

Ohio Medicaid HMG Contract 05-18-2024

Procedure Code	Procedure Description	Pricing Indicator	Rate Type	Mod1	Mod2	Mod3	Mod4	Max Fee	Max Fee Eff. Date	Max Fee End Date	PA
T1017	TARGETED CASE MANAGEMENT	MAXFEE	HM2					12.21	7/1/2012	12/31/2299	N
T1017	TARGETED CASE MANAGEMENT	MAXFEE	HM1					14.38	7/1/2012	12/31/2299	N