

**PRIVATE DUTY NURSING SERVICES FEE SCHEDULE  
JULY 1, 2022**

CODE	MOD 1	MOD 2	DESCRIPTION OF SERVICE	MAXIMUM FEE
<b>S9123</b>			Private duty nursing rendered by a RN (2 to 24 hours per day)*	\$30.07/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.**	\$30.07/hr – 1st recipient \$15.04/hr – 2nd recipient \$7.52/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***	\$30.07/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.****	\$30.07/hr – 1st recipient**** \$15.04/hr – 2nd recipient**** \$7.52/hr – each additional recipient****
<b>S9124</b>			Private duty nursing rendered by a LPN (2 to 24 hours per day)*	\$26.25/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.	\$26.25/hr – 1st recipient \$13.13/hr – 2nd recipient \$6.56/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	\$26.25/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.	\$26.25/hr – 1st recipient**** \$13.13/hr – 2nd recipient **** \$6.56/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.