Healthcare and Family Services
Home Health Agency and Home Nursing Agency Fee Schedule
Effective for dates of service July 1, 2012 through June 30, 2014
The rates shown reflect 2.7% rate reduction effective for dates of service on or after 07/01/12
Revised 06/27/14

Discipline	Definition	Procedure Code	Prior Approval	Rate	Units
Skilled Nursing	Initital nursing assessment visit	G0154 with U2 modifier	No	$59.69	per visit
Skilled Nursing	Nursing visit when start of care initiated within 14 days of an Inpatient Hospital Discharge date thru the 60th day from discharge date. All ages.	G0154	No	$59.69	per visit
Skilled Nursing	Nursing visit with no qualifying hospital discharge, or multiple visits on same day of service for all ages; or a child under a DCFS "98" case.	G0154	Yes	$59.69	per visit
In-home Shift Nursing; Cook, DuPage, Kane, and Will Counties	In-home shift nursing for MFTD waiver, Nursing and Personal Care Services and DCFS cases.	G0154	Yes	RN $35.03 / LPN $31.14	per hour / per hour
In-home Shift Nursing; all other counties	In-home shift nursing for MFTD waiver, Nursing and Personal Care Services and DCFS cases.	G0154	Yes	RN $28.75 / LPN $24.78	per hour / per hour
In-home Shift Certified Nurses Aid; all counties	In-home shift nursing for MFTD waiver, Nursing and Personal Care Services and DCFS cases.	G0156	Yes	CNA $13.38	per hour
Home Health Aide	Home Health Aide visit when start of care initiated within 14 days of an Inpatient Hospital Discharge date thru the 60th day from discharge. All ages.	G0156	No	$59.69	per visit
Home Health Aide	Home Health Aide visit with no qualifying hospital discharge for any age; or a child under a DCFS "98" case.	G0156	Yes	$59.69	per visit
Physical Therapy	Physical therapy visit for a child *, when start of care initiated within 14 days of an Inpatient Hospital Discharge date thru the 60th day from discharge.	G0151	No	$59.69	per visit
Physical Therapy	Physical therapy visit for all adults. Physical therapy visits for a child* when there is no qualifying hospital discharge date, or a child under a DCFS "98" case.	G0151	Yes	$59.69	per visit
Occupational Therapy	Occupational therapy visit for a child*, when start of care initiated within 14 days of an Inpatient Hospital Discharge date thru the 60th day from discharge.	G0152	No	$59.69	per visit
Occupational Therapy	Occupational therapy visit for all adults. Occupational therapy visits for a child* when there is no qualifying hospital discharge date, or a child under a DCFS "98" case.	G0152	Yes	$59.69	per visit
Speech Therapy	Speech therapy visit for a child*, when start of care initiated within 14 days of an Inpatient Hospital Discharge date thru the 60th day from discharge.	G0153	No	$59.69	per visit
Speech Therapy	Speech therapy visit for all adults. Speech therapy visits for a child* when there is no qualifying hospital discharge date, or a child under a DCFS "98" case.	G0153	Yes	$59.69	per visit

*Child is ages 0-20