|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **REV CODE/****PROC. CODE**  | **DESCRIPTION** | **MAXIMUM ALLOWANCE****PER UNIT****EFFECTIVE****THROUGH** **DECEMBER 31, 2018** | **MAXIMUM ALLOWANCE****PER UNIT****EFFECTIVE** **AS OF****JANUARY 1, 2019\*** | **UNIT** |
| 0551/ Effectiveretro-activeto1/1/16G0299 | Services of skilled nurse in home health setting(RN) | $28.32 | $33.46 | 15 minutes |
|  |  |  |  |  |
| 0559/G0300 | Services of skilled nurse in home health setting(LPN/LVN) | $19.82 | $23.42 | 15 minutes |
|  |  |  |  |  |
| 0571/G0156 | Services of home health aide in home health setting | $13.28 | $15.16 | 15 minutes |
|  |  |  |  |  |
| 0431/G0152 | Services of occupational therapist, in home health setting | $33.25 | $36.83 | 15 minutes |
|  |  |  |  |  |
| 0431/G0152TF | Services of occupational therapist, in home health setting (occupational therapy assistant) | $23.28 | $25.79 | 15 minutes |
|  |  |  |  |  |
| 0421/G0151 | Services of physical therapist in home health setting | $31.29 | $36.58 | 15 minutes |
|  |  |  |  |  |
| 0421/G0151TF | Services of physical therapist in home health setting (physical therapy assistant) | $21.91 | $25.61 | 15 minutes |
|  |  |  |  |  |
| 0441/G0153 | Services of a speech and language pathologist in home health setting | $32.78 | $39.75 | 15 minutes |
|  |  |  |  |  |

\* The Department is seeking, and anticipates receiving, approval from CMS for these reimbursement rates. Pending approval, the rates will be effective 1/1/19.

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| **REV CODE/****PROC CODE** | **DESCRIPTION** | **MAXIMUM ALLOWANCE****PER UNIT****EFFECTIVE** **THROUGH** **DECEMBER 31, 2018** | **MAXIMUM** **ALLOWANCE** **PER UNIT** **EFFECTIVE** **JANUARY 1, 2019\*** | **UNIT** |
| 0441/G0153TF | Services of speech and language pathologist in home health setting (speech and language pathologist assistant) | $22.95 | $27.83 | 15 minutes |
|  |  |  |  |  |
| 0561/G0155 | Services of clinical social worker in home health setting | $28.32 | $36.82 | 15 minutes |
|  |  |  |  |  |
| 0551/T1502 | Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional  | $84.95 | $84.95 | Per visit |
|  |  |  |  |  |
| Code on web/0290 | Non Routine Medical Supplies – General – To be billed with appropriate, allowable supplies code designated by MaineCare Services on the InternetAt <https://mainecare.maine.gov/Provider%20Fee%20Schedules/Forms/>Publication.aspx?RootFolder=%2FProvider%20Fee%20Schedules%2FCustom%20Fee%20Schedules&FolderCTID=0x012000264D1FBA0C2BB247BF40A2C571600E81&View=%7B69CEE1D4-A5CC-4DAE-93B6-72A66DE366E0%7D | Lower of either Acquisition Cost or DME price | Lower of eitherAcquisition Cost or DMEprice | Per Item |
|  |  |  |  |  |
| S9110 | Telemonitoring of Patient in their Home | $84.55 | $84.55 | Per Month |
|  |  |  |  |  |

\* The Department is seeking, and anticipates receiving approval, from CMS for these reimbursement rates. Pending approval, the rates will be effective 1/1/19.