

## CHAPTER 23: HOME HEALTH

## APPENDIX C: PROCEDURE CODES AND RATES

PAGE(S) 5

REV Code Options ***	Standard Code	Description
550 551	G0299**	Services of skilled nurse (registered nurse - RN) in home health setting, each 15 min.  <b>Note:</b> CMS HCPCS description indicates 15 min. is equal to one (1) unit.
550 551	G0299** plus Modifier of U2^	Services of skilled nurse (RN) in home health setting, each 15 min.  <b>Note:</b> CMS HCPCS description indicates 15 min. is equal to one (1) unit.
550 551	G0299** plus Modifier of U3^	Services of skilled nurse (RN) in home health setting, each 15 min.  <b>Note:</b> CMS HCPCS description indicates 15 min. is equal to one (1) unit.
550 551	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.  <b>Note:</b> 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. <b>Note#2:</b> TD modifier must be appended first.
550 551	G0299** plus Modifier of TT and U2^	Services of skilled nurse (RN) in home health setting, each 15 min.  <b>Note:</b> CMS HCPCS description indicates 15 min. is equal to one (1) unit.
550 551	G0299 ** plus Modifier of TT and U3^	Services of skilled nurse (RN) in home health setting, each 15 min.  <b>Note:</b> CMS HCPCS description indicates 15 min. is equal to one (1) unit.

## CHAPTER 23: HOME HEALTH

## APPENDIX C: PROCEDURE CODES AND RATES

PAGE(S) 5

REV Code Options ***	Standard Code	Description
550 551	G0300**	Services of skilled nurse, (licensed practical nurse - LPN) in home health setting, each 15 min.  <b>Note:</b> CMS HCPCS description indicates 15 min. is equal to one (1) unit.
550 551	G0300** plus Modifier of U2^	Services of skilled nurse (LPN) in home health setting, each 15 min.  <b>Note:</b> CMS HCPCS description indicates 15 min. is equal to one (1) unit.
550 551	G0300 ** plus Modifier of U3^	Services of skilled nurse (LPN) in home health setting, each 15 min.  <b>Note:</b> CMS HCPCS description indicates 15 min. is equal to one (1) unit.
550 551	G0300** plus Modifier of TT~	Services of skilled nurse (LPN) in home health setting, each 15 min.  <b>Note:</b> CMS HCPCS description indicates 15 min. is equal to one (1) unit.
550 551	G0300** plus Modifier of TT and U2^	Services of skilled nurse (RN) in home health setting, each 15 min.  <b>Note:</b> CMS HCPCS description indicates 15 min. is equal to one (1) unit.
550 551	G0300** plus Modifier of TT and U3^	Services of skilled nurse (RN) in home health setting, each 15 min.  <b>Note:</b> CMS HCPCS description indicates 15 min. is equal to one (1) unit.
570 571	G0156**	Services of home health aide in home health setting, each 15 min.  <b>Note:</b> CMS HCPCS description indicates 15 min. is equal to one (1) unit.
570 571	G0156**	Services of home health aide in home health setting, each 15 min.  <b>Note:</b> CMS HCPCS description indicates 15 min. is equal to one (1) unit.

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

REV Code Options ***	Standard Code	Description
552	S9123*	Nursing care, in the home by RN, per hour (Only code to be used when reporting <b>extended</b> hours)
582	S9124*	Nursing care, in the home by LPN, per hour (Only code to be used when reporting <b>extended</b> hours.)
552	S9123* plus Modifier of TG	Nursing care, in the home by RN, per hour (Only code to be used when reporting <b>extended</b> hours)
552	S9123* plus Modifier of TN	Nursing care, in the home; by RN, per hour (Only code to be used when reporting <b>extended</b> hours)
582	S9124* Plus Modifier of TN	Nursing care, in the home by LPN, per hour (Only code to be used when reporting <b>extended</b> hours)
552	S9123* plus Modifier of TT	Nursing care, in the home by RN, per hour (Only code to be used when reporting <b>extended</b> hours for multiple recipients in the same home)
582	S9124* plus Modifier of TT	Nursing care, in the home by LPN, per hour (Only code to be used when reporting <b>extended</b> hours for multiple recipients in the same home)
552	S9123* plus Modifier of TV	Nursing care, in the home by RN, per hour (Only code to be used when reporting <b>extended</b> hours)
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 <b>extended</b> hours)

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

REV Code Options ***	Standard Code	Description
552	S9123* plus Modifier of UH	Nursing care, in the home by RN, per hour (Only code to be used when reporting <b>extended</b> hours)
582	S9124* plus Modifier of UH	Nursing care, in the home by LPN, per hour. (Only code to be used when reporting <b>extended</b> hours)
552	S9123* plus Modifier of UJ	Nursing care, in the home by RN, per hour (Only code to be used when reporting <b>extended</b> hours)
582	S9124* plus Modifier of UJ	Nursing care, in the home by LPN, per hour (Only code to be used when reporting <b>extended</b> hours)

**Valid Home Health Procedure Modifiers for Nurse and Aide Services:**

TG = High Complexity

TN = Rural, Outside Area

TT = Multiple Recipients

TV = Holiday/Weekend

U2 = 2<sup>nd</sup> (second) Daily VisitU3 = 3<sup>rd</sup> (third) Daily Visit

UH = Evening

U J = 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**

<b>REV Code Options **</b>	<b>Standard Code</b>	<b>Description</b>
444	92521- 92524	Evaluation of Speech, Language, Voice, Communication, Auditory Processing and/or Aural Rehabilitation Status
440 441	G0153*	Services of Speech and Language Pathologist in Home Health Setting, each 15 min.
420 421	G0151*	Services of Physical Therapist in Home Health Setting, each 15 min.
424	97161 low 97162 mod 97163 high	Physical Therapy Evaluation: low, moderate or high complexity
430 431	G0152*	Services of Occupational Therapist in Home Health Setting, each 15 min.
434	97165 low 97166 mod 97167 high	Occupational Therapy Evaluation: low, moderate or high complexity
424	97161- 97163 plus Modifier of UD	Physical Therapy Evaluation: low, moderate or high complexity
434	97165- 97167 plus Modifier of UD	Occupational Therapy Evaluation: low, moderate or high complexity

\* 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)

Providers should refer to the appropriate fee schedule for the reimbursement amounts associated with covered Home Health services on [lamedicaid.com](http://lamedicaid.com). The fee schedule for the revised procedure codes is available on [lamedicaid.com](http://lamedicaid.com) by accessing the following link:

[http://www.lamedicaid.com/provweb1/fee\\_schedules/Home\\_Health\\_FS.pdf](http://www.lamedicaid.com/provweb1/fee_schedules/Home_Health_FS.pdf)