

Appendix B
Home Health Service Visit Modifiers
Effective July 1, 2015

Billing Modifier	Description	Requirement
U1	Infusion Therapy	Must be used with code G0154 for the purpose of identifying home infusion therapy provided in accordance with rule 5160-12-01 of the Administrative Code.
U2	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.
U3	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.
U5	Healthchek	Must be used to identify the individual receiving services due to Healthchek in accordance to rule 5160-12-01 of the Administrative Code.
HQ	Group Visit	Must be used to identify individual receiving services in accordance to rule 5160-12-04 of the Administrative.
TD	RN Visit	Must be used to identify a visit conducted by a registered nurse (RN) for the provision of a home health nursing service billed to Ohio Medicaid.
TE	LPN Visit	Must be used to identify a visit conducted by a licensed practical nurse (LPN) for the provision of a home health nursing service billed to Ohio Medicaid.