

5123-9-39

APPENDIX

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**BILLING UNITS, SERVICE CODES, AND PAYMENT RATES  
FOR WAIVER NURSING SERVICES**

Independent Provider Who is a Registered Nurse

<b>Billing Unit</b>	<b>Service Code</b>	<b>Payment Rate</b>
Base rate (the amount paid for the first thirty-five to sixty minutes of service delivered)	T1002	\$41.33
Unit rate (the amount paid for each fifteen minutes of service delivered when the visit is greater than sixty minutes in length or less than or equal to thirty-four minutes in length)*	T1002	\$7.46

Independent Provider Who is a Licensed Practical Nurse Working at the Direction of a Registered Nurse

<b>Billing Unit</b>	<b>Service Code</b>	<b>Payment Rate</b>
Base rate (the amount paid for the first thirty-five to sixty minutes of service delivered)	T1003	\$35.23
Unit rate (the amount paid for each fifteen minutes of service delivered when the visit is greater than sixty minutes in length or less than or equal to thirty-four minutes in length)*	T1003	\$6.24

## Employee of Agency Provider Who is a Registered Nurse

<b>Billing Unit</b>	<b>Service Code</b>	<b>Payment Rate</b>
Base rate (the amount paid for the first thirty-five to sixty minutes of service delivered)	T1002	\$50.29
Unit rate (the amount paid for each fifteen minutes of service delivered when the visit is greater than sixty minutes in length or less than or equal to thirty-four minutes in length)*	T1002	\$9.25

## Employee of Agency Provider Who is a Licensed Practical Nurse Working at the Direction of a Registered Nurse

<b>Billing Unit</b>	<b>Service Code</b>	<b>Payment Rate</b>
Base rate (the amount paid for the first thirty-five to sixty minutes of service delivered)	T1003	\$43.13
Unit rate (the amount paid for each fifteen minutes of service delivered when the visit is greater than sixty minutes in length or less than or equal to thirty-four minutes in length)*	T1003	\$7.82

- \* The provider shall be paid a maximum of one unit if the service is equal to or less than fifteen minutes in length and a maximum of two units if the service is sixteen to thirty-four minutes in length.

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BILLING UNITS, PROCEDURE CODES, AND PAYMENT RATES  
FOR WAIVER NURSING DELEGATION

## Waiver Nursing Delegation/Assessment by a Registered Nurse

Billing Unit:	Per assessment	
Procedure Code:	G0493 with U9 Modifier	
Payment Rates:	Agency Provider	\$39.26
	Independent Provider	\$33.57

## Waiver Nursing Delegation/Consultation by a Registered Nurse

Billing Unit:	Fifteen minutes	
Procedure Code:	G0493	
Payment Rates:	Agency Provider	\$9.24
	Independent Provider	\$7.45

## Waiver Nursing Delegation/Consultation by a Licensed Practical Nurse

Billing Unit:	Fifteen minutes	
Procedure Code:	G0494	
Payment Rates:	Agency Provider	\$7.81
	Independent Provider	\$6.23