

COLUMN:					
1	2	3	4	5	6
CODE	MODIFIER(S)	DESCRIPTION	FEE	MIN-MAX	PA
G0151		SERVICES OF PT IN HH SETTING, 15 MIN	11.00	X	
G0152		SERVICES OF OT-HH SETTING, 15 MIN	8.80	X	
G0153		SERVICES OF SPEECH; LANG, HH, 15 MIN	8.25	X	
G0154		SERVICES OF SKILLED NURSE-HH- 15 MIN	65.22		
G0154	TD	SERVICES OF SKILLED NURSE-HH-15 MIN	65.22		
G0154	TD, TT	SERVICES OF SKILLED NURSE HH 15 MIN	32.61	0020	
G0154	TD, TT, U2	SERVICES OF SKILLED NURSE HH 15 MIN	32.61	0020	X
G0154	TD, TT, U3	SERVICES OF SKILLED NURSE HH 15 MIN	32.61	0020	X
G0154	TD, U2	SERVICES OF SKILLED NURSE-HH-15 MIN	65.22	0020	X
G0154	TD, U3	SERVICES OF SKILLED NURSE HH 15 MIN	65.22	0020	X
G0154	TE	SERVICES OF SKILLED NURSE-HH-15 MIN	52.17	0020	
G0154	TE, TT	SERVICES OF SKILLED NURSE HH 15 MIN	26.09	0020	
G0154	TE, TT, U2	SERVICES OF SKILLED NURSE HH 15 MIN	26.09	0020	X
G0154	TE, TT, U3	SERVICES OF SKILLED NURSE HH 15 MIN	26.09	0020	X
G0154	TE, U2	SERVICES OF SKILLED NURSE HH 15 MIN	52.17	0020	X
G0154	TE, U3	SERVICES OF SKILLED NURSE HH 15 MIN	52.17	0020	X
G0154	TT, TD	SERVICES OF SKILLED NURSE-HH-15 MIN	32.61	0020	
G0154	TT, TE	SERVICES OF SKILLED NURSE-HH-15 MIN	26.09	0020	
G0156		SERVICES OF HH AIDE, EACH 15 MINS	23.16	0020	
S9123		NURSE CARE IN HOME, RN; PER HOUR	33.32	0020	X
S9123	TT	NURSE CARE IN HOME, RN; PER HOUR	16.66	0020	X
S9124		NURSE CARE IN HOME-LPN-PER HOUR	31.36	0020	X
S9124	TT	NURSE CARE IN HOME, LPN, PER HOUR	15.68	0020	X
92506		EVAL OF SPEECH, LANG, VOICE, AUDITOR	49.50	0020	
97001		PHYSICAL THERAPY EVALUATION	59.40	0020	
97003		OCCUPATIONAL THERAPY EVALUATION	56.10	0020	

NOTE: ALL CPT CODES AND DESCRIPTIONS ARE COPYRIGHTED BY THE AMERICAN MEDICAL ASSOCIATION.

Listed below are some aids we hope will help you understand this fee schedule. If, after reading the information below, you need further clarification of an item, please call Unisys Provider Relations at 1-800-473-2783.

COLUMN 1. TS (Type Service): Definition: Files on which codes are loaded and from which claims are paid. The file to which a claim goes for pricing is determined by, among other things, the type of provider who is billing and by the modifier appended to the procedure code.

Listed below is an explanation of the types of service found on this schedule.

17 - Home Health.

COLUMN 2. MODIFIER: The modifier used with the procedure code, where applicable.

TD	RN
TE	LPN/LVN
TT	INDIVIDUALIZED SERVICE PROVIDED TO MORE THAN ONE PATIENT IN SAME SETTING

COLUMNS 3, 4 and 5. CODE, DESCRIPTION and FEE: Self explanatory.

COLUMN 6. AGE MIN and MAX: Codes with minimum or maximum age restrictions. If the recipient's age on the date of service is outside the minimum or maximum age, claims will deny.

COLUMN 7. PA (Prior Authorization): Some services must be prior authorized before they are rendered. If a PA request is approved, a PA number will be issued for inclusion on the claim. If a PA request is not approved, no payment for the service will be made.