Medical Assistance Fee Schedule

Home Health Services

Revenue Ctr.Code	HCPCS Code	Modifier	Mod.	Mod.	Description	Unit	MaxFee*	Effective date	End date	PA
580	S9123				Nursing Care in Home by Registered Nurse, per hour	per hour	$94.26	7/1/2007	12/31/2299	^
580	T1002				RN services, up to 15 minutes (must bill with S9123)	15 min. = 1 unit	$23.56	7/1/2007	12/21/2299	
580	S9123	TT			Nursing Care in Home by RN, Individualized service provided to more than one patient in same setting	per hour	$47.13	7/1/2007	12/31/2299	^
580	T1002	TT			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	$11.78	7/1/2007	12/21/2299	
580	S9124				Nursing Care in Home by Licensed Practical Nurse, per hour	per hour	$92.17	7/1/2007	12/31/2299	^
580	T1003				LPN/LVN services, up to 15 min., (must bill with S9124)	15 min. = 1 unit	$23.04	7/1/2007	12/21/2299	
580	S9124	TT			Nursing Care in Home by LPN, Individualized service provided to more than one patient in same setting	per hour	$46.08	7/1/2007	12/31/2299	^
580	T1003	TT			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	$11.52	7/1/2007	12/21/2299	
580	S9123	TG			Nursing Care in Home by RN, Complex/high tech level of Care	per hour	$43.07	7/1/2007	12/31/2299	Y
580	S9123	TG	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	$21.53	7/1/2007	12/21/2299	Y
580	S9124	TG	TE		Nursing Care in Home by LPN, Complex/high level of Care	per hour	$36.42	7/1/2007	12/31/2299	Y
580	S9124	TG	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	$18.21	7/1/2007	12/21/2299	Y
580	S9123	TH			Nursing Care in Home by RN, OB/prenatal or postpartum	per hour	$94.26	7/1/2007	12/31/2299	^
580	T1002	TH			RN services, up to 15 min., OB/prenatal or postpartum, (must bill with S9123, TH)	15 min. = 1 unit	$23.56	7/1/2007	12/21/2299	
580	S9123	TH	TT		Nursing Care in Home by RN, Individualized service provided to more than one patient in same setting, OB/prenatal or postpartum	per hour	$47.13	7/1/2007	12/31/2299	^
580	T1002	TH	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	$11.78	7/1/2007	12/21/2299	

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580	T1002	TH			RN services, up to 15 min., OB/prenatal or postpartum, (must bill with S9123, TH)	15 min. = 1 unit	$23.56	7/1/2007	12/21/2299	
580	S9123	TH	TT		Nursing Care in Home by RN, Individualized service provided to more than one patient in same setting, OB/prenatal or postpartum	per hour	$47.13	7/1/2007	12/31/2299	^
580	T1002	TH	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	$11.78	7/1/2007	12/21/2299	
580	S9124	TH			Nursing Care in Home by LPN, OB/prenatal or postpartum	per hour	$92.17	7/1/2007	12/21/2299	^
580	T1003	TH			LPN/LVN services, up to 15 min., OB/prenatal or postpartum, (must bill with S9124, TH)	15 min. = 1 unit	$23.04	7/1/2007	12/31/2299	
580	S9124	TH	TT		Nursing Care in Home by LPN, Individualized service provided to more than one patient in same setting, OB/prenatal or postpartum	per hour	$46.08	7/1/2007	12/31/2299	^
580	T1003	TH	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	$11.52	7/1/2007	12/21/2299	
580	T1502				Adm.of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	per visit	$60.52	7/1/2007	12/21/2299	^
580	T1502	TT			Adm.of oral, intramuscular and/or subcutaneous medication by health care agency/prof., per visit, More than one patient in same setting	per visit	$30.26	7/1/2007	12/31/2299	^
580	T1503				Adm of medication other than oral and/or injectable, by a health care agency/professional, per visit	per visit	$60.52	11/1/2009	12/31/2299	^
580	T1503	TT			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	$30.26	11/1/2009	12/21/2299	^
580	T1001	TD			Nursing Assessment/Evaluation, RN	per hour	$94.26	7/1/2007	12/21/2299	
580	T1002				RN services, up to 15 minutes, (must be billed with T1001,TD)	15 min. = 1 unit	$23.56	7/1/2007	12/31/2299	
580	T1016				Katie Beckett Waiver, Case Management, each 15 minutes	15 min. = 1 unit	$23.56	7/1/2007	12/31/2299	
570	T1004				Services of a qualified nursing aide, up to 15 minutes	15 min. = 1 unit	$6.10	7/1/2007	12/31/2299	^
424					Physical Therapy Evaluation	per visit	$80.49	7/1/2007	12/31/2299	
421					Physical Therapy	per visit	$80.49	7/1/2007	12/21/2299	^

Revenue Ctr.Code	HCPCS Code	Modifier	Mod.	Mod.	Description	Unit	MaxFee*	Effective date	End date	PA
434					Occupational Therapy Evaluation	per visit	$82.82	7/1/2007	12/21/2299	
431					Occupational Therapy	per visit	$82.82	7/1/2007	12/31/2299	^
444					Speech Pathology Evaluation	per visit	$82.82	7/1/2007	12/31/2299	
441					Speech Pathology	per visit	$82.82	7/1/2007	12/21/2299	^
					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.					

Medical Assistance Fee Schedule

Home Health Services 01/01/2012

Revenue Ctr.Code	HCPCS Code	Modifier	Mod.	Mod.	Description	Unit	MaxFee*	Effective date	End date	PA
580	G0163				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	11/1/2011	12/31/2299	