

## PRIVATE DUTY NURSING SERVICES FEE SCHEDULE

<b>CODE</b>	<b>MOD 1</b>	<b>MOD 2</b>	<b>DESCRIPTION OF SERVICE</b>	<b>MAXIMUM FEE</b>
<b>S9123</b>			Private duty nursing rendered by a RN (2 to 24 hours per day)*	\$29.10/hr
<b>S9123</b>	TT		Private duty nursing rendered by a RN (2 to 24 hours per day)* provided to more than one recipient in the same setting.**	\$29.10/hr – 1st recipient \$14.55/hr – 2nd recipient \$7.28/hr – each additional recipient
<b>S9123</b>	UF		Private duty nursing rendered by a RN (2 to 24 hours per day)* provided by more than one provider in the same setting***	\$29.10/hr
<b>S9123</b>	TT	UF	Private duty nursing rendered by a RN (2 to 24 hours per day)* provided to more than one recipient by more than one provider in the same setting.****	\$29.10/hr – 1st recipient**** \$14.55/hr – 2nd recipient**** \$7.28/hr – each additional recipient****
<b>S9124</b>			Private duty nursing rendered by a LPN (2 to 24 hours per day)*	\$24.66/hr
<b>S9124</b>	TT		Private duty nursing rendered by a LPN (2 to 24 hours per day)* provided to more than one recipient in the same setting.	\$24.66/hr – 1st recipient \$12.33/hr – 2nd recipient \$6.16/hr – each additional recipient
<b>S9124</b>	UF		Private duty nursing rendered by a LPN (2 to 24 hours per day)* provided by more than one provider in the same setting	\$24.66/hr
<b>S9124</b>	TT	UF	Private duty nursing rendered by a LPN (2 to 24 hours per day)* provided to more than one recipient in the same setting.	\$24.66/hr – 1st recipient**** \$12.33/hr – 2nd recipient **** \$6.16/hr – each additional recipient****

\*Any portion of the hour that exceeds 30 minutes may be rounded up to the next hour, but the total may not exceed the daily authorized number of hours.

\*\*The provider should bill using the TT modifier on all cases, but should reduce their billing for each as indicated in policy for subsequent cases within the same residence.

\*\*\*The home health provider must add a UF modifier to the home health service procedure code to identify that services are being coordinated with another home health provider.

\*\*\*\*Per provider.