

Table 127-0060

| Home Health Rates | | Effective October 1, 2003 | |
|---|------------------|--|--|
| Revenue Code | Fee - Allowable | Plus Copay (effective 1/1/2003) | Standard Copay (effective 2/1/2003) |
| 421 - Physical Therapy visit | \$ 58.64 | \$ 3.00 | \$ 5.00 |
| 424 – Physical Therapy evaluation or re-evaluation | \$ 58.64 | \$ 3.00 | \$ 5.00 |
| 431 – Occupational Therapy visit | \$ 63.92 | \$ 3.00 | \$ 5.00 |
| 434 – Occupational Therapy evaluation or re-evaluation | \$ 63.92 | \$ 3.00 | \$ 5.00 |
| 441 - Speech-language pathology visit | \$ 64.01 | \$ 3.00 | \$ 5.00 |
| 444 - Speech - language pathology evaluation or re-evaluation | \$ 64.01 | \$ 3.00 | \$ 5.00 |
| 551 - Skilled Nursing visit | \$ 62.85 | \$ 3.00 | \$ 5.00 |
| 559 - Skilled Nursing evaluation | \$ 62.85 | \$ 3.00 | \$ 5.00 |
| 571 - Home Health Aid visit | \$ 29.49 | \$ 3.00 | \$ 5.00 |
| 270 - Medical / Surgical supplies, general classification | Acquisition cost | None | None |
| 271 - Medical / Surgical supplies, non-sterile supplies | Acquisition cost | None | None |
| 272 - Medical / Surgical supplies, sterile supplies | Acquisition cost | None | None |

10-1-03