

Fee-for-service home health rates effective Jan. 1, 2025

Please note that there are no copayments for any Oregon Health Plan services provided on or after Jan. 1, 2017.

Revenue code(s)	Rate
421 – Physical therapy visit	\$191.77
424 – Physical therapy evaluation or reevaluation	\$191.77
431 – Occupational therapy visit	\$181.42
434 – Occupational therapy evaluation or reevaluation	\$181.42
441 – Speech-language pathology visit	\$206.03
444 – Speech-language pathology evaluation or reevaluation	\$206.03
551 – Skilled nursing visit	\$268.05
559 – Skilled nursing evaluation	\$268.05
571 – Home Health Aide visit	\$78.78
270* - Medical/surgical supplies, general classification	Acquisition cost
271* - Medical/surgical supplies, non-sterile supplies	Acquisition cost
272* - Medical/surgical supplies, sterile supplies	Acquisition cost

- * * Total charges billed to all medical/surgical supplies revenue codes must not exceed \$50 per day.