Home Health Agencies (HHA) Billing Codes and Reimbursement Rates

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This section contains a list of procedure codes and maximum reimbursement rates for Home Health Agencies (HHA). The following chart also includes authorization requirements and frequency limitations for HHA services. For general HHA information, refer to the *Home Health Agencies* (HHA) section in this manual.

Table of Procedure Codes and Reimbursement Rates for HHA

HCPCS Code	Use with Revenue Code	Authorization	Frequency Limitation	Rate per 15 Minutes (in dollars)
A9999 Miscellaneous DME supply or accessory, not otherwise specified	0270 Medical/ surgical supplies	Required	As authorized	By Report
‹‹G0088 Professional services, initial visit, for the administration of anti-infective, pain management, chelation, pulmonary hypertension, inotropic, or other intravenous infusion drug or biological (excluding chemotherapy or other highly complex drug or biological) for each infusion drug administration calendar day in the individual's home, each 15 minutes	Not Applicable	Required	As authorized	By Report››

Table of Procedure Codes and Reimbursement Rates for HHA (continued)

HCPCS Code	Use with Revenue Code	Authorization	Frequency Limitation	Rate per 15 Minutes (in dollars)
‹‹G0089 Professional services, initial visit, for the administration of subcutaneous immunotherapy or other subcutaneous infusion drug or biological for each infusion drug administration calendar day in the individual's home, each 15 minutes	Not applicable	Required	As authorized	By Report››
G0151 Services performed by a qualified physical therapist in the home or hospice setting, each 15 minutes	0421 Physical therapy/visit	Required, except when performed in conjunction with the initial six-month case evaluation (HCPCS code G0162 and Revenue Code 0583)	As authorized, or as necessary to complete the initial or six-month case evaluation (HCPCS code G0162 and Revenue Code 0583)	17.21 Visit equals one hour

Table of Procedure Codes and Reimbursement Rates for HHA (continued)

HCPCS Code	Use with Revenue Code	Authorization	Frequency Limitation	Rate per 15 Minutes (in dollars)
G0152 Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes	0431 Occupational therapy/visit	Required, except when performed in conjunction with the initial six-month case evaluation (HCPCS code G0162 and Revenue Code 0583)	As authorized, or as necessary to complete the initial or six-month case evaluation (HCPCS code G0162 and Revenue Code 0583)	17.84 Visit equals one hour
G0153 Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes	0441 Speech pathology/ visit	Required, except when performed in conjunction with the initial six-month case evaluation (HCPCS code G0162 and Revenue Code 0583)	As authorized, or as necessary to complete the initial or six-month case evaluation (HCPCS code G0162 and Revenue Code 0583)	19.60 Visit equals one hour

Table of Procedure Codes and Reimbursement Rates for HHA (continued)

HCPCS Code	Use with Revenue Code	Authorization	Frequency Limitation	Rate per 15 Minutes (in dollars)
G0155 Services of clinical social worker in home health or hospice setting, each 15 minutes	0561 Medical social services/visit	Required, except when performed in conjunction with the initial six-month case evaluation (HCPCS code G0162 and Revenue Code 0583)	As authorized, or as necessary to complete the initial or six-month case evaluation (HCPCS code G0162 and Revenue Code 0583)	24.05 Visit equals one hour
G0156 Services of home health/hospice aide in home health or hospice setting, each 15 minutes	0571 Aide/home health/visit	Required	As authorized	5.72 Visit equals two hours
G0162 Skilled services by a registered nurse (RN) in the delivery of management and evaluation of the plan of care, each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential non-skilled care achieve its purpose in the home health or hospice setting)	0583 Visit/Home Health/ assessment	Not required Mother and newborn evaluations must be performed on different days	Four in six months (1 hour)	7.53 Visit equals one hour

Table of Procedure Codes and Reimbursement Rates for HHA (continued)

HCPCS Code	Use with Revenue Code	Authorization	Frequency Limitation	Rate per 15 Minutes (in dollars)
G0162 Skilled services by a registered nurse (RN) in the delivery of management and evaluation of the plan of care, each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential non-skilled care achieve its purpose in the home health or hospice setting)	0589 Visit/Home Health/other	Not required	Four in six months (1 hour)	3.80 Visit equals one hour

‹‹**Table of Procedure Codes and Reimbursement Rates for HHA (continued)**

HCPCS Code	Use with Revenue Code	Authorization	Frequency Limitation	Rate per 15 Minutes (in dollars)
G0299 Direct skilled nursing services of a RN in the home health or hospice setting, each 15 minutes	0551 Skilled nursing/visit	Required, except when performed in conjunction with the initial six-month case evaluation (HCPCS code G0162 and Revenue Code 0583)	As authorized, or as necessary to complete the initial or six-month case evaluation (HCPCS code G0162 and Revenue Code 0583)	18.71 Visit equals one hour
G0300 Direct skilled nursing services of a Licensed Practical Nurse (LPN) in the home health or hospice setting each 15 minutes	0551 Skilled nursing/visit	Required, except when performed in conjunction with the initial six-month case evaluation (HCPCS code G0162 and Revenue Code 0583)	As authorized, or as necessary to complete the initial or six-month case evaluation (HCPCS code G0162 and Revenue Code 0583)	18.71 Visit equals one hour››

Table of Procedure Codes and Reimbursement Rates for HHA

CPT® Code	Use with Revenue Code	Authorization	Frequency Limitation	Maximum Reimbursement (in dollars)
99501 Home visit for postnatal assessment and follow-up care	0580 Visit/Home Health	Not required	Once in six months	74.86
99502 Home visit for newborn care and assessment	0580 Visit/Home Health	Not required	Once in six months	74.86
99600 Unlisted home visit service or procedure	0589 Visit/Home Health/other	Required	As authorized	By Report

Note: For CPT Codes 99501 and 99502, refer to the *Pregnancy: Postpartum and Newborn Referral Services* section of this manual for more information about early discharge follow-up visits.

<u>Legend</u>

Symbols used in the document above are explained in the following table.

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.