

**Home Health rates – Effective August 1, 2011**

<b>Revenue Center Code</b>	<b>Rate</b>	<b>Copay*</b>
421 – Physical therapy visit	\$ 125.87	\$ 3.00
424 – Physical therapy evaluation or reevaluation	\$ 125.87	\$ 3.00
431 – Occupational therapy visit	\$ 141.40	\$ 3.00
434 – Occupational therapy evaluation or reevaluation	\$ 141.40	\$ 3.00
441 – Speech-language pathology visit	\$ 168.90	\$ 3.00
444 – Speech-language pathology evaluation or reevaluation	\$ 168.90	\$ 3.00
551 – Skilled nursing visit	\$ 177.57	\$ 3.00
559 – Skilled nursing evaluation	\$ 177.57	\$ 3.00
571 – Home Health Aide visit	\$ 68.38	\$ 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

\* See OAR 410-120-1230 for exemptions

\*\* Total charges billed to all medical/surgical supplies Revenue Center Codes must not exceed \$50 per day.