

Ohio Medicaid WVATT 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
S5125	ATTENDANT CARE SERVICE /15M	HHPDN	OAB					NA	NA	NA	N
S5125	ATTENDANT CARE SERVICE /15M	HHPDN	BS2					NA	NA	NA	N
S5125	ATTENDANT CARE SERVICE /15M	MAXFEE	OAU					9.81	1/1/2024	12/31/2299	N
S5125	ATTENDANT CARE SERVICE /15M	MAXFEE	DEF					4.70	1/1/2024	12/31/2299	N
S5125	ATTENDANT CARE SERVICE /15M	MAXFEE	OU8					7.05	1/1/2024	12/31/2299	N