR	DEF					NA	NA	NA	N
20561	NDL INSJ W/O NJX 3+ MUSC	MAXFEE	FAC					17.87	7/1/2021	12/31/2299	N
20561	NDL INSJ W/O NJX 3+ MUSC	MAXFEE	NFF					27.81	7/1/2021	12/31/2299	N
20600	DRAIN/INJ JOINT/BURSA W/O US	PRXOVR	DEF					NA	NA	NA	N
20600	DRAIN/INJ JOINT/BURSA W/O US	MAXFEE	FAC					24.41	1/1/2014	12/31/2299	N
20600	DRAIN/INJ JOINT/BURSA W/O US	MAXFEE	NFF					36.77	1/1/2014	12/31/2299	N
20604	DRAIN/INJ JOINT/BURSA W/US	PRXOVR	DEF					NA	NA	NA	N
20604	DRAIN/INJ JOINT/BURSA W/US	MAXFEE	FAC					36.16	1/1/2015	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

20604	DRAIN/INJ JOINT/BURSA W/US	MAXFEE	NFF					55.35	1/1/2015	12/31/2299	N
20605	DRAIN/INJ JOINT/BURSA W/O US	PRXOVR	DEF					NA	NA	NA	N
20605	DRAIN/INJ JOINT/BURSA W/O US	MAXFEE	FAC					36.82	1/1/2014	12/31/2299	N
20605	DRAIN/INJ JOINT/BURSA W/O US	MAXFEE	NFF					40.43	1/1/2014	12/31/2299	N
20606	DRAIN/INJ JOINT/BURSA W/US	PRXOVR	DEF					NA	NA	NA	N
20606	DRAIN/INJ JOINT/BURSA W/US	MAXFEE	FAC					40.89	1/1/2015	12/31/2299	N
20606	DRAIN/INJ JOINT/BURSA W/US	MAXFEE	NFF					60.87	1/1/2015	12/31/2299	N
20610	DRAIN/INJ JOINT/BURSA W/O US	PRXOVR	DEF					NA	NA	NA	N
20610	DRAIN/INJ JOINT/BURSA W/O US	MAXFEE	FAC					28.41	1/1/2014	12/31/2299	N
20610	DRAIN/INJ JOINT/BURSA W/O US	MAXFEE	NFF					48.91	1/1/2014	12/31/2299	N
20611	DRAIN/INJ JOINT/BURSA W/US	PRXOVR	DEF					NA	NA	NA	N
20611	DRAIN/INJ JOINT/BURSA W/US	MAXFEE	FAC					48.04	1/1/2015	12/31/2299	N
20611	DRAIN/INJ JOINT/BURSA W/US	MAXFEE	NFF					69.87	1/1/2015	12/31/2299	N
20612	ASPIRATE/INJ GANGLION CYST	PRXOVR	DEF					NA	NA	NA	N
20612	ASPIRATE/INJ GANGLION CYST	MAXFEE	FAC					29.98	1/1/2014	12/31/2299	N
20612	ASPIRATE/INJ GANGLION CYST	MAXFEE	NFF					38.40	1/1/2014	12/31/2299	N
20615	TREATMENT OF BONE CYST	PRXOVR	DEF					NA	NA	NA	N
20615	TREATMENT OF BONE CYST	MAXFEE	FAC					64.23	1/1/2014	12/31/2299	N
20615	TREATMENT OF BONE CYST	MAXFEE	NFF					88.18	1/1/2014	12/31/2299	N
20650	INSERT AND REMOVE BONE PIN	PRXOVR	DEF					NA	NA	NA	N
20650	INSERT AND REMOVE BONE PIN	MAXFEE	FAC					66.28	1/1/2014	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

20650	INSERT AND REMOVE BONE PIN	MAXFEE	NFF					97.34	1/1/2014	12/31/2299	N
20670	REMOVAL OF SUPPORT IMPLANT	PRXOVR	DEF					NA	NA	NA	N
20670	REMOVAL OF SUPPORT IMPLANT	MAXFEE	FAC					73.84	1/1/2014	12/31/2299	N
20670	REMOVAL OF SUPPORT IMPLANT	MAXFEE	NFF					166	1/1/2014	12/31/2299	N
20680	REMOVAL OF SUPPORT IMPLANT	PRXOVR	DEF					NA	NA	NA	N
20680	REMOVAL OF SUPPORT IMPLANT	MAXFEE	FAC					149.32	1/1/2014	12/31/2299	N
20680	REMOVAL OF SUPPORT IMPLANT	MAXFEE	NFF					272.23	1/1/2014	12/31/2299	N
20690	APPLY BONE FIXATION DEVICE	PRXOVR	DEF					NA	NA	NA	N
20690	APPLY BONE FIXATION DEVICE	MAXFEE	DEF					267.50	12/31/2014	12/31/2299	N
20692	APPLY BONE FIXATION DEVICE	PRXOVR	DEF					NA	NA	NA	N
20692	APPLY BONE FIXATION DEVICE	MAXFEE	DEF					504.11	12/31/2014	12/31/2299	N
20693	ADJUST BONE FIXATION DEVICE	PRXOVR	DEF					NA	NA	NA	N
20693	ADJUST BONE FIXATION DEVICE	MAXFEE	DEF					254.36	7/1/2008	12/31/2299	N
20694	REMOVE BONE FIXATION DEVICE	PRXOVR	DEF					NA	NA	NA	N
20694	REMOVE BONE FIXATION DEVICE	MAXFEE	FAC					131.29	1/1/2014	12/31/2299	N
20694	REMOVE BONE FIXATION DEVICE	MAXFEE	NFF					201.41	1/1/2014	12/31/2299	N
20700	MNL PREP&INSJ DP RX DLVR DEV	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

20700	MNL PREP&INSJ DP RX DLVR DEV	MAXFEE	DEF					68.83	1/1/2020	12/31/2299	N
20701	RMVL DEEP RX DELIVERY DEVICE	PRXOVR	DEF					NA	NA	NA	N
20701	RMVL DEEP RX DELIVERY DEVICE	MAXFEE	DEF					51.32	1/1/2020	12/31/2299	N
20702	MNL PREP&INSJ IMED RX DEV	PRXOVR	DEF					NA	NA	NA	N
20702	MNL PREP&INSJ IMED RX DEV	MAXFEE	DEF					114.57	1/1/2020	12/31/2299	N
20703	RMVL IMED RX DELIVERY DEVICE	PRXOVR	DEF					NA	NA	NA	N
20703	RMVL IMED RX DELIVERY DEVICE	MAXFEE	DEF					82.06	1/1/2020	12/31/2299	N
20704	MNL PREP&INSJ I-ARTIC RX DEV	PRXOVR	DEF					NA	NA	NA	N
20704	MNL PREP&INSJ I-ARTIC RX DEV	MAXFEE	DEF					119.36	1/1/2020	12/31/2299	N
20705	RMVL I-ARTIC RX DELIVERY DEV	PRXOVR	DEF					NA	NA	NA	N
20705	RMVL I-ARTIC RX DELIVERY DEV	MAXFEE	DEF					98.17	1/1/2020	12/31/2299	N
20900	REMOVAL OF BONE FOR GRAFT	PRXOVR	DEF					NA	NA	NA	N
20900	REMOVAL OF BONE FOR GRAFT	MAXFEE	FAC					126.70	1/1/2014	12/31/2299	N
20900	REMOVAL OF BONE FOR GRAFT	MAXFEE	NFF					226.45	1/1/2014	12/31/2299	N
20902	REMOVAL OF BONE FOR GRAFT	PRXOVR	DEF					NA	NA	NA	N
20902	REMOVAL OF BONE FOR GRAFT	MAXFEE	DEF					276.60	9/1/2013	12/31/2299	N
20910	REMOVE CARTILAGE FOR GRAFT	PRXOVR	DEF					NA	NA	NA	N
20910	REMOVE CARTILAGE FOR GRAFT	MAXFEE	DEF					233.70	7/1/2008	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

20912	REMOVE CARTILAGE FOR GRAFT	PRXOVR	DEF					NA	NA	NA	N
20912	REMOVE CARTILAGE FOR GRAFT	MAXFEE	DEF					306.28	1/1/2000	12/31/2299	N
20924	REMOVAL OF TENDON FOR GRAFT	PRXOVR	DEF					NA	NA	NA	N
20924	REMOVAL OF TENDON FOR GRAFT	MAXFEE	DEF					329.88	1/1/2000	12/31/2299	N
20926	REMOVAL OF TISSUE FOR GRAFT	PRXOVR	DEF					NA	NA	NA	N
20926	REMOVAL OF TISSUE FOR GRAFT	MAXFEE	DEF					NA			N
20974	ELECTRICAL BONE STIMULATION	PRXOVR	DEF					NA	NA	NA	N
20974	ELECTRICAL BONE STIMULATION	MAXFEE	FAC					33.87	1/1/2014	12/31/2299	N
20974	ELECTRICAL BONE STIMULATION	MAXFEE	NFF					38.79	1/1/2014	12/31/2299	N
20975	ELECTRICAL BONE STIMULATION	PRXOVR	DEF					NA	NA	NA	N
20975	ELECTRICAL BONE STIMULATION	MAXFEE	DEF					144.52	12/15/2005	12/31/2299	N
20986	CPTR-ASST DIR MS PX IO IMG	PRXOVR	DEF					NA	NA	NA	N
20986	CPTR-ASST DIR MS PX IO IMG	MANUAL	DEF					NA	NA	NA	N
20987	CPTR-ASST DIR MS PX PRE IMG	PRXOVR	DEF					NA	NA	NA	N
20987	CPTR-ASST DIR MS PX PRE IMG	MANUAL	DEF					NA	NA	NA	N
20999	UNLISTED PX MUSCSKEL GENERAL	PRXOVR	DEF					NA	NA	NA	N
20999	UNLISTED PX MUSCSKEL GENERAL	MANUAL	DEF					NA	NA	NA	N
21010	INCISION OF JAW JOINT	PRXOVR	DEF					NA	NA	NA	N
21010	INCISION OF JAW JOINT	MAXFEE	DEF					532.99	1/1/2000	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

21011	EXC FACE LES SC <2 CM	PRXOVR	DEF					NA	NA	NA	N
21011	EXC FACE LES SC <2 CM	MAXFEE	FAC					89.83	1/1/2014	12/31/2299	N
21011	EXC FACE LES SC <2 CM	MAXFEE	NFF					133.17	1/1/2014	12/31/2299	N
21012	EXC FACE LES SBQ 2 CM/>	PRXOVR	DEF					NA	NA	NA	N
21012	EXC FACE LES SBQ 2 CM/>	MAXFEE	DEF					183.31	1/1/2010	12/31/2299	N
21013	EXC FACE TUM DEEP < 2 CM	PRXOVR	DEF					NA	NA	NA	N
21013	EXC FACE TUM DEEP < 2 CM	MAXFEE	FAC					155.15	1/1/2014	12/31/2299	N
21013	EXC FACE TUM DEEP < 2 CM	MAXFEE	NFF					215.88	1/1/2014	12/31/2299	N
21014	EXC FACE TUM DEEP 2 CM/>	PRXOVR	DEF					NA	NA	NA	N
21014	EXC FACE TUM DEEP 2 CM/>	MAXFEE	DEF					283.58	1/1/2010	12/31/2299	N
21015	RESECT FACE/SCALP TUM < 2 CM	PRXOVR	DEF					NA	NA	NA	N
21015	RESECT FACE/SCALP TUM < 2 CM	MAXFEE	DEF					319.48	1/1/2004	12/31/2299	N
21016	RESECT FACE/SCALP TUM 2 CM/>	PRXOVR	DEF					NA	NA	NA	N
21016	RESECT FACE/SCALP TUM 2 CM/>	MAXFEE	DEF					574.10	1/1/2010	12/31/2299	N
21025	EXCISION OF BONE LOWER JAW	PRXOVR	DEF					NA	NA	NA	N
21025	EXCISION OF BONE LOWER JAW	MAXFEE	FAC					395.77	1/1/2014	12/31/2299	N
21025	EXCISION OF BONE LOWER JAW	MAXFEE	NFF					516.94	1/1/2014	12/31/2299	N
21026	EXCISION OF FACIAL BONE(S)	PRXOVR	DEF					NA	NA	NA	N
21026	EXCISION OF FACIAL BONE(S)	MAXFEE	FAC					174.07	1/1/2014	12/31/2299	N
21026	EXCISION OF FACIAL BONE(S)	MAXFEE	NFF					258.22	1/1/2014	12/31/2299	N
21029	CONTOUR OF FACE BONE LESION	PRXOVR	DEF					NA	NA	NA	N
21029	CONTOUR OF FACE BONE LESION	MAXFEE	FAC					319.87	1/1/2014	12/31/2299	N
21029	CONTOUR OF FACE BONE LESION	MAXFEE	NFF					427.22	1/1/2014	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

21030	EXCISE MAX/ZYGOMA B9 TUMOR	PRXOVR	DEF					NA	NA	NA	N
21030	EXCISE MAX/ZYGOMA B9 TUMOR	MAXFEE	FAC					199.88	1/1/2014	12/31/2299	N
21030	EXCISE MAX/ZYGOMA B9 TUMOR	MAXFEE	NFF					272.33	1/1/2014	12/31/2299	N
21031	REMOVE EXOSTOSIS MANDIBLE	PRXOVR	DEF					NA	NA	NA	N
21031	REMOVE EXOSTOSIS MANDIBLE	MAXFEE	FAC					133.30	1/1/2014	12/31/2299	N
21031	REMOVE EXOSTOSIS MANDIBLE	MAXFEE	NFF					191.15	1/1/2014	12/31/2299	N
21032	REMOVE EXOSTOSIS MAXILLA	PRXOVR	DEF					NA	NA	NA	N
21032	REMOVE EXOSTOSIS MAXILLA	MAXFEE	FAC					135.12	1/1/2014	12/31/2299	N
21032	REMOVE EXOSTOSIS MAXILLA	MAXFEE	NFF					194.57	1/1/2014	12/31/2299	N
21034	EXCISE MAX/ZYGOMA MAL TUMOR	PRXOVR	DEF					NA	NA	NA	N
21034	EXCISE MAX/ZYGOMA MAL TUMOR	MAXFEE	FAC					466.06	1/1/2014	12/31/2299	N
21034	EXCISE MAX/ZYGOMA MAL TUMOR	MAXFEE	NFF					641.57	1/1/2014	12/31/2299	N
21040	EXCISE MANDIBLE LESION	PRXOVR	DEF					NA	NA	NA	N
21040	EXCISE MANDIBLE LESION	MAXFEE	FAC					145.82	1/1/2014	12/31/2299	N
21040	EXCISE MANDIBLE LESION	MAXFEE	NFF					210.26	1/1/2014	12/31/2299	N
21044	REMOVAL OF JAW BONE LESION	PRXOVR	DEF					NA	NA	NA	N
21044	REMOVAL OF JAW BONE LESION	MAXFEE	DEF					569.59	1/1/2000	12/31/2299	N
21045	EXTENSIVE JAW SURGERY	PRXOVR	DEF					NA	NA	NA	N
21045	EXTENSIVE JAW SURGERY	MAXFEE	DEF					791.67	1/1/2000	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

21046	REMOVE MANDIBLE CYST COMPLEX	PRXOVR	DEF					NA	NA	NA	N
21046	REMOVE MANDIBLE CYST COMPLEX	MAXFEE	DEF					613.58	1/1/2004	12/31/2299	N
21047	EXCISE LWR JAW CYST W/REPAIR	PRXOVR	DEF					NA	NA	NA	N
21047	EXCISE LWR JAW CYST W/REPAIR	MAXFEE	DEF					760.42	1/1/2004	12/31/2299	N
21048	REMOVE MAXILLA CYST COMPLEX	PRXOVR	DEF					NA	NA	NA	N
21048	REMOVE MAXILLA CYST COMPLEX	MAXFEE	DEF					631.48	7/1/2003	12/31/2299	N
21049	EXCIS UPPR JAW CYST W/REPAIR	PRXOVR	DEF					NA	NA	NA	N
21049	EXCIS UPPR JAW CYST W/REPAIR	MAXFEE	DEF					720.46	7/1/2003	12/31/2299	N
21050	REMOVAL OF JAW JOINT	PRXOVR	DEF					NA	NA	NA	N
21050	REMOVAL OF JAW JOINT	MAXFEE	DEF					608.02	1/1/2000	12/31/2299	N
21060	REMOVE JAW JOINT CARTILAGE	PRXOVR	DEF					NA	NA	NA	N
21060	REMOVE JAW JOINT CARTILAGE	MAXFEE	DEF					568.62	1/1/2000	12/31/2299	N
21070	REMOVE CORONOID PROCESS	PRXOVR	DEF					NA	NA	NA	N
21070	REMOVE CORONOID PROCESS	MAXFEE	DEF					403.09	1/1/2000	12/31/2299	N
21073	MNPJ OF TMJ W/ANESTH	PRXOVR	DEF					NA	NA	NA	N
21073	MNPJ OF TMJ W/ANESTH	MAXFEE	FAC					131.27	1/1/2014	12/31/2299	N
21073	MNPJ OF TMJ W/ANESTH	MAXFEE	NFF					217.07	1/1/2014	12/31/2299	N
21076	PREPARE FACE/ORAL PROSTHESIS	PRXOVR	DEF					NA	NA	NA	N
21076	PREPARE FACE/ORAL PROSTHESIS	MAXFEE	FAC					558.46	1/1/2014	12/31/2299	N
21076	PREPARE FACE/ORAL PROSTHESIS	MAXFEE	NFF					726.79	1/1/2014	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

21077	PREPARE FACE/ORAL PROSTHESIS	PRXOVR	DEF					NA	NA	NA	N
21077	PREPARE FACE/ORAL PROSTHESIS	MAXFEE	FAC					1411.97	1/1/2014	12/31/2299	N
21077	PREPARE FACE/ORAL PROSTHESIS	MAXFEE	NFF					1827.48	1/1/2014	12/31/2299	N
21079	PREPARE FACE/ORAL PROSTHESIS	PRXOVR	DEF					NA	NA	NA	N
21079	PREPARE FACE/ORAL PROSTHESIS	MAXFEE	FAC					744.54	1/1/2014	12/31/2299	N
21079	PREPARE FACE/ORAL PROSTHESIS	MAXFEE	NFF					1025.57	1/1/2014	12/31/2299	N
21080	PREPARE FACE/ORAL PROSTHESIS	PRXOVR	DEF					NA	NA	NA	N
21080	PREPARE FACE/ORAL PROSTHESIS	MAXFEE	FAC					858.80	1/1/2014	12/31/2299	N
21080	PREPARE FACE/ORAL PROSTHESIS	MAXFEE	NFF					1171.37	1/1/2014	12/31/2299	N
21081	PREPARE FACE/ORAL PROSTHESIS	PRXOVR	DEF					NA	NA	NA	N
21081	PREPARE FACE/ORAL PROSTHESIS	MAXFEE	FAC					774.10	1/1/2014	12/31/2299	N
21081	PREPARE FACE/ORAL PROSTHESIS	MAXFEE	NFF					1056.18	1/1/2014	12/31/2299	N
21082	PREPARE FACE/ORAL PROSTHESIS	PRXOVR	DEF					NA	NA	NA	N
21082	PREPARE FACE/ORAL PROSTHESIS	MAXFEE	FAC					662.53	1/1/2014	12/31/2299	N
21082	PREPARE FACE/ORAL PROSTHESIS	MAXFEE	NFF					932.95	1/1/2014	12/31/2299	N
21083	PREPARE FACE/ORAL PROSTHESIS	PRXOVR	DEF					NA	NA	NA	N
21083	PREPARE FACE/ORAL PROSTHESIS	MAXFEE	FAC					639.52	1/1/2014	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

21083	PREPARE FACE/ORAL PROSTHESIS	MAXFEE	NFF					900.52	1/1/2014	12/31/2299	N
21084	PREPARE FACE/ORAL PROSTHESIS	PRXOVR	DEF					NA	NA	NA	N
21084	PREPARE FACE/ORAL PROSTHESIS	MAXFEE	FAC					740.64	1/1/2014	12/31/2299	N
21084	PREPARE FACE/ORAL PROSTHESIS	MAXFEE	NFF					1032.57	1/1/2014	12/31/2299	N
21085	PREPARE FACE/ORAL PROSTHESIS	PRXOVR	DEF					NA	NA	NA	N
21085	PREPARE FACE/ORAL PROSTHESIS	MAXFEE	FAC					307.13	1/1/2014	12/31/2299	N
21085	PREPARE FACE/ORAL PROSTHESIS	MAXFEE	NFF					402.91	1/1/2014	12/31/2299	N
21086	PREPARE FACE/ORAL PROSTHESIS	PRXOVR	DEF					NA	NA	NA	N
21086	PREPARE FACE/ORAL PROSTHESIS	MAXFEE	FAC					842.35	1/1/2014	12/31/2299	N
21086	PREPARE FACE/ORAL PROSTHESIS	MAXFEE	NFF					1146.21	1/1/2014	12/31/2299	N
21087	PREPARE FACE/ORAL PROSTHESIS	PRXOVR	DEF					NA	NA	NA	N
21087	PREPARE FACE/ORAL PROSTHESIS	MAXFEE	FAC					826.56	1/1/2014	12/31/2299	N
21087	PREPARE FACE/ORAL PROSTHESIS	MAXFEE	NFF					1125.71	1/1/2014	12/31/2299	N
21088	PREPARE FACE/ORAL PROSTHESIS	PRXOVR	DEF					NA	NA	NA	N
21088	PREPARE FACE/ORAL PROSTHESIS	MANUAL	DEF					NA	NA	NA	N
21089	UNLISTED MAXLFCL PROSTH PX	PRXOVR	DEF					NA	NA	NA	N
21089	UNLISTED MAXLFCL PROSTH PX	MANUAL	DEF					NA	NA	NA	N
21100	MAXILLOFACIAL FIXATION	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

21100	MAXILLOFACIAL FIXATION	MAXFEE	FAC					203.23	1/1/2014	12/31/2299	N
21100	MAXILLOFACIAL FIXATION	MAXFEE	NFF					262.54	1/1/2014	12/31/2299	N
21110	INTERDENTAL FIXATION	PRXOVR	DEF					NA	NA	NA	N
21110	INTERDENTAL FIXATION	MAXFEE	FAC					530.70	10/1/2014	12/31/2299	N
21110	INTERDENTAL FIXATION	MAXFEE	NFF					630.08	10/1/2014	12/31/2299	N
21116	INJECTION JAW JOINT X-RAY	PRXOVR	DEF					NA	NA	NA	N
21116	INJECTION JAW JOINT X-RAY	MAXFEE	FAC					29.60	1/1/2014	12/31/2299	N
21116	INJECTION JAW JOINT X-RAY	MAXFEE	NFF					64.96	1/1/2014	12/31/2299	N
21120	RECONSTRUCTION OF CHIN	PRXOVR	DEF					NA	NA	NA	N
21120	RECONSTRUCTION OF CHIN	MAXFEE	FAC					194.75	1/1/2014	12/31/2299	N
21120	RECONSTRUCTION OF CHIN	MAXFEE	NFF					271.51	1/1/2014	12/31/2299	N
21121	RECONSTRUCTION OF CHIN	PRXOVR	DEF					NA	NA	NA	N
21121	RECONSTRUCTION OF CHIN	MAXFEE	FAC					269.71	1/1/2014	12/31/2299	N
21121	RECONSTRUCTION OF CHIN	MAXFEE	NFF					367.13	1/1/2014	12/31/2299	N
21122	RECONSTRUCTION OF CHIN	PRXOVR	DEF					NA	NA	NA	N
21122	RECONSTRUCTION OF CHIN	MAXFEE	DEF					410.55	1/1/2004	12/31/2299	N
21123	RECONSTRUCTION OF CHIN	PRXOVR	DEF					NA	NA	NA	N
21123	RECONSTRUCTION OF CHIN	MAXFEE	DEF					520.14	1/1/2004	12/31/2299	N
21125	AUGMENTATION LOWER JAW BONE	PRXOVR	DEF					NA	NA	NA	N
21125	AUGMENTATION LOWER JAW BONE	MAXFEE	FAC					406.30	1/1/2014	12/31/2299	N
21125	AUGMENTATION LOWER JAW BONE	MAXFEE	NFF					1016.42	1/1/2014	12/31/2299	N
21127	AUGMENTATION LOWER JAW BONE	PRXOVR	DEF					NA	NA	NA	N
21127	AUGMENTATION LOWER JAW BONE	MAXFEE	FAC					517.63	1/1/2014	12/31/2299	N
21127	AUGMENTATION LOWER JAW BONE	MAXFEE	NFF					1147.21	1/1/2014	12/31/2299	N
21141	LEFORT I-1 PIECE W/O GRAFT	PRXOVR	DEF					NA	NA	NA	N
21141	LEFORT I-1 PIECE W/O GRAFT	MAXFEE	DEF					855.57	1/1/2000	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

21142	LEFORT I-2 PIECE W/O GRAFT	PRXOVR	DEF					NA	NA	NA	N
21142	LEFORT I-2 PIECE W/O GRAFT	MAXFEE	DEF					889.53	1/1/2000	12/31/2299	N
21143	LEFORT I-3/> PIECE W/O GRAFT	PRXOVR	DEF					NA	NA	NA	N
21143	LEFORT I-3/> PIECE W/O GRAFT	MAXFEE	DEF					924.15	1/1/2000	12/31/2299	N
21145	LEFORT I-1 PIECE W/ GRAFT	PRXOVR	DEF					NA	NA	NA	N
21145	LEFORT I-1 PIECE W/ GRAFT	MAXFEE	DEF					912.07	1/1/2000	12/31/2299	N
21146	LEFORT I-2 PIECE W/ GRAFT	PRXOVR	DEF					NA	NA	NA	N
21146	LEFORT I-2 PIECE W/ GRAFT	MAXFEE	DEF					946.35	1/1/2000	12/31/2299	N
21147	LEFORT I-3/> PIECE W/ GRAFT	PRXOVR	DEF					NA	NA	NA	N
21147	LEFORT I-3/> PIECE W/ GRAFT	MAXFEE	DEF					990.35	1/1/2000	12/31/2299	N
21150	LEFORT II ANTERIOR INTRUSION	PRXOVR	DEF					NA	NA	NA	N
21150	LEFORT II ANTERIOR INTRUSION	MAXFEE	DEF					1177.19	4/1/2008	12/31/2299	N
21151	LEFORT II W/BONE GRAFTS	PRXOVR	DEF					NA	NA	NA	N
21151	LEFORT II W/BONE GRAFTS	MAXFEE	DEF					1300.61	1/1/2000	12/31/2299	N
21154	LEFORT III W/O LEFORT I	PRXOVR	DEF					NA	NA	NA	N
21154	LEFORT III W/O LEFORT I	MAXFEE	DEF					1415.22	1/1/2000	12/31/2299	N
21155	LEFORT III W/ LEFORT I	PRXOVR	DEF					NA	NA	NA	N
21155	LEFORT III W/ LEFORT I	MAXFEE	DEF					1578.36	1/1/2000	12/31/2299	N
21159	LEFORT III W/FHDW/O LEFORT I	PRXOVR	DEF					NA	NA	NA	N
21159	LEFORT III W/FHDW/O LEFORT I	MAXFEE	DEF					1956.16	1/1/2000	12/31/2299	N
21160	LEFORT III W/FHD W/ LEFORT I	PRXOVR	DEF					NA	NA	NA	N
21160	LEFORT III W/FHD W/ LEFORT I	MAXFEE	DEF					2109.20	1/1/2000	12/31/2299	N
21172	RECONSTRUCT ORBIT/FOREHEAD	PRXOVR	DEF					NA	NA	NA	N
21172	RECONSTRUCT ORBIT/FOREHEAD	MAXFEE	DEF					1282.50	1/1/2000	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

21175	RECONSTRUCT ORBIT/FOREHEAD	PRXOVR	DEF					NA	NA	NA	N
21175	RECONSTRUCT ORBIT/FOREHEAD	MAXFEE	DEF					1548.84	1/1/2000	12/31/2299	N
21179	RECONSTRUCT ENTIRE FOREHEAD	PRXOVR	DEF					NA	NA	NA	N
21179	RECONSTRUCT ENTIRE FOREHEAD	MAXFEE	DEF					1051.34	1/1/2000	12/31/2299	N
21180	RECONSTRUCT ENTIRE FOREHEAD	PRXOVR	DEF					NA	NA	NA	N
21180	RECONSTRUCT ENTIRE FOREHEAD	MAXFEE	DEF					1176.45	1/1/2000	12/31/2299	N
21181	CONTOUR CRANIAL BONE LESION	PRXOVR	DEF					NA	NA	NA	N
21181	CONTOUR CRANIAL BONE LESION	MAXFEE	DEF					462.32	1/1/2004	12/31/2299	N
21182	RECONSTRUCT CRANIAL BONE	PRXOVR	DEF					NA	NA	NA	N
21182	RECONSTRUCT CRANIAL BONE	MAXFEE	DEF					1523.60	1/1/2000	12/31/2299	N
21183	RECONSTRUCT CRANIAL BONE	PRXOVR	DEF					NA	NA	NA	N
21183	RECONSTRUCT CRANIAL BONE	MAXFEE	DEF					1653.31	1/1/2000	12/31/2299	N
21184	RECONSTRUCT CRANIAL BONE	PRXOVR	DEF					NA	NA	NA	N
21184	RECONSTRUCT CRANIAL BONE	MAXFEE	DEF					1781.43	1/1/2000	12/31/2299	N
21188	RECONSTRUCTION OF MIDFACE	PRXOVR	DEF					NA	NA	NA	N
21188	RECONSTRUCTION OF MIDFACE	MAXFEE	DEF					1049.24	1/1/2000	12/31/2299	N
21193	RECONST LWR JAW W/O GRAFT	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

21193	RECONST LWR JAW W/O GRAFT	MAXFEE	DEF					788	1/1/2000	12/31/2299	N
21194	RECONST LWR JAW W/GRAFT	PRXOVR	DEF					NA	NA	NA	N
21194	RECONST LWR JAW W/GRAFT	MAXFEE	DEF					921.91	1/1/2000	12/31/2299	N
21195	RECONST LWR JAW W/O FIXATION	PRXOVR	DEF					NA	NA	NA	N
21195	RECONST LWR JAW W/O FIXATION	MAXFEE	DEF					800.29	1/1/2000	12/31/2299	N
21196	RECONST LWR JAW W/FIXATION	PRXOVR	DEF					NA	NA	NA	N
21196	RECONST LWR JAW W/FIXATION	MAXFEE	DEF					878.78	1/1/2000	12/31/2299	N
21198	RECONSTR LWR JAW SEGMENT	PRXOVR	DEF					NA	NA	NA	N
21198	RECONSTR LWR JAW SEGMENT	MAXFEE	DEF					768.88	4/1/2008	12/31/2299	N
21199	RECONSTR LWR JAW W/ADVANCE	PRXOVR	DEF					NA	NA	NA	N
21199	RECONSTR LWR JAW W/ADVANCE	MAXFEE	DEF					767.55	4/1/2008	12/31/2299	N
21206	RECONSTRUCT UPPER JAW BONE	PRXOVR	DEF					NA	NA	NA	N
21206	RECONSTRUCT UPPER JAW BONE	MAXFEE	DEF					657.52	1/1/2000	12/31/2299	N
21208	AUGMENTATION OF FACIAL BONES	PRXOVR	DEF					NA	NA	NA	N
21208	AUGMENTATION OF FACIAL BONES	MAXFEE	FAC					561.14	1/1/2014	12/31/2299	N
21208	AUGMENTATION OF FACIAL BONES	MAXFEE	NFF					764.88	1/1/2014	12/31/2299	N
21209	REDUCTION OF FACIAL BONES	PRXOVR	DEF					NA	NA	NA	N
21209	REDUCTION OF FACIAL BONES	MAXFEE	FAC					244.56	1/1/2014	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

21209	REDUCTION OF FACIAL BONES	MAXFEE	NFF					343.14	1/1/2014	12/31/2299	N
21210	FACE BONE GRAFT	PRXOVR	DEF					NA	NA	NA	N
21210	FACE BONE GRAFT	MAXFEE	FAC					565.83	1/1/2014	12/31/2299	N
21210	FACE BONE GRAFT	MAXFEE	NFF					791.82	1/1/2014	12/31/2299	N
21215	LOWER JAW BONE GRAFT	PRXOVR	DEF					NA	NA	NA	N
21215	LOWER JAW BONE GRAFT	MAXFEE	FAC					594.54	1/1/2014	12/31/2299	N
21215	LOWER JAW BONE GRAFT	MAXFEE	NFF					1209.25	1/1/2014	12/31/2299	N
21230	RIB CARTILAGE GRAFT	PRXOVR	DEF					NA	NA	NA	N
21230	RIB CARTILAGE GRAFT	MAXFEE	DEF					583.54	1/1/2000	12/31/2299	N
21235	EAR CARTILAGE GRAFT	PRXOVR	DEF					NA	NA	NA	N
21235	EAR CARTILAGE GRAFT	MAXFEE	FAC					285.78	1/1/2014	12/31/2299	N
21235	EAR CARTILAGE GRAFT	MAXFEE	NFF					407.18	1/1/2014	12/31/2299	N
21240	RECONSTRUCTION OF JAW JOINT	PRXOVR	DEF					NA	NA	NA	N
21240	RECONSTRUCTION OF JAW JOINT	MAXFEE	DEF					782.74	1/1/2000	12/31/2299	N
21242	RECONSTRUCTION OF JAW JOINT	PRXOVR	DEF					NA	NA	NA	N
21242	RECONSTRUCTION OF JAW JOINT	MAXFEE	DEF					730.34	1/1/2000	12/31/2299	N
21243	RECONSTRUCTION OF JAW JOINT	PRXOVR	DEF					NA	NA	NA	N
21243	RECONSTRUCTION OF JAW JOINT	MAXFEE	DEF					940.96	1/1/2000	12/31/2299	N
21244	RECONSTRUCTION OF LOWER JAW	PRXOVR	DEF					NA	NA	NA	N
21244	RECONSTRUCTION OF LOWER JAW	MAXFEE	DEF					670.65	1/1/2000	12/31/2299	N
21245	RECONSTRUCTION OF JAW	PRXOVR	DEF					NA	NA	NA	N
21245	RECONSTRUCTION OF JAW	MAXFEE	FAC					444.35	1/1/2014	12/31/2299	N
21245	RECONSTRUCTION OF JAW	MAXFEE	NFF					628.88	1/1/2014	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

21246	RECONSTRUCTION OF JAW	PRXOVR	DEF					NA	NA	NA	N
21246	RECONSTRUCTION OF JAW	MAXFEE	DEF					576.06	1/1/2000	12/31/2299	N
21247	RECONSTRUCT LOWER JAW BONE	PRXOVR	DEF					NA	NA	NA	N
21247	RECONSTRUCT LOWER JAW BONE	MAXFEE	DEF					1219.56	1/1/2000	12/31/2299	N
21248	RECONSTRUCTION OF JAW	PRXOVR	DEF					NA	NA	NA	N
21248	RECONSTRUCTION OF JAW	MAXFEE	FAC					455.91	1/1/2014	12/31/2299	N
21248	RECONSTRUCTION OF JAW	MAXFEE	NFF					637	1/1/2014	12/31/2299	N
21249	RECONSTRUCTION OF JAW	PRXOVR	DEF					NA	NA	NA	N
21249	RECONSTRUCTION OF JAW	MAXFEE	FAC					724.02	1/1/2014	12/31/2299	N
21249	RECONSTRUCTION OF JAW	MAXFEE	NFF					973.15	1/1/2014	12/31/2299	N
21255	RECONSTRUCT LOWER JAW BONE	PRXOVR	DEF					NA	NA	NA	N
21255	RECONSTRUCT LOWER JAW BONE	MAXFEE	DEF					919.29	1/1/2000	12/31/2299	N
21256	RECONSTRUCTION OF ORBIT	PRXOVR	DEF					NA	NA	NA	N
21256	RECONSTRUCTION OF ORBIT	MAXFEE	DEF					911.51	1/1/2000	12/31/2299	N
21260	REVISE EYE SOCKETS	PRXOVR	DEF					NA	NA	NA	N
21260	REVISE EYE SOCKETS	MAXFEE	DEF					911.10	4/1/2008	12/31/2299	N
21261	REVISE EYE SOCKETS	PRXOVR	DEF					NA	NA	NA	N
21261	REVISE EYE SOCKETS	MAXFEE	DEF					1318.39	1/1/2000	12/31/2299	N
21263	REVISE EYE SOCKETS	PRXOVR	DEF					NA	NA	NA	N
21263	REVISE EYE SOCKETS	MAXFEE	DEF					1517.61	1/1/2000	12/31/2299	N
21267	REVISE EYE SOCKETS	PRXOVR	DEF					NA	NA	NA	N
21267	REVISE EYE SOCKETS	MAXFEE	DEF					959.04	1/1/2000	12/31/2299	N
21268	REVISE EYE SOCKETS	PRXOVR	DEF					NA	NA	NA	N
21268	REVISE EYE SOCKETS	MAXFEE	DEF					1131.98	1/1/2000	12/31/2299	N
21270	AUGMENTATION CHEEK BONE	PRXOVR	DEF					NA	NA	NA	N
21270	AUGMENTATION CHEEK BONE	MAXFEE	FAC					391.94	1/1/2014	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

21270	AUGMENTATION CHEEK BONE	MAXFEE	NFF					539.79	1/1/2014	12/31/2299	N
21275	REVISION ORBITOFACIAL BONES	PRXOVR	DEF					NA	NA	NA	N
21275	REVISION ORBITOFACIAL BONES	MAXFEE	DEF					582.09	1/1/2000	12/31/2299	N
21295	REVISION OF JAW MUSCLE/BONE	PRXOVR	DEF					NA	NA	NA	N
21295	REVISION OF JAW MUSCLE/BONE	MAXFEE	DEF					94.94	7/1/2008	12/31/2299	N
21296	REVISION OF JAW MUSCLE/BONE	PRXOVR	DEF					NA	NA	NA	N
21296	REVISION OF JAW MUSCLE/BONE	MAXFEE	DEF					217.39	1/1/2004	12/31/2299	N
21299	UNLISTED CRANFCL&MAXLFCL PX	PRXOVR	DEF					NA	NA	NA	N
21299	UNLISTED CRANFCL&MAXLFCL PX	MANUAL	DEF					NA	NA	NA	N
21300	TREATMENT OF SKULL FRACTURE	PRXOVR	DEF					NA	NA	NA	N
21300	TREATMENT OF SKULL FRACTURE	MAXFEE	DEF					NA			N
21310	CLOSED TX NOSE FX W/O MANJ	PRXOVR	DEF					NA	NA	NA	N
21310	CLOSED TX NOSE FX W/O MANJ	MAXFEE	DEF					NA			N
21315	CLSD TX NSL FX MNPJ WO STBLJ	PRXOVR	DEF					NA	NA	NA	N
21315	CLSD TX NSL FX MNPJ WO STBLJ	MAXFEE	FAC					100.53	1/1/2014	12/31/2299	N
21315	CLSD TX NSL FX MNPJ WO STBLJ	MAXFEE	NFF					123.68	1/1/2014	12/31/2299	N
21320	CLSD TX NSL FX W/MNPJ&STABLJ	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

21320	CLSD TX NSL FX W/MNPJ&STABLJ	MAXFEE	FAC					52.88	1/1/2014	12/31/2299	N
21320	CLSD TX NSL FX W/MNPJ&STABLJ	MAXFEE	NFF					110.90	1/1/2014	12/31/2299	N
21325	OPEN TX NOSE FX UNCOMPLICATD	PRXOVR	DEF					NA	NA	NA	N
21325	OPEN TX NOSE FX UNCOMPLICATD	MAXFEE	DEF					263.29	7/1/2008	12/31/2299	N
21330	OPEN TX NOSE FX W/SKELE FIXJ	PRXOVR	DEF					NA	NA	NA	N
21330	OPEN TX NOSE FX W/SKELE FIXJ	MAXFEE	DEF					322.96	7/1/2008	12/31/2299	N
21335	OPEN TX NOSE & SEPTAL FX	PRXOVR	DEF					NA	NA	NA	N
21335	OPEN TX NOSE & SEPTAL FX	MAXFEE	DEF					500.89	1/1/2000	12/31/2299	N
21336	OPEN TX SEPTAL FX W/NO STABJ	PRXOVR	DEF					NA	NA	NA	N
21336	OPEN TX SEPTAL FX W/NO STABJ	MAXFEE	DEF					343.04	7/1/2008	12/31/2299	N
21337	CLOSED TX SEPTAL&NOSE FX	PRXOVR	DEF					NA	NA	NA	N
21337	CLOSED TX SEPTAL&NOSE FX	MAXFEE	FAC					121.84	1/1/2014	12/31/2299	N
21337	CLOSED TX SEPTAL&NOSE FX	MAXFEE	NFF					165.46	1/1/2014	12/31/2299	N
21338	OPEN NASOETHMOID FX W/O FIXJ	PRXOVR	DEF					NA	NA	NA	N
21338	OPEN NASOETHMOID FX W/O FIXJ	MAXFEE	DEF					431.18	7/1/2008	12/31/2299	N
21339	OPEN NASOETHMOID FX W/ FIXJ	PRXOVR	DEF					NA	NA	NA	N
21339	OPEN NASOETHMOID FX W/ FIXJ	MAXFEE	DEF					471.49	7/1/2008	12/31/2299	N
21340	PERQ TX NASOETHMOID FX	PRXOVR	DEF					NA	NA	NA	N
21340	PERQ TX NASOETHMOID FX	MAXFEE	DEF					541.69	1/1/2000	12/31/2299	N
21343	OPEN TX DPRSD FRONT SINUS FX	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

21343	OPEN TX DPRSD FRONT SINUS FX	MAXFEE	DEF					634.32	7/1/2008	12/31/2299	N
21344	OPEN TX COMPL FRONT SINUS FX	PRXOVR	DEF					NA	NA	NA	N
21344	OPEN TX COMPL FRONT SINUS FX	MAXFEE	DEF					823.93	7/1/2008	12/31/2299	N
21345	CLOSED TX NOSE/JAW FX	PRXOVR	DEF					NA	NA	NA	N
21345	CLOSED TX NOSE/JAW FX	MAXFEE	FAC					333.35	1/1/2014	12/31/2299	N
21345	CLOSED TX NOSE/JAW FX	MAXFEE	NFF					447.76	1/1/2014	12/31/2299	N
21346	OPN TX NASOMAX FX W/FIXJ	PRXOVR	DEF					NA	NA	NA	N
21346	OPN TX NASOMAX FX W/FIXJ	MAXFEE	DEF					547.78	1/1/2000	12/31/2299	N
21347	OPN TX NASOMAX FX MULTPLE	PRXOVR	DEF					NA	NA	NA	N
21347	OPN TX NASOMAX FX MULTPLE	MAXFEE	DEF					629.02	1/1/2000	12/31/2299	N
21348	OPN TX NASOMAX FX W/GRAFT	PRXOVR	DEF					NA	NA	NA	N
21348	OPN TX NASOMAX FX W/GRAFT	MAXFEE	DEF					780.24	1/1/2000	12/31/2299	N
21355	PERQ TX MALAR FRACTURE	PRXOVR	DEF					NA	NA	NA	N
21355	PERQ TX MALAR FRACTURE	MAXFEE	FAC					112.59	1/1/2014	12/31/2299	N
21355	PERQ TX MALAR FRACTURE	MAXFEE	NFF					167.45	1/1/2014	12/31/2299	N
21356	OPN TX DPRSD ZYGOMATIC ARCH	PRXOVR	DEF					NA	NA	NA	N
21356	OPN TX DPRSD ZYGOMATIC ARCH	MAXFEE	FAC					177.74	1/1/2014	12/31/2299	N
21356	OPN TX DPRSD ZYGOMATIC ARCH	MAXFEE	NFF					253.06	1/1/2014	12/31/2299	N
21360	OPN TX DPRSD MALAR FRACTURE	PRXOVR	DEF					NA	NA	NA	N
21360	OPN TX DPRSD MALAR FRACTURE	MAXFEE	DEF					375.55	4/1/2008	12/31/2299	N
21365	OPN TX COMPLX MALAR FX	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

21365	OPN TX COMPLX MALAR FX	MAXFEE	DEF					743.60	1/1/2004	12/31/2299	N
21366	OPN TX COMPLX MALAR W/GRFT	PRXOVR	DEF					NA	NA	NA	N
21366	OPN TX COMPLX MALAR W/GRFT	MAXFEE	DEF					819.55	1/1/2000	12/31/2299	N
21385	OPN TX ORBIT FX TRANSANTRAL	PRXOVR	DEF					NA	NA	NA	N
21385	OPN TX ORBIT FX TRANSANTRAL	MAXFEE	DEF					502.99	1/1/2004	12/31/2299	N
21386	OPN TX ORBIT FX PERIORBITAL	PRXOVR	DEF					NA	NA	NA	N
21386	OPN TX ORBIT FX PERIORBITAL	MAXFEE	DEF					503.10	1/1/2004	12/31/2299	N
21387	OPN TX ORBIT FX COMBINED	PRXOVR	DEF					NA	NA	NA	N
21387	OPN TX ORBIT FX COMBINED	MAXFEE	DEF					481.11	1/1/2004	12/31/2299	N
21390	OPN TX ORBIT PERIORBTL IMPLT	PRXOVR	DEF					NA	NA	NA	N
21390	OPN TX ORBIT PERIORBTL IMPLT	MAXFEE	DEF					582.12	4/1/2008	12/31/2299	N
21395	OPN TX ORBIT PERIORBT W/GRFT	PRXOVR	DEF					NA	NA	NA	N
21395	OPN TX ORBIT PERIORBT W/GRFT	MAXFEE	DEF					622.68	1/1/2004	12/31/2299	N
21400	CLOSED TX ORBIT W/O MANIPULJ	PRXOVR	DEF					NA	NA	NA	N
21400	CLOSED TX ORBIT W/O MANIPULJ	MAXFEE	FAC					67.94	1/1/2014	12/31/2299	N
21400	CLOSED TX ORBIT W/O MANIPULJ	MAXFEE	NFF					92.28	1/1/2014	12/31/2299	N
21401	CLOSED TX ORBIT W/MANIPULJ	PRXOVR	DEF					NA	NA	NA	N
21401	CLOSED TX ORBIT W/MANIPULJ	MAXFEE	FAC					122.11	1/1/2014	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

21401	CLOSED TX ORBIT W/MANIPULJ	MAXFEE	NFF					168.17	1/1/2014	12/31/2299	N
21406	OPN TX ORBIT FX W/O IMPLANT	PRXOVR	DEF					NA	NA	NA	N
21406	OPN TX ORBIT FX W/O IMPLANT	MAXFEE	DEF					348.90	4/1/2008	12/31/2299	N
21407	OPN TX ORBIT FX W/IMPLANT	PRXOVR	DEF					NA	NA	NA	N
21407	OPN TX ORBIT FX W/IMPLANT	MAXFEE	DEF					437.29	4/1/2008	12/31/2299	N
21408	OPN TX ORBIT FX W/BONE GRFT	PRXOVR	DEF					NA	NA	NA	N
21408	OPN TX ORBIT FX W/BONE GRFT	MAXFEE	DEF					575.12	1/1/2000	12/31/2299	N
21421	TREAT MOUTH ROOF FRACTURE	PRXOVR	DEF					NA	NA	NA	N
21421	TREAT MOUTH ROOF FRACTURE	MAXFEE	FAC					233.94	1/1/2014	12/31/2299	N
21421	TREAT MOUTH ROOF FRACTURE	MAXFEE	NFF					314.94	1/1/2014	12/31/2299	N
21422	TREAT MOUTH ROOF FRACTURE	PRXOVR	DEF					NA	NA	NA	N
21422	TREAT MOUTH ROOF FRACTURE	MAXFEE	DEF					472.94	1/1/2004	12/31/2299	N
21423	TREAT MOUTH ROOF FRACTURE	PRXOVR	DEF					NA	NA	NA	N
21423	TREAT MOUTH ROOF FRACTURE	MAXFEE	DEF					542.72	1/1/2000	12/31/2299	N
21431	TREAT CRANIOFACIAL FRACTURE	PRXOVR	DEF					NA	NA	NA	N
21431	TREAT CRANIOFACIAL FRACTURE	MAXFEE	DEF					375.08	7/1/2008	12/31/2299	N
21432	TREAT CRANIOFACIAL FRACTURE	PRXOVR	DEF					NA	NA	NA	N
21432	TREAT CRANIOFACIAL FRACTURE	MAXFEE	DEF					414.65	1/1/2000	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

21433	TREAT CRANIOFACIAL FRACTURE	PRXOVR	DEF					NA	NA	NA	N
21433	TREAT CRANIOFACIAL FRACTURE	MAXFEE	DEF					1174.07	1/1/2000	12/31/2299	N
21435	TREAT CRANIOFACIAL FRACTURE	PRXOVR	DEF					NA	NA	NA	N
21435	TREAT CRANIOFACIAL FRACTURE	MAXFEE	DEF					833.30	1/1/2000	12/31/2299	N
21436	TREAT CRANIOFACIAL FRACTURE	PRXOVR	DEF					NA	NA	NA	N
21436	TREAT CRANIOFACIAL FRACTURE	MAXFEE	DEF					1169.23	1/1/2000	12/31/2299	N
21440	TREAT DENTAL RIDGE FRACTURE	PRXOVR	DEF					NA	NA	NA	N
21440	TREAT DENTAL RIDGE FRACTURE	MAXFEE	FAC					165.22	1/1/2014	12/31/2299	N
21440	TREAT DENTAL RIDGE FRACTURE	MAXFEE	NFF					243.15	1/1/2014	12/31/2299	N
21445	TREAT DENTAL RIDGE FRACTURE	PRXOVR	DEF					NA	NA	NA	N
21445	TREAT DENTAL RIDGE FRACTURE	MAXFEE	FAC					216.39	1/1/2014	12/31/2299	N
21445	TREAT DENTAL RIDGE FRACTURE	MAXFEE	NFF					319.75	1/1/2014	12/31/2299	N
21450	TREAT LOWER JAW FRACTURE	PRXOVR	DEF					NA	NA	NA	N
21450	TREAT LOWER JAW FRACTURE	MAXFEE	FAC					172.45	1/1/2014	12/31/2299	N
21450	TREAT LOWER JAW FRACTURE	MAXFEE	NFF					229.89	1/1/2014	12/31/2299	N
21451	TREAT LOWER JAW FRACTURE	PRXOVR	DEF					NA	NA	NA	N
21451	TREAT LOWER JAW FRACTURE	MAXFEE	FAC					221.42	1/1/2014	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

21451	TREAT LOWER JAW FRACTURE	MAXFEE	NFF					310.38	1/1/2014	12/31/2299	N
21452	TREAT LOWER JAW FRACTURE	PRXOVR	DEF					NA	NA	NA	N
21452	TREAT LOWER JAW FRACTURE	MAXFEE	FAC					157.44	1/1/2014	12/31/2299	N
21452	TREAT LOWER JAW FRACTURE	MAXFEE	NFF					245.78	1/1/2014	12/31/2299	N
21453	TREAT LOWER JAW FRACTURE	PRXOVR	DEF					NA	NA	NA	N
21453	TREAT LOWER JAW FRACTURE	MAXFEE	FAC					273.73	1/1/2014	12/31/2299	N
21453	TREAT LOWER JAW FRACTURE	MAXFEE	NFF					379.90	1/1/2014	12/31/2299	N
21454	TREAT LOWER JAW FRACTURE	PRXOVR	DEF					NA	NA	NA	N
21454	TREAT LOWER JAW FRACTURE	MAXFEE	DEF					378.10	1/1/2000	12/31/2299	N
21461	TREAT LOWER JAW FRACTURE	PRXOVR	DEF					NA	NA	NA	N
21461	TREAT LOWER JAW FRACTURE	MAXFEE	FAC					475.81	1/1/2014	12/31/2299	N
21461	TREAT LOWER JAW FRACTURE	MAXFEE	NFF					937.22	1/1/2014	12/31/2299	N
21462	TREAT LOWER JAW FRACTURE	PRXOVR	DEF					NA	NA	NA	N
21462	TREAT LOWER JAW FRACTURE	MAXFEE	FAC					551.94	1/1/2014	12/31/2299	N
21462	TREAT LOWER JAW FRACTURE	MAXFEE	NFF					986.07	1/1/2014	12/31/2299	N
21465	TREAT LOWER JAW FRACTURE	PRXOVR	DEF					NA	NA	NA	N
21465	TREAT LOWER JAW FRACTURE	MAXFEE	DEF					549.24	1/1/2000	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

21470	TREAT LOWER JAW FRACTURE	PRXOVR	DEF					NA	NA	NA	N
21470	TREAT LOWER JAW FRACTURE	MAXFEE	DEF					835.20	1/1/2004	12/31/2299	N
21480	RESET DISLOCATED JAW	PRXOVR	DEF					NA	NA	NA	N
21480	RESET DISLOCATED JAW	MAXFEE	FAC					19.52	1/1/2014	12/31/2299	N
21480	RESET DISLOCATED JAW	MAXFEE	NFF					42.90	1/1/2014	12/31/2299	N
21485	RESET DISLOCATED JAW	PRXOVR	DEF					NA	NA	NA	N
21485	RESET DISLOCATED JAW	MAXFEE	FAC					203.02	1/1/2014	12/31/2299	N
21485	RESET DISLOCATED JAW	MAXFEE	NFF					275.57	1/1/2014	12/31/2299	N
21490	REPAIR DISLOCATED JAW	PRXOVR	DEF					NA	NA	NA	N
21490	REPAIR DISLOCATED JAW	MAXFEE	DEF					499.57	7/1/2008	12/31/2299	N
21493	TREAT HYOID BONE FRACTURE	PRXOVR	DEF					NA	NA	NA	N
21493	TREAT HYOID BONE FRACTURE	MAXFEE	DEF					NA			N
21494	TREAT HYOID BONE FRACTURE	PRXOVR	DEF					NA	NA	NA	N
21494	TREAT HYOID BONE FRACTURE	MAXFEE	DEF					NA			N
21495	TREAT HYOID BONE FRACTURE	PRXOVR	DEF					NA	NA	NA	N
21495	TREAT HYOID BONE FRACTURE	MAXFEE	DEF					NA			N
21497	INTERDENTAL WIRING	PRXOVR	DEF					NA	NA	NA	N
21497	INTERDENTAL WIRING	MAXFEE	FAC					477.12	10/1/2014	12/31/2299	N
21497	INTERDENTAL WIRING	MAXFEE	NFF					572.03	10/1/2014	12/31/2299	N
21499	UNLISTED MUSCSKEL PX HEAD	PRXOVR	DEF					NA	NA	NA	N
21499	UNLISTED MUSCSKEL PX HEAD	MANUAL	DEF					NA	NA	NA	N
30400	RECONSTRUCTION OF NOSE	PRXOVR	DEF					NA	NA	NA	N
30400	RECONSTRUCTION OF NOSE	MAXFEE	DEF					559.22	7/1/2008	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

30410	RECONSTRUCTION OF NOSE	PRXOVR	DEF					NA	NA	NA	N
30410	RECONSTRUCTION OF NOSE	MAXFEE	DEF					680.92	7/1/2008	12/31/2299	N
30420	RECONSTRUCTION OF NOSE	PRXOVR	DEF					NA	NA	NA	N
30420	RECONSTRUCTION OF NOSE	MAXFEE	DEF					736.55	7/1/2003	12/31/2299	N
30430	REVISION OF NOSE	PRXOVR	DEF					NA	NA	NA	N
30430	REVISION OF NOSE	MAXFEE	DEF					503.07	7/1/2008	12/31/2299	N
30435	REVISION OF NOSE	PRXOVR	DEF					NA	NA	NA	N
30435	REVISION OF NOSE	MAXFEE	DEF					668.47	7/1/2008	12/31/2299	N
30450	REVISION OF NOSE	PRXOVR	DEF					NA	NA	NA	N
30450	REVISION OF NOSE	MAXFEE	DEF					874.92	7/1/2008	12/31/2299	N
30460	REVISION OF NOSE	PRXOVR	DEF					NA	NA	NA	N
30460	REVISION OF NOSE	MAXFEE	DEF					499.98	1/1/2004	12/31/2299	N
30462	REVISION OF NOSE	PRXOVR	DEF					NA	NA	NA	N
30462	REVISION OF NOSE	MAXFEE	DEF					969.04	1/1/2004	12/31/2299	N
30465	REPAIR NASAL STENOSIS	PRXOVR	DEF					NA	NA	NA	N
30465	REPAIR NASAL STENOSIS	MAXFEE	DEF					600.56	1/1/2004	12/31/2299	N
30469	RPR NSL VLV COLLAPSE W/RMDLG	PRXOVR	DEF					NA	NA	NA	N
30469	RPR NSL VLV COLLAPSE W/RMDLG	MAXFEE	FAC					115.14	1/1/2023	12/31/2299	N
30469	RPR NSL VLV COLLAPSE W/RMDLG	MAXFEE	NFF					1829.18	1/1/2023	12/31/2299	N
30520	REPAIR OF NASAL SEPTUM	PRXOVR	DEF					NA	NA	NA	N
30520	REPAIR OF NASAL SEPTUM	MAXFEE	DEF					328.19	1/1/2000	12/31/2299	N
30540	REPAIR NASAL DEFECT	PRXOVR	DEF					NA	NA	NA	N
30540	REPAIR NASAL DEFECT	MAXFEE	DEF					386.89	1/1/2000	12/31/2299	N
30545	REPAIR NASAL DEFECT	PRXOVR	DEF					NA	NA	NA	N
30545	REPAIR NASAL DEFECT	MAXFEE	DEF					584.66	1/1/2004	12/31/2299	N
30560	RELEASE OF NASAL ADHESIONS	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

30560	RELEASE OF NASAL ADHESIONS	MAXFEE	FAC					48.28	1/1/2014	12/31/2299	N
30560	RELEASE OF NASAL ADHESIONS	MAXFEE	NFF					97.40	1/1/2014	12/31/2299	N
30580	REPAIR UPPER JAW FISTULA	PRXOVR	DEF					NA	NA	NA	N
30580	REPAIR UPPER JAW FISTULA	MAXFEE	FAC					219.62	1/1/2014	12/31/2299	N
30580	REPAIR UPPER JAW FISTULA	MAXFEE	NFF					335.05	1/1/2014	12/31/2299	N
30600	REPAIR MOUTH/NOSE FISTULA	PRXOVR	DEF					NA	NA	NA	N
30600	REPAIR MOUTH/NOSE FISTULA	MAXFEE	FAC					157.99	1/1/2014	12/31/2299	N
30600	REPAIR MOUTH/NOSE FISTULA	MAXFEE	NFF					262.93	1/1/2014	12/31/2299	N
30620	INTRANASAL RECONSTRUCTION	PRXOVR	DEF					NA	NA	NA	N
30620	INTRANASAL RECONSTRUCTION	MAXFEE	DEF					346.60	1/1/2000	12/31/2299	N
30630	REPAIR NASAL SEPTUM DEFECT	PRXOVR	DEF					NA	NA	NA	N
30630	REPAIR NASAL SEPTUM DEFECT	MAXFEE	DEF					365.30	1/1/2000	12/31/2299	N
40490	BIOPSY OF LIP	PRXOVR	DEF					NA	NA	NA	N
40490	BIOPSY OF LIP	MAXFEE	FAC					63.27	1/1/2016	12/31/2299	N
40490	BIOPSY OF LIP	MAXFEE	NFF					63.27	1/1/2014	12/31/2299	N
40500	PARTIAL EXCISION OF LIP	PRXOVR	DEF					NA	NA	NA	N
40500	PARTIAL EXCISION OF LIP	MAXFEE	FAC					251.36	1/1/2016	12/31/2299	N
40500	PARTIAL EXCISION OF LIP	MAXFEE	NFF					251.36	1/1/2014	12/31/2299	N
40510	PARTIAL EXCISION OF LIP	PRXOVR	DEF					NA	NA	NA	N
40510	PARTIAL EXCISION OF LIP	MAXFEE	FAC					273.73	1/1/2016	12/31/2299	N
40510	PARTIAL EXCISION OF LIP	MAXFEE	NFF					273.73	1/1/2014	12/31/2299	N
40520	PARTIAL EXCISION OF LIP	PRXOVR	DEF					NA	NA	NA	N
40520	PARTIAL EXCISION OF LIP	MAXFEE	FAC					259.27	1/1/2016	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

40520	PARTIAL EXCISION OF LIP	MAXFEE	NFF					259.27	1/1/2014	12/31/2299	N
40525	RECONSTRUCT LIP WITH FLAP	PRXOVR	DEF					NA	NA	NA	N
40525	RECONSTRUCT LIP WITH FLAP	MAXFEE	DEF					438.59	1/1/2000	12/31/2299	N
40527	RECONSTRUCT LIP WITH FLAP	PRXOVR	DEF					NA	NA	NA	N
40527	RECONSTRUCT LIP WITH FLAP	MAXFEE	DEF					524.88	1/1/2000	12/31/2299	N
40530	PARTIAL REMOVAL OF LIP	PRXOVR	DEF					NA	NA	NA	N
40530	PARTIAL REMOVAL OF LIP	MAXFEE	FAC					286.10	1/1/2016	12/31/2299	N
40530	PARTIAL REMOVAL OF LIP	MAXFEE	NFF					286.10	1/1/2014	12/31/2299	N
40650	REPAIR LIP	PRXOVR	DEF					NA	NA	NA	N
40650	REPAIR LIP	MAXFEE	FAC					211.48	1/1/2016	12/31/2299	N
40650	REPAIR LIP	MAXFEE	NFF					211.48	1/1/2014	12/31/2299	N
40652	REPAIR LIP	PRXOVR	DEF					NA	NA	NA	N
40652	REPAIR LIP	MAXFEE	FAC					251.40	1/1/2016	12/31/2299	N
40652	REPAIR LIP	MAXFEE	NFF					251.40	1/1/2014	12/31/2299	N
40654	REPAIR LIP	PRXOVR	DEF					NA	NA	NA	N
40654	REPAIR LIP	MAXFEE	FAC					309.61	1/1/2016	12/31/2299	N
40654	REPAIR LIP	MAXFEE	NFF					309.61	1/1/2014	12/31/2299	N
40700	REPAIR CLEFT LIP/NASAL	PRXOVR	DEF					NA	NA	NA	N
40700	REPAIR CLEFT LIP/NASAL	MAXFEE	DEF					585.65	1/1/2004	12/31/2299	N
40701	REPAIR CLEFT LIP/NASAL	PRXOVR	DEF					NA	NA	NA	N
40701	REPAIR CLEFT LIP/NASAL	MAXFEE	DEF					892.37	1/1/2004	12/31/2299	N
40702	REPAIR CLEFT LIP/NASAL	PRXOVR	DEF					NA	NA	NA	N
40702	REPAIR CLEFT LIP/NASAL	MAXFEE	DEF					603.04	1/1/2000	12/31/2299	N
40720	REPAIR CLEFT LIP/NASAL	PRXOVR	DEF					NA	NA	NA	N
40720	REPAIR CLEFT LIP/NASAL	MAXFEE	DEF					644.75	1/1/2004	12/31/2299	N
40761	REPAIR CLEFT LIP/NASAL	PRXOVR	DEF					NA	NA	NA	N
40761	REPAIR CLEFT LIP/NASAL	MAXFEE	DEF					709.15	1/1/2004	12/31/2299	N
40799	UNLISTED PROCEDURE LIPS	PRXOVR	DEF					NA	NA	NA	N
40799	UNLISTED PROCEDURE LIPS	MANUAL	DEF					NA	NA	NA	N
40800	DRAINAGE OF MOUTH LESION	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

40800	DRAINAGE OF MOUTH LESION	MAXFEE	FAC					81.67	1/1/2016	12/31/2299	N
40800	DRAINAGE OF MOUTH LESION	MAXFEE	NFF					106.57	1/1/2016	12/31/2299	N
40801	DRAINAGE OF MOUTH LESION	PRXOVR	DEF					NA	NA	NA	N
40801	DRAINAGE OF MOUTH LESION	MAXFEE	FAC					149.13	1/1/2016	12/31/2299	N
40801	DRAINAGE OF MOUTH LESION	MAXFEE	NFF					158.20	1/1/2016	12/31/2299	N
40804	REMOVAL FOREIGN BODY MOUTH	PRXOVR	DEF					NA	NA	NA	N
40804	REMOVAL FOREIGN BODY MOUTH	MAXFEE	FAC					96.34	1/1/2016	12/31/2299	N
40804	REMOVAL FOREIGN BODY MOUTH	MAXFEE	NFF					109.07	1/1/2016	12/31/2299	N
40805	REMOVAL FOREIGN BODY MOUTH	PRXOVR	DEF					NA	NA	NA	N
40805	REMOVAL FOREIGN BODY MOUTH	MAXFEE	FAC					141.30	1/1/2016	12/31/2299	N
40805	REMOVAL FOREIGN BODY MOUTH	MAXFEE	NFF					198.19	1/1/2016	12/31/2299	N
40806	INCISION OF LIP FOLD	PRXOVR	DEF					NA	NA	NA	N
40806	INCISION OF LIP FOLD	MAXFEE	FAC					20.11	1/1/2016	12/31/2299	N
40806	INCISION OF LIP FOLD	MAXFEE	NFF					70.49	1/1/2016	12/31/2299	N
40808	BIOPSY OF MOUTH LESION	PRXOVR	DEF					NA	NA	NA	N
40808	BIOPSY OF MOUTH LESION	MAXFEE	FAC					83.15	1/1/2016	12/31/2299	N
40808	BIOPSY OF MOUTH LESION	MAXFEE	NFF					94.15	1/1/2016	12/31/2299	N
40810	EXCISION OF MOUTH LESION	PRXOVR	DEF					NA	NA	NA	N
40810	EXCISION OF MOUTH LESION	MAXFEE	FAC					72.81	1/1/2016	12/31/2299	N
40810	EXCISION OF MOUTH LESION	MAXFEE	NFF					104.36	1/1/2016	12/31/2299	N
40812	EXCISE/REPAIR MOUTH LESION	PRXOVR	DEF					NA	NA	NA	N
40812	EXCISE/REPAIR MOUTH LESION	MAXFEE	FAC					107.10	1/1/2016	12/31/2299	N
40812	EXCISE/REPAIR MOUTH LESION	MAXFEE	NFF					144.63	1/1/2016	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

40814	EXCISE/REPAIR MOUTH LESION	PRXOVR	DEF					NA	NA	NA	N
40814	EXCISE/REPAIR MOUTH LESION	MAXFEE	FAC					179.88	1/1/2016	12/31/2299	N
40814	EXCISE/REPAIR MOUTH LESION	MAXFEE	NFF					193.64	1/1/2016	12/31/2299	N
40816	EXCISION OF MOUTH LESION	PRXOVR	DEF					NA	NA	NA	N
40816	EXCISION OF MOUTH LESION	MAXFEE	FAC					197.65	1/1/2016	12/31/2299	N
40816	EXCISION OF MOUTH LESION	MAXFEE	NFF					197.65	1/1/2014	12/31/2299	N
40818	EXCISE ORAL MUCOSA FOR GRAFT	PRXOVR	DEF					NA	NA	NA	N
40818	EXCISE ORAL MUCOSA FOR GRAFT	MAXFEE	FAC					143.33	1/1/2016	12/31/2299	N
40818	EXCISE ORAL MUCOSA FOR GRAFT	MAXFEE	NFF					176.43	1/1/2016	12/31/2299	N
40819	EXCISE LIP OR CHEEK FOLD	PRXOVR	DEF					NA	NA	NA	N
40819	EXCISE LIP OR CHEEK FOLD	MAXFEE	FAC					121.98	1/1/2016	12/31/2299	N
40819	EXCISE LIP OR CHEEK FOLD	MAXFEE	NFF					155.63	1/1/2016	12/31/2299	N
40820	TREATMENT OF MOUTH LESION	PRXOVR	DEF					NA	NA	NA	N
40820	TREATMENT OF MOUTH LESION	MAXFEE	FAC					82.95	1/1/2014	12/31/2299	N
40820	TREATMENT OF MOUTH LESION	MAXFEE	NFF					134.77	1/1/2016	12/31/2299	N
40830	REPAIR MOUTH LACERATION	PRXOVR	DEF					NA	NA	NA	N
40830	REPAIR MOUTH LACERATION	MAXFEE	FAC					84.49	1/1/2016	12/31/2299	N
40830	REPAIR MOUTH LACERATION	MAXFEE	NFF					135.12	1/1/2016	12/31/2299	N
40831	REPAIR MOUTH LACERATION	PRXOVR	DEF					NA	NA	NA	N
40831	REPAIR MOUTH LACERATION	MAXFEE	FAC					121	1/1/2016	12/31/2299	N
40831	REPAIR MOUTH LACERATION	MAXFEE	NFF					171.48	1/1/2016	12/31/2299	N
40840	RECONSTRUCTION OF MOUTH	PRXOVR	DEF					NA	NA	NA	N
40840	RECONSTRUCTION OF MOUTH	MAXFEE	FAC					399.82	1/1/2016	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

40840	RECONSTRUCTION OF MOUTH	MAXFEE	NFF					399.82	1/1/2014	12/31/2299	N
40842	RECONSTRUCTION OF MOUTH	PRXOVR	DEF					NA	NA	NA	N
40842	RECONSTRUCTION OF MOUTH	MAXFEE	FAC					399.76	1/1/2016	12/31/2299	N
40842	RECONSTRUCTION OF MOUTH	MAXFEE	NFF					399.76	1/1/2014	12/31/2299	N
40843	RECONSTRUCTION OF MOUTH	PRXOVR	DEF					NA	NA	NA	N
40843	RECONSTRUCTION OF MOUTH	MAXFEE	FAC					550	1/1/2016	12/31/2299	N
40843	RECONSTRUCTION OF MOUTH	MAXFEE	NFF					550	1/1/2014	12/31/2299	N
40844	RECONSTRUCTION OF MOUTH	PRXOVR	DEF					NA	NA	NA	N
40844	RECONSTRUCTION OF MOUTH	MAXFEE	FAC					723.50	1/1/2016	12/31/2299	N
40844	RECONSTRUCTION OF MOUTH	MAXFEE	NFF					723.50	1/1/2014	12/31/2299	N
40845	RECONSTRUCTION OF MOUTH	PRXOVR	DEF					NA	NA	NA	N
40845	RECONSTRUCTION OF MOUTH	MAXFEE	FAC					988.38	1/1/2016	12/31/2299	N
40845	RECONSTRUCTION OF MOUTH	MAXFEE	NFF					988.38	1/1/2014	12/31/2299	N
40899	UNLISTED PX VESTIBULE MOUTH	PRXOVR	DEF					NA	NA	NA	N
40899	UNLISTED PX VESTIBULE MOUTH	MANUAL	DEF					NA	NA	NA	N
41000	DRAINAGE OF MOUTH LESION	PRXOVR	DEF					NA	NA	NA	N
41000	DRAINAGE OF MOUTH LESION	MAXFEE	FAC					98.66	1/1/2016	12/31/2299	N
41000	DRAINAGE OF MOUTH LESION	MAXFEE	NFF					98.66	1/1/2014	12/31/2299	N
41005	DRAINAGE OF MOUTH LESION	PRXOVR	DEF					NA	NA	NA	N
41005	DRAINAGE OF MOUTH LESION	MAXFEE	FAC					95.58	1/1/2016	12/31/2299	N
41005	DRAINAGE OF MOUTH LESION	MAXFEE	NFF					116.34	1/1/2016	12/31/2299	N
41006	DRAINAGE OF MOUTH LESION	PRXOVR	DEF					NA	NA	NA	N
41006	DRAINAGE OF MOUTH LESION	MAXFEE	FAC					139.92	1/1/2016	12/31/2299	N
41006	DRAINAGE OF MOUTH LESION	MAXFEE	NFF					181.27	1/1/2016	12/31/2299	N
41007	DRAINAGE OF MOUTH LESION	PRXOVR	DEF					NA	NA	NA	N
41007	DRAINAGE OF MOUTH LESION	MAXFEE	FAC					162.02	1/1/2016	12/31/2299	N
41007	DRAINAGE OF MOUTH LESION	MAXFEE	NFF					178.68	1/1/2016	12/31/2299	N
41008	DRAINAGE OF MOUTH LESION	PRXOVR	DEF					NA	NA	NA	N
41008	DRAINAGE OF MOUTH LESION	MAXFEE	FAC					182.18	1/1/2016	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

41008	DRAINAGE OF MOUTH LESION	MAXFEE	NFF					182.18	1/1/2014	12/31/2299	N
41009	DRAINAGE OF MOUTH LESION	PRXOVR	DEF					NA	NA	NA	N
41009	DRAINAGE OF MOUTH LESION	MAXFEE	FAC					184.27	1/1/2016	12/31/2299	N
41009	DRAINAGE OF MOUTH LESION	MAXFEE	NFF					200.66	1/1/2016	12/31/2299	N
41010	INCISION OF TONGUE FOLD	PRXOVR	DEF					NA	NA	NA	N
41010	INCISION OF TONGUE FOLD	MAXFEE	FAC					56.29	1/1/2016	12/31/2299	N
41010	INCISION OF TONGUE FOLD	MAXFEE	NFF					103.84	1/1/2016	12/31/2299	N
41015	DRAINAGE OF MOUTH LESION	PRXOVR	DEF					NA	NA	NA	N
41015	DRAINAGE OF MOUTH LESION	MAXFEE	FAC					178.76	1/1/2016	12/31/2299	N
41015	DRAINAGE OF MOUTH LESION	MAXFEE	NFF					224.04	1/1/2016	12/31/2299	N
41016	DRAINAGE OF MOUTH LESION	PRXOVR	DEF					NA	NA	NA	N
41016	DRAINAGE OF MOUTH LESION	MAXFEE	FAC					217.82	1/1/2016	12/31/2299	N
41016	DRAINAGE OF MOUTH LESION	MAXFEE	NFF					217.82	1/1/2014	12/31/2299	N
41017	DRAINAGE OF MOUTH LESION	PRXOVR	DEF					NA	NA	NA	N
41017	DRAINAGE OF MOUTH LESION	MAXFEE	FAC					185.96	1/1/2016	12/31/2299	N
41017	DRAINAGE OF MOUTH LESION	MAXFEE	NFF					221.23	1/1/2016	12/31/2299	N
41018	DRAINAGE OF MOUTH LESION	PRXOVR	DEF					NA	NA	NA	N
41018	DRAINAGE OF MOUTH LESION	MAXFEE	FAC					241.24	1/1/2016	12/31/2299	N
41018	DRAINAGE OF MOUTH LESION	MAXFEE	NFF					257.01	1/1/2016	12/31/2299	N
41019	PLACE NEEDLES H&N FOR RT	PRXOVR	DEF					NA	NA	NA	N
41019	PLACE NEEDLES H&N FOR RT	MAXFEE	DEF					291.79	1/1/2008	12/31/2299	N
41100	BIOPSY OF TONGUE	PRXOVR	DEF					NA	NA	NA	N
41100	BIOPSY OF TONGUE	MAXFEE	FAC					72.58	1/1/2016	12/31/2299	N
41100	BIOPSY OF TONGUE	MAXFEE	NFF					85.15	1/1/2016	12/31/2299	N
41105	BIOPSY OF TONGUE	PRXOVR	DEF					NA	NA	NA	N
41105	BIOPSY OF TONGUE	MAXFEE	FAC					71.67	1/1/2016	12/31/2299	N
41105	BIOPSY OF TONGUE	MAXFEE	NFF					86.31	1/1/2016	12/31/2299	N
41108	BIOPSY OF FLOOR OF MOUTH	PRXOVR	DEF					NA	NA	NA	N
41108	BIOPSY OF FLOOR OF MOUTH	MAXFEE	FAC					56.98	1/1/2016	12/31/2299	N
41108	BIOPSY OF FLOOR OF MOUTH	MAXFEE	NFF					74.81	1/1/2016	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

41110	EXCISION OF TONGUE LESION	PRXOVR	DEF					NA	NA	NA	N
41110	EXCISION OF TONGUE LESION	MAXFEE	FAC					100.06	1/1/2016	12/31/2299	N
41110	EXCISION OF TONGUE LESION	MAXFEE	NFF					108.14	1/1/2016	12/31/2299	N
41112	EXCISION OF TONGUE LESION	PRXOVR	DEF					NA	NA	NA	N
41112	EXCISION OF TONGUE LESION	MAXFEE	FAC					140.50	1/1/2016	12/31/2299	N
41112	EXCISION OF TONGUE LESION	MAXFEE	NFF					168.55	1/1/2016	12/31/2299	N
41113	EXCISION OF TONGUE LESION	PRXOVR	DEF					NA	NA	NA	N
41113	EXCISION OF TONGUE LESION	MAXFEE	FAC					175.92	1/1/2016	12/31/2299	N
41113	EXCISION OF TONGUE LESION	MAXFEE	NFF					175.92	1/1/2014	12/31/2299	N
41114	EXCISION OF TONGUE LESION	PRXOVR	DEF					NA	NA	NA	N
41114	EXCISION OF TONGUE LESION	MAXFEE	DEF					399.84	1/1/2000	12/31/2299	N
41115	EXCISION OF TONGUE FOLD	PRXOVR	DEF					NA	NA	NA	N
41115	EXCISION OF TONGUE FOLD	MAXFEE	FAC					97.37	1/1/2016	12/31/2299	N
41115	EXCISION OF TONGUE FOLD	MAXFEE	NFF					134.47	1/1/2016	12/31/2299	N
41116	EXCISION OF MOUTH LESION	PRXOVR	DEF					NA	NA	NA	N
41116	EXCISION OF MOUTH LESION	MAXFEE	FAC					134.90	1/1/2016	12/31/2299	N
41116	EXCISION OF MOUTH LESION	MAXFEE	NFF					177.59	1/1/2016	12/31/2299	N
41120	PARTIAL REMOVAL OF TONGUE	PRXOVR	DEF					NA	NA	NA	N
41120	PARTIAL REMOVAL OF TONGUE	MAXFEE	DEF					554.84	7/1/2008	12/31/2299	N
41130	PARTIAL REMOVAL OF TONGUE	PRXOVR	DEF					NA	NA	NA	N
41130	PARTIAL REMOVAL OF TONGUE	MAXFEE	DEF					673.27	7/1/2008	12/31/2299	N
41135	TONGUE AND NECK SURGERY	PRXOVR	DEF					NA	NA	NA	N
41135	TONGUE AND NECK SURGERY	MAXFEE	DEF					1128.12	7/1/2008	12/31/2299	N
41140	REMOVAL OF TONGUE	PRXOVR	DEF					NA	NA	NA	N
41140	REMOVAL OF TONGUE	MAXFEE	DEF					1198.92	1/1/2000	12/31/2299	N
41145	TONGUE REMOVAL NECK SURGERY	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

41145	TONGUE REMOVAL NECK SURGERY	MAXFEE	DEF					1452.24	7/1/2008	12/31/2299	N
41150	TONGUE MOUTH JAW SURGERY	PRXOVR	DEF					NA	NA	NA	N
41150	TONGUE MOUTH JAW SURGERY	MAXFEE	DEF					1153.22	7/1/2008	12/31/2299	N
41153	TONGUE MOUTH NECK SURGERY	PRXOVR	DEF					NA	NA	NA	N
41153	TONGUE MOUTH NECK SURGERY	MAXFEE	DEF					1286.74	1/1/2000	12/31/2299	N
41155	TONGUE JAW & NECK SURGERY	PRXOVR	DEF					NA	NA	NA	N
41155	TONGUE JAW & NECK SURGERY	MAXFEE	DEF					1518.62	1/1/2000	12/31/2299	N
41250	REPAIR TONGUE LACERATION	PRXOVR	DEF					NA	NA	NA	N
41250	REPAIR TONGUE LACERATION	MAXFEE	FAC					86.14	1/1/2014	12/31/2299	N
41250	REPAIR TONGUE LACERATION	MAXFEE	NFF					136.19	1/1/2016	12/31/2299	N
41251	REPAIR TONGUE LACERATION	PRXOVR	DEF					NA	NA	NA	N
41251	REPAIR TONGUE LACERATION	MAXFEE	FAC					120.46	1/1/2016	12/31/2299	N
41251	REPAIR TONGUE LACERATION	MAXFEE	NFF					149.09	1/1/2016	12/31/2299	N
41252	REPAIR TONGUE LACERATION	PRXOVR	DEF					NA	NA	NA	N
41252	REPAIR TONGUE LACERATION	MAXFEE	FAC					146.51	1/1/2016	12/31/2299	N
41252	REPAIR TONGUE LACERATION	MAXFEE	NFF					160.38	1/1/2016	12/31/2299	N
41500	FIXATION OF TONGUE	PRXOVR	DEF					NA	NA	NA	N
41500	FIXATION OF TONGUE	MAXFEE	DEF					NA			N
41510	TONGUE TO LIP SURGERY	PRXOVR	DEF					NA	NA	NA	N
41510	TONGUE TO LIP SURGERY	MAXFEE	DEF					238.60	7/1/2008	12/31/2299	N
41512	TONGUE SUSPENSION	PRXOVR	DEF					NA	NA	NA	N
41512	TONGUE SUSPENSION	MAXFEE	DEF					426.11	1/1/2009	12/31/2299	N
41520	RECONSTRUCTION TONGUE FOLD	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

41520	RECONSTRUCTION TONGUE FOLD	MAXFEE	FAC					148.53	1/1/2016	12/31/2299	N
41520	RECONSTRUCTION TONGUE FOLD	MAXFEE	NFF					175.85	1/1/2016	12/31/2299	N
41530	TONGUE BASE VOL REDUCTION	PRXOVR	DEF					NA	NA	NA	N
41530	TONGUE BASE VOL REDUCTION	MAXFEE	FAC					407.17	1/1/2016	12/31/2299	N
41530	TONGUE BASE VOL REDUCTION	MAXFEE	NFF					2040.81	1/1/2014	12/31/2299	N
41599	UNLISTED PX TONGUE FLR MOUTH	PRXOVR	DEF					NA	NA	NA	N
41599	UNLISTED PX TONGUE FLR MOUTH	MANUAL	DEF					NA	NA	NA	N
41800	DRAINAGE OF GUM LESION	PRXOVR	DEF					NA	NA	NA	N
41800	DRAINAGE OF GUM LESION	MAXFEE	FAC					59.05	1/1/2014	12/31/2299	N
41800	DRAINAGE OF GUM LESION	MAXFEE	NFF					152.21	1/1/2016	12/31/2299	N
41805	REMOVAL FOREIGN BODY GUM	PRXOVR	DEF					NA	NA	NA	N
41805	REMOVAL FOREIGN BODY GUM	MAXFEE	FAC					96.52	1/1/2016	12/31/2299	N
41805	REMOVAL FOREIGN BODY GUM	MAXFEE	NFF					123.89	1/1/2016	12/31/2299	N
41806	REMOVAL FOREIGN BODY JAWBONE	PRXOVR	DEF					NA	NA	NA	N
41806	REMOVAL FOREIGN BODY JAWBONE	MAXFEE	FAC					130.49	1/1/2016	12/31/2299	N
41806	REMOVAL FOREIGN BODY JAWBONE	MAXFEE	NFF					180.60	1/1/2016	12/31/2299	N
41821	EXCISION OF GUM FLAP	PRXOVR	DEF					NA	NA	NA	N
41821	EXCISION OF GUM FLAP	MANUAL	DEF					NA	NA	NA	N
41822	EXCISION OF GUM LESION	PRXOVR	DEF					NA	NA	NA	N
41822	EXCISION OF GUM LESION	MAXFEE	FAC					141.40	1/1/2016	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

41822	EXCISION OF GUM LESION	MAXFEE	NFF					141.40	1/1/2014	12/31/2299	N
41823	EXCISION OF GUM LESION	PRXOVR	DEF					NA	NA	NA	N
41823	EXCISION OF GUM LESION	MAXFEE	FAC					207.56	1/1/2016	12/31/2299	N
41823	EXCISION OF GUM LESION	MAXFEE	NFF					207.56	1/1/2014	12/31/2299	N
41825	EXCISION OF GUM LESION	PRXOVR	DEF					NA	NA	NA	N
41825	EXCISION OF GUM LESION	MAXFEE	FAC					78.14	1/1/2016	12/31/2299	N
41825	EXCISION OF GUM LESION	MAXFEE	NFF					106.90	1/1/2016	12/31/2299	N
41826	EXCISION OF GUM LESION	PRXOVR	DEF					NA	NA	NA	N
41826	EXCISION OF GUM LESION	MAXFEE	FAC					118.22	1/1/2016	12/31/2299	N
41826	EXCISION OF GUM LESION	MAXFEE	NFF					157.45	1/1/2016	12/31/2299	N
41827	EXCISION OF GUM LESION	PRXOVR	DEF					NA	NA	NA	N
41827	EXCISION OF GUM LESION	MAXFEE	FAC					189.47	1/1/2016	12/31/2299	N
41827	EXCISION OF GUM LESION	MAXFEE	NFF					220.89	1/1/2016	12/31/2299	N
41850	TREATMENT OF GUM LESION	PRXOVR	DEF					NA	NA	NA	N
41850	TREATMENT OF GUM LESION	MANUAL	DEF					NA	NA	NA	N
41899	UNLISTED PX DENTALVLR STRUX	PRXOVR	DEF					NA	NA	NA	N
41899	UNLISTED PX DENTALVLR STRUX	MANUAL	DEF					NA	NA	NA	N
42000	DRAINAGE MOUTH ROOF LESION	PRXOVR	DEF					NA	NA	NA	N
42000	DRAINAGE MOUTH ROOF LESION	MAXFEE	FAC					54.98	1/1/2014	12/31/2299	N
42000	DRAINAGE MOUTH ROOF LESION	MAXFEE	NFF					101.16	1/1/2016	12/31/2299	N
42100	BIOPSY ROOF OF MOUTH	PRXOVR	DEF					NA	NA	NA	N
42100	BIOPSY ROOF OF MOUTH	MAXFEE	FAC					62.85	1/1/2016	12/31/2299	N
42100	BIOPSY ROOF OF MOUTH	MAXFEE	NFF					83.40	1/1/2016	12/31/2299	N
42104	EXCISION LESION MOUTH ROOF	PRXOVR	DEF					NA	NA	NA	N
42104	EXCISION LESION MOUTH ROOF	MAXFEE	FAC					90.45	1/1/2016	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

42104	EXCISION LESION MOUTH ROOF	MAXFEE	NFF					120.22	1/1/2016	12/31/2299	N
42106	EXCISION LESION MOUTH ROOF	PRXOVR	DEF					NA	NA	NA	N
42106	EXCISION LESION MOUTH ROOF	MAXFEE	FAC					116.05	1/1/2016	12/31/2299	N
42106	EXCISION LESION MOUTH ROOF	MAXFEE	NFF					151.22	1/1/2016	12/31/2299	N
42107	EXCISION LESION MOUTH ROOF	PRXOVR	DEF					NA	NA	NA	N
42107	EXCISION LESION MOUTH ROOF	MAXFEE	FAC					243.73	1/1/2016	12/31/2299	N
42107	EXCISION LESION MOUTH ROOF	MAXFEE	NFF					243.73	1/1/2014	12/31/2299	N
42120	REMOVE PALATE/LESION	PRXOVR	DEF					NA	NA	NA	N
42120	REMOVE PALATE/LESION	MAXFEE	DEF					499.25	7/1/2008	12/31/2299	N
42140	EXCISION OF UVULA	PRXOVR	DEF					NA	NA	NA	N
42140	EXCISION OF UVULA	MAXFEE	FAC					89.43	1/1/2016	12/31/2299	N
42140	EXCISION OF UVULA	MAXFEE	NFF					129.65	1/1/2016	12/31/2299	N
42145	REPAIR PALATE PHARYNX/UVULA	PRXOVR	DEF					NA	NA	NA	N
42145	REPAIR PALATE PHARYNX/UVULA	MAXFEE	DEF					460.75	1/1/2000	12/31/2299	N
42160	TREATMENT MOUTH ROOF LESION	PRXOVR	DEF					NA	NA	NA	N
42160	TREATMENT MOUTH ROOF LESION	MAXFEE	FAC					94.33	1/1/2016	12/31/2299	N
42160	TREATMENT MOUTH ROOF LESION	MAXFEE	NFF					117.43	1/1/2016	12/31/2299	N
42180	REPAIR PALATE	PRXOVR	DEF					NA	NA	NA	N
42180	REPAIR PALATE	MAXFEE	FAC					129.87	1/1/2016	12/31/2299	N
42180	REPAIR PALATE	MAXFEE	NFF					129.87	1/1/2014	12/31/2299	N
42182	REPAIR PALATE	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

42182	REPAIR PALATE	MAXFEE	FAC					192.46	1/1/2016	12/31/2299	N
42182	REPAIR PALATE	MAXFEE	NFF					192.46	1/1/2014	12/31/2299	N
42200	RECONSTRUCT CLEFT PALATE	PRXOVR	DEF					NA	NA	NA	N
42200	RECONSTRUCT CLEFT PALATE	MAXFEE	DEF					516.28	1/1/2000	12/31/2299	N
42205	RECONSTRUCT CLEFT PALATE	PRXOVR	DEF					NA	NA	NA	N
42205	RECONSTRUCT CLEFT PALATE	MAXFEE	DEF					514.08	1/1/2000	12/31/2299	N
42210	RECONSTRUCT CLEFT PALATE	PRXOVR	DEF					NA	NA	NA	N
42210	RECONSTRUCT CLEFT PALATE	MAXFEE	DEF					687.13	1/1/2000	12/31/2299	N
42215	RECONSTRUCT CLEFT PALATE	PRXOVR	DEF					NA	NA	NA	N
42215	RECONSTRUCT CLEFT PALATE	MAXFEE	DEF					448.66	1/1/2000	12/31/2299	N
42220	RECONSTRUCT CLEFT PALATE	PRXOVR	DEF					NA	NA	NA	N
42220	RECONSTRUCT CLEFT PALATE	MAXFEE	DEF					342.66	1/1/2000	12/31/2299	N
42225	RECONSTRUCT CLEFT PALATE	PRXOVR	DEF					NA	NA	NA	N
42225	RECONSTRUCT CLEFT PALATE	MAXFEE	DEF					552.56	7/1/2008	12/31/2299	N
42226	LENGTHENING OF PALATE	PRXOVR	DEF					NA	NA	NA	N
42226	LENGTHENING OF PALATE	MAXFEE	DEF					526.46	7/1/2008	12/31/2299	N
42227	LENGTHENING OF PALATE	PRXOVR	DEF					NA	NA	NA	N
42227	LENGTHENING OF PALATE	MAXFEE	DEF					521.40	7/1/2008	12/31/2299	N
42235	REPAIR PALATE	PRXOVR	DEF					NA	NA	NA	N
42235	REPAIR PALATE	MAXFEE	DEF					421.42	7/1/2008	12/31/2299	N
42260	REPAIR NOSE TO LIP FISTULA	PRXOVR	DEF					NA	NA	NA	N
42260	REPAIR NOSE TO LIP FISTULA	MAXFEE	FAC					377.96	1/1/2016	12/31/2299	N
42260	REPAIR NOSE TO LIP FISTULA	MAXFEE	NFF					423.53	1/1/2016	12/31/2299	N
42280	PREPARATION PALATE MOLD	PRXOVR	DEF					NA	NA	NA	N
42280	PREPARATION PALATE MOLD	MAXFEE	FAC					90.25	1/1/2016	12/31/2299	N
42280	PREPARATION PALATE MOLD	MAXFEE	NFF					90.25	1/1/2014	12/31/2299	N
42281	INSERTION PALATE PROSTHESIS	PRXOVR	DEF					NA	NA	NA	N
42281	INSERTION PALATE PROSTHESIS	MAXFEE	FAC					100.42	1/1/2016	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

42281	INSERTION PALATE PROSTHESIS	MAXFEE	NFF					100.42	1/1/2014	12/31/2299	N
42299	UNLISTED PX PALATE UVULA	PRXOVR	DEF					NA	NA	NA	N
42299	UNLISTED PX PALATE UVULA	MANUAL	DEF					NA	NA	NA	N
42300	DRAINAGE OF SALIVARY GLAND	PRXOVR	DEF					NA	NA	NA	N
42300	DRAINAGE OF SALIVARY GLAND	MAXFEE	FAC					122.65	1/1/2016	12/31/2299	N
42300	DRAINAGE OF SALIVARY GLAND	MAXFEE	NFF					122.65	1/1/2014	12/31/2299	N
42305	DRAINAGE OF SALIVARY GLAND	PRXOVR	DEF					NA	NA	NA	N
42305	DRAINAGE OF SALIVARY GLAND	MAXFEE	DEF					238.44	1/1/2000	12/31/2299	N
42310	DRAINAGE OF SALIVARY GLAND	PRXOVR	DEF					NA	NA	NA	N
42310	DRAINAGE OF SALIVARY GLAND	MAXFEE	FAC					105.85	1/1/2016	12/31/2299	N
42310	DRAINAGE OF SALIVARY GLAND	MAXFEE	NFF					105.85	1/1/2014	12/31/2299	N
42320	DRAINAGE OF SALIVARY GLAND	PRXOVR	DEF					NA	NA	NA	N
42320	DRAINAGE OF SALIVARY GLAND	MAXFEE	FAC					140.89	1/1/2016	12/31/2299	N
42320	DRAINAGE OF SALIVARY GLAND	MAXFEE	NFF					140.89	1/1/2014	12/31/2299	N
42325	CREATE SALIVARY CYST DRAIN	PRXOVR	DEF					NA	NA	NA	N
42325	CREATE SALIVARY CYST DRAIN	MAXFEE	DEF					NA			N
42326	CREATE SALIVARY CYST DRAIN	PRXOVR	DEF					NA	NA	NA	N
42326	CREATE SALIVARY CYST DRAIN	MAXFEE	DEF					NA			N

Ohio Medicaid DENT Contract 09-25-2023

42330	REMOVAL OF SALIVARY STONE	PRXOVR	DEF					NA	NA	NA	N
42330	REMOVAL OF SALIVARY STONE	MAXFEE	FAC					95.40	1/1/2016	12/31/2299	N
42330	REMOVAL OF SALIVARY STONE	MAXFEE	NFF					117.79	1/1/2016	12/31/2299	N
42335	REMOVAL OF SALIVARY STONE	PRXOVR	DEF					NA	NA	NA	N
42335	REMOVAL OF SALIVARY STONE	MAXFEE	FAC					159.11	1/1/2016	12/31/2299	N
42335	REMOVAL OF SALIVARY STONE	MAXFEE	NFF					189.72	1/1/2016	12/31/2299	N
42340	REMOVAL OF SALIVARY STONE	PRXOVR	DEF					NA	NA	NA	N
42340	REMOVAL OF SALIVARY STONE	MAXFEE	FAC					236.96	1/1/2016	12/31/2299	N
42340	REMOVAL OF SALIVARY STONE	MAXFEE	NFF					236.96	1/1/2014	12/31/2299	N
42400	BIOPSY OF SALIVARY GLAND	PRXOVR	DEF					NA	NA	NA	N
42400	BIOPSY OF SALIVARY GLAND	MAXFEE	FAC					47.88	1/1/2016	12/31/2299	N
42400	BIOPSY OF SALIVARY GLAND	MAXFEE	NFF					58.60	1/1/2016	12/31/2299	N
42405	BIOPSY OF SALIVARY GLAND	PRXOVR	DEF					NA	NA	NA	N
42405	BIOPSY OF SALIVARY GLAND	MAXFEE	FAC					137.35	1/1/2016	12/31/2299	N
42405	BIOPSY OF SALIVARY GLAND	MAXFEE	NFF					165.23	1/1/2016	12/31/2299	N
42408	EXCISION OF SALIVARY CYST	PRXOVR	DEF					NA	NA	NA	N
42408	EXCISION OF SALIVARY CYST	MAXFEE	FAC					213.22	1/1/2016	12/31/2299	N
42408	EXCISION OF SALIVARY CYST	MAXFEE	NFF					252.73	1/1/2016	12/31/2299	N
42409	DRAINAGE OF SALIVARY CYST	PRXOVR	DEF					NA	NA	NA	N
42409	DRAINAGE OF SALIVARY CYST	MAXFEE	FAC					151.61	1/1/2016	12/31/2299	N
42409	DRAINAGE OF SALIVARY CYST	MAXFEE	NFF					186.72	1/1/2016	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

42410	EXCISE PAROTID GLAND/LESION	PRXOVR	DEF					NA	NA	NA	N
42410	EXCISE PAROTID GLAND/LESION	MAXFEE	DEF					429.10	1/1/2000	12/31/2299	N
42415	EXCISE PAROTID GLAND/LESION	PRXOVR	DEF					NA	NA	NA	N
42415	EXCISE PAROTID GLAND/LESION	MAXFEE	DEF					804.62	1/1/2004	12/31/2299	N
42420	EXCISE PAROTID GLAND/LESION	PRXOVR	DEF					NA	NA	NA	N
42420	EXCISE PAROTID GLAND/LESION	MAXFEE	DEF					931.76	1/1/2000	12/31/2299	N
42425	EXCISE PAROTID GLAND/LESION	PRXOVR	DEF					NA	NA	NA	N
42425	EXCISE PAROTID GLAND/LESION	MAXFEE	DEF					654.68	1/1/2000	12/31/2299	N
42426	EXCISE PAROTID GLAND/LESION	PRXOVR	DEF					NA	NA	NA	N
42426	EXCISE PAROTID GLAND/LESION	MAXFEE	DEF					1181.05	1/1/2000	12/31/2299	N
42440	EXCISE SUBMAXILLARY GLAND	PRXOVR	DEF					NA	NA	NA	N
42440	EXCISE SUBMAXILLARY GLAND	MAXFEE	DEF					385.44	1/1/2010	12/31/2299	N
42450	EXCISE SUBLINGUAL GLAND	PRXOVR	DEF					NA	NA	NA	N
42450	EXCISE SUBLINGUAL GLAND	MAXFEE	FAC					219.15	1/1/2016	12/31/2299	N
42450	EXCISE SUBLINGUAL GLAND	MAXFEE	NFF					219.15	1/1/2014	12/31/2299	N
42500	REPAIR SALIVARY DUCT	PRXOVR	DEF					NA	NA	NA	N
42500	REPAIR SALIVARY DUCT	MAXFEE	FAC					238.11	1/1/2016	12/31/2299	N
42500	REPAIR SALIVARY DUCT	MAXFEE	NFF					238.11	1/1/2014	12/31/2299	N
42505	REPAIR SALIVARY DUCT	PRXOVR	DEF					NA	NA	NA	N
42505	REPAIR SALIVARY DUCT	MAXFEE	FAC					342.73	1/1/2016	12/31/2299	N
42505	REPAIR SALIVARY DUCT	MAXFEE	NFF					342.73	1/1/2014	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

42507	PAROTID DUCT DIVERSION	PRXOVR	DEF					NA	NA	NA	N
42507	PAROTID DUCT DIVERSION	MAXFEE	DEF					303.22	1/1/2000	12/31/2299	N
42508	PAROTID DUCT DIVERSION	PRXOVR	DEF					NA	NA	NA	N
42508	PAROTID DUCT DIVERSION	MAXFEE	DEF					NA			N
42509	PAROTID DUCT DIVERSION	PRXOVR	DEF					NA	NA	NA	N
42509	PAROTID DUCT DIVERSION	MAXFEE	DEF					527.59	1/1/2000	12/31/2299	N
42510	PAROTID DUCT DIVERSION	PRXOVR	DEF					NA	NA	NA	N
42510	PAROTID DUCT DIVERSION	MAXFEE	DEF					413.92	1/1/2000	12/31/2299	N
42550	INJECTION FOR SALIVARY X-RAY	PRXOVR	DEF					NA	NA	NA	N
42550	INJECTION FOR SALIVARY X-RAY	MAXFEE	FAC					51.33	1/1/2016	12/31/2299	N
42550	INJECTION FOR SALIVARY X-RAY	MAXFEE	NFF					71.22	1/1/2016	12/31/2299	N
42600	CLOSURE OF SALIVARY FISTULA	PRXOVR	DEF					NA	NA	NA	N
42600	CLOSURE OF SALIVARY FISTULA	MAXFEE	FAC					242.18	1/1/2016	12/31/2299	N
42600	CLOSURE OF SALIVARY FISTULA	MAXFEE	NFF					242.18	1/1/2014	12/31/2299	N
42650	DILATION OF SALIVARY DUCT	PRXOVR	DEF					NA	NA	NA	N
42650	DILATION OF SALIVARY DUCT	MAXFEE	FAC					50.96	1/1/2016	12/31/2299	N
42650	DILATION OF SALIVARY DUCT	MAXFEE	NFF					50.96	1/1/2014	12/31/2299	N
42660	DILATION OF SALIVARY DUCT	PRXOVR	DEF					NA	NA	NA	N
42660	DILATION OF SALIVARY DUCT	MAXFEE	FAC					63.38	1/1/2016	12/31/2299	N
42660	DILATION OF SALIVARY DUCT	MAXFEE	NFF					63.38	1/1/2014	12/31/2299	N
42665	LIGATION OF SALIVARY DUCT	PRXOVR	DEF					NA	NA	NA	N
42665	LIGATION OF SALIVARY DUCT	MAXFEE	FAC					129.85	1/1/2016	12/31/2299	N
42665	LIGATION OF SALIVARY DUCT	MAXFEE	NFF					175.93	1/1/2016	12/31/2299	N
42699	UNLISTED PX SALIVRY GLND/DUX	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

42699	UNLISTED PX SALIVRY GLND/DUX	MANUAL	DEF					NA	NA	NA	N
70140	X-RAY EXAM OF FACIAL BONES	PRXOVR	DEF					NA	NA	NA	N
70140	X-RAY EXAM OF FACIAL BONES	MAXFEE	DEF					24.13	1/1/2018	12/31/2299	N
70140	X-RAY EXAM OF FACIAL BONES	MAXFEE	DEF	26				8.45	1/1/2018	12/31/2299	N
70140	X-RAY EXAM OF FACIAL BONES	MAXFEE	DEF	TC				15.68	1/1/2018	12/31/2299	N
70150	X-RAY EXAM OF FACIAL BONES	PRXOVR	DEF					NA	NA	NA	N
70150	X-RAY EXAM OF FACIAL BONES	MAXFEE	DEF					31.48	1/1/2018	12/31/2299	N
70150	X-RAY EXAM OF FACIAL BONES	MAXFEE	DEF	26				11.02	1/1/2018	12/31/2299	N
70150	X-RAY EXAM OF FACIAL BONES	MAXFEE	DEF	TC				20.46	1/1/2018	12/31/2299	N
70160	X-RAY EXAM OF NASAL BONES	PRXOVR	DEF					NA	NA	NA	N
70160	X-RAY EXAM OF NASAL BONES	MAXFEE	DEF					20.66	1/1/2018	12/31/2299	N
70160	X-RAY EXAM OF NASAL BONES	MAXFEE	DEF	26				7.23	1/1/2018	12/31/2299	N
70160	X-RAY EXAM OF NASAL BONES	MAXFEE	DEF	TC				13.43	1/1/2018	12/31/2299	N
70170	X-RAY EXAM OF TEAR DUCT	PRXOVR	DEF					NA	NA	NA	N
70170	X-RAY EXAM OF TEAR DUCT	MAXFEE	DEF					137.51	1/1/2018	12/31/2299	N
70170	X-RAY EXAM OF TEAR DUCT	MAXFEE	DEF	26				13.75	1/1/2018	12/31/2299	N
70170	X-RAY EXAM OF TEAR DUCT	MAXFEE	DEF	TC				123.76	1/1/2018	12/31/2299	N
70190	X-RAY EXAM OF EYE SOCKETS	PRXOVR	DEF					NA	NA	NA	N
70190	X-RAY EXAM OF EYE SOCKETS	MAXFEE	DEF					24.84	1/1/2018	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

70190	X-RAY EXAM OF EYE SOCKETS	MAXFEE	DEF	26				8.69	1/1/2018	12/31/2299	N
70190	X-RAY EXAM OF EYE SOCKETS	MAXFEE	DEF	TC				16.15	1/1/2018	12/31/2299	N
70200	X-RAY EXAM OF EYE SOCKETS	PRXOVR	DEF					NA	NA	NA	N
70200	X-RAY EXAM OF EYE SOCKETS	MAXFEE	DEF					31.23	1/1/2018	12/31/2299	N
70200	X-RAY EXAM OF EYE SOCKETS	MAXFEE	DEF	26				10.93	1/1/2018	12/31/2299	N
70200	X-RAY EXAM OF EYE SOCKETS	MAXFEE	DEF	TC				20.30	1/1/2018	12/31/2299	N
70210	X-RAY EXAM OF SINUSES	PRXOVR	DEF					NA	NA	NA	N
70210	X-RAY EXAM OF SINUSES	MAXFEE	DEF					23.36	1/1/2018	12/31/2299	N
70210	X-RAY EXAM OF SINUSES	MAXFEE	DEF	26				7.01	1/1/2018	12/31/2299	N
70210	X-RAY EXAM OF SINUSES	MAXFEE	DEF	TC				16.35	1/1/2018	12/31/2299	N
70220	X-RAY EXAM OF SINUSES	PRXOVR	DEF					NA	NA	NA	N
70220	X-RAY EXAM OF SINUSES	MAXFEE	DEF					30.23	1/1/2018	12/31/2299	N
70220	X-RAY EXAM OF SINUSES	MAXFEE	DEF	26				10.58	1/1/2018	12/31/2299	N
70220	X-RAY EXAM OF SINUSES	MAXFEE	DEF	TC				19.65	1/1/2018	12/31/2299	N
70240	X-RAY EXAM PITUITARY SADDLE	PRXOVR	DEF					NA	NA	NA	N
70240	X-RAY EXAM PITUITARY SADDLE	MAXFEE	DEF					18.71	1/1/2018	12/31/2299	N
70240	X-RAY EXAM PITUITARY SADDLE	MAXFEE	DEF	26				7.48	1/1/2018	12/31/2299	N
70240	X-RAY EXAM PITUITARY SADDLE	MAXFEE	DEF	TC				11.23	1/1/2018	12/31/2299	N
70250	X-RAY EXAM OF SKULL	PRXOVR	DEF					NA	NA	NA	N
70250	X-RAY EXAM OF SKULL	MAXFEE	DEF					26.15	1/1/2018	12/31/2299	N
70250	X-RAY EXAM OF SKULL	MAXFEE	DEF	26				7.85	1/1/2018	12/31/2299	N
70250	X-RAY EXAM OF SKULL	MAXFEE	DEF	TC				18.31	1/1/2018	12/31/2299	N
70260	X-RAY EXAM OF SKULL	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

70260	X-RAY EXAM OF SKULL	MAXFEE	DEF					37.45	1/1/2018	12/31/2299	N
70260	X-RAY EXAM OF SKULL	MAXFEE	DEF	26				11.24	1/1/2018	12/31/2299	N
70260	X-RAY EXAM OF SKULL	MAXFEE	DEF	TC				26.22	1/1/2018	12/31/2299	N
70300	X-RAY EXAM OF TEETH	PRXOVR	DEF					NA	NA	NA	N
70300	X-RAY EXAM OF TEETH	MAXFEE	DEF					11.27	1/1/2018	12/31/2299	N
70300	X-RAY EXAM OF TEETH	MAXFEE	DEF	26				4.51	1/1/2018	12/31/2299	N
70300	X-RAY EXAM OF TEETH	MAXFEE	DEF	TC				6.76	1/1/2018	12/31/2299	N
70310	X-RAY EXAM OF TEETH	PRXOVR	DEF					NA	NA	NA	N
70310	X-RAY EXAM OF TEETH	MAXFEE	DEF					17.55	1/1/2018	12/31/2299	N
70310	X-RAY EXAM OF TEETH	MAXFEE	DEF	26				5.27	1/1/2018	12/31/2299	N
70310	X-RAY EXAM OF TEETH	MAXFEE	DEF	TC				12.29	1/1/2018	12/31/2299	N
70320	FULL MOUTH X-RAY OF TEETH	PRXOVR	DEF					NA	NA	NA	N
70320	FULL MOUTH X-RAY OF TEETH	MAXFEE	DEF					30	1/1/2018	12/31/2299	N
70320	FULL MOUTH X-RAY OF TEETH	MAXFEE	DEF	26				9	1/1/2018	12/31/2299	N
70320	FULL MOUTH X-RAY OF TEETH	MAXFEE	DEF	TC				21	1/1/2018	12/31/2299	N
70328	X-RAY EXAM OF JAW JOINT	PRXOVR	DEF					NA	NA	NA	N
70328	X-RAY EXAM OF JAW JOINT	MAXFEE	DEF					20.37	1/1/2018	12/31/2299	N
70328	X-RAY EXAM OF JAW JOINT	MAXFEE	DEF	26				6.11	1/1/2018	12/31/2299	N
70328	X-RAY EXAM OF JAW JOINT	MAXFEE	DEF	TC				14.26	1/1/2018	12/31/2299	N
70330	X-RAY EXAM OF JAW JOINTS	PRXOVR	DEF					NA	NA	NA	N
70330	X-RAY EXAM OF JAW JOINTS	MAXFEE	DEF					32.14	1/1/2018	12/31/2299	N
70330	X-RAY EXAM OF JAW JOINTS	MAXFEE	DEF	26				9.64	1/1/2018	12/31/2299	N
70330	X-RAY EXAM OF JAW JOINTS	MAXFEE	DEF	TC				22.50	1/1/2018	12/31/2299	N
70332	X-RAY EXAM OF JAW JOINT	PRXOVR	DEF					NA	NA	NA	N
70332	X-RAY EXAM OF JAW JOINT	MAXFEE	DEF					59.21	1/1/2018	12/31/2299	N
70332	X-RAY EXAM OF JAW JOINT	MAXFEE	DEF	26				20.72	1/1/2018	12/31/2299	N
70332	X-RAY EXAM OF JAW JOINT	MAXFEE	DEF	TC				38.49	1/1/2018	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

70336	MAGNETIC IMAGE JAW JOINT	PRXOVR	DEF					NA	NA	NA	N
70336	MAGNETIC IMAGE JAW JOINT	MAXFEE	DEF					262.42	1/1/2018	12/31/2299	N
70336	MAGNETIC IMAGE JAW JOINT	MAXFEE	DEF	26				52.48	1/1/2018	12/31/2299	N
70336	MAGNETIC IMAGE JAW JOINT	MAXFEE	DEF	TC				209.94	1/1/2018	12/31/2299	N
70350	X-RAY HEAD FOR ORTHODONTIA	PRXOVR	DEF					NA	NA	NA	N
70350	X-RAY HEAD FOR ORTHODONTIA	MAXFEE	DEF					16.67	1/1/2018	12/31/2299	N
70350	X-RAY HEAD FOR ORTHODONTIA	MAXFEE	DEF	26				6.67	1/1/2018	12/31/2299	N
70350	X-RAY HEAD FOR ORTHODONTIA	MAXFEE	DEF	TC				10	1/1/2018	12/31/2299	N
70355	PANORAMIC X-RAY OF JAWS	PRXOVR	DEF					NA	NA	NA	N
70355	PANORAMIC X-RAY OF JAWS	MAXFEE	DEF					17.49	1/1/2018	12/31/2299	N
70355	PANORAMIC X-RAY OF JAWS	MAXFEE	DEF	26				6.12	1/1/2018	12/31/2299	N
70355	PANORAMIC X-RAY OF JAWS	MAXFEE	DEF	TC				11.37	1/1/2018	12/31/2299	N
70360	X-RAY EXAM OF NECK	PRXOVR	DEF					NA	NA	NA	N
70360	X-RAY EXAM OF NECK	MAXFEE	DEF					17.94	1/1/2018	12/31/2299	N
70360	X-RAY EXAM OF NECK	MAXFEE	DEF	26				5.38	1/1/2018	12/31/2299	N
70360	X-RAY EXAM OF NECK	MAXFEE	DEF	TC				12.56	1/1/2018	12/31/2299	N
70370	THROAT X-RAY & FLUOROSCOPY	PRXOVR	DEF					NA	NA	NA	N
70370	THROAT X-RAY & FLUOROSCOPY	MAXFEE	DEF					47.50	1/1/2018	12/31/2299	N
70370	THROAT X-RAY & FLUOROSCOPY	MAXFEE	DEF	26				14.25	1/1/2018	12/31/2299	N
70370	THROAT X-RAY & FLUOROSCOPY	MAXFEE	DEF	TC				33.25	1/1/2018	12/31/2299	N
70373	CONTRAST X-RAY OF LARYNX	PRXOVR	DEF					NA	NA	NA	N
70373	CONTRAST X-RAY OF LARYNX	MAXFEE	DEF					NA			N

Ohio Medicaid DENT Contract 09-25-2023

70380	X-RAY EXAM OF SALIVARY GLAND	PRXOVR	DEF					NA	NA	NA	N
70380	X-RAY EXAM OF SALIVARY GLAND	MAXFEE	DEF					24.66	1/1/2018	12/31/2299	N
70380	X-RAY EXAM OF SALIVARY GLAND	MAXFEE	DEF	26				7.40	1/1/2018	12/31/2299	N
70380	X-RAY EXAM OF SALIVARY GLAND	MAXFEE	DEF	TC				17.26	1/1/2018	12/31/2299	N
70390	X-RAY EXAM OF SALIVARY DUCT	PRXOVR	DEF					NA	NA	NA	N
70390	X-RAY EXAM OF SALIVARY DUCT	MAXFEE	DEF					62.68	1/1/2018	12/31/2299	N
70390	X-RAY EXAM OF SALIVARY DUCT	MAXFEE	DEF	26				15.67	1/1/2018	12/31/2299	N
70390	X-RAY EXAM OF SALIVARY DUCT	MAXFEE	DEF	TC				47.01	1/1/2018	12/31/2299	N
70450	CT HEAD/BRAIN W/O DYE	PRXOVR	DEF					NA	NA	NA	N
70450	CT HEAD/BRAIN W/O DYE	MAXFEE	DEF					100.97	1/1/2018	12/31/2299	N
70450	CT HEAD/BRAIN W/O DYE	MAXFEE	DEF	26				35.34	1/1/2018	12/31/2299	N
70450	CT HEAD/BRAIN W/O DYE	MAXFEE	DEF	TC				65.63	1/1/2018	12/31/2299	N
70460	CT HEAD/BRAIN W/DYE	PRXOVR	DEF					NA	NA	NA	N
70460	CT HEAD/BRAIN W/DYE	MAXFEE	DEF					137.87	1/1/2018	12/31/2299	N
70460	CT HEAD/BRAIN W/DYE	MAXFEE	DEF	26				48.25	1/1/2018	12/31/2299	N
70460	CT HEAD/BRAIN W/DYE	MAXFEE	DEF	TC				89.62	1/1/2018	12/31/2299	N
70470	CT HEAD/BRAIN W/O & W/DYE	PRXOVR	DEF					NA	NA	NA	N
70470	CT HEAD/BRAIN W/O & W/DYE	MAXFEE	DEF					162.60	1/1/2018	12/31/2299	N
70470	CT HEAD/BRAIN W/O & W/DYE	MAXFEE	DEF	26				48.78	1/1/2018	12/31/2299	N
70470	CT HEAD/BRAIN W/O & W/DYE	MAXFEE	DEF	TC				113.82	1/1/2018	12/31/2299	N
70480	CT ORBIT/EAR/FOSSA W/O DYE	PRXOVR	DEF					NA	NA	NA	N
70480	CT ORBIT/EAR/FOSSA W/O DYE	MAXFEE	DEF					157	1/1/2018	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

70480	CT ORBIT/EAR/FOSSA W/O DYE	MAXFEE	DEF	26				47.10	1/1/2018	12/31/2299	N
70480	CT ORBIT/EAR/FOSSA W/O DYE	MAXFEE	DEF	TC				109.90	1/1/2018	12/31/2299	N
70481	CT ORBIT/EAR/FOSSA W/DYE	PRXOVR	DEF					NA	NA	NA	N
70481	CT ORBIT/EAR/FOSSA W/DYE	MAXFEE	DEF					205.38	1/1/2018	12/31/2299	N
70481	CT ORBIT/EAR/FOSSA W/DYE	MAXFEE	DEF	26				51.35	1/1/2018	12/31/2299	N
70481	CT ORBIT/EAR/FOSSA W/DYE	MAXFEE	DEF	TC				154.03	1/1/2018	12/31/2299	N
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	PRXOVR	DEF					NA	NA	NA	N
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	MAXFEE	DEF					246.35	1/1/2018	12/31/2299	N
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	MAXFEE	DEF	26				61.59	1/1/2018	12/31/2299	N
70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	MAXFEE	DEF	TC				184.76	1/1/2018	12/31/2299	N
70486	CT MAXILLOFACIAL W/O DYE	PRXOVR	DEF					NA	NA	NA	N
70486	CT MAXILLOFACIAL W/O DYE	MAXFEE	DEF					118.49	1/1/2018	12/31/2299	N
70486	CT MAXILLOFACIAL W/O DYE	MAXFEE	DEF	26				35.55	1/1/2018	12/31/2299	N
70486	CT MAXILLOFACIAL W/O DYE	MAXFEE	DEF	TC				82.94	1/1/2018	12/31/2299	N
70487	CT MAXILLOFACIAL W/DYE	PRXOVR	DEF					NA	NA	NA	N
70487	CT MAXILLOFACIAL W/DYE	MAXFEE	DEF					142.97	1/1/2018	12/31/2299	N
70487	CT MAXILLOFACIAL W/DYE	MAXFEE	DEF	26				42.89	1/1/2018	12/31/2299	N
70487	CT MAXILLOFACIAL W/DYE	MAXFEE	DEF	TC				100.08	1/1/2018	12/31/2299	N
70488	CT MAXILLOFACIAL W/O & W/DYE	PRXOVR	DEF					NA	NA	NA	N
70488	CT MAXILLOFACIAL W/O & W/DYE	MAXFEE	DEF					173.56	1/1/2018	12/31/2299	N
70488	CT MAXILLOFACIAL W/O & W/DYE	MAXFEE	DEF	26				52.07	1/1/2018	12/31/2299	N
70488	CT MAXILLOFACIAL W/O & W/DYE	MAXFEE	DEF	TC				121.49	1/1/2018	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

70490	CT SOFT TISSUE NECK W/O DYE	PRXOVR	DEF					NA	NA	NA	N
70490	CT SOFT TISSUE NECK W/O DYE	MAXFEE	DEF					157	1/1/2018	12/31/2299	N
70490	CT SOFT TISSUE NECK W/O DYE	MAXFEE	DEF	26				47.10	1/1/2018	12/31/2299	N
70490	CT SOFT TISSUE NECK W/O DYE	MAXFEE	DEF	TC				109.90	1/1/2018	12/31/2299	N
70491	CT SOFT TISSUE NECK W/DYE	PRXOVR	DEF					NA	NA	NA	N
70491	CT SOFT TISSUE NECK W/DYE	MAXFEE	DEF					205.38	1/1/2018	12/31/2299	N
70491	CT SOFT TISSUE NECK W/DYE	MAXFEE	DEF	26				61.61	1/1/2018	12/31/2299	N
70491	CT SOFT TISSUE NECK W/DYE	MAXFEE	DEF	TC				143.77	1/1/2018	12/31/2299	N
70492	CT SFT TSUE NCK W/O & W/DYE	PRXOVR	DEF					NA	NA	NA	N
70492	CT SFT TSUE NCK W/O & W/DYE	MAXFEE	DEF					246.29	1/1/2018	12/31/2299	N
70492	CT SFT TSUE NCK W/O & W/DYE	MAXFEE	DEF	26				61.57	1/1/2018	12/31/2299	N
70492	CT SFT TSUE NCK W/O & W/DYE	MAXFEE	DEF	TC				184.72	1/1/2018	12/31/2299	N
70496	CT ANGIOGRAPHY HEAD	PRXOVR	DEF					NA	NA	NA	N
70496	CT ANGIOGRAPHY HEAD	MAXFEE	DEF					250.20	1/1/2018	12/31/2299	N
70496	CT ANGIOGRAPHY HEAD	MAXFEE	DEF	26				62.55	1/1/2018	12/31/2299	N
70496	CT ANGIOGRAPHY HEAD	MAXFEE	DEF	TC				187.65	1/1/2018	12/31/2299	N
70498	CT ANGIOGRAPHY NECK	PRXOVR	DEF					NA	NA	NA	N
70498	CT ANGIOGRAPHY NECK	MAXFEE	DEF					248.71	1/1/2018	12/31/2299	N
70498	CT ANGIOGRAPHY NECK	MAXFEE	DEF	26				62.18	1/1/2018	12/31/2299	N
70498	CT ANGIOGRAPHY NECK	MAXFEE	DEF	TC				186.53	1/1/2018	12/31/2299	N
70540	MRI ORBIT/FACE/NECK W/O DYE	PRXOVR	DEF					NA	NA	NA	N
70540	MRI ORBIT/FACE/NECK W/O DYE	MAXFEE	DEF					291.79	1/1/2018	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

70540	MRI ORBIT/FACE/NECK W/O DYE	MAXFEE	DEF	26				58.36	1/1/2018	12/31/2299	N
70540	MRI ORBIT/FACE/NECK W/O DYE	MAXFEE	DEF	TC				233.43	1/1/2018	12/31/2299	N
70541	MAGNETIC IMAGE; HEAD (MRA)	PRXOVR	DEF					NA	NA	NA	N
70541	MAGNETIC IMAGE; HEAD (MRA)	MAXFEE	DEF					NA			N
70542	MRI ORBIT/FACE/NECK W/DYE	PRXOVR	DEF					NA	NA	NA	N
70542	MRI ORBIT/FACE/NECK W/DYE	MAXFEE	DEF					333.54	1/1/2018	12/31/2299	N
70542	MRI ORBIT/FACE/NECK W/DYE	MAXFEE	DEF	26				66.71	1/1/2018	12/31/2299	N
70542	MRI ORBIT/FACE/NECK W/DYE	MAXFEE	DEF	TC				266.83	1/1/2018	12/31/2299	N
70543	MRI ORBT/FAC/NCK W/O &W/DYE	PRXOVR	DEF					NA	NA	NA	N
70543	MRI ORBT/FAC/NCK W/O &W/DYE	MAXFEE	DEF					408.63	1/1/2018	12/31/2299	N
70543	MRI ORBT/FAC/NCK W/O &W/DYE	MAXFEE	DEF	26				81.73	1/1/2018	12/31/2299	N
70543	MRI ORBT/FAC/NCK W/O &W/DYE	MAXFEE	DEF	TC				326.90	1/1/2018	12/31/2299	N
70544	MR ANGIOGRAPHY HEAD W/O DYE	PRXOVR	DEF					NA	NA	NA	N
70544	MR ANGIOGRAPHY HEAD W/O DYE	MAXFEE	DEF					291.30	1/1/2018	12/31/2299	N
70544	MR ANGIOGRAPHY HEAD W/O DYE	MAXFEE	DEF	26				58.26	1/1/2018	12/31/2299	N
70544	MR ANGIOGRAPHY HEAD W/O DYE	MAXFEE	DEF	TC				233.04	1/1/2018	12/31/2299	N
70545	MR ANGIOGRAPHY HEAD W/DYE	PRXOVR	DEF					NA	NA	NA	N
70545	MR ANGIOGRAPHY HEAD W/DYE	MAXFEE	DEF					321.62	1/1/2018	12/31/2299	N
70545	MR ANGIOGRAPHY HEAD W/DYE	MAXFEE	DEF	26				64.32	1/1/2018	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

70545	MR ANGIOGRAPHY HEAD W/DYE	MAXFEE	DEF	TC				257.30	1/1/2018	12/31/2299	N
70546	MR ANGIOGRAPH HEAD W/O&W/DYE	PRXOVR	DEF					NA	NA	NA	N
70546	MR ANGIOGRAPH HEAD W/O&W/DYE	MAXFEE	DEF					490.36	1/1/2018	12/31/2299	N
70546	MR ANGIOGRAPH HEAD W/O&W/DYE	MAXFEE	DEF	26				98.07	1/1/2018	12/31/2299	N
70546	MR ANGIOGRAPH HEAD W/O&W/DYE	MAXFEE	DEF	TC				392.29	1/1/2018	12/31/2299	N
70547	MR ANGIOGRAPHY NECK W/O DYE	PRXOVR	DEF					NA	NA	NA	N
70547	MR ANGIOGRAPHY NECK W/O DYE	MAXFEE	DEF					290.98	1/1/2018	12/31/2299	N
70547	MR ANGIOGRAPHY NECK W/O DYE	MAXFEE	DEF	26				58.20	1/1/2018	12/31/2299	N
70547	MR ANGIOGRAPHY NECK W/O DYE	MAXFEE	DEF	TC				232.78	1/1/2018	12/31/2299	N
70548	MR ANGIOGRAPHY NECK W/DYE	PRXOVR	DEF					NA	NA	NA	N
70548	MR ANGIOGRAPHY NECK W/DYE	MAXFEE	DEF					346.70	1/1/2018	12/31/2299	N
70548	MR ANGIOGRAPHY NECK W/DYE	MAXFEE	DEF	26				69.34	1/1/2018	12/31/2299	N
70548	MR ANGIOGRAPHY NECK W/DYE	MAXFEE	DEF	TC				277.36	1/1/2018	12/31/2299	N
70549	MR ANGIOGRAPH NECK W/O&W/DYE	PRXOVR	DEF					NA	NA	NA	N
70549	MR ANGIOGRAPH NECK W/O&W/DYE	MAXFEE	DEF					481.38	1/1/2018	12/31/2299	N
70549	MR ANGIOGRAPH NECK W/O&W/DYE	MAXFEE	DEF	26				96.28	1/1/2018	12/31/2299	N
70549	MR ANGIOGRAPH NECK W/O&W/DYE	MAXFEE	DEF	TC				385.10	1/1/2018	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

71010	CHEST X-RAY 1 VIEW FRONTAL	PRXOVR	DEF					NA	NA	NA	N
71010	CHEST X-RAY 1 VIEW FRONTAL	MAXFEE	DEF					19.10	1/1/2018	12/31/2299	N
71010	CHEST X-RAY 1 VIEW FRONTAL	MAXFEE	DEF	26				5.73	1/1/2018	12/31/2299	N
71010	CHEST X-RAY 1 VIEW FRONTAL	MAXFEE	DEF	TC				13.37	1/1/2018	12/31/2299	N
71015	CHEST X-RAY STEREO FRONTAL	PRXOVR	DEF					NA	NA	NA	N
71015	CHEST X-RAY STEREO FRONTAL	MAXFEE	DEF					22.20	1/1/2018	12/31/2299	N
71015	CHEST X-RAY STEREO FRONTAL	MAXFEE	DEF	26				6.66	1/1/2018	12/31/2299	N
71015	CHEST X-RAY STEREO FRONTAL	MAXFEE	DEF	TC				15.54	1/1/2018	12/31/2299	N
71020	CHEST X-RAY 2VW FRONTAL&LATL	PRXOVR	DEF					NA	NA	NA	N
71020	CHEST X-RAY 2VW FRONTAL&LATL	MAXFEE	DEF					24.41	1/1/2018	12/31/2299	N
71020	CHEST X-RAY 2VW FRONTAL&LATL	MAXFEE	DEF	26				8.54	1/1/2018	12/31/2299	N
71020	CHEST X-RAY 2VW FRONTAL&LATL	MAXFEE	DEF	TC				15.87	1/1/2018	12/31/2299	N
71021	CHEST X-RAY FRNT LAT LORDOTC	PRXOVR	DEF					NA	NA	NA	N
71021	CHEST X-RAY FRNT LAT LORDOTC	MAXFEE	DEF					30.38	1/1/2018	12/31/2299	N
71021	CHEST X-RAY FRNT LAT LORDOTC	MAXFEE	DEF	26				10.63	1/1/2018	12/31/2299	N
71021	CHEST X-RAY FRNT LAT LORDOTC	MAXFEE	DEF	TC				19.75	1/1/2018	12/31/2299	N
71022	CHEST X-RAY FRNT LAT OBLIQUE	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

71022	CHEST X-RAY FRNT LAT OBLIQUE	MAXFEE	DEF					31.86	1/1/2018	12/31/2299	N
71022	CHEST X-RAY FRNT LAT OBLIQUE	MAXFEE	DEF	26				9.56	1/1/2018	12/31/2299	N
71022	CHEST X-RAY FRNT LAT OBLIQUE	MAXFEE	DEF	TC				22.30	1/1/2018	12/31/2299	N
71023	CHEST X-RAY AND FLUOROSCOPY	PRXOVR	DEF					NA	NA	NA	N
71023	CHEST X-RAY AND FLUOROSCOPY	MAXFEE	DEF					35.86	1/1/2018	12/31/2299	N
71023	CHEST X-RAY AND FLUOROSCOPY	MAXFEE	DEF	26				10.76	1/1/2018	12/31/2299	N
71023	CHEST X-RAY AND FLUOROSCOPY	MAXFEE	DEF	TC				25.10	1/1/2018	12/31/2299	N
71030	CHEST X-RAY 4/> VIEWS	PRXOVR	DEF					NA	NA	NA	N
71030	CHEST X-RAY 4/> VIEWS	MAXFEE	DEF					33.22	1/1/2018	12/31/2299	N
71030	CHEST X-RAY 4/> VIEWS	MAXFEE	DEF	26				9.97	1/1/2018	12/31/2299	N
71030	CHEST X-RAY 4/> VIEWS	MAXFEE	DEF	TC				23.25	1/1/2018	12/31/2299	N
71034	CHEST X-RAY&FLUORO 4/> VIEWS	PRXOVR	DEF					NA	NA	NA	N
71034	CHEST X-RAY&FLUORO 4/> VIEWS	MAXFEE	DEF					56.65	1/1/2018	12/31/2299	N
71034	CHEST X-RAY&FLUORO 4/> VIEWS	MAXFEE	DEF	26				19.83	1/1/2018	12/31/2299	N
71034	CHEST X-RAY&FLUORO 4/> VIEWS	MAXFEE	DEF	TC				36.82	1/1/2018	12/31/2299	N
71035	CHEST X-RAY SPECIAL VIEWS	PRXOVR	DEF					NA	NA	NA	N
71035	CHEST X-RAY SPECIAL VIEWS	MAXFEE	DEF					20.99	1/1/2018	12/31/2299	N
71035	CHEST X-RAY SPECIAL VIEWS	MAXFEE	DEF	26				7.35	1/1/2018	12/31/2299	N
71035	CHEST X-RAY SPECIAL VIEWS	MAXFEE	DEF	TC				13.64	1/1/2018	12/31/2299	N
71036	X-RAY GUIDANCE FOR BIOPSY	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

71036	X-RAY GUIDANCE FOR BIOPSY	MAXFEE	DEF					NA			N
71040	CONTRAST X-RAY OF BRONCHI	PRXOVR	DEF					NA	NA	NA	N
71040	CONTRAST X-RAY OF BRONCHI	MAXFEE	DEF					NA			N
71060	CONTRAST X-RAY OF BRONCHI	PRXOVR	DEF					NA	NA	NA	N
71060	CONTRAST X-RAY OF BRONCHI	MAXFEE	DEF					NA			N
71090	X-RAY & PACEMAKER INSERTION	PRXOVR	DEF					NA	NA	NA	N
71090	X-RAY & PACEMAKER INSERTION	MAXFEE	DEF					NA			N
74000	X-RAY EXAM OF ABDOMEN	PRXOVR	DEF					NA	NA	NA	N
74000	X-RAY EXAM OF ABDOMEN	MAXFEE	DEF					20.35	1/1/2018	12/31/2299	N
74000	X-RAY EXAM OF ABDOMEN	MAXFEE	DEF	26				7.12	1/1/2018	12/31/2299	N
74000	X-RAY EXAM OF ABDOMEN	MAXFEE	DEF	TC				13.23	1/1/2018	12/31/2299	N
74010	X-RAY EXAM OF ABDOMEN	PRXOVR	DEF					NA	NA	NA	N
74010	X-RAY EXAM OF ABDOMEN	MAXFEE	DEF	TC				14.79	1/1/2018	12/31/2299	N
74010	X-RAY EXAM OF ABDOMEN	MAXFEE	DEF					24.65	1/1/2018	12/31/2299	N
74010	X-RAY EXAM OF ABDOMEN	MAXFEE	DEF	26				9.86	1/1/2018	12/31/2299	N
74020	X-RAY EXAM OF ABDOMEN	PRXOVR	DEF					NA	NA	NA	N
74020	X-RAY EXAM OF ABDOMEN	MAXFEE	DEF					26.55	1/1/2018	12/31/2299	N
74020	X-RAY EXAM OF ABDOMEN	MAXFEE	DEF	26				10.62	1/1/2018	12/31/2299	N
74020	X-RAY EXAM OF ABDOMEN	MAXFEE	DEF	TC				15.93	1/1/2018	12/31/2299	N
74221	X-RAY XM ESOPHAGUS 2CNTRST	PRXOVR	DEF					NA	NA	NA	N
74221	X-RAY XM ESOPHAGUS 2CNTRST	MAXFEE	DEF					82.54	1/1/2020	12/31/2299	N
74221	X-RAY XM ESOPHAGUS 2CNTRST	MAXFEE	DEF	TC				54.72	1/1/2020	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

74221	X-RAY XM ESOPHAGUS 2CNTRST	MAXFEE	DEF	26				27.82	1/1/2020	12/31/2299	N
74248	X-RAY SM INT F-THRU STD	PRXOVR	DEF					NA	NA	NA	N
74248	X-RAY SM INT F-THRU STD	MAXFEE	DEF					62.95	1/1/2020	12/31/2299	N
74248	X-RAY SM INT F-THRU STD	MAXFEE	DEF	TC				35.13	1/1/2020	12/31/2299	N
74248	X-RAY SM INT F-THRU STD	MAXFEE	DEF	26				27.82	1/1/2020	12/31/2299	N
75552	HEART MRI FOR MORPH W/O DYE	PRXOVR	DEF					NA	NA	NA	N
75552	HEART MRI FOR MORPH W/O DYE	MAXFEE	DEF					NA			N
75553	HEART MRI FOR MORPH W/DYE	PRXOVR	DEF					NA	NA	NA	N
75553	HEART MRI FOR MORPH W/DYE	MAXFEE	DEF					NA			N
75554	CARDIAC MRI/FUNCTION	PRXOVR	DEF					NA	NA	NA	N
75554	CARDIAC MRI/FUNCTION	MAXFEE	DEF					NA			N
75555	CARDIAC MRI/LIMITED STUDY	PRXOVR	DEF					NA	NA	NA	N
75555	CARDIAC MRI/LIMITED STUDY	MAXFEE	DEF					NA			N
75942	LLIAC ANEURYSM ENDOVAS RPR	PRXOVR	DEF					NA	NA	NA	N
75942	LLIAC ANEURYSM ENDOVAS RPR	MAXFEE	DEF					NA			N
75952	ENDOVASC REPAIR ABDOM AORTA	PRXOVR	DEF					NA	NA	NA	N
75952	ENDOVASC REPAIR ABDOM AORTA	MAXFEE	DEF					193.37	1/1/2018	12/31/2299	N
75952	ENDOVASC REPAIR ABDOM AORTA	MAXFEE	DEF	26				174.03	1/1/2018	12/31/2299	N
75952	ENDOVASC REPAIR ABDOM AORTA	MAXFEE	DEF	TC				19.34	1/1/2018	12/31/2299	N
75953	ABDOM ANEURYSM ENDOVAS RPR	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

75953	ABDOM ANEURYSM ENDOVAS RPR	MAXFEE	DEF					193.37	1/1/2018	12/31/2299	N
75953	ABDOM ANEURYSM ENDOVAS RPR	MAXFEE	DEF	26				48.34	1/1/2018	12/31/2299	N
75953	ABDOM ANEURYSM ENDOVAS RPR	MAXFEE	DEF	TC				145.03	1/1/2018	12/31/2299	N
75954	ILIAC ANEURYSM ENDOVAS RPR	PRXOVR	DEF					NA	NA	NA	N
75954	ILIAC ANEURYSM ENDOVAS RPR	MAXFEE	DEF					322.05	1/1/2018	12/31/2299	N
75954	ILIAC ANEURYSM ENDOVAS RPR	MAXFEE	DEF	26				64.41	1/1/2018	12/31/2299	N
75954	ILIAC ANEURYSM ENDOVAS RPR	MAXFEE	DEF	TC				257.64	1/1/2018	12/31/2299	N
75989	ABSCESS DRAINAGE UNDER X-RAY	PRXOVR	DEF					NA	NA	NA	N
75989	ABSCESS DRAINAGE UNDER X-RAY	MAXFEE	DEF					103.25	1/1/2018	12/31/2299	N
75989	ABSCESS DRAINAGE UNDER X-RAY	MAXFEE	DEF	26				41.30	1/1/2018	12/31/2299	N
75989	ABSCESS DRAINAGE UNDER X-RAY	MAXFEE	DEF	TC				61.95	1/1/2018	12/31/2299	N
75998	FLUOROGUIDE FOR VEIN DEVICE	PRXOVR	DEF					NA	NA	NA	N
75998	FLUOROGUIDE FOR VEIN DEVICE	MAXFEE	DEF					NA			N
76003	NEEDLE LOCALIZATION BY X-RAY	PRXOVR	DEF					NA	NA	NA	N
76003	NEEDLE LOCALIZATION BY X-RAY	MAXFEE	DEF					NA			N
76005	FLUOROGUIDE FOR SPINE INJECT	PRXOVR	DEF					NA	NA	NA	N
76005	FLUOROGUIDE FOR SPINE INJECT	MAXFEE	DEF					NA			N
76006	X-RAY STRESS VIEW	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

76006	X-RAY STRESS VIEW	MAXFEE	DEF					NA			N
76012	PERCUT VERTEBROPLASTY FLUOR	PRXOVR	DEF					NA	NA	NA	N
76012	PERCUT VERTEBROPLASTY FLUOR	MAXFEE	DEF					NA			N
76013	PERCUT VERTEBROPLASTY; CT	PRXOVR	DEF					NA	NA	NA	N
76013	PERCUT VERTEBROPLASTY; CT	MAXFEE	DEF					NA			N
76020	X-RAYS FOR BONE AGE	PRXOVR	DEF					NA	NA	NA	N
76020	X-RAYS FOR BONE AGE	MAXFEE	DEF					NA			N
76040	X-RAYS; BONE EVALUATION	PRXOVR	DEF					NA	NA	NA	N
76040	X-RAYS; BONE EVALUATION	MAXFEE	DEF					NA			N
76061	X-RAYS; BONE SURVEY	PRXOVR	DEF					NA	NA	NA	N
76061	X-RAYS; BONE SURVEY	MAXFEE	DEF					NA			N
76062	X-RAYS; BONE SURVEY	PRXOVR	DEF					NA	NA	NA	N
76062	X-RAYS; BONE SURVEY	MAXFEE	DEF					NA			N
76065	X-RAYS; BONE EVALUATION	PRXOVR	DEF					NA	NA	NA	N
76065	X-RAYS; BONE EVALUATION	MAXFEE	DEF					NA			N
76066	JOINT SURVEY; SINGLE VIEW	PRXOVR	DEF					NA	NA	NA	N
76066	JOINT SURVEY; SINGLE VIEW	MAXFEE	DEF					NA			N
76070	CT BONE DENSITY; AXIAL	PRXOVR	DEF					NA	NA	NA	N
76070	CT BONE DENSITY; AXIAL	MAXFEE	DEF					NA			N
76075	DXA BONE DENSITY; AXIAL	PRXOVR	DEF					NA	NA	NA	N
76075	DXA BONE DENSITY; AXIAL	MAXFEE	DEF					NA			N
76076	DXA BONE DENSITY/PERIPHERAL	PRXOVR	DEF					NA	NA	NA	N
76076	DXA BONE DENSITY/PERIPHERAL	MAXFEE	DEF					NA			N
76077	DXA BONE DENSITY/V- FRACTURE	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

76077	DXA BONE DENSITY/V-FRACTURE	MAXFEE	DEF					NA			N
76078	RADIOGRAPHIC ABSORPTIOMETRY	PRXOVR	DEF					NA	NA	NA	N
76078	RADIOGRAPHIC ABSORPTIOMETRY	MAXFEE	DEF					NA			N
76080	X-RAY EXAM OF FISTULA	PRXOVR	DEF					NA	NA	NA	N
76080	X-RAY EXAM OF FISTULA	MAXFEE	DEF					49.22	1/1/2018	12/31/2299	N
76080	X-RAY EXAM OF FISTULA	MAXFEE	DEF	26				19.69	1/1/2018	12/31/2299	N
76080	X-RAY EXAM OF FISTULA	MAXFEE	DEF	TC				29.53	1/1/2018	12/31/2299	N
76082	COMPUTER MAMMOGRAM ADD-ON	PRXOVR	DEF					NA	NA	NA	N
76082	COMPUTER MAMMOGRAM ADD-ON	MAXFEE	DEF					NA			N
76083	COMPUTER MAMMOGRAM ADD-ON	PRXOVR	DEF					NA	NA	NA	N
76083	COMPUTER MAMMOGRAM ADD-ON	MAXFEE	DEF					NA			N
76085	COMPUTER MAMMOGRAM ADD-ON	PRXOVR	DEF					NA	NA	NA	N
76085	COMPUTER MAMMOGRAM ADD-ON	MAXFEE	DEF					NA			N
76086	X-RAY OF MAMMARY DUCT	PRXOVR	DEF					NA	NA	NA	N
76086	X-RAY OF MAMMARY DUCT	MAXFEE	DEF					NA			N
76088	X-RAY OF MAMMARY DUCTS	PRXOVR	DEF					NA	NA	NA	N
76088	X-RAY OF MAMMARY DUCTS	MAXFEE	DEF					NA			N
76090	MAMMOGRAM; ONE BREAST	PRXOVR	DEF					NA	NA	NA	N
76090	MAMMOGRAM; ONE BREAST	MAXFEE	DEF					NA			N
76091	MAMMOGRAM; BOTH BREASTS	PRXOVR	DEF					NA	NA	NA	N
76091	MAMMOGRAM; BOTH BREASTS	MAXFEE	DEF					NA			N
76092	MAMMOGRAM; SCREENING	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

76092	MAMMOGRAM; SCREENING	MAXFEE	DEF					NA			N
76093	MAGNETIC IMAGE; BREAST	PRXOVR	DEF					NA	NA	NA	N
76093	MAGNETIC IMAGE; BREAST	MAXFEE	DEF					NA			N
76094	MAGNETIC IMAGE; BOTH BREASTS	PRXOVR	DEF					NA	NA	NA	N
76094	MAGNETIC IMAGE; BOTH BREASTS	MAXFEE	DEF					NA			N
76095	STEREOTACTIC BREAST BIOPSY	PRXOVR	DEF					NA	NA	NA	N
76095	STEREOTACTIC BREAST BIOPSY	MAXFEE	DEF					NA			N
76096	X-RAY OF NEEDLE WIRE; BREAST	PRXOVR	DEF					NA	NA	NA	N
76096	X-RAY OF NEEDLE WIRE; BREAST	MAXFEE	DEF					NA			N
76100	X-RAY EXAM OF BODY SECTION	PRXOVR	DEF					NA	NA	NA	N
76100	X-RAY EXAM OF BODY SECTION	MAXFEE	DEF					62.13	1/1/2018	12/31/2299	N
76100	X-RAY EXAM OF BODY SECTION	MAXFEE	DEF	26				18.64	1/1/2018	12/31/2299	N
76100	X-RAY EXAM OF BODY SECTION	MAXFEE	DEF	TC				43.49	1/1/2018	12/31/2299	N
88300	SURGICAL PATH GROSS	PRXOVR	DEF					NA	NA	NA	N
88300	SURGICAL PATH GROSS	MAXFEE	DEF					11.84	4/1/2019	12/31/2299	N
88300	SURGICAL PATH GROSS	MAXFEE	DEF	TC				8.45	4/1/2019	12/31/2299	N
88300	SURGICAL PATH GROSS	MAXFEE	DEF	26				3.40	4/1/2019	12/31/2299	N
88302	TISSUE EXAM BY PATHOLOGIST	PRXOVR	DEF					NA	NA	NA	N
88302	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF					22.10	4/1/2019	12/31/2299	N
88302	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF	TC				16.61	4/1/2019	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

88302	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF	26				5.48	4/1/2019	12/31/2299	N
88304	TISSUE EXAM BY PATHOLOGIST	PRXOVR	DEF					NA	NA	NA	N
88304	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF					29.21	4/1/2019	12/31/2299	N
88304	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF	TC				20.33	4/1/2019	12/31/2299	N
88304	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF	26				8.87	4/1/2019	12/31/2299	N
88305	TISSUE EXAM BY PATHOLOGIST	PRXOVR	DEF					NA	NA	NA	N
88305	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF					49.83	4/1/2019	12/31/2299	N
88305	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF	TC				20.82	4/1/2019	12/31/2299	N
88305	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF	26				29.01	4/1/2019	12/31/2299	N
88307	TISSUE EXAM BY PATHOLOGIST	PRXOVR	DEF					NA	NA	NA	N
88307	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF					188.97	4/1/2019	12/31/2299	N
88307	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF	TC				125.33	4/1/2019	12/31/2299	N
88307	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF	26				63.64	4/1/2019	12/31/2299	N
88309	TISSUE EXAM BY PATHOLOGIST	PRXOVR	DEF					NA	NA	NA	N
88309	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF					287.76	4/1/2019	12/31/2299	N
88309	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF	TC				174.87	4/1/2019	12/31/2299	N
88309	TISSUE EXAM BY PATHOLOGIST	MAXFEE	DEF	26				112.89	4/1/2019	12/31/2299	N
88311	DECALCIFY TISSUE	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

88311	DECALCIFY TISSUE	MAXFEE	DEF					16.12	4/1/2019	12/31/2299	N
88311	DECALCIFY TISSUE	MAXFEE	DEF	TC				6.46	4/1/2019	12/31/2299	N
88311	DECALCIFY TISSUE	MAXFEE	DEF	26				9.66	4/1/2019	12/31/2299	N
88312	SPECIAL STAINS GROUP 1	PRXOVR	DEF					NA	NA	NA	N
88312	SPECIAL STAINS GROUP 1	MAXFEE	DEF					69.44	4/1/2019	12/31/2299	N
88312	SPECIAL STAINS GROUP 1	MAXFEE	DEF	TC				49.04	4/1/2019	12/31/2299	N
88312	SPECIAL STAINS GROUP 1	MAXFEE	DEF	26				20.40	4/1/2019	12/31/2299	N
88313	SPECIAL STAINS GROUP 2	PRXOVR	DEF					NA	NA	NA	N
88313	SPECIAL STAINS GROUP 2	MAXFEE	DEF					50.04	4/1/2019	12/31/2299	N
88313	SPECIAL STAINS GROUP 2	MAXFEE	DEF	TC				40.88	4/1/2019	12/31/2299	N
88313	SPECIAL STAINS GROUP 2	MAXFEE	DEF	26				9.17	4/1/2019	12/31/2299	N
88314	HISTOCHEMICAL STAINS ADD-ON	PRXOVR	DEF					NA	NA	NA	N
88314	HISTOCHEMICAL STAINS ADD-ON	MAXFEE	DEF					60.85	4/1/2019	12/31/2299	N
88314	HISTOCHEMICAL STAINS ADD-ON	MAXFEE	DEF	TC				43.60	4/1/2019	12/31/2299	N
88314	HISTOCHEMICAL STAINS ADD-ON	MAXFEE	DEF	26				17.25	4/1/2019	12/31/2299	N
88318	CHEMICAL HISTOCHEMISTRY	PRXOVR	DEF					NA	NA	NA	N
88318	CHEMICAL HISTOCHEMISTRY	MAXFEE	DEF					NA			N
88319	ENZYME HISTOCHEMISTRY	PRXOVR	DEF					NA	NA	NA	N
88319	ENZYME HISTOCHEMISTRY	MAXFEE	DEF					62.99	4/1/2019	12/31/2299	N
88319	ENZYME HISTOCHEMISTRY	MAXFEE	DEF	TC				42.61	4/1/2019	12/31/2299	N
88319	ENZYME HISTOCHEMISTRY	MAXFEE	DEF	26				20.38	4/1/2019	12/31/2299	N
88321	MICROSLIDE CONSULTATION	PRXOVR	DEF					NA	NA	NA	N
88321	MICROSLIDE CONSULTATION	MAXFEE	FAC					64.07	4/1/2019	12/31/2299	N
88321	MICROSLIDE CONSULTATION	MAXFEE	NFF					75.70	4/1/2019	12/31/2299	N
88323	MICROSLIDE CONSULTATION	PRXOVR	DEF					NA	NA	NA	N
88323	MICROSLIDE CONSULTATION	MAXFEE	DEF					89.62	4/1/2019	12/31/2299	N
88323	MICROSLIDE CONSULTATION	MAXFEE	DEF	TC				23.05	4/1/2019	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

88323	MICROSLIDE CONSULTATION	MAXFEE	DEF	26				66.56	4/1/2019	12/31/2299	N
88325	COMPREHENSIVE REVIEW OF DATA	PRXOVR	DEF					NA	NA	NA	N
88325	COMPREHENSIVE REVIEW OF DATA	MAXFEE	FAC					114.14	4/1/2019	12/31/2299	N
88325	COMPREHENSIVE REVIEW OF DATA	MAXFEE	NFF					136.43	4/1/2019	12/31/2299	N
88329	PATH CONSULT INTROP	PRXOVR	DEF					NA	NA	NA	N
88329	PATH CONSULT INTROP	MAXFEE	FAC					27.66	4/1/2019	12/31/2299	N
88329	PATH CONSULT INTROP	MAXFEE	NFF					38.06	4/1/2019	12/31/2299	N
88331	PATH CONSULT INTRAOP 1 BLOC	PRXOVR	DEF					NA	NA	NA	N
88331	PATH CONSULT INTRAOP 1 BLOC	MAXFEE	DEF					71.03	4/1/2019	12/31/2299	N
88331	PATH CONSULT INTRAOP 1 BLOC	MAXFEE	DEF	TC				22.80	4/1/2019	12/31/2299	N
88331	PATH CONSULT INTRAOP 1 BLOC	MAXFEE	DEF	26				48.22	4/1/2019	12/31/2299	N
88332	PATH CONSULT INTRAOP ADDL	PRXOVR	DEF					NA	NA	NA	N
88332	PATH CONSULT INTRAOP ADDL	MAXFEE	DEF					38.60	4/1/2019	12/31/2299	N
88332	PATH CONSULT INTRAOP ADDL	MAXFEE	DEF	TC				14.88	4/1/2019	12/31/2299	N
88332	PATH CONSULT INTRAOP ADDL	MAXFEE	DEF	26				23.72	4/1/2019	12/31/2299	N
88333	INTRAOP CYTO PATH CONSULT 1	PRXOVR	DEF					NA	NA	NA	N
88333	INTRAOP CYTO PATH CONSULT 1	MAXFEE	DEF					65.60	4/1/2019	12/31/2299	N
88333	INTRAOP CYTO PATH CONSULT 1	MAXFEE	DEF	TC				17.36	4/1/2019	12/31/2299	N
88333	INTRAOP CYTO PATH CONSULT 1	MAXFEE	DEF	26				48.24	4/1/2019	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

88334	INTRAOP CYTO PATH CONSULT 2	PRXOVR	DEF					NA	NA	NA	N
88334	INTRAOP CYTO PATH CONSULT 2	MAXFEE	DEF					40.61	4/1/2019	12/31/2299	N
88334	INTRAOP CYTO PATH CONSULT 2	MAXFEE	DEF	TC				11.15	4/1/2019	12/31/2299	N
88334	INTRAOP CYTO PATH CONSULT 2	MAXFEE	DEF	26				29.46	4/1/2019	12/31/2299	N
88341	IMMUNOHISTO ANTB ADDL SLIDE	PRXOVR	DEF					NA	NA	NA	N
88341	IMMUNOHISTO ANTB ADDL SLIDE	MAXFEE	DEF					66.24	4/1/2019	12/31/2299	N
88341	IMMUNOHISTO ANTB ADDL SLIDE	MAXFEE	DEF	TC				44.57	4/1/2019	12/31/2299	N
88341	IMMUNOHISTO ANTB ADDL SLIDE	MAXFEE	DEF	26				21.68	4/1/2019	12/31/2299	N
88342	IMMUNOHISTO ANTB 1ST STAIN	PRXOVR	DEF					NA	NA	NA	N
88342	IMMUNOHISTO ANTB 1ST STAIN	MAXFEE	DEF					78.20	4/1/2019	12/31/2299	N
88342	IMMUNOHISTO ANTB 1ST STAIN	MAXFEE	DEF	TC				51.03	4/1/2019	12/31/2299	N
88342	IMMUNOHISTO ANTB 1ST STAIN	MAXFEE	DEF	26				27.18	4/1/2019	12/31/2299	N
88343	IMMUNOHISTO ANTIBOD ADD SLID	PRXOVR	DEF					NA	NA	NA	N
88343	IMMUNOHISTO ANTIBOD ADD SLID	MAXFEE	DEF					NA			N
88344	IMMUNOHISTO ANTIBODY SLIDE	PRXOVR	DEF					NA	NA	NA	N
88344	IMMUNOHISTO ANTIBODY SLIDE	MAXFEE	DEF					124.40	4/1/2019	12/31/2299	N
88344	IMMUNOHISTO ANTIBODY SLIDE	MAXFEE	DEF	TC				94.61	4/1/2019	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

88344	IMMUNOHISTO ANTIBODY SLIDE	MAXFEE	DEF	26				29.79	4/1/2019	12/31/2299	N
88346	IMMUNOFLUOR ANTB 1ST STAIN	PRXOVR	DEF					NA	NA	NA	N
88346	IMMUNOFLUOR ANTB 1ST STAIN	MAXFEE	DEF					67.37	4/1/2019	12/31/2299	N
88346	IMMUNOFLUOR ANTB 1ST STAIN	MAXFEE	DEF	TC				39.89	4/1/2019	12/31/2299	N
88346	IMMUNOFLUOR ANTB 1ST STAIN	MAXFEE	DEF	26				27.48	4/1/2019	12/31/2299	N
88347	IMMUNOFLUORESCENT STUDY	PRXOVR	DEF					NA	NA	NA	N
88347	IMMUNOFLUORESCENT STUDY	MAXFEE	DEF					NA			N
88348	ELECTRON MICROSCOPY	PRXOVR	DEF					NA	NA	NA	N
88348	ELECTRON MICROSCOPY	MAXFEE	DEF					246.80	4/1/2019	12/31/2299	N
88348	ELECTRON MICROSCOPY	MAXFEE	DEF	TC				188.78	4/1/2019	12/31/2299	N
88348	ELECTRON MICROSCOPY	MAXFEE	DEF	26				58.01	4/1/2019	12/31/2299	N
88349	SCANNING ELECTRON MICROSCOPY	PRXOVR	DEF					NA	NA	NA	N
88349	SCANNING ELECTRON MICROSCOPY	MAXFEE	DEF					NA			N
88350	IMMUNOFLUOR ANTB ADDL STAIN	PRXOVR	DEF					NA	NA	NA	N
88350	IMMUNOFLUOR ANTB ADDL STAIN	MAXFEE	DEF					51.95	4/1/2019	12/31/2299	N
88350	IMMUNOFLUOR ANTB ADDL STAIN	MAXFEE	DEF	TC				29.96	4/1/2019	12/31/2299	N
88350	IMMUNOFLUOR ANTB ADDL STAIN	MAXFEE	DEF	26				21.98	4/1/2019	12/31/2299	N
88355	ANALYSIS SKELETAL MUSCLE	PRXOVR	DEF					NA	NA	NA	N
88355	ANALYSIS SKELETAL MUSCLE	MAXFEE	DEF					96.05	4/1/2019	12/31/2299	N
88355	ANALYSIS SKELETAL MUSCLE	MAXFEE	DEF	TC				33.45	4/1/2019	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

88355	ANALYSIS SKELETAL MUSCLE	MAXFEE	DEF	26				62.60	4/1/2019	12/31/2299	N
88356	ANALYSIS NERVE	PRXOVR	DEF					NA	NA	NA	N
88356	ANALYSIS NERVE	MAXFEE	DEF					160.70	4/1/2019	12/31/2299	N
88356	ANALYSIS NERVE	MAXFEE	DEF	TC				65.93	4/1/2019	12/31/2299	N
88356	ANALYSIS NERVE	MAXFEE	DEF	26				94.77	4/1/2019	12/31/2299	N
88358	ANALYSIS TUMOR	PRXOVR	DEF					NA	NA	NA	N
88358	ANALYSIS TUMOR	MAXFEE	DEF					68.54	4/1/2019	12/31/2299	N
88358	ANALYSIS TUMOR	MAXFEE	DEF	TC				32.96	4/1/2019	12/31/2299	N
88358	ANALYSIS TUMOR	MAXFEE	DEF	26				35.60	4/1/2019	12/31/2299	N
88360	TUMOR IMMUNOHISTOCHEM/MANUA L	PRXOVR	DEF					NA	NA	NA	N
88360	TUMOR IMMUNOHISTOCHEM/MANUA L	MAXFEE	DEF					95.58	4/1/2019	12/31/2299	N
88360	TUMOR IMMUNOHISTOCHEM/MANUA L	MAXFEE	DEF	TC				61.67	4/1/2019	12/31/2299	N
88360	TUMOR IMMUNOHISTOCHEM/MANUA L	MAXFEE	DEF	26				33.91	4/1/2019	12/31/2299	N
88361	TUMOR IMMUNOHISTOCHEM/COMPUT	PRXOVR	DEF					NA	NA	NA	N
88361	TUMOR IMMUNOHISTOCHEM/COMPUT	MAXFEE	DEF					103.95	4/1/2019	12/31/2299	N
88361	TUMOR IMMUNOHISTOCHEM/COMPUT	MAXFEE	DEF	TC				67.86	4/1/2019	12/31/2299	N
88361	TUMOR IMMUNOHISTOCHEM/COMPUT	MAXFEE	DEF	26				36.09	4/1/2019	12/31/2299	N
88362	NERVE TEASING PREPARATIONS	PRXOVR	DEF					NA	NA	NA	N
88362	NERVE TEASING PREPARATIONS	MAXFEE	DEF					151.31	4/1/2019	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

88362	NERVE TEASING PREPARATIONS	MAXFEE	DEF	TC				67.14	4/1/2019	12/31/2299	N
88362	NERVE TEASING PREPARATIONS	MAXFEE	DEF	26				84.17	4/1/2019	12/31/2299	N
88363	XM ARCHIVE TISSUE MOLEC ANAL	PRXOVR	DEF					NA	NA	NA	N
88363	XM ARCHIVE TISSUE MOLEC ANAL	MAXFEE	FAC					15.14	4/1/2019	12/31/2299	N
88363	XM ARCHIVE TISSUE MOLEC ANAL	MAXFEE	NFF					17.61	4/1/2019	12/31/2299	N
88364	INSITU HYBRIDIZATION (FISH)	PRXOVR	DEF					NA	NA	NA	N
88364	INSITU HYBRIDIZATION (FISH)	MAXFEE	DEF					94.30	4/1/2019	12/31/2299	N
88364	INSITU HYBRIDIZATION (FISH)	MAXFEE	DEF	TC				67.61	4/1/2019	12/31/2299	N
88364	INSITU HYBRIDIZATION (FISH)	MAXFEE	DEF	26				26.68	4/1/2019	12/31/2299	N
88365	INSITU HYBRIDIZATION (FISH)	PRXOVR	DEF					NA	NA	NA	N
88365	INSITU HYBRIDIZATION (FISH)	MAXFEE	DEF					128.08	4/1/2019	12/31/2299	N
88365	INSITU HYBRIDIZATION (FISH)	MAXFEE	DEF	TC				94.36	4/1/2019	12/31/2299	N
88365	INSITU HYBRIDIZATION (FISH)	MAXFEE	DEF	26				33.72	4/1/2019	12/31/2299	N
88366	INSITU HYBRIDIZATION (FISH)	PRXOVR	DEF					NA	NA	NA	N
88366	INSITU HYBRIDIZATION (FISH)	MAXFEE	DEF					186.99	4/1/2019	12/31/2299	N
88366	INSITU HYBRIDIZATION (FISH)	MAXFEE	DEF	TC				139.42	4/1/2019	12/31/2299	N
88366	INSITU HYBRIDIZATION (FISH)	MAXFEE	DEF	26				47.57	4/1/2019	12/31/2299	N
88367	INSITU HYBRIDIZATION AUTO	PRXOVR	DEF					NA	NA	NA	N
88367	INSITU HYBRIDIZATION AUTO	MAXFEE	DEF					76.76	4/1/2019	12/31/2299	N
88367	INSITU HYBRIDIZATION AUTO	MAXFEE	DEF	TC				50.29	4/1/2019	12/31/2299	N
88367	INSITU HYBRIDIZATION AUTO	MAXFEE	DEF	26				26.47	4/1/2019	12/31/2299	N
88368	INSITU HYBRIDIZATION MANUAL	PRXOVR	DEF					NA	NA	NA	N
88368	INSITU HYBRIDIZATION MANUAL	MAXFEE	DEF					86.73	4/1/2019	12/31/2299	N
88368	INSITU HYBRIDIZATION MANUAL	MAXFEE	DEF	TC				54.99	4/1/2019	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

88368	INSITU HYBRIDIZATION MANUAL	MAXFEE	DEF	26				31.74	4/1/2019	12/31/2299	N
88369	M/PHMTRC ALYSISHQUANT/SEMIQ	PRXOVR	DEF					NA	NA	NA	N
88369	M/PHMTRC ALYSISHQUANT/SEMIQ	MAXFEE	DEF					78.18	4/1/2019	12/31/2299	N
88369	M/PHMTRC ALYSISHQUANT/SEMIQ	MAXFEE	DEF	TC				53.51	4/1/2019	12/31/2299	N
88369	M/PHMTRC ALYSISHQUANT/SEMIQ	MAXFEE	DEF	26				24.68	4/1/2019	12/31/2299	N
88371	PROTEIN WESTERN BLOT TISSUE	PRXOVR	DEF					NA	NA	NA	N
88371	PROTEIN WESTERN BLOT TISSUE	MAXFEE	DEF	26				14.93	1/1/2021	12/31/2299	N
88371	PROTEIN WESTERN BLOT TISSUE	MAXFEE	DEF					16.67	4/1/2021	12/31/2299	N
88372	PROTEIN ANALYSIS W/PROBE	PRXOVR	DEF					NA	NA	NA	N
88372	PROTEIN ANALYSIS W/PROBE	MAXFEE	DEF					19.67	4/1/2019	12/31/2299	N
88372	PROTEIN ANALYSIS W/PROBE	MAXFEE	DEF	26				13.63	4/1/2019	12/31/2299	N
88373	M/PHMTRC ALYS ISHQUANT/SEMIQ	PRXOVR	DEF					NA	NA	NA	N
88373	M/PHMTRC ALYS ISHQUANT/SEMIQ	MAXFEE	DEF					56.38	4/1/2019	12/31/2299	N
88373	M/PHMTRC ALYS ISHQUANT/SEMIQ	MAXFEE	DEF	TC				35.41	4/1/2019	12/31/2299	N
88373	M/PHMTRC ALYS ISHQUANT/SEMIQ	MAXFEE	DEF	26				20.98	4/1/2019	12/31/2299	N
88374	M/PHMTRC ALYS ISHQUANT/SEMIQ	PRXOVR	DEF					NA	NA	NA	N
88374	M/PHMTRC ALYS ISHQUANT/SEMIQ	MAXFEE	DEF					243.53	4/1/2019	12/31/2299	N
88374	M/PHMTRC ALYS ISHQUANT/SEMIQ	MAXFEE	DEF	TC				209.98	4/1/2019	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

88374	M/PHMTRC ALYS ISHQUANT/SEMIQ	MAXFEE	DEF	26				33.55	4/1/2019	12/31/2299	N
88375	OPTICAL ENDOMICROSCPY INTERP	PRXOVR	DEF					NA	NA	NA	N
88375	OPTICAL ENDOMICROSCPY INTERP	MANUAL	DEF					NA	NA	NA	N
88377	M/PHMTRC ALYS ISHQUANT/SEMIQ	PRXOVR	DEF					NA	NA	NA	N
88377	M/PHMTRC ALYS ISHQUANT/SEMIQ	MAXFEE	DEF					290.06	4/1/2019	12/31/2299	N
88377	M/PHMTRC ALYS ISHQUANT/SEMIQ	MAXFEE	DEF	TC				241.20	4/1/2019	12/31/2299	N
88377	M/PHMTRC ALYS ISHQUANT/SEMIQ	MAXFEE	DEF	26				48.86	4/1/2019	12/31/2299	N
88380	MICRODISSECTION LASER	PRXOVR	DEF					NA	NA	NA	N
88380	MICRODISSECTION LASER	MAXFEE	DEF					98.66	4/1/2019	12/31/2299	N
88380	MICRODISSECTION LASER	MAXFEE	DEF	TC				56.75	4/1/2019	12/31/2299	N
88380	MICRODISSECTION LASER	MAXFEE	DEF	26				41.91	4/1/2019	12/31/2299	N
88381	MICRODISSECTION MANUAL	PRXOVR	DEF					NA	NA	NA	N
88381	MICRODISSECTION MANUAL	MAXFEE	DEF					87.03	4/1/2019	12/31/2299	N
88381	MICRODISSECTION MANUAL	MAXFEE	DEF	TC				67.89	4/1/2019	12/31/2299	N
88381	MICRODISSECTION MANUAL	MAXFEE	DEF	26				19.14	4/1/2019	12/31/2299	N
88384	EVAL MOLECULAR PROBES 11-50	PRXOVR	DEF					NA	NA	NA	N
88384	EVAL MOLECULAR PROBES 11-50	MANUAL	DEF					NA	NA	NA	N
88385	EVAL MOLECUL PROBES 51- 250	PRXOVR	DEF					NA	NA	NA	N
88385	EVAL MOLECUL PROBES 51- 250	MAXFEE	DEF					NA			N
88386	EVAL MOLECUL PROBES 251- 500	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

88386	EVAL MOLECUL PROBES 251-500	MAXFEE	DEF					NA			N
88387	TISS EXAM MOLECULAR STUDY	PRXOVR	DEF					NA	NA	NA	N
88387	TISS EXAM MOLECULAR STUDY	MAXFEE	DEF					25.81	4/1/2019	12/31/2299	N
88387	TISS EXAM MOLECULAR STUDY	MAXFEE	DEF	TC				4.23	4/1/2019	12/31/2299	N
88387	TISS EXAM MOLECULAR STUDY	MAXFEE	DEF	26				21.57	4/1/2019	12/31/2299	N
88388	TISS EX MOLECUL STUDY ADD-ON	PRXOVR	DEF					NA	NA	NA	N
88388	TISS EX MOLECUL STUDY ADD-ON	MAXFEE	DEF					25.20	4/1/2019	12/31/2299	N
88388	TISS EX MOLECUL STUDY ADD-ON	MAXFEE	DEF	TC				6.95	4/1/2019	12/31/2299	N
88388	TISS EX MOLECUL STUDY ADD-ON	MAXFEE	DEF	26				18.24	4/1/2019	12/31/2299	N
88399	UNLISTED SURGICAL PATH PX	PRXOVR	DEF					NA	NA	NA	N
88399	UNLISTED SURGICAL PATH PX	MANUAL	DEF					NA	NA	NA	N
91300	SARSCOV2 VAC 30MCG/0.3ML IM	PRXOVR	DEF					NA	NA	NA	N
91300	SARSCOV2 VAC 30MCG/0.3ML IM	MAXFEE	DEF					0.01	12/11/2020	12/31/2299	N
91301	SARSCOV2 VAC 100MCG/0.5ML IM	PRXOVR	DEF					NA	NA	NA	N
91301	SARSCOV2 VAC 100MCG/0.5ML IM	MAXFEE	DEF					0.01	12/18/2020	12/31/2299	N
91304	SARSCOV2 VAC 5MCG/0.5ML IM	PRXOVR	DEF					NA	NA	NA	N
91304	SARSCOV2 VAC 5MCG/0.5ML IM	MAXFEE	DEF					0.01	7/13/2022	12/31/2299	N
91306	SARSCOV2 VAC 50MCG/0.25ML IM	PRXOVR	DEF					NA	NA	NA	N

Ohio Medicaid DENT Contract 09-25-2023

91306	SARSCOV2 VAC 50MCG/0.25ML IM	MAXFEE	DEF					0.01	10/20/2021	12/31/2299	N
91307	SARSCOV2 VAC 10 MCG TRS- SUCR	PRXOVR	DEF					NA	NA	NA	N
91307	SARSCOV2 VAC 10 MCG TRS- SUCR	MAXFEE	DEF					0.01	10/29/2021	12/31/2299	N
91308	SARSCOV2 VAC 3 MCG TRS- SUCR	PRXOVR	DEF					NA	NA	NA	N
91308	SARSCOV2 VAC 3 MCG TRS- SUCR	MAXFEE	DEF					0.01	6/17/2022	12/31/2299	N
91309	SARSCOV2 VAC 50MCG/0.5ML IM	PRXOVR	DEF					NA	NA	NA	N
91309	SARSCOV2 VAC 50MCG/0.5ML IM	MAXFEE	DEF					0.01	3/29/2022	12/31/2299	N
91311	SARSCOV2 VAC 25MCG/0.25ML IM	PRXOVR	DEF					NA	NA	NA	N
91311	SARSCOV2 VAC 25MCG/0.25ML IM	MAXFEE	DEF					0.01	6/17/2022	12/31/2299	N
91312	SARSCOV2 VAC BVL 30MCG/0.3ML	PRXOVR	DEF					NA	NA	NA	N
91312	SARSCOV2 VAC BVL 30MCG/0.3ML	MAXFEE	DEF					0.01	8/31/2022	12/31/2299	N
91313	SARSCOV2 VAC BVL 50MCG/0.5ML	PRXOVR	DEF					NA	NA	NA	N
91313	SARSCOV2 VAC BVL 50MCG/0.5ML	MAXFEE	DEF					0.01	8/31/2022	12/31/2299	N
91314	SARSCOV2 VAC BVL 25MCG/.25ML	PRXOVR	DEF					NA	NA	NA	N
91314	SARSCOV2 VAC BVL 25MCG/.25ML	MAXFEE	DEF					0.01	10/12/2022	12/31/2299	N
91315	SARSCOV2 VAC BVL 10MCG/0.2ML	PRXOVR	DEF					NA	NA	NA	N
91315	SARSCOV2 VAC BVL 10MCG/0.2ML	MAXFEE	DEF					0.01	10/12/2022	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

91316	SARSCOV2 VAC BVL 10MCG/0.2ML	PRXOVR	DEF					NA	NA	NA	N
91316	SARSCOV2 VAC BVL 10MCG/0.2ML	MAXFEE	DEF					0.01	12/8/2022	12/31/2299	N
91317	SARSCOV2 VAC BVL 3MCG/0.2ML	PRXOVR	DEF					NA	NA	NA	N
91317	SARSCOV2 VAC BVL 3MCG/0.2ML	MAXFEE	DEF					0.01	12/8/2022	12/31/2299	N
97810	ACUPUNCT W/O STIMUL 15 MIN	PRXOVR	DEF					NA	NA	NA	S
97810	ACUPUNCT W/O STIMUL 15 MIN	MAXFEE	DEF					25	1/1/2017	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					17.50	1/1/2017	12/31/2299	S
97813	ACUPUNCT W/STIMUL 15 MIN	PRXOVR	DEF					NA	NA	NA	S
97813	ACUPUNCT W/STIMUL 15 MIN	MAXFEE	DEF					31.15	1/1/2018	12/31/2299	S
97814	ACUPUNCT W/STIMUL ADDL 15M	PRXOVR	DEF					NA	NA	NA	S
97814	ACUPUNCT W/STIMUL ADDL 15M	MAXFEE	DEF					23.65	1/1/2018	12/31/2299	S
D0120	PERIODIC ORAL EVALUATION	MAXFEE	DEF					17.08	7/1/2008	12/31/2299	N
D0140	LIMIT ORAL EVAL PROBLM FOCUS	MAXFEE	DEF					22.58	7/1/2008	12/31/2299	N
D0150	COMPREHENSVE ORAL EVALUATION	MAXFEE	DEF					26.35	7/1/2008	12/31/2299	N
D0180	COMP PERIODONTAL EVALUATION	MAXFEE	DEF					26.35	1/1/2016	12/31/2299	Y S
D0210	INTRAOR COMPREHENSIVE SERIES	MAXFEE	DEF					60	7/1/2008	12/31/2299	S
D0220	INTRAORAL PERIAPICAL FIRST	MAXFEE	DEF					5	7/1/2008	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

D0230	INTRAORAL PERIAPICAL EA ADD	MAXFEE	DEF					5	7/1/2008	12/31/2299	N
D0240	INTRAORAL OCCLUSAL FILM	MAXFEE	DEF					12	7/1/2008	12/31/2299	N
D0250	EXTRAORAL 2D PROJECT IMAGE	MAXFEE	DEF					13.46	7/1/2008	12/31/2299	N
D0270	DENTAL BITEWING SINGLE IMAGE	MAXFEE	DEF					5	7/1/2008	12/31/2299	N
D0272	DENTAL BITEWINGS TWO IMAGES	MAXFEE	DEF					10	7/1/2008	12/31/2299	S
D0273	BITEWINGS - THREE IMAGES	MAXFEE	DEF					14.70	1/1/2007	12/31/2299	S
D0274	BITEWINGS FOUR IMAGES	MAXFEE	DEF					20	7/1/2008	12/31/2299	S
D0321	OTHER TMJ IMAGES BY REPORT	MAXFEE	DEF					51.77	7/1/2008	12/31/2299	N
D0330	PANORAMIC IMAGE	MAXFEE	DEF					46.32	7/1/2008	12/31/2299	S
D0340	2D CEPHALOMETRIC IMAGE	MAXFEE	DEF					60	7/1/2008	12/31/2299	N
D0350	ORAL/FACIAL PHOTO IMAGES	MAXFEE	DEF					12.31	7/1/2008	12/31/2299	N
D0367	CONE BEAM CT INTERP BOTH JAW	MAXFEE	DEF					106.32	4/1/2021	12/31/2299	S
D0372	TOMO COMP SERIES IMAGES	MANUAL	DEF					NA	NA	NA	N
D0373	TOMO BITEWING IMAGE	MANUAL	DEF					NA	NA	NA	N
D0374	TOMO PERIAPICAL IMAGE	MANUAL	DEF					NA	NA	NA	N
D0387	COMP IMAGE CAPTURE ONLY	MANUAL	DEF					NA	NA	NA	N
D0388	BITEWING IMAGE CAPTURE ONLY	MANUAL	DEF					NA	NA	NA	N
D0389	PERIOPIC IMAGE CAPTURE ONLY	MANUAL	DEF					NA	NA	NA	N
D0470	DIAGNOSTIC CASTS	MAXFEE	DEF					22.02	7/1/2008	12/31/2299	N
D0471	DIAGNOSTIC PHOTOGRAPHS	MAXFEE	DEF					NA			Y
D0604	ANTIGEN TEST PUB HLTH PATHOG	MAXFEE	DEF					35.92	1/1/2021	12/31/2299	N
D0605	ANTIBODY TEST PUB HLTH PATH	MAXFEE	DEF					45.23	1/1/2021	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

D0606	MOLECULAR TEST PUB HLTH PATH	MAXFEE	DEF					35.92	3/16/2021	12/31/2299	N
D0801	3D DENTAL SCAN DIRECT	MANUAL	DEF					NA	NA	NA	N
D0802	3D DENTAL SCAN INDIRECT	MANUAL	DEF					NA	NA	NA	N
D0803	3D FACIAL SCAN DIRECT	MANUAL	DEF					NA	NA	NA	N
D0804	3D FACIAL SCAN INDIRECT	MANUAL	DEF					NA	NA	NA	N
D1110	DENTAL PROPHYLAXIS ADULT	MAXFEE	DEF					34.13	7/1/2008	12/31/2299	N
D1120	DENTAL PROPHYLAXIS CHILD	MAXFEE	DEF					20	7/1/2008	12/31/2299	N
D1203	TOPICAL APP FLUORIDE CHILD	MAXFEE	DEF					NA			S
D1206	TOPICAL FLUORIDE VARNISH	MAXFEE	DEF					15	1/1/2016	12/31/2299	S
D1208	TOPICAL APP FLUORID EX VRNSH	MAXFEE	DEF					15	1/1/2013	12/31/2299	S
D1320	TOBACCO COUNSELING	MAXFEE	DEF					15	1/1/2018	12/31/2299	S
D1321	COUNS FOR HIGH RISK SUB USE	MAXFEE	DEF					15	1/1/2021	12/31/2299	N
D1351	DENTAL SEALANT PER TOOTH	MAXFEE	DEF					22	7/1/2008	12/31/2299	S
D1354	INT CARIES MED APP PER TOOTH	MAXFEE	DEF					15	7/1/2018	12/31/2299	S
D1510	SPACE MAINTAINER FXD UNILAT	MAXFEE	DEF					113.71	7/1/2008	12/31/2299	N
D1515	FIXED BILAT SPACE MAINTAINER	MAXFEE	DEF					NA			N
D1516	FIXED BILAT SPACE MAINT; MAX	MAXFEE	DEF					163.28	1/1/2019	12/31/2299	N
D1517	FIXED BILAT SPACE MAINT; MAN	MAXFEE	DEF					163.28	1/1/2019	12/31/2299	N
D1520	REMOVE UNILAT SPACE MAINTAIN	MAXFEE	DEF					125.08	7/1/2008	12/31/2299	N
D1525	REMOVE BILAT SPACE MAINTAIN	MAXFEE	DEF					NA			N

Ohio Medicaid DENT Contract 09-25-2023

D1526	REMOVE BILAT SPACE MAIN; MAX	MAXFEE	DEF					133.79	1/1/2019	12/31/2299	N
D1527	REMOVE BILAT SPACE MAIN; MAN	MAXFEE	DEF					133.79	1/1/2019	12/31/2299	N
D1701	PFIZER VACC ADMIN 1ST DOSE	MAXFEE	DEF					37.66	8/1/2022	12/31/2299	N
D1702	PFIZER VACC ADMIN 2ND DOSE	MAXFEE	DEF					37.66	8/1/2022	12/31/2299	N
D1703	MODERNA VACC ADMIN 1ST DOSE	MAXFEE	DEF					37.66	8/1/2022	12/31/2299	N
D1704	MODERNA VACC ADMIN 2ND DOSE	MAXFEE	DEF					37.66	8/1/2022	12/31/2299	N
D1707	JANSSEN VACCINE ADMIN	MAXFEE	DEF					37.66	8/1/2022	12/31/2299	N
D1708	PFIZER VACC ADMIN 3RD DOSE	MAXFEE	DEF					37.66	3/22/2022	12/31/2299	N
D1709	PFIZER VACCINE ADMIN BOOSTER	MAXFEE	DEF					37.66	3/22/2022	12/31/2299	N
D1710	MODERNA VACC ADMIN 3RD DOSE	MAXFEE	DEF					37.66	3/22/2022	12/31/2299	N
D1711	MODERNA VACC ADMIN BOOSTER	MAXFEE	DEF					37.66	3/22/2022	12/31/2299	N
D1712	JANSSEN VACC ADMIN BOOSTER	MAXFEE	DEF					37.66	3/22/2022	12/31/2299	N
D1713	PFIZER VACC ADM PED 1ST DOSE	MAXFEE	DEF					37.66	3/22/2022	12/31/2299	N
D1714	PFIZER VACC ADM PED 2ND DOSE	MAXFEE	DEF					37.66	3/22/2022	12/31/2299	N
D1781	VAC ADMIN HUMAN PAP DOSE 1	MANUAL	DEF					NA	NA	NA	N
D1782	VAC ADMIN HUMAN PAP DOSE 2	MANUAL	DEF					NA	NA	NA	N
D1783	VAC ADMIN HUMAN PAP DOSE 3	MANUAL	DEF					NA	NA	NA	N
D2110	AMALGAM ONE SURFACE PRIMARY	MAXFEE	DEF					NA			N

Ohio Medicaid DENT Contract 09-25-2023

D2120	AMALGAM TWO SURFACES PRIMARY	MAXFEE	DEF					NA			N
D2130	AMALGAM THREE SURFACES PRIMA	MAXFEE	DEF					NA			N
D2140	AMALGAM ONE SURFACE PERMANEN	MAXFEE	DEF					40	7/1/2008	12/31/2299	N
D2150	AMALGAM TWO SURFACES PERMANE	MAXFEE	DEF					54	7/1/2008	12/31/2299	N
D2160	AMALGAM THREE SURFACES PERMA	MAXFEE	DEF					65	7/1/2008	12/31/2299	N
D2161	AMALGAM 4 OR > SURFACES PERM	MAXFEE	DEF					76.54	7/1/2008	12/31/2299	N
D2330	RESIN ONE SURFACE- ANTERIOR	MAXFEE	DEF					51.21	7/1/2008	12/31/2299	N
D2331	RESIN TWO SURFACES- ANTERIOR	MAXFEE	DEF					63.49	7/1/2008	12/31/2299	N
D2332	RESIN THREE SURFACES- ANTERIO	MAXFEE	DEF					76.62	7/1/2008	12/31/2299	N
D2335	RESIN 4/> SURF OR W INCIS AN	MAXFEE	DEF					94.95	7/1/2008	12/31/2299	N
D2390	ANT RESIN-BASED CMPST CROWN	MAXFEE	DEF					94.95	1/1/2016	12/31/2299	N
D2391	POST 1 SRFC RESINBASED CMPST	MAXFEE	DEF					51.21	7/1/2008	12/31/2299	N
D2392	POST 2 SRFC RESINBASED CMPST	MAXFEE	DEF					54	7/1/2008	12/31/2299	N
D2393	POST 3 SRFC RESINBASED CMPST	MAXFEE	DEF					65	7/1/2008	12/31/2299	N
D2394	POST >=4SRFC RESINBASE CMPST	MAXFEE	DEF					76.54	7/1/2008	12/31/2299	N
D2740	CROWN PORCELAIN/CERAMIC	MAXFEE	DEF					427.29	1/1/2016	12/31/2299	Y
D2751	CROWN PORCELAIN FUSED BASE M	MAXFEE	DEF					427.29	1/1/2016	12/31/2299	Y
D2752	CROWN PORCELAIN W/ NOBLE MET	MAXFEE	DEF					427.29	7/1/2008	12/31/2299	Y

Ohio Medicaid DENT Contract 09-25-2023

D2920	RE-CEMENT OR RE-BOND CROWN	MAXFEE	DEF					45	4/1/2021	12/31/2299	S
D2928	PREFAB PORC/CER CROWN PERM	MAXFEE	OTH					153	1/1/2021	12/31/2299	N
D2928	PREFAB PORC/CER CROWN PERM	MAXFEE	DEF					101.92	1/1/2021	12/31/2299	N
D2929	PREFAB PORC/CERAM CROWN PRI	MAXFEE	OTH					153	1/1/2019	12/31/2299	N
D2929	PREFAB PORC/CERAM CROWN PRI	MAXFEE	DEF					101.92	1/1/2019	12/31/2299	N
D2930	PREFAB STNLSS STEEL CRWN PRI	MAXFEE	DEF					101.92	7/1/2008	12/31/2299	N
D2931	PREFAB STNLSS STEEL CROWN PE	MAXFEE	DEF					116.51	7/1/2008	12/31/2299	N
D2933	PREFAB STAINLESS STEEL CROWN	MAXFEE	DEF					153	7/1/2008	12/31/2299	N
D2934	PREFAB STEEL CROWN PRIMARY	MAXFEE	DEF					153	1/1/2016	12/31/2299	N
D2940	PROTECTIVE RESTORATION	MAXFEE	DEF					18	4/1/2021	12/31/2299	S
D2941	INT THERAPEUTIC RESTORATION	MAXFEE	DEF					18	4/1/2021	12/31/2299	S
D2950	CORE BUILD-UP INCL ANY PINS	MAXFEE	DEF					76.54	7/1/2018	12/31/2299	N
D2951	TOOTH PIN RETENTION	MAXFEE	DEF					16.49	7/1/2008	12/31/2299	N
D2952	POST AND CORE CAST + CROWN	MAXFEE	DEF					136.32	7/1/2008	12/31/2299	Y
D2954	PREFAB POST/CORE + CROWN	MAXFEE	DEF					136.32	1/1/2016	12/31/2299	Y
D3220	THERAPEUTIC PULPOTOMY	MAXFEE	DEF					63.74	7/1/2008	12/31/2299	N
D3310	END THXPY; ANTERIOR TOOTH	MAXFEE	DEF					247.63	1/1/2009	12/31/2299	N
D3320	END THXPY; PREMOLAR TOOTH	MAXFEE	DEF					298.10	1/1/2009	12/31/2299	N
D3330	END THXPY; MOLAR TOOTH	MAXFEE	DEF					379.02	1/1/2009	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

D3351	APEXIFICATION/RECALC INITIAL	MAXFEE	DEF					60	7/1/2008	12/31/2299	N
D3352	APEXIFICATION/RECALC INTERIM	MAXFEE	DEF					40	7/1/2008	12/31/2299	N
D3353	APEXIFICATION/RECALC FINAL	MAXFEE	DEF					40	7/1/2008	12/31/2299	N
D3410	APICOECTOMY - ANTERIOR	MAXFEE	DEF					178	7/1/2008	12/31/2299	N
D4210	GINGIVECTOMY/PLASTY 4 OR MOR	MAXFEE	DEF					197.20	7/1/2008	12/31/2299	Y
D4211	GINGIVECTOMY/PLASTY 1 TO 3	MAXFEE	DEF					118.80	1/1/2016	12/31/2299	Y
D4286	REMOVE NON-RESORB BARRIER	PADOLR	DEF					NA	NA	NA	Y
D4341	PERIODONTAL SCALING & ROOT	MAXFEE	DEF					95.99	1/1/2016	12/31/2299	Y
D4342	PERIODONTAL SCALING 1-3TEETH	MAXFEE	DEF					65	1/1/2016	12/31/2299	Y
D4910	PERIODONTAL MAINT PROCEDURES	MAXFEE	DEF					34.13	1/1/2016	12/31/2299	S
D5110	DENTURES COMPLETE MAXILLARY	MAXFEE	DEF					400	7/1/2008	12/31/2299	Y
D5120	DENTURES COMPLETE MANDIBLE	MAXFEE	DEF					400	7/1/2008	12/31/2299	Y
D5130	DENTURES IMMEDIAT MAXILLARY	MAXFEE	DEF					400	1/1/2020	12/31/2299	Y
D5140	DENTURES IMMEDIAT MANDIBLE	MAXFEE	DEF					400	1/1/2020	12/31/2299	Y
D5211	DENTURES MAXILL PART RESIN	MAXFEE	DEF					205	7/1/2008	12/31/2299	Y
D5212	DENTURES MAND PART RESIN	MAXFEE	DEF					205	7/1/2008	12/31/2299	Y
D5213	DENTURES MAXILL PART METAL	MAXFEE	DEF					540.25	7/1/2008	12/31/2299	Y
D5214	DENTURES MANDIBL PART METAL	MAXFEE	DEF					540.25	7/1/2008	12/31/2299	Y

Ohio Medicaid DENT Contract 09-25-2023

D5510	DENTUR REPR BROKEN COMPL BAS	MAXFEE	DEF					NA			N
D5511	REP BROKE COMP DENT BASE MAN	MAXFEE	DEF					70	1/1/2018	12/31/2299	N
D5512	REP BROKE COMP DENT BASE MAX	MAXFEE	DEF					70	1/1/2018	12/31/2299	N
D5520	REPLACE DENTURE TEETH COMPLT	MAXFEE	DEF					70	1/1/2016	12/31/2299	N
D5610	DENTURES REPAIR RESIN BASE	MAXFEE	DEF					NA			N
D5611	REP RESIN PART DENT BASE MAN	MAXFEE	DEF					70	1/1/2018	12/31/2299	N
D5612	REP RESIN PART DENT BASE MAX	MAXFEE	DEF					70	1/1/2018	12/31/2299	N
D5620	REP PART DENTURE CAST FRAME	MAXFEE	DEF					NA			N
D5621	REP CAST PART FRAME MAN	MAXFEE	DEF					81.90	1/1/2018	12/31/2299	N
D5622	REP CAST PART FRAME MAX	MAXFEE	DEF					81.90	1/1/2018	12/31/2299	N
D5630	REP PARTIAL DENTURE CLASP	MAXFEE	DEF					77.70	1/1/2016	12/31/2299	N
D5640	REPLACE PART DENTURE TEETH	MAXFEE	DEF					70	1/1/2016	12/31/2299	N
D5650	ADD TOOTH TO PARTIAL DENTURE	MAXFEE	DEF					70	1/1/2016	12/31/2299	N
D5660	ADD CLASP TO PARTIAL DENTURE	MAXFEE	DEF					74	7/1/2008	12/31/2299	N
D5750	DENTURE RELN CMPLT MAX INDIR	MAXFEE	DEF					175.51	7/1/2008	12/31/2299	N
D5751	DENTURE RELN CMPLT MAND IND	MAXFEE	DEF					175.80	7/1/2008	12/31/2299	N
D5760	DENTURE RELN PART MAX INDIR	MAXFEE	DEF					140	7/1/2008	12/31/2299	N
D5761	DENTURE RELN PART MAND INDIR	MAXFEE	DEF					140	7/1/2008	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

D5899	REMOVABLE PROSTHODONTIC PROC	MAXFEE	DEF					40	1/1/2016	12/31/2299	N
D5913	NASAL PROSTHESIS	PADOLR	DEF					NA	NA	NA	Y
D5915	ORBITAL PROSTHESIS	PADOLR	DEF					NA	NA	NA	Y
D5916	OCULAR PROSTHESIS	PADOLR	DEF					NA	NA	NA	Y
D5931	SURGICAL OBTURATOR	PADOLR	DEF					NA	NA	NA	Y
D5932	POSTSURGICAL OBTURATOR	PADOLR	DEF					NA	NA	NA	Y
D5934	MANDIBULAR FLANGE PROSTHESIS	PADOLR	DEF					NA	NA	NA	Y
D5935	MANDIBULAR DENTURE PROSTH	PADOLR	DEF					NA	NA	NA	Y
D5955	PALATAL LIFT PROSTHESIS	PADOLR	DEF					NA	NA	NA	Y
D5999	MAXILLOFACIAL PROSTHESIS	PADOLR	DEF					NA	NA	NA	Y
D6100	SURG REMOVAL OF IMPLANT BODY	MANUAL	DEF					NA	NA	NA	E
D6105	REMOVE IMPLANT BODY	PADOLR	DEF					NA	NA	NA	Y
D6106	TISSUE REGEN RESORBABLE	PADOLR	DEF					NA	NA	NA	Y
D6107	TISSUE REGEN NON- RESORBABLE	PADOLR	DEF					NA	NA	NA	Y
D6197	REPLACE MATERIAL PROSTHESIS	PADOLR	DEF					NA	NA	NA	Y
D7110	ORAL SURGERY SINGLE TOOTH	MAXFEE	DEF					NA			N
D7120	EACH ADD TOOTH EXTRACTION	MAXFEE	DEF					NA			N
D7130	TOOTH ROOT REMOVAL	MAXFEE	DEF					NA			N
D7140	EXTRACTION ERUPTED TOOTH/EXR	MAXFEE	DEF					57.69	1/1/2016	12/31/2299	N
D7210	REM IMP TOOTH W MUCOPER FLP	MAXFEE	DEF					57.69	7/1/2018	12/31/2299	S
D7220	IMPACT TOOTH REMOV SOFT TISS	MAXFEE	DEF					102	7/1/2008	12/31/2299	Y N

Ohio Medicaid DENT Contract 09-25-2023

D7230	IMPACT TOOTH REMOV PART BONY	MAXFEE	DEF					151.46	7/1/2008	12/31/2299	N
D7240	IMPACT TOOTH REMOV COMP BONY	MAXFEE	DEF					188.80	7/1/2008	12/31/2299	Y
D7241	IMPACT TOOTH REM BONY W/COMP	MAXFEE	DEF					200	7/1/2008	12/31/2299	Y
D7250	TOOTH ROOT REMOVAL	MAXFEE	DEF					66	1/1/2016	12/31/2299	Y
D7260	ORAL ANTRAL FISTULA CLOSURE	MAXFEE	DEF					245	1/1/2016	12/31/2299	N
D7270	TOOTH REIMPLANTATION	MAXFEE	DEF					101.06	1/1/2016	12/31/2299	N
D7280	EXPOSURE OF UNERUPTED TOOTH	MAXFEE	DEF					152.30	7/1/2008	12/31/2299	Y
D7283	PLACE DEVICE IMPACTED TOOTH	MAXFEE	DEF					75	7/1/2018	12/31/2299	Y
D7285	BIOPSY OF ORAL TISSUE HARD	MAXFEE	DEF					150	7/1/2008	12/31/2299	N
D7286	BIOPSY OF ORAL TISSUE SOFT	MAXFEE	DEF					130	7/1/2008	12/31/2299	N
D7310	ALVEOPLASTY W/ EXTRACTION	MAXFEE	DEF					99.06	7/1/2008	12/31/2299	N
D7311	ALVEOLOPLASTY W/EXTRACT 1-3	MAXFEE	DEF					49.53	4/1/2021	12/31/2299	N
D7320	ALVEOPLASTY W/O EXTRACTION	MAXFEE	DEF					120.64	7/1/2008	12/31/2299	N
D7410	RAD EXC LESION UP TO 1.25 CM	MAXFEE	DEF					0	7/1/1971	12/31/2299	N
D7411	EXCISION BENIGN LESION>1.25C	MAXFEE	DEF					0	1/1/2004	12/31/2299	N
D7412	EXCISION BENIGN LESION COMPL	MAXFEE	DEF					0	1/1/2004	12/31/2299	N
D7413	EXCISION MALIG LESION<=1.25C	MAXFEE	DEF					0	1/1/2004	12/31/2299	N
D7414	EXCISION MALIG LESION>1.25CM	MAXFEE	DEF					0	1/1/2004	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

D7415	EXCISION MALIG LES COMPLICAT	MAXFEE	DEF					0	1/1/2004	12/31/2299	N
D7450	REM ODONTOGEN CYST TO 1.25CM	MAXFEE	DEF					105.79	1/1/2016	12/31/2299	N
D7451	REM ODONTOGEN CYST > 1.25 CM	MAXFEE	DEF					230.59	1/1/2016	12/31/2299	N
D7460	REM NONODONTO CYST TO 1.25CM	MAXFEE	DEF					145	1/1/2016	12/31/2299	N
D7461	REM NONODONTO CYST > 1.25 CM	MAXFEE	DEF					240.29	1/1/2016	12/31/2299	N
D7465	LESION DESTRUCTION	MAXFEE	DEF					0	1/1/2004	12/31/2299	N
D7470	REM EXOSTOSIS MAXILLA/MANDIB	PADOLR	DEF					NA	NA	NA	Y
D7471	REM EXOSTOSIS ANY SITE	MAXFEE	DEF					127	1/1/2016	12/31/2299	N
D7472	REMOVAL OF TORUS PALATINUS	MAXFEE	DEF					127	1/1/2016	12/31/2299	N
D7473	REMOVE TORUS MANDIBULARIS	MAXFEE	DEF					127	1/1/2016	12/31/2299	N
D7485	SURG REDUCT OSSEOUS TUBEROSIT	MAXFEE	DEF					0	1/1/2004	12/31/2299	N
D7509	MARSUPIALIZATION ODON CYST	PADOLR	DEF					NA	NA	NA	Y
D7510	I&D ABSC INTRAORAL SOFT TISS	MAXFEE	DEF					76	1/1/2016	12/31/2299	N
D7520	I&D ABSCESS EXTRAORAL	MAXFEE	DEF					86	1/1/2016	12/31/2299	N
D7610	MAXILLA OPEN REDUCT SIMPLE	MAXFEE	DEF					NA			N
D7620	CLSD REDUCT SIMPL MAXILLA FX	MAXFEE	DEF					NA			N
D7630	OPEN RED SIMPL MANDIBLE FX	MAXFEE	DEF					NA			N
D7640	CLSD RED SIMPL MANDIBLE FX	MAXFEE	DEF					NA			N

Ohio Medicaid DENT Contract 09-25-2023

D7670	CLOSD RDUCTN SPLINT ALVEOLUS	MAXFEE	DEF					243.15	7/1/2018	12/31/2299	N
D7671	ALVEOLUS OPEN REDUCTION	MAXFEE	DEF					318.75	7/1/2018	12/31/2299	N
D7710	MAXILLA OPEN REDUCT COMPOUND	MAXFEE	DEF					NA			N
D7720	CLSD REDUCT COMPD MAXILLA FX	MAXFEE	DEF					NA			N
D7730	OPEN REDUCT COMPD MANDBLE FX	MAXFEE	DEF					NA			N
D7740	CLSD REDUCT COMPD MANDBLE FX	MAXFEE	DEF					NA			N
D7770	OPEN REDUC COMPD ALVEOLUS FX	MAXFEE	DEF					NA			N
D7899	TMJ UNSPECIFIED THERAPY	MAXFEE	DEF					482.50	7/1/2008	12/31/2299	Y
D7956	TISS REGEN EDENT RESORB	PADOLR	DEF					NA	NA	NA	Y
D7957	TISS REGEN EDENT NONRESORB	PADOLR	DEF					NA	NA	NA	Y
D7960	FRENULECTOMY/FRENECTOM Y	MAXFEE	DEF					NA			N
D7961	BUCCAL/LABIAL FRENECTOMY	MAXFEE	DEF					119.13	1/1/2021	12/31/2299	N
D7962	LINGUAL FRENECTOMY	MAXFEE	DEF					119.13	1/1/2021	12/31/2299	N
D7970	EXCISION HYPERPLASTIC TISSUE	MAXFEE	DEF					66	1/1/2016	12/31/2299	N
D8080	COMPRE DENTAL TX ADOLESCENT	MAXFEE	DEF					624	7/1/2008	12/31/2299	Y
D8210	ORTHODONTIC REM APPLIANCE TX	MAXFEE	DEF					205	7/1/2008	12/31/2299	N
D8220	FIXED APPLIANCE THERAPY HABT	MAXFEE	DEF					300	7/1/2008	12/31/2299	Y
D8670	PERIODIC ORTHODONTIC TX VISIT	MAXFEE	DEF					261.94	7/1/2008	12/31/2299	Y
D8680	ORTHODONTIC RETENTION	MAXFEE	DEF					205	7/1/2008	12/31/2299	Y
D8999	ORTHODONTIC PROCEDURE	PADOLR	DEF					NA	NA	NA	Y

Ohio Medicaid DENT Contract 09-25-2023

D9220	GENERAL ANESTHESIA	MAXFEE	DEF					NA			N
D9222	DEEP ANEST; 1ST 15 MIN	MAXFEE	DEF					120	1/1/2020	12/31/2299	N
D9223	GENERAL ANESTH EA ADDL 15 MI	MAXFEE	DEF					70	1/1/2020	12/31/2299	N
D9230	ANALGESIA	MAXFEE	DEF					30	1/1/2023	12/31/2299	Y N
D9239	IV MOD SEDATION; 1ST 15 MIN	MAXFEE	DEF					70	1/1/2018	12/31/2299	N
D9243	IV SEDATION EA ADDL 15M	MAXFEE	DEF					40	1/1/2020	12/31/2299	N
D9610	DENT THERAPEUTIC DRUG INJECT	MAXFEE	DEF					25.18	7/1/2018	12/31/2299	N
D9612	THERA PAR DRUGS 2 OR > ADMIN	MAXFEE	DEF					50.36	7/1/2018	12/31/2299	N
D9920	BEHAVIOR MANAGEMENT	MAXFEE	DEF					0	1/1/2023	12/31/2299	Y
D9944	OCC GUARD; HARD; FULL ARCH	MAXFEE	DEF					205	1/1/2020	12/31/2299	N
D9945	OCC GUARD; SOFT; FULL ARCH	MAXFEE	DEF					205	1/1/2020	12/31/2299	N
D9946	OCC GUARD; HARD; PART ARCH	MAXFEE	DEF					205	1/1/2020	12/31/2299	N
D9947	SLEEP APNEA APPLIANCE	PADOLR	DEF					NA	NA	NA	Y
D9948	ADJUST SLEEP APNEA APPLIANCE	PADOLR	DEF					NA	NA	NA	Y
D9949	REPAIR SLEEP APNEA APPLIANCE	PADOLR	DEF					NA	NA	NA	Y
D9953	RELIN SLEEP APNEA APPLIANCE	MANUAL	DEF					NA	NA	NA	N
D9995	TELEDENTISTRY REAL-TIME	MAXFEE	DEF					0	3/9/2020	12/31/2299	N
D9997	DENT CASE MGMT SPECIAL NEEDS	PADOLR	DEF					NA	NA	NA	Y
D9999	ADJUNCTIVE PROCEDURE	PADOLR	DEF					NA	NA	NA	Y
K1034	COVID TEST SELF-ADMN/COLLECT	PRXOVR	DEF					NA	NA	NA	N
K1034	COVID TEST SELF-ADMN/COLLECT	MAXFEE	DEF					12	4/4/2022	12/31/2299	N

Ohio Medicaid DENT Contract 09-25-2023

T1015	CLINIC SERVICE	PRXOVR	DEF					NA	NA	NA	N
T1015	CLINIC SERVICE	UCCENC	UC2					NA	NA	NA	N
Y7255	SURGICAL REMOVAL OF SUPERNUMERARY	PADOLR	DEF					NA	NA	NA	Y