

Ohio Medicaid NFTHR 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
97799	UNLISTED PHYSCL MED/REHAB PX	IPXOVR	DEF					NA	NA	NA	N
97799	UNLISTED PHYSCL MED/REHAB PX	OPXOVR	DEF					NA	NA	NA	N
97799	UNLISTED PHYSCL MED/REHAB PX	MAXFEE	NFT					25.96	10/16/2003	12/31/2299	N