

## HOME HEALTH SERVICES

Effective Date: 07/01/2013

Updated: 06/21/2013

CODE	PROCEDURE	FEE
A9195	Medical Supplies	90%
G0151	Home health, physical therapy, each 15 min.	\$8.98
G0152	Home health, occupational therapy, each 15 min.	\$8.98
G0153	Home health, speech and language therapy, each 15 min.	\$13.00
G0154	Home health, skilled nursing visit, each 15 min.	\$12.50
G0155	Home health, clinical social service, each 15 min.	\$17.69
G0156	Home health, home health aide visit, each 15min.	\$8.08
99501	Home visit postnatal	\$12.63
99503	Home visit resp therapy	\$11.53
99506	Home visit im injection	\$30.45
99509	Home visit day life activity	\$12.85
99600	HOME HEALTH LPN VISIT, PER HOUR	\$22.02

NOTE: Fee schedules are subject to review and amendment under the provisions of § 67:16:01:28. A provider may request that the department review a particular reimbursement rate for possible adjustment or request the inclusion or exclusion of a particular code from the list. When reviewing the requests, the department shall review paid claims information, Medicare fee schedules, national coding lists, and documentation submitted by the provider or the associated medical professional organization to determine whether a change is warranted.