

Ohio Medicaid HOSPC Contract 06-19-2024

Procedure Code	Procedure Description	Pricing Indicator	Rate Type	Mod1	Mod2	Mod3	Mod4	Max Fee	Max Fee Eff. Date	Max Fee End Date	PA
G0155	HHCP-SVS OF CSW;EA 15 MIN	PRXOVR	DEF					NA	NA	NA	N
G0155	HHCP-SVS OF CSW;EA 15 MIN	HOSPCE	DEF					NA	NA	NA	N
G0299	HHS/HOSPICE OF RN EA 15 MIN	PRXOVR	DEF					NA	NA	NA	N
G0299	HHS/HOSPICE OF RN EA 15 MIN	HOSPCE	DEF					NA	NA	NA	N
T2042	HOSPICE ROUTINE HOME CARE	PRXOVR	DEF					NA	NA	NA	N
T2042	HOSPICE ROUTINE HOME CARE	HOSTIR	DEF					NA	NA	NA	N
T2043	HOSPICE CONTINUOUS HOME CARE	PRXOVR	DEF					NA	NA	NA	N
T2043	HOSPICE CONTINUOUS HOME CARE	HOSPCE	DEF					NA	NA	NA	N
T2044	HOSPICE RESPITE CARE	PRXOVR	DEF					NA	NA	NA	N
T2044	HOSPICE RESPITE CARE	HOSPCE	DEF					NA	NA	NA	N
T2045	HOSPICE GENERAL CARE	PRXOVR	DEF					NA	NA	NA	N
T2045	HOSPICE GENERAL CARE	HOSPCE	DEF					NA	NA	NA	N
T2046	HOSPICE LONG TERM CARE; R&B	PRXOVR	DEF					NA	NA	NA	N
T2046	HOSPICE LONG TERM CARE; R&B	LTHSPC	DEF					NA	NA	NA	N