

COLUMN:

| 1 CODE | 2 MODIFIER(S) | 3 DESCRIPTION | 4 FEE | 5 MIN-MAX | 6 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 |
| G0154 | | SERVICES OF SKILLED NURSE-HH- 15 MIN | 62.81 | | |
| G0154 | TD | SERVICES OF SKILLED NURSE-HH-15 MIN | 62.81 | | |
| G0154 | TD, TT | SERVICES OF SKILLED NURSE HH 15 MIN | 31.40 | 00 20 | |
| G0154 | TD, TT, U2 | SERVICES OF SKILLED NURSE HH 15 MIN | 31.40 | 00 20 | X |
| G0154 | TD, TT, U3 | SERVICES OF SKILLED NURSE HH 15 MIN | 31.40 | 00 20 | X |
| G0154 | TD, U2 | SERVICES OF SKILLED NURSE-HH-15 MIN | 62.81 | 00 20 | X |
| G0154 | TD, U3 | SERVICES OF SKILLED NURSE HH 15 MIN | 62.81 | 00 20 | X |
| G0154 | TE | SERVICES OF SKILLED NURSE-HH-15 MIN | 50.24 | | |
| G0154 | TE, TT | SERVICES OF SKILLED NURSE HH 15 MIN | 25.12 | 00 20 | |
| G0154 | TE, TT, U2 | SERVICES OF SKILLED NURSE HH 15 MIN | 25.12 | 00 20 | X |
| G0154 | TE, TT, U3 | SERVICES OF SKILLED NURSE HH 15 MIN | 25.12 | 00 20 | X |
| G0154 | TE, U2 | SERVICES OF SKILLED NURSE HH 15 MIN | 50.24 | 00 20 | X |
| G0154 | TE, U3 | SERVICES OF SKILLED NURSE HH 15 MIN | 50.24 | 00 20 | X |
| G0154 | TT, TD | SERVICES OF SKILLED NURSE-HH-15 MIN | 31.40 | 00 20 | |
| G0154 | TT, TE | SERVICES OF SKILLED NURSE-HH-15 MIN | 25.12 | 00 20 | |
| G0156 | | SERVICES OF HH AIDE, EACH 15 MINS | 22.30 | | |
| 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

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.

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.

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|----|--|
| 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.