

Illinois Department of Healthcare and Family Services
Home Health Agency and Home Nursing Agency Fee Schedule
Effective 01/01/2024 Updated 06/11/2024

| 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 |
| T1002 | | RN | In-home shift nursing for Nursing and Personal Care Services in all counties ; child age 0 through 20 | Yes | \$54.00 | per hour |
| T1003 | | LPN | In-home shift nursing for Nursing and Personal Care Services in all counties ; child age 0 through 20 | Yes | \$45.00 | per hour |
| T1004 | | Certified Nurses Aide (CNA) | In-home shift nursing for Nursing and Personal Care Services in all counties ; child age 0 through 20 | Yes | \$30.00 | 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 |

KEY:

*Prior approval is required for adults age 21+, but not required for children ages 0 - 20

** Prior approval is required for all participants, including children ages 0-20, effective 11/16/2015 per PA 097-0689 (SMART Act)