

COLUMN:

1	2	3	4	5	6
CODE	MODIFIER(S)	DESCRIPTION	FEE	MIN-MAX	PA
G0151		SERVICES OF PT IN HH SETTING, 15 MIN	10.59		X
G0152		SERVICES OF OT-HH SETTING, 15 MIN	8.47		X
G0153		SERVICES OF SPEECH; LANG, HH, 15 MIN	7.94		X
G0156		SERVICES OF HH AIDE, EACH 15 MINS	22.30		
G0299		SERVICE OF SKILLED NURSE-RN - 15 MIN	15.70		
G0299	TT	SERVICE OF SKILLED NURSE 15 MIN	7.85	00 20	X
G0299	TT, U2	PA SERVICES PAID FROM	7.85	00 20	X
G0299	TT, U3	SERVICES OF SKILLED NURSE HH 15 MIN	7.85	00 20	X
G0299	U2	SERVICES OF SKILLED NURSE-HH- 15 MIN	15.70	00 20	X
G0299	U3	SERVICES OF SKILLED NURSE HH 15 MIN	15.70	00 20	X
G0300		SERVICE OF SKILLED NURSE -LPN-15 MIN	12.56		
G0300	TT	SERVICE OF SKILLED NURSE HH 15 MIN	6.28	00 20	X
G0300	TT, U2	SERVICES OF SKILLED NURSE HH 15 MIN	6.28	00 20	X
G0300	TT, U3	SERVICES OF SKILLED NURSE HH 15 MIN	6.28	00 20	X
G0300	U2	SERVICE OF SKILLED NURSE HH - 15 MIN	12.56	00 20	X
G0300	U3	SERVICES OF SKILLED NURSE HH 15 MIN	12.56	00 20	X
S9123		NURSE CARE IN HOME, RN; PER HOUR	32.09	00 20	X
S9123	TT	NURSE CARE IN HOME, RN; PER HOUR	16.04	00 20	X
S9124		NURSE CARE IN HOME-LPN-PER HOUR	30.20	00 20	X
S9124	TT	NURSE CARE IN HOME, LPN, PER HOUR	15.10	00 20	X
92521		EVAL OF SPEECH,LANG,VOICE,AUDITOR	47.67		
92522		EVAL OF SPEECH,LANG,VOICE,AUDITOR	47.67		
92523		EVAL OF SPEECH,LANG,VOICE,AUDITOR	47.67		
92524		EVAL OF SPEECH,LANG,VOICE,AUDITOR	47.67		
97001		PHYSICAL THERAPY EVALUATION	59.87		
97003		OCCUPATIONAL THERAPY EVALUATION	67.23		

LEGEND

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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 Molina Provider Relations at 1-800-473-2783.  
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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.