

**Illinois Department of Healthcare and Family Services**  
**Home Health Agency and Home Nursing Agency Fee Schedule**  
Effective 10/01/2019      Updated 02/04/2020

| Procedure Code | Modifier | Discipline                  | Definition   | Prior Approval | Rate       | Units     |
|----------------|----------|-----------------------------|--|----------------|------------|-----------|
| G0299          | U2       | RN                          | Intermittent skilled nursing assessment visit.   | No             | **\$111.00 | per visit |
| G0299          |          | RN                          | Intermittent skilled nursing visit during the first 60 days following inpatient hospital discharge, if care is initiated within 14 days from the day of discharge. See exceptions in Chapter 200 Home Health Agency Handbook, Topic R-211. | No             | **\$111.00 | per visit |
| G0299          |          | RN                          | Intermittent nursing visits not following a hospital stay or following the initial 60-day period.  | Yes            | **\$111.00 | per visit |
| G0300          |          | LPN                         | Intermittent skilled nursing visit during the first 60 days following inpatient hospital discharge, if care is initiated within 14 days from the day of discharge. See exceptions in Chapter 200 Home Health Agency Handbook, Topic R-211. | No             | **\$111.00 | per visit |
| G0300          |          | LPN                         | Intermittent nursing visits not following a hospital stay or following the initial 60-day period.  | Yes            | **\$111.00 | per visit |
| G0299          |          | RN                          | In-home shift nursing for MFTD waiver and Nursing and Personal Care Services in Cook, DuPage, Kane and Will counties.  | Yes            | \$35.03    | per hour  |
| G0300          |          | LPN                         | In-home shift nursing for MFTD waiver and Nursing and Personal Care Services in Cook, DuPage, Kane and Will counties.  | Yes            | \$31.14    | per hour  |
| G0299          |          | RN                          | In-home shift nursing for MFTD waiver and Nursing and Personal Care Services in all counties except Cook, DuPage, Kane and Will counties.  | Yes            | \$28.75    | per hour  |
| G0300          |          | LPN                         | In-home shift nursing for MFTD waiver and Nursing and Personal Care Services in all counties except Cook, Dupage, Kane and Will counties.  | Yes            | \$24.78    | per hour  |
| G0156          |          | Certified Nurses Aide (CNA) | In-home shift nursing for MFTD waiver and Nursing and Personal Care Services in all counties.  | Yes            | **\$20.00  | per hour  |
| G0156          |          | Home Health Aide            | Home health aide visit not following a hospital stay, or following the initial 60-day period.  | Yes            | **\$111.00 | per visit |
| G0156          |          | 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.   | No             | **\$111.00 | per visit |
| G0151          | U2       | Physical Therapy            | Physical therapy evaluation  | No             | **\$111.00 | per visit |
| G0151          |          | Physical Therapy            | Physical therapy visit   | Yes***         | **\$111.00 | per visit |
| G0152          | U2       | Occupational Therapy        | Occupational therapy evaluation  | No             | **\$111.00 | per visit |
| G0152          |          | Occupational Therapy        | Occupational therapy visit   | Yes***         | **\$111.00 | per visit |
| G0153          | U2       | Speech Therapy              | Speech therapy evaluation  | No             | **\$111.00 | per visit |
| G0153          |          | Speech Therapy              | Speech therapy visit   | Yes*           | **\$111.00 | per visit |

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

\*\* Payments exempt from 2.7% rate reduction per 305 ILCS 5/5-e

\*\*\*Prior approval is required for all participants effective 11/16/2015, including children ages 0-20 ; adults were required to have prior approval effective 07/01/2012

RN and LPN rates shown reflect 2.7% rate reduction effective for dates of service on or after 07/01/12