

January 26, 2017  
Announcement 1303

## Attention Provider Type 29: Reimbursement Rates Adjusted

Reimbursement rates have been adjusted for provider type 29 (Home Health Agency) effective on claims with dates of service on or after July 1, 2016, for the following nursing services codes:

Procedure Code		Procedure Modifier	New Rate
G0299	Rural		25.60
G0299	Rural	TV	38.40
G0299	Urban		24.75
G0299	Urban	TV	37.13
G0300	Rural		17.00
G0300	Rural	TV	25.50
G0300	Urban	TV	24.38
G0300	Urban		16.25
T1002	Rural		32.15
T1002	Rural	TV	48.23
T1002	Urban		28.00
T1002	Urban	TV	42.00
T1001	Rural		21.30
T1001	Rural	TV	31.95
T1001	Urban		18.50
T1001	Urban	TV	27.75
S9123	Rural		73.75
S9123	Urban		64.00
S9123	Rural	TV	110.63
S9123	Urban	TV	96.00
S9123	Rural	TT	55.31
S9123	Urban	TT	48.00
S9124	Rural		49.00
S9124	Urban		42.25
S9124	Rural	TV	73.50
S9124	Urban	TV	63.38

Procedure Code		Procedure Modifier	New Rate
S9124	Rural	TT	36.75
S9124	Urban	TT	31.69
T1003	Urban	TV	24.38
T1003	Rural	TV	25.50
T1003	Rural		17.00
T1003	Urban		16.25

The complete fee schedule for PT 29 (Home Health Agency) providers is available on the Division of Health Care Financing and Policy (DHCFP) [Reimbursement, Analysis and Payment](#) website (select Rate Setting, accept the license agreement, then select Fee-for-Service PDF Fee Schedules under Fee Schedules).

Providers are asked to update their systems, and begin billing with the new rates as soon as possible, but no later than February 12, 2017. Affected claims with dates of service on or after July 1, 2016, through claims submitted before February 13, 2017, that paid at the previous rates will be automatically reprocessed. Claims submitted on or after February 13, 2017, must accurately reflect the new rates. Any claims submitted on or after February 13, 2017, with the old rates will need to be voided by the provider and resubmitted using the new rates.