

Ohio Medicaid MISP 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
99211	OFF/OP EST MAY X REQ PHY/QHP	PRXOVR	DEF					NA	NA	NA	N
99211	OFF/OP EST MAY X REQ PHY/QHP	MAXFEE	FAC					5.55	1/1/2016	12/31/2299	N
99211	OFF/OP EST MAY X REQ PHY/QHP	MAXFEE	NFF					14.50	1/1/2016	12/31/2299	N
H1005	PRENATALCARE ENHANCED SRV PK	PRXOVR	DEF					NA	NA	NA	N
H1005	PRENATALCARE ENHANCED SRV PK	MAXFEE	DEF					164	1/1/2022	12/31/2299	N