



## Northern Light Home Care and Hospice Rate Schedule

Procedure Code	Home Care	Price
G0299	Skilled Nursing Services	\$ 235.00 Visit
G0151	Physical Therapy	\$ 255.00 Visit
G0152	Occupational Therapy	\$ 257.00 Visit
G0153	Speech Therapy per visit	\$ 276.00 Visit
G0155	Medical Social Worker	\$ 370.00 Visit
G0156	Home Health Aide	\$ 105.00 Visit

Procedure Code	Hospice	Price
Q5001	Routine hospice Care -first 60 days	\$ 304.00 Day
Q5001	Rountine Hospice Care- days 61+	\$ 226.00 Day
Q5001	Continuous Hospice Care	\$ 71.00 Hour
Q5005	Inpatient Respite Care	\$ 689.00 Day
Q5005	General Inpatient Care	\$ 1,548.00 Day

Procedure Code	Other Charges	Price
S9110	Telemonitoring	\$ 135.00 Month

Rates effective as of 01.01.2024