

Jeanny Phillips, Deputy Administrator

**Authorized Signature**

**Number:** DMAP-IM-08-046

**Issue Date:** 04/29/2008

**Topic:** Medical Benefits

**Subject:** Provider announcement to Home Health Providers re: rate changes

**Applies to (check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> All DHS employees             | <input type="checkbox"/> County Mental Health Directors   |
| <input type="checkbox"/> Area Agencies on Aging        | <input type="checkbox"/> Health Services  |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities   |
| <input type="checkbox"/> County DD Program Managers    | <input checked="" type="checkbox"/> Other (please specify): DHS staff and others identified on the DMAP transmittal lists |

**Message:**

DMAP mailed the attached announcement to Home Health service providers regarding rate changes retroactive to January 1, 2008.

- Due to MMIS system constraints, providers may not receive adjustments or subsequent payments for their most recent claims until May 12 or later.
- If you receive calls from providers about not receiving adjustments or payments as a result of this rate change, advise them to wait until June 2. If they haven't received their expected adjustments or payments by June 2<sup>nd</sup>, then providers can call DMAP Provider Services to ask about any adjustment or payment discrepancies.

*If you have any questions about this information, contact:*

<b>Contact(s):</b>	Rosanne Harksen, DMAP Policy Analyst
<b>Phone:</b>	503-945-6502
<b>E-mail:</b>	<a href="mailto:rosanne.m.harksen@state.or.us">rosanne.m.harksen@state.or.us</a>



# Oregon

Theodore R. Kulongoski, Governor

## Department of Human Services Division of Medical Assistance Programs

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April 28, 2008

To: DMAP Home Health Providers   
From: Jean Phillips, Deputy Administrator  
Subject: OHP Home Health rate changes – January 1, 2008



DMAP updated the rates for Home Health services, reflected in the chart below. These rates are retroactive for services provided on or after January 1, 2008.

Providers are instructed to bill their usual charge. For previously submitted claims for 2008 services, DMAP will automatically adjust the claims to reflect these rates. DMAP will mail a list of the adjusted claims and subsequent payment the week of May 5, 2008.

Revenue Center Code	Rate per visit	Co-pay (see OAR 410-120-1230 for exemptions)
421 - Physical therapy visit	\$ 125.33	\$ 3.00
424 - Physical therapy evaluation or re-evaluation	\$ 125.33	\$ 3.00
431 - Occupational therapy visit	\$ 129.70	\$ 3.00
434 - Occupational therapy evaluation or re-evaluation	\$ 129.70	\$ 3.00
441 - Speech-language pathology visit	\$ 144.87	\$ 3.00
444 - Speech-language pathology evaluation or reevaluation	\$ 144.87	\$ 3.00
551 - Skilled nursing visit	\$ 173.16	\$ 3.00
559 - Skilled nursing evaluation	\$ 173.16	\$ 3.00
571 - Home Health Aide visit	\$ 55.14	\$ 3.00
270* - Medical/surgical supplies, general classification	Acquisition cost	None
271* - Medical/surgical supplies, non-sterile supplies	Acquisition cost	None
272* - Medical/surgical supplies, sterile supplies	Acquisition cost	None

\* Total charges billed to all medical/surgical supplies Revenue Center Codes must not exceed \$75 per day.

This rate chart is in the Home Health Supplemental Information. Find this and other program information at: <http://www.dhs.state.or.us/policy/healthplan/guides/homehealth/main.html>.

### Questions?

For billing questions, call DMAP Provider Services, at 800-336-6016, or email: [DMAP.providerservices@state.or.us](mailto:DMAP.providerservices@state.or.us).

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