

0-144 Chapter 101
 MAINECARE BENEFITS MANUAL
 CHAPTER III

SECTION 40

HOME HEALTH SERVICES
 Major Substantive Rules

10/1/79
 Updated 9/1/11

Effective
 9/1/2011

REV CODE/ PROC. CODE	DESCRIPTION	MAXIMUM ALLOWANCE PER UNIT	UNIT
0551/ G0154TD	Services of skilled nurse in home health setting, each 15 minutes (RN)	\$28.32	15 minutes
0559/ G0154TE	Services of skilled nurse in home health setting, each 15 minutes (LPN/LVN)	\$19.82	15 minutes
0571/ G0156	Services of home health aide in home health setting, each 15 minutes	\$13.28	15 minutes
0431/ G0152	Services of occupational therapist, in home health setting, each 15 minutes	\$33.25	15 minutes
0431/ G0152TF	Services of occupational therapist, in home health setting, each 15 minutes (occupational therapy assistant)	\$23.28	15 minutes
0421/ G0151	Services of physical therapist in home health setting, each 15 minutes	\$31.29	15 minutes
0421/ G0151TF	Services of physical therapist in home health setting, each 15 minutes (physical therapy assistant)	\$21.91	15 minutes
0441/ G0153	Services of a speech and language pathologist in home health setting, each 15 minutes	\$32.78	15 minutes
0441/ G0153TF	Services of speech and language pathologist in home health setting, each 15 minutes (speech and language pathologist assistant)	\$22.95	15 minutes
0561/ G0155	Services of clinical social worker in home health setting, each 15 minutes	\$28.32	15 minutes

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REV CODE/ PROC. CODE	DESCRIPTION	MAXIMUM ALLOWANCE <u>PER UNIT</u>	UNIT
0551/ T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	\$84.95	Per visit
Code on web/ 0290	<u>Non Routine Medical Supplies – General</u> – To be billed with appropriate, allowable supplies code designated by MaineCare Services on the Internet At https://mainecare.maine.gov/Billing%20Instructions/Forms/Publication.aspx	Lower of either Acquisition Cost or DME price	Per Item