

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	5.58		X
G0299		SERVICE OF SKILLED NURSE-RN - 15 MIN	15.70		X
G0299	TT	SERVICE OF SKILLED NURSE 15 MIN	7.85	00 20	X
G0299	TT, U2	SERVICE OF SKILLED NURSE-RN-15 MIN	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		X
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	TG	NURSE CARE IN HOME - RN	37.87	00 20	X
S9123	TN	NURSE CARE IN HOME-RN	39.31	00 20	X
S9123	TT	NURSE CARE IN HOME, RN; PER HOUR	16.04	00 20	X
S9123	TU	NURSE IN CARE HOME - RN	48.13	00 20	
S9123	TV	NURSE CARE IN HOME - RN	35.94	00 20	X
S9123	UH	NURSE CARE IN HOME - RN	34.01	00 20	X
S9123	UJ	NURSE CARE IN HOME-RN	34.01	00 20	X
S9124		NURSE CARE IN HOME-LPN-PER HOUR	30.20	00 20	X
S9124	TG	NURSE CARE IN HOME-LPN-PER HOUR	35.64	00 20	X
S9124	TN	NURSE CARE IN HOME-LPN-PER HOUR	37.42	00 20	X
S9124	TT	NURSE CARE IN HOME, LPN, PER HOUR	15.10	00 20	X
S9124	TU	NURSE IN CARE HOME - LPN	45.30	00 20	
S9124	TV	NURSE CARE IN HOME-LPN-PER HOUR	34.05	00 20	X
S9124	UH	NURSE CARE IN HOME-LPN-PER HOUR	32.13	00 20	X
S9124	UJ	NURSE CARE IN HOME-LPN-PER HOUR	32.13	00 20	X
92521		EVALUATION OF SPEECH FLUENCY	47.67		
92522		EVALUATE SPEECH PRODUCTION	47.67		
92523		SPEECH SOUND LANG COMPREHENSION	47.67		
92524		BEHAVRAL QUALIT ANALYS VOICE	47.67		
97161		PHYSICAL THERAPY EVALUATION: LOW COM	66.79		
97162		PHYSICAL THERAPY EVALUATION: MODERAT	66.79		
97163		PHYSICAL THERAPY EVALUATION: HIGH CO	66.79		
97165		OCCUPATIONAL THERAPY EVALUATION: LOW	64.90		
97166		OCCUPATIONAL THERAPY EVALUATION: MOD	64.90		
97167		OCCUPATIONAL THERAPY EVALUATION: HIG	64.90		

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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 DXC Technologies Provider Relations at 1-800-473-2783.  
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COLUMN 1. CODE

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

TG	HIGH COMPLEXITY
TN	RURAL/OUTSIDE AREA
TT	INDIVIDUALIZED SERVICE PROVIDED TO MORE THAN ONE PATIENT IN SAME SETTING
TU	OVERTIME
TV	WEEKENDS AND HOLIDAYS
U2	SECOND DAILY VISIT
U3	THIRD DAILY VISIT
UH	SERVICES PROVIDED IN THE EVENING
UJ	SERVICES PROVIDED AT NIGHT

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

COLUMN 5. 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 6. 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.