		Medical Assistance Fee Schedule				
		Home Health Services 01/01/2015				
Mod.	Mod.	Description	Unit	MaxFee*	Effective date	End d
		Skilled Services By A Licensed Nurse (LPN or RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting) **Note: this code is restricted to clients with a diagnosis of TB.**	15 min. = 1 unit	$58.76	1/1/2015	12/31/2
		Nursing Care in Home by Registered Nurse, per hour	per hour	$95.20	1/1/2015	12/31/
		RN services, up to 15 minutes (must bill with S9123)	15 min. = 1 unit	$23.80	1/1/2015	12/21/
		Nursing Care in Home by RN, Individualized service provided to more than one patient in same setting	per hour	$47.60	1/1/2015	12/31/
		RN services, up to 15 min.,Individualized service provided to more than one patient in same setting, (must bill with S9123, TT)	15 min. = 1 unit	$11.90	1/1/2015	12/21/
		Nursing Care in Home by Licensed Practical Nurse, per hour	per hour	$93.09	1/1/2015	12/31/
		LPN/LVN services, up to 15 min., (must bill with S9124)	15 min. = 1 unit	$23.27	1/1/2015	12/21/
		Nursing Care in Home by LPN, Individualized service provided to more than one patient in same setting	per hour	$46.55	1/1/2015	12/31/
		LPN/LVN services, up to 15 min.,Individualized service provided to more than one patient in same setting, (must bill with S9124, TT)	15 min. = 1 unit	$11.64	1/1/2015	12/21/
		Nursing Care in Home by RN, Complex/high tech level of Care	per hour	$43.50	1/1/2015	12/31/
TT		Nursing Care in Home by RN, Complex/high tech level of Care, Individualized service provided to more than one patient in same setting	per hour	$21.75	1/1/2015	12/21/
TE		Nursing Care in Home by LPN, Complex/high level of Care	per hour	$36.80	1/1/2015	12/31/
TE	TT	Nursing Care in Home by LPN, Complex/high level of Care, Individualized service provided to more than one patient in same setting	per hour	$18.40	1/1/2015	12/21/
		Nursing Care in Home by RN, OB/prenatal or postpartum	per hour	$95.20	1/1/2015	12/31/

Mod.	Mod.	Description	Unit	MaxFee*	Effective date	End d
		RN services, up to 15 min., OB/prenatal or postpartum, (must bill with S9123, TH)	15 min. = 1 unit	$23.80	1/1/2015	12/21/
TT		Nursing Care in Home by RN, Individualized service provided to more than one patient in same setting, OB/prenatal or postpartum	per hour	$47.60	1/1/2015	12/31/
TT		RN services, up to 15 min., More than one patient in same setting, OB/prenatal or postpartum, (must bill with S9123, TH, TT)	15 min. = 1 unit	$11.90	1/1/2015	12/21/
		Nursing Care in Home by LPN, OB/prenatal or postpartum	per hour	$93.09	1/1/2015	12/21/
		LPN/LVN services, up to 15 min., OB/prenatal or postpartum, (must bill with S9124, TH)	15 min. = 1 unit	$23.27	1/1/2015	12/31/
TT		Nursing Care in Home by LPN, Individualized service provided to more than one patient in same setting, OB/prenatal or postpartum	per hour	$46.55	1/1/2015	12/31/
TT		LPN/LVN services, More than one patient in same setting, OB/prenatal or postpartum, (must bill with S9124, TH, TT)	15 min. = 1 unit	$11.64	1/1/2015	12/21/
		Medication reminder service, non-face-to-face; per month	1 unit per day	$152.08	1/1/2015	12/31/
		Adm.of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	per visit	$61.13	1/1/2015	12/21/
		Adm.of oral, intramuscular and/or subcutaneous medication by health care agency/prof., per visit, More than one patient in same setting	per visit	$30.57	1/1/2015	12/31/
		Adm of medication other than oral and/or injectable, by a health care agency/professional, per visit	per visit	$61.13	1/1/2015	12/31/
		Adm of medication other than oral and/or injectable, by a health care agency/professional, per visit, more than one patient in the same setting	per visit	$30.57	1/1/2015	12/21/
		Nursing Assessment/Evaluation, RN	per hour	$95.20	1/1/2015	12/21/
		RN services, up to 15 minutes, (must be billed with T1001,TD)	15 min. = 1 unit	$23.80	1/1/2015	12/31/
		Katie Beckett Waiver, Case Management, each 15 minutes	15 min. = 1 unit	$23.80	1/1/2015	12/31/
		Services of a qualified nursing aide, up to 15 minutes	15 min. = 1 unit	$6.16	1/1/2015	12/31/

Mod.	Mod.	Description	Unit	MaxFee*	Effective date	End d
		Home Health aide or certified nurse assistant, per visit	1 unit per day	$28.00	1/1/2015	12/31/
		Physical Therapy Evaluation	per visit	$81.29	1/1/2015	12/31/
		Physical Therapy	per visit	$81.29	1/1/2015	12/21/
		Occupational Therapy Evaluation	per visit	$83.65	1/1/2015	12/21/
		Occupational Therapy	per visit	$83.65	1/1/2015	12/31/
		Speech Pathology Evaluation	per visit	$83.65	1/1/2015	12/31/
		Speech Pathology	per visit	$83.65	1/1/2015	12/21/
		Fees may be increased on a provider by provider basis due to extrordinary costs in accordance with Sec. 17b-242(a) of the CGS				
		PA Column: ^ Consult policy for prior authorization criteria (HUSKY B & Charter Oak require PA for all PT, OT, and Speech services beyond the initial evaluation)				
		PA Column: Y designates PA required				
		To obtain PA for diagnosis codes 291-316 please contact CT BHP at 1-877-552-8247.				