

Pediatric Palliative Care Program **PROVIDER MANUAL**
Appendix A: Reimbursement Rates

Service	Revenue Code	Unit	Rate (July 2018)
Care Coordination	580 Home Health – Other visits, General	Unit = 15 minutes	\$/Unit = 14.31 (57.24/hr)
Expressive Therapy	562 Home Health – Medical Social Services, Visit charge	Unit = 45 min or more	\$/Unit = 116.52
Skilled In-Home Respite	660 Respite Care, General For RN or LPN	Unit = 15 min Up to a maximum of \$828.00 per 24 hours	RN or LPN \$/unit = 11.25 (45/hr)
	669 Respite Care, Other For HHA/LNA		LNA or HHA \$/unit = 6.00 (24/hr)
Family Training	589 Home Health – Other visits, Visit charge	Unit = 15 min	\$/unit = 14.31 (57.24/hr)
Family Grief/ Bereavement Counseling	561 Home Health – Medical Social Services, General	Unit = 1 visit	\$/Unit = 116.52