

Appendix
Appendix BHome Health Service Visit Modifiers
Effective January 1, 2017

Billing Modifier	Description	Requirement
U1	Infusion Therapy	Must be used with code G0299 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 with 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 with rule 5160-12-04 of the Administrative Code.
U5	Healthchek	Must be used to identify the individual who meets the criteria in paragraph (H) of 5160-12-01.
U7	Over 14 hours	Must be used to identify the individuals age 21 whose physician has determined that medical necessity exists for more than a combined total of fourteen hours per week of home health nursing and home health aide services pursuant to paragraph (C)(2) of 5160-12-01.
HQ	Group Visit	Must be used to identify individual receiving services in accordance with rule 5160-12-04 of the Administrative.