

## **Home Health Fee Schedule** Rates Effective October 1, 2025-June 30, 2026

Acute Home Health Revenue Code	Long Term Home Health Revenue Code	Service Description	E	ew Rate ffective /1/2025	E	ew Rate ffective /1/2025	Unit Value
550	551	RN/LPN	\$	132.94	\$	130.85	One visit up to 2 ½ hours
	590	RN/LPN Brief 1st of Day	\$	89.02	\$	87.62	One Visit
	599	RN/LPN Brief 2nd or >	\$	62.30	\$	61.32	One Visit
570	571	HHA Basic	\$	42.11	\$	41.45	One Visit
572	579	HHA Extended	\$	12.58	\$	12.38	For visits lasting more than one hour, extended units of 15-30 minutes
420	421 (0-20 years old)	PT	\$	145.31	\$	143.02	One Visit up to 2 ½ hours
424	424	PT for HCBS Home Mod Evaluation	\$	145.31	\$	143.02	1-2 visits
430	431 (0-20 years old)	ОТ	\$	146.31	\$	144.01	One visit up to 2 ½ hours
434	434	OT for HCBS Home Mod Evaluation	\$	146.31	\$	144.01	1-2 visits
440	441 (0-20 years old)	S/LT	\$	157.97	\$	155.48	One visit up to 2 ½ hours
583 (with proc code 98970 modifier TG)	780 (with proc code 98970 modifier TG)	Telehealth Installation/ Equipment	\$	63.42	\$	62.42	One time fee
583 (with proc code 98970)	780 (with proc code 98970)	Telehealth	\$	11.99	\$	11.80	Per day, can only be billed if a home health unit is billed for the same day
Maximum daily amount Acute Home Health			\$	592.42	\$	583.09	24 hours, MN to MN
Maximum daily amount Long Term Home Health			\$	462.20	\$	454.92	24 hours, MN to MN

Maximum daily amount only applies to members aged 21 and older

Version: 1.0 **Updated:** 9/01/2025