

**Home Health Service Visit Modifiers**  
Effective January 1, 2017

<b>Billing Modifier</b>	<b>Description</b>	<b>Requirement</b>
<b>U1</b>	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.
<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 with 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 with rule 5160-12-04 of the Administrative Code.
<b>U5</b>	Healthchek	Must be used to identify the individual who meets the criteria in paragraph (H) of 5160-12-01.
<b>U7</b>	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.
<b>HQ</b>	Group Visit	Must be used to identify individual receiving services in accordance with rule 5160-12-04 of the Administrative.