

Appendix B
5160-12-05**Home Health Service Visit Modifiers Effective**
January 1, 2024. ~~January 1, 2017.~~

Billing Modifier	Description	Requirement
U1	Infusion Therapy	Must be used with code G0299 for the purpose of identifying home infusion therapy provided in accordance with rule 5160-12-01 of the Administrative Code.
U2	Second Visit	Must be used to identify the second visit for the same type of service made by a provider on a date of service per individual in accordance with rule 5160-12-04 of the Administrative Code.
U3	Third Visit	Must be used to identify the third or more visit for the same type of service made by a provider on a date of service per individual in accordance with rule 5160-12-04 of the Administrative Code.
U5	Healthcek	Must be used to identify the individual who meets the criteria in paragraph (H) of 5160-12-01.
U7	Over 14 hours	Must be used to identify the individuals age 21 whose physician has determined that medical necessity exists for more than a combined total of fourteen hours per week of home health nursing and home health aide services pursuant to paragraph (C)(2) of 5160-12-01.
HQ	Group Visit	Must be used to identify individual receiving services in accordance with rule 5160-12-04 of the Administrative.