

**Appendix B
5160-12-06****Private Duty Nursing Service****Modifier Descriptions Effective January 1, 2024.**~~January 1, 2017.~~

Billing Modifier	Description	Requirement
U1	Infusion Therapy	Must be used with code T1000-TD for the purpose of identifying home infusion therapy provided by an Registered Nurse (RN) in accordance with rule 5160- 12-02 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.
U4	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.
U5	Healthcek	Must be used to identify the individual who meets the criteria in paragraph (I) of 5160-12-02.
HQ	Group Visit	Must be used to identify individual receiving services in accordance with 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 private duty 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 private duty nursing service billed to Ohio Medicaid.

TU	Non-agency RN or LPN Visit	Must be used to indicate that the entire PDN visit conducted by the non-agency RN or LPN is being billed as overtime.
UA	Non-agency RN or LPN Visit	Must be used to indicate that a portion of the PDN visit conducted by the non-agency RN or LPN is being billed as overtime.