

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
 LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
 HOME HEALTH SERVICES FEE SCHEDULE AS OF APRIL 3, 2023

COLUMN:

1 CODE	2 MODIFIER(S)	3 DESCRIPTION	4 FEE	5 MIN-MAX	6 PA
G0151		SERVICES OF PT IN HH SETTING, 15 MIN	27.71		X
G0152		SERVICES OF OT-HH SETTING, 15 MIN	28.38		X
G0153		SERVICES OF SPEECH; LANG, HH, 15 MIN	27.22		X
G0156		SERVICES OF HH AIDE, EACH 15 MINS	11.52		X
G0299		SERVICE OF SKILLED NURSE-RN - 15 MIN	24.73		X
G0299	TT	SERVICE OF SKILLED NURSE 15 MIN	12.36	00 20	X
G0299	TT, U2	SERVICE OF SKILLED NURSE-RN-15 MIN	12.36	00 20	X
G0299	TT, U3	SERVICES OF SKILLED NURSE HH 15 MIN	12.36	00 20	X
G0299	U2	SERVICES OF SKILLED NURSE-HH- 15 MIN	24.73	00 20	X
G0299	U3	SERVICES OF SKILLED NURSE HH 15 MIN	24.73	00 20	X
G0300		SERVICE OF SKILLED NURSE -LPN-15 MIN	24.73		X
G0300	TT	SERVICE OF SKILLED NURSE HH 15 MIN	12.36	00 20	X
G0300	TT, U2	SERVICES OF SKILLED NURSE HH 15 MIN	12.36	00 20	X
G0300	TT, U3	SERVICES OF SKILLED NURSE HH 15 MIN	12.36	00 20	X
G0300	U2	SERVICE OF SKILLED NURSE HH - 15 MIN	12.36	00 20	X
G0300	U3	SERVICES OF SKILLED NURSE HH 15 MIN	24.73	00 20	X
S9123		NURSE CARE IN HOME, RN; PER HOUR	61.65	00 20	X
S9123	TG	NURSE CARE IN HOME - RN	67.43	00 20	X
S9123	TN	NURSE CARE IN HOME-RN	68.77	00 20	X
S9123	TT	NURSE CARE IN HOME, RN; PER HOUR	30.83	00 20	X
S9123	TU	NURSE IN CARE HOME - RN	92.48	00 20	
S9123	TV	NURSE CARE IN HOME - RN	65.50	00 20	X
S9123	UH	NURSE CARE IN HOME - RN	65.46	00 20	X
S9123	UJ	NURSE CARE IN HOME-RN	65.46	00 20	X
S9124		NURSE CARE IN HOME-LPN-PER HOUR	46.57	00 20	X
S9124	TG	NURSE CARE IN HOME-LPN-PER HOUR	52.31	00 20	X
S9124	TN	NURSE CARE IN HOME-LPN-PER HOUR	53.79	00 20	X
S9124	TT	NURSE CARE IN HOME, LPN, PER HOUR	23.29	00 20	X
S9124	TU	NURSE IN CARE HOME - LPN	69.86	00 20	
S9124	TV	NURSE CARE IN HOME-LPN-PER HOUR	50.71	00 20	X
S9124	UH	NURSE CARE IN HOME-LPN-PER HOUR	48.50	00 20	X
S9124	UJ	NURSE CARE IN HOME-LPN-PER HOUR	48.50	00 20	X
92521		EVALUATION OF SPEECH FLUENCY	81.96		
92522		EVALUATE SPEECH PRODUCTION	84.91		
92523		SPEECH SOUND LANG COMPREHENSION	127.62		
92524		BEHAVRAL QUALIT ANALYS VOICE	70.87		
97161		PHYSICAL THERAPY EVALUATION: LOW COM	95.62		
97162		PHYSICAL THERAPY EVALUATION: MODERAT	112.10		
97163		PHYSICAL THERAPY EVALUATION: HIGH CO	128.58		
97165		OCCUPATIONAL THERAPY EVALUATION: LOW	97.00		
97166		OCCUPATIONAL THERAPY EVALUATION: MOD	113.39		
97167		OCCUPATIONAL THERAPY EVALUATION: HIG	64.90		

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.

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.