

CHAPTER 23: HOME HEALTH

APPENDIX C: PROCEDURE CODES AND RATES

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REV Code Options ***	Standard Code	Description	Fee Per Unit
550 551 580 581	G0299**	Services of skilled nurse (registered nurse - RN) in home health setting, each 15 min. Note: CMS HCPCS description indicates 15 min. is equal to one (1) unit.	\$15.70
550 551 580 581	G0299** plus Modifier of U2^	Services of skilled nurse (RN) in home health setting, each 15 min. Note: CMS HCPCS description indicates 15 min. is equal to one (1) unit.	\$15.70
550 551 580 581	G0299** plus Modifier of U3^	Services of skilled nurse (RN) in home health setting, each 15 min. Note: CMS HCPCS description indicates 15 min. is equal to one (1) unit.	\$15.70
550 551 580 581	G0299 ** plus Modifier of TT~	Services of skilled nurse (RN) in home health setting, each 15 min. Services of skilled nurse in home health setting (LPN), each 15 min. Note: CMS HCPCS description indicates 15 min. is equal to one (1) unit. Per LA Medicaid guidelines, one (1) unit equals one (1) visit regardless of the length of time the visit takes. Note#2: TD modifier must be appended first.	\$7.85
550 551 580 581	G0299** plus Modifier of TT and U2^	Services of skilled nurse (RN) in home health setting, each 15 min. Note: CMS HCPCS description indicates 15 min. is equal to one (1) unit.	\$7.85
550 551 580 581	G0299 ** plus Modifier of TT and U3^	Services of skilled nurse (RN) in home health setting, each 15 min. Note: CMS HCPCS description indicates 15 min. is equal to one (1) unit.	\$7.85

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REV Code Options ***	Standard Code	Description	Fee Per Unit
550 551 580 581	G0300**	Services of skilled nurse, (licensed practical nurse - LPN) in home health setting, each 15 min. Note: CMS HCPCS description indicates 15 min. is equal to one (1) unit.	\$12.56
550 551 580 581	G0300** plus Modifier of U2^	Services of skilled nurse (LPN) in home health setting, each 15 min. Note: CMS HCPCS description indicates 15 min. is equal to one (1) unit.	\$12.56
550 551 580 581	G0300 ** plus Modifier of U3^	Services of skilled nurse (LPN) in home health setting, each 15 min. Note: CMS HCPCS description indicates 15 min. is equal to one (1) unit.	\$12.56
550 551 580 581	G0300** plus Modifier of TT~	Services of skilled nurse (LPN) in home health setting, each 15 min. Note: CMS HCPCS description indicates 15 min. is equal to one (1) unit.	\$6.28
550 551 580 581	G0300** plus Modifier of TT and U2^	Services of skilled nurse (RN) in home health setting, each 15 min. Note: CMS HCPCS description indicates 15 min. is equal to one (1) unit.	\$6.28
550 551 580 581	G0300** plus Modifier of TT and U3^	Services of skilled nurse (RN) in home health setting, each 15 min. Note: CMS HCPCS description indicates 15 min. is equal to one (1) unit.	\$6.28
570 571	G0156**	Services of home health aide in home health setting, each 15 min. Note: CMS HCPCS description indicates 15 min. is equal to one (1) unit.	\$22.30 \$22.30

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REV Code Options ***	Standard Code	Description	Fee Per Unit
570 571	G0156**	Services of home health aide in home health setting, each 15 min. Note: CMS HCPCS description indicates 15 min. is equal to one (1) unit.	\$22.30 \$22.30
552 582	S9123* S9124*	Nursing care, in the home by RN, per hour (Only code to be used when reporting extended hours) Nursing care, in the home by LPN, per hour (Only code to be used when reporting extended hours.)	\$32.09* \$30.20*
552	S9123* Plus Modifier of TG	Nursing care, in the home by RN, per hour (Only code to be used when reporting extended hours)	\$37.87*
552 582	S9123* Plus Modifier of TN S9124* Plus Modifier of TN	Nursing care, in the home; by RN, per hour (Only code to be used when reporting extended hours) Nursing care, in the home by LPN, per hour (Only code to be used when reporting extended hours)	\$39.31* \$37.42*
552 582	S9123* plus Modifier of TT S9124* plus Modifier of TT	Nursing care, in the home by RN, per hour (Only code to be used when reporting extended hours for multiple recipients in the same home) Nursing care, in the home by LPN, per hour (Only code to be used when reporting extended hours for multiple recipients in the same home)	\$16.04* \$15.10*

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REV Code Options ***	Standard Code	Description	Fee Per Unit
552	S9123* Plus Modifier of TV	Nursing care, in the home by RN, per hour (Only code to be used when reporting extended hours)	\$35.94*
582	S9124* Plus Modifier of TV	Nursing care, in the Home by Licensed Practical Nurse (LPN), per hour (Only code to be used when reporting extended hours)	\$34.05*
552	S9123* Plus Modifier of UH	Nursing care, in the home by RN, per hour (Only code to be used when reporting extended hours)	\$34.01*
582	S9124* Plus Modifier of UH	Nursing care, in the home by LPN, per hour. (Only code to be used when reporting extended hours)	\$32.13*
552	S9123* Plus Modifier of UJ	Nursing care, in the home by RN, per hour (Only code to be used when reporting extended hours)	\$34.01*
582	S9124* Plus Modifier of UJ	Nursing care, in the home by LPN, per hour (Only code to be used when reporting extended hours)	\$32.13*

Valid Home Health Procedure Modifiers For Nurse and Aide Services:

TG = High Complexity

TN = Rural, Outside Area

TT = Multiple Recipients

TV = Holiday/Weekend

U2 = 2nd (second) Daily VisitU3 = 3rd (third) Daily Visit

UH = Evening

UJ = Night

* Requires Prior Authorization

** Prior Authorization is only required for more than one service per day.

*** When multiple revenue codes are listed, please choose the most appropriate revenue code from the options listed.

CHAPTER 23: HOME HEALTH**APPENDIX C: PROCEDURE CODES AND RATES****PAGE(S) 5****HOME HEALTH REHABILITATION**

REV Code Options **	Standard Code	Description	Fee Per Unit
444	92506	Evaluation of Speech, Language, Voice, Communication, Auditory Processing and/or Aural Rehabilitation Status	\$ 47.67
440 441	G0153*	Services of Speech and Language Pathologist in Home Health Setting, each 15 min.	\$7.94 \$7.94
420 421	G0151*	Services of Physical Therapist in Home Health Setting, each 15 min.	\$10.59 \$10.59
424	97001	Physical Therapy Evaluation	\$57.20
430 431	G0152*	Services of Occupational Therapist in Home Health Setting, each 15 min.	\$8.47 \$8.47
434	97003	Occupational Therapy Evaluation	\$54.02
424	97001 plus Modifier of UD	Physical Therapy Evaluation	\$57.20
434	97003 plus Modifier of UD	Occupational Therapy Evaluation	\$54.02

* Requires Prior Authorization

** When multiple revenue codes are listed, choose the most appropriate revenue code from the options listed.

UD =Wheelchair Seating Evaluation (State Assigned)