

## Fee-for-service home health rates effective January 1, 2015

Revenue Code	Rate	Copayment*
421 – Physical therapy visit	\$150.08	\$3.00
424 – Physical therapy evaluation or reevaluation	\$150.08	\$3.00
431 – Occupational therapy visit	\$155.53	\$3.00
434 – Occupational therapy evaluation or reevaluation	\$155.53	\$3.00
441 – Speech-language pathology visit	\$184.21	\$3.00
444 – Speech-language pathology evaluation or reevaluation	\$184.21	\$3.00
551 – Skilled nursing visit	\$191.06	\$3.00
559 – Skilled nursing evaluation	\$191.06	\$3.00
571 – Home Health Aide visit	\$54.94	\$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

\* See OAR 410-120-1230 for exemptions.

\*\* Total charges billed to all medical/surgical supplies Revenue Codes must not exceed \$50 per day.