

Appendix B
Private Duty Nursing Service Modifier Descriptions

Modifier	Description	Requirement
U1	Infusion therapy	Must be used when code T1000 is used for the purpose of home infusion therapy in accordance with rule 5101:3-12-02 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 consumer in accordance with rule 5101:3-12-03 of the Administrative Code.
U3	Third visit or more	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 consumer in accordance with rule 5101:3-12-03 of the Administrative Code.
U4	12 hours to 16 hours per visit	Must be used when a visit is more than twelve hours but does not exceed sixteen hours in accordance with rule 5101:3-12-02 of the Administrative Code.
U5	Healthchek	May be used to identify consumer receiving increased services due to Healthchek in accordance to rule 5101:3-12-02 of the Administrative Code.
U6	PDN authorization	May be used to identify consumer receiving increased services in accordance to rule 5101:3-12-02 of the Administrative Code.
HQ	Group visit	Must be used to identify consumer receiving services in accordance to rule 5101:3-12-04 of the Administrative Code.

