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

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Use with Revenue Code</th>
<th>Authorization</th>
<th>Frequency Limitation</th>
<th>Rate per 15 Minutes (in dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A9999</td>
<td>0270 Medical/surgical supplies</td>
<td>Required</td>
<td>As authorized</td>
<td>By Report</td>
</tr>
<tr>
<td>G0088</td>
<td>Not Applicable</td>
<td>Required</td>
<td>As authorized</td>
<td>By Report</td>
</tr>
</tbody>
</table>

For a detailed description of the services covered by the codes, please refer to the Home Health Agencies (HHA) section in this manual.
<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Use with Revenue Code</th>
<th>Authorization</th>
<th>Frequency Limitation</th>
<th>Rate per 15 Minutes (in dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0089</td>
<td>Not applicable</td>
<td>Required</td>
<td>As authorized</td>
<td>By Report</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G0151</td>
<td>0421 Physical therapy/visit</td>
<td>Required, except when performed in conjunction with the initial six-month case evaluation (HCPCS code G0162 and Revenue Code 0583)</td>
<td>As authorized, or as necessary to complete the initial or six-month case evaluation (HCPCS code G0162 and Revenue Code 0583)</td>
<td>17.21 Visit equals one hour</td>
</tr>
</tbody>
</table>
### Table of Procedure Codes and Reimbursement Rates for HHA (continued)

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Use with Revenue Code</th>
<th>Authorization</th>
<th>Frequency Limitation</th>
<th>Rate per 15 Minutes (in dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0152</td>
<td>0431 Occupational therapy/visit</td>
<td>Required, except when performed in conjunction with the initial six-month case evaluation (HCPCS code G0162 and Revenue Code 0583)</td>
<td>As authorized, or as necessary to complete the initial or six-month case evaluation (HCPCS code G0162 and Revenue Code 0583)</td>
<td>17.84 Visit equals one hour</td>
</tr>
<tr>
<td>G0153</td>
<td>0441 Speech pathology/visit</td>
<td>Required, except when performed in conjunction with the initial six-month case evaluation (HCPCS code G0162 and Revenue Code 0583)</td>
<td>As authorized, or as necessary to complete the initial or six-month case evaluation (HCPCS code G0162 and Revenue Code 0583)</td>
<td>19.60 Visit equals one hour</td>
</tr>
<tr>
<td>G0154</td>
<td>0551 Skilled nursing/visit</td>
<td>Required, except when performed in conjunction with the initial six-month case evaluation (HCPCS code G0162 and Revenue Code 0583)</td>
<td>As authorized, or as necessary to complete the initial or six-month case evaluation (HCPCS code G0162 and Revenue Code 0583)</td>
<td>18.71 Visit equals one hour</td>
</tr>
</tbody>
</table>
### Table of Procedure Codes and Reimbursement Rates for HHA (continued)

<table>
<thead>
<tr>
<th>HCPCS Code</th>
<th>Use with Revenue Code</th>
<th>Authorization</th>
<th>Frequency Limitation</th>
<th>Rate per 15 Minutes (in dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0155</td>
<td>Services of clinical social worker in home health or hospice setting, each 15 minutes</td>
<td>0561 Medical social services/visit</td>
<td>Required, except when performed in conjunction with the initial six-month case evaluation (HCPCS code G0162 and Revenue Code 0583)</td>
<td>As authorized, or as necessary to complete the initial or six-month case evaluation (HCPCS code G0162 and Revenue Code 0583)</td>
</tr>
<tr>
<td>G0156</td>
<td>Services of home health/hospice aide in home health or hospice setting, each 15 minutes</td>
<td>0571 Aide/home health/visit</td>
<td>Required</td>
<td>As authorized</td>
</tr>
<tr>
<td>G0162</td>
<td>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)</td>
<td>0583 Visit/Home Health/assessment</td>
<td>Not required Mother and newborn evaluations must be performed on different days</td>
<td>Four in six months (1 hour)</td>
</tr>
</tbody>
</table>
### Table of Procedure Codes and Reimbursement Rates for HHA (continued)

<table>
<thead>
<tr>
<th>HCPCS Code</th>
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<th>Frequency Limitation</th>
<th>Rate per 15 Minutes (in dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0162</td>
<td>0589 Visit/Home Health/other</td>
<td>Not required</td>
<td>Four in six months (1 hour)</td>
<td>3.80 Visit equals one hour</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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)
### Table of Procedure Codes and Reimbursement Rates for HHA

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Use with Revenue Code</th>
<th>Authorization</th>
<th>Frequency Limitation</th>
<th>Maximum Reimbursement (in dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>99501</td>
<td>0580 Visit/Home Health</td>
<td>Not required</td>
<td>Once in six months</td>
<td>74.86</td>
</tr>
<tr>
<td>99502</td>
<td>0580 Visit/Home Health</td>
<td>Not required</td>
<td>Once in six months</td>
<td>74.86</td>
</tr>
<tr>
<td>99600</td>
<td>0589 Visit/Home Health/other</td>
<td>Required</td>
<td>As authorized</td>
<td>By Report</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Symbol</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>‹‹</td>
<td>This is a change mark symbol. It is used to indicate where on the page the most recent change begins.</td>
</tr>
<tr>
<td>››</td>
<td>This is a change mark symbol. It is used to indicate where on the page the most recent change ends.</td>
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</table>