

## Ohio Medicaid SPHH 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
G0151	HHCP-SERV OF PT;EA 15 MIN	HHPDN	DEF					NA	NA	NA	S N
G0152	HHCP-SERV OF OT;EA 15 MIN	HHPDN	DEF					NA	NA	NA	S N
G0153	HHCP-SVS OF S/L PATH;EA 15MN	HHPDN	DEF					NA	NA	NA	S N
G0154	HHCP-SVS OF RN;EA 15 MIN	HHPDN	ALB					NA	NA	NA	S N
G0154	HHCP-SVS OF RN;EA 15 MIN	HHPDN	ARB					NA	NA	NA	S N
G0156	HHCP-SVS OF AIDE;EA 15 MIN	HHPDN	DEF					NA	NA	NA	S N
G0299	HHS/HOSPICE OF RN EA 15 MIN	HHPDN	ARB					NA	NA	NA	S N
G0300	HHS/HOSPICE OF LPN EA 15 MIN	HHPDN	ALB					NA	NA	NA	S N