

**Appendix B**  
**Private Duty Nursing Service Modifier Descriptions**  
**Effective July 1, 2015**

<b>Billing Modifier</b>	<b>Description</b>	<b>Requirement</b>
<b>U1</b>	Infusion Therapy	Must be used with code T1000 for the purpose of identifying home infusion therapy provided in accordance with rule 5160-12-01 of the Administrative Code.
<b>U2</b>	Second Visit	Must be used to identify the second visit for the same type of service made by a provider on a date of service per individual in accordance to rule 5160-12-04 of the Administrative Code.
<b>U3</b>	Third Visit	Must be used to identify the third or more visit for the same type of service made by a provider on a date of service per individual in accordance to rule 5160-12-04 of the Administrative Code.
<b>U4</b>	12 hours to 16 hours per visit	Must be used when a visit is more than twelve hours but does not exceed sixteen hours in accordance with rule 5160-12-02 of the Administrative Code.
<b>U5</b>	Healthcek	Must be used to identify the individual receiving services due to Healthcek in accordance to rule 5160-12-01 of the Administrative Code.
<b>HQ</b>	Group Visit	Must be used to identify individual receiving services in accordance to rule 5160-12-04 of the Administrative Code.
<b>TD</b>	RN Visit	Must be used to identify a visit conducted by a registered nurse (RN) for the provision of a private duty nursing service billed to Ohio Medicaid.
<b>TE</b>	LPN Visit	Must be used to identify a visit conducted by a licensed practical nurse (LPN) for the provision of a private duty nursing service billed to Ohio Medicaid.

APPENDIX