

Illinois Department of Healthcare and Family Services
Home Health Agency and Home Nursing Agency Fee Schedule
Effective 01/01/2024 Updated 11/13/23

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
T1020		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)