

Ohio Medicaid WCVAN 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
A0130	NONER TRANSPORT WHEELCH VAN	PRXOVR	DEF					NA	NA	NA	Y N
A0130	NONER TRANSPORT WHEELCH VAN	IPXOVR	DEF					NA	NA	NA	Y N
A0130	NONER TRANSPORT WHEELCH VAN	OPXOVR	DEF					NA	NA	NA	Y N
A0130	NONER TRANSPORT WHEELCH VAN	MAXFEE	DEF					25.75	1/1/2020	12/31/2299	Y N
S0209	WC VAN MILEAGE PER MI	PRXOVR	DEF					NA	NA	NA	Y N
S0209	WC VAN MILEAGE PER MI	IPXOVR	DEF					NA	NA	NA	Y N
S0209	WC VAN MILEAGE PER MI	OPXOVR	DEF					NA	NA	NA	Y N
S0209	WC VAN MILEAGE PER MI	MAXFEE	DEF					1	1/1/2020	12/31/2299	Y N
T2001	N-ET; PATIENT ATTEND/ESCORT	PRXOVR	DEF					NA	NA	NA	Y N
T2001	N-ET; PATIENT ATTEND/ESCORT	IPXOVR	DEF					NA	NA	NA	Y N
T2001	N-ET; PATIENT ATTEND/ESCORT	OPXOVR	DEF					NA	NA	NA	Y N
T2001	N-ET; PATIENT ATTEND/ESCORT	MAXFEE	DEF					12	1/1/2020	12/31/2299	Y N