

## CHAPTER 23: HOME HEALTH

## APPENDIX C: PROCEDURE CODES AND RATES

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Svc Code	REV Code Options ***	Standard Code	Description	Fee Per Unit
<b>A</b>	550	G0154**	Services of Skilled Nurse in Home Health Setting, each 15 min.	\$65.22
	551	plus		\$65.22
	580	Modifier of	<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.	\$65.22
	581	TD		\$65.22
<b>C</b>	550	G0154**	Services of Skilled Nurse in Home Health Setting, each 15 min.	\$65.22
	551	plus		\$65.22
	580	Modifier of	<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.	\$65.22
	581	TD		\$65.22
	550	G0154**	Services of Skilled Nurse in Home Health Setting, each 15 min.	\$65.22
	551	plus		\$65.22
	580	Modifier of	<b>Note#1:</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.	\$65.22
	581	TD and U2^	<b>Note#2:</b> TD modifier must be appended first.	\$65.22
	550	G0154**	Services of Skilled Nurse in Home Health Setting, each 15 min.	\$65.22
	551	plus		\$65.22
	580	Modifier of	<b>Note#1:</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.	\$65.22
	581	TD and U3^	<b>Note#2:</b> TD modifier must be appended first.	\$65.22

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Svc Code	REV Code Options ***	Standard Code	Description	Fee Per Unit
<b>M</b>	550	G0154**	Services of Skilled Nurse in Home Health Setting, each 15 min.	\$32.61
	551	plus		\$32.61
	580	Modifier of	<b>Note#1:</b> CMS HCPCS description	\$32.61
	581	TD and TT~	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.	\$32.61
	550	G0154**	Services of Skilled Nurse in Home Health Setting, each 15 min.	\$32.61
	551	plus		\$32.61
	580	Modifier of	<b>Note#1:</b> CMS HCPCS description	\$32.61
	581	TD with TT and U2^	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.	\$32.61
	550	G0154**	Services of Skilled Nurse in Home Health Setting, each 15 min.	\$32.61
	551	plus		\$32.61
	580	Modifier of	<b>Note#1:</b> CMS HCPCS description	\$32.61
	581	TD with TT and U3^	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.	\$32.61
<b>G</b>	550	G0154**	Services of Skilled Nurse in Home Health Setting, each 15 min.	\$52.17
	551	plus		\$52.17
	580	Modifier of	<b>Note:</b> CMS HCPCS description indicates	\$52.17
	581	TE	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.	\$52.17

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Svc Code	REV Code Options ***	Standard Code	Description	Fee Per Unit
<b>I</b>	550	G0154**	Services of Skilled Nurse in Home Health Setting, each 15 min.	\$52.17
	551	plus		\$52.17
	580	Modifier of	<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.	\$52.17
	581	TE		\$52.17
	550	G0154**	Services of Skilled Nurse in Home Health Setting, each 15 min.	\$52.17
	551	plus		\$52.17
	580	Modifier of	<b>Note#1:</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.	\$52.17
	581	TE and U2^	<b>Note#2:</b> TE modifier must be appended first.	\$52.17
	550	G0154**	Services of Skilled Nurse in Home Health Setting, each 15 min.	\$52.17
	551	plus		\$52.17
	580	Modifier of	<b>Note#1:</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.	\$52.17
	581	TE and U3^	<b>Note#2:</b> TE modifier must be appended first.	\$52.17
<b>K</b>	550	G0154**	Services of Skilled Nurse in Home Health Setting, each 15 min.	\$26.09
	551	plus		\$26.09
	580	Modifier of	<b>Note#1</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.	\$26.09
	581	TE and TT~	<b>Note#2:</b> TE modifier must be appended first.	\$26.09

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Svc Code	REV Code Options ***	Standard Code	Description	Fee Per Unit
	550 551 580 581	G0154** plus Modifier of TE with TT and U2^	Services of Skilled Nurse in Home Health Setting, each 15 min. <b>Note#1:</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> TE modifier must be appended first.	\$26.09 \$26.09 \$26.09 \$26.09
	550 551 580 581	G0154** plus Modifier of TE with TT and U3^	Services of Skilled Nurse in Home Health Setting, each 15 min. <b>Note#1:</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> TE modifier must be appended first.	\$26.09 \$26.09 \$26.09 \$26.09
<b>F</b>	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. Per LA Medicaid guidelines, one (1) unit equals one (1) visit regardless of the length of time the visit takes.	\$23.16 \$23.16
<b>D</b>	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. Per LA Medicaid guidelines, one (1) unit equals one (1) visit regardless of the length of time the visit takes.	\$23.16 \$23.16

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Svc Code	REV Code Options ***	Standard Code	Description	Fee Per Unit
<b>B</b>	552	S9123*	Nursing Care, in the Home; by Registered Nurse (RN), per hour. (Only code to be used when reporting <b>extended</b> hours)	\$34.00
	582	S9124*	Nursing Care, in the Home; by Licensed Practical Nurse (LPN), per hour (Only code to be used when reporting <b>extended</b> hours)	\$32.00
	552	S9123* Plus Modifier of TG	Nursing Care, in the Home; by Registered Nurse (RN), per hour (Only code to be used when reporting <b>extended</b> hours)	\$40.00
	552	S9123* Plus Modifier of TN	Nursing Care, in the Home; by Registered Nurse (RN), per hour (Only code to be used when reporting <b>extended</b> hours)	\$41.50
	582	S9124* Plus Modifier of TN	Nursing Care, in the Home; by Licensed Practical Nurse (LPN), per hour (Only code to be used when reporting <b>extended</b> hours)	\$39.50
<b>H</b>	552	S9123* plus Modifier of TT	Nursing Care, in the Home; by Registered Nurse (RN), per hour. (Only code to be used when reporting <b>extended</b> hours for multiple recipients in the same home)	\$17.00
	582	S9124* plus Modifier of TT	Nursing Care, in the Home; by Licensed Practical Nurse (LPN), per hour (Only code to be used when reporting <b>extended</b> hours for multiple recipients in the same home)	\$16.00

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<b>Svc Code</b>	<b>REV Code Options ***</b>	<b>Standard Code</b>	<b>Description</b>	<b>Fee Per Unit</b>
	552	S9123* Plus Modifier of TV	Nursing Care, in the Home; by Registered Nurse (RN), per hour (Only code to be used when reporting <b>extended</b> hours)	\$38.00
	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)	\$36.00
	552	S9123* Plus Modifier of UH	Nursing Care, in the Home; by Registered Nurse (RN), per hour (Only code to be used when reporting <b>extended</b> hours)	\$36.00
	582	S9124* Plus Modifier of UH	Nursing Care, in the Home; by Licensed Practical Nurse (LPN), per hour (Only code to be used when reporting <b>extended</b> hours)	\$34.00
	552	S9123* Plus Modifier of UJ	Nursing Care, in the Home; by Registered Nurse (RN), per hour (Only code to be used when reporting <b>extended</b> hours)	\$36.00
	582	S9124* Plus Modifier of UJ	Nursing Care, in the Home; by Licensed Practical Nurse (LPN), per hour (Only code to be used when reporting <b>extended</b> hours)	\$34.00

**CHAPTER 23: HOME HEALTH****APPENDIX C: PROCEDURE CODES AND RATES****PAGE(S) 9****Valid Home Health Procedure Modifiers For Nurse and Aide Services:**

TD = RN

TE = LPN

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.

~ When billing G0154 for MULTIPLE recipients, the TD or TE modifier must be the first modifier followed by modifier TT as the second modifier.

^ When billing G0154 for MULTIPLE daily visits, the TD or TE modifier must be the first modifier followed by modifier U2/U3 as the second modifier when appropriate. If other modifier codes are being used, U2/U3 should be used as the third modifier code.

**HOME HEALTH REHABILITATION**

<b>SVC Code</b>	<b>REV Code Options **</b>	<b>Standard Code</b>	<b>Description</b>	<b>Fee Per Unit</b>
<b>J</b>	444	92506	Evaluation of Speech, Language, Voice, Communication, Auditory Processing, and/or Aural Rehabilitation Status	\$ 49.50
<b>5</b>	440 441	G0153*	Services of Speech and Language Pathologist in Home Health Setting, each 15 min.	\$8.25 \$8.25
<b>6</b>			Non-payable	
<b>L</b>	440	92506	Evaluation of Speech, Language, Voice, Communication, Auditory Processing, and/or Aural Rehabilitation Status	\$49.50
<b>7</b>	440 441	G0153*	Services of Speech and Language Pathologist in Home Health Setting, each 15 min.	\$8.25 \$8.25
<b>8</b>	440 441	G0153*	Services of Speech and Language Pathologist in Home Health Setting, each 15 min.	\$8.25 \$8.25

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<b>SVC Code</b>	<b>REV Code Options **</b>	<b>Standard Code</b>	<b>Description</b>	<b>Fee Per Unit</b>
<b>9</b>	440 441	G0153*	Services of Speech and Language Pathologist in Home Health Setting, each 15 min.	\$8.25 \$8.25
<b>O</b>	420 421	G0151*	Services of Physical Therapist in Home Health Setting, each 15 min.	\$11.00 \$11.00
<b>Q</b>	420 421	G0151*	Services of Physical Therapist in Home Health Setting, each 15 min.	\$11.00 \$11.00
<b>T</b>	420 421	G0151*	Services of Physical Therapist in Home Health Setting, each 15 min.	\$11.00 \$11.00
<b>U</b>	420 421	G0151*	Services of Physical Therapist in Home Health Setting, each 15 min.	\$11.00 \$11.00
<b>V</b>	420 421	G0151*	Services of Physical Therapist in Home Health Setting, each 15 min.	\$11.00 \$11.00
<b>X</b>	420 421	G0151*	Services of Physical Therapist in Home Health Setting, each 15 min.	\$11.00 \$11.00
<b>Y</b>	420 421	G0151*	Services of Physical Therapist in Home Health Setting, each 15 min.	\$11.00 \$11.00
<b>S</b>			Non-payable	
<b>R</b>	420 421	G0151*	Services of Physical Therapist in Home Health Setting, each 15 min.	\$11.00 \$11.00
<b>W</b>	420 421	G0151*	Services of Physical Therapist in Home Health Setting, each 15 min.	\$11.00 \$11.00
<b>P</b>	424	97001	Physical Therapy Evaluation	\$59.40
<b>Z</b>	430 431	G0152*	Services of Occupational Therapist in Home Health Setting, each 15 min.	\$8.80 \$8.80
<b>1</b>			Non-payable	
<b>E</b>	434	97003	Occupational Therapy Evaluation	\$56.10
<b>2</b>	430 431	G0152*	Services of Occupational Therapist in Home Health Setting, each 15 min.	\$8.80 \$8.80
<b>3</b>	430 431	G0152*	Services of Occupational Therapist in Home Health Setting, each 15 min.	\$8.80 \$8.80
<b>4</b>	430 431	G0152*	Services of Occupational Therapist in Home Health Setting, each 15 min.	\$8.80 \$8.80



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<b>SVC Code</b>	<b>REV Code Options **</b>	<b>Standard Code</b>	<b>Description</b>	<b>Fee Per Unit</b>
<b>N</b>	424	97001 plus Modifier of UD	Physical Therapy Evaluation	\$59.40
	434	97003 plus Modifier of UD	Occupational Therapy Evaluation	\$56.10

\* Requires Prior Authorization

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

UD =Wheelchair Seating Evaluation (State Assigned)