

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

Billing Modifier	Description	Requirement
U1	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.
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.
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 receiving services due to Healthcek 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 Code.
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.

APPENDIX