

Ohio Medicaid WVPCS 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
T1019	PERSONAL CARE SER PER 15 MIN	HHPDN	DEF					NA	NA	NA	N
T1019	PERSONAL CARE SER PER 15 MIN	HHPDN	BS2					NA	NA	NA	N
T1019	PERSONAL CARE SER PER 15 MIN	HHPDN	OAB					NA	NA	NA	N
T1019	PERSONAL CARE SER PER 15 MIN	MAXFEE	OAU					4.56	11/1/2021	12/31/2299	N
T2025	WAIVER SERVICE; NOS	MAXFEE	WVR					6.25	1/1/2021	12/31/2299	N
T2025	WAIVER SERVICE; NOS	MAXFEE	OVR					9.38	1/1/2021	12/31/2299	N