

Home Health Rates

Effective January 1, 2008

Revenue Center Code		Rate per visit	Co-pay (see OAR 410-120-1230 for exemptions)
421	Physical therapy visit	\$ 125.33	\$ 3.00
424	Physical therapy evaluation or re-evaluation	\$ 125.33	\$ 3.00
431	Occupational therapy visit	\$ 129.70	\$ 3.00
434	Occupational therapy evaluation or re-evaluation	\$ 129.70	\$ 3.00
441	Speech-language pathology visit	\$ 144.87	\$ 3.00
444	Speech-language pathology evaluation or reevaluation	\$ 144.87	\$ 3.00
551	Skilled nursing visit	\$ 173.16	\$ 3.00
559	Skilled nursing evaluation	\$ 173.16	\$ 3.00
571	Home Health Aide visit	\$ 55.14	\$ 3.00
270*	Medical/surgical supplies, general classification	Acquisition cost	None
271*	Medical/surgical supplies, non-sterile supplies	Acquisition cost	None
272*	Medical/surgical supplies, sterile supplies	Acquisition cost	None

* Total charges billed to all medical/surgical supplies Revenue Center Codes must not exceed \$75 per day.