

Home Health Agency and Home Nursing Agency Fee Schedule
The rates shown do not reflect the 2.7% rate reduction effective July 1, 2012

Discipline	Definition	Procedure Code	Prior Approval Required	Rate	Units
Skilled Nursing	Home nursing assessment visit	G0154 with U2 modifier	No	\$61.34	per visit
Skilled Nursing	Nursing visits not following a hospital stay or following the initial 60-day period. Also used for multiple nursing visits on the same date of service.	G0154	Yes	\$61.34	per visit
Skilled Nursing	Skilled nursing visit during the first 60 days following inpatient hospital discharge, if care is initiated within 14 days from the day of discharge.	G0154	No	\$61.34	per visit
In-home Shift Nursing, Cook, DuPage, Kane and Will counties	In-home shift nursing for MFTD waiver and Nursing and Personal Care Services	G0154	Yes	RN	\$36.00 per hour
				LPN	\$32.00 per hour
				CNA	\$13.75 per hour
In-home Shift Nursing, all other counties	In-home shift nursing for MFTD waiver and Nursing and Personal Care Services	G0154	Yes	RN	\$29.55 per hour
				LPN	\$25.47 per hour
				CNA	\$13.75 per hour
Home Health Aide	Home health aide visit not following a hospital stay, or following the initial 60-day period. Also used for multiple HHA visits on the same date of service.	G0156	Yes	\$61.34	per visit
Home Health Aide	Home health aide visit during the first 60 days following inpatient hospital discharge, if care is initiated within 14 days from the day of discharge.	G0156	No	\$61.34	per visit
Physical Therapy	Physical therapy visit not following a hospital stay, or after the initial 60-day period. Also used for multiple PT visits on the same date of service.	G0151	Yes	\$61.34	per visit
Physical Therapy	Physical therapy visit during the first 60 days following inpatient hospital discharge, if care is initiated within 14 days from the day of discharge.	G0151	Yes*	\$61.34	per visit
Occupational Therapy	Occupational therapy visit not following a hospital stay, or after the initial 60-day period. Also used for multiple OT visits on the same date of service.	G0152	Yes	\$61.34	per visit
Occupational Therapy	Occupational therapy visit during the first 60 days following inpatient hospital discharge, if care is initiated within 14 days from the day of discharge.	G0152	Yes*	\$61.34	per visit
Speech Therapy	Speech therapy visit not following a hospital stay, or following the initial 60-day period. Also used for multiple ST visits on the same date of service.	G0153	Yes	\$61.34	per visit
Speech Therapy	Speech therapy visit during the first 60 days following inpatient hospital discharge, if care is initiated within 14 days from the day of discharge.	G0153	Yes*	\$61.34	per visit

*Prior approval is not required for children ages 0 - 20.