

**FAMILY HOME HEALTH AIDE SERVICES FEE SCHEDULE**  
**January 1, 2025**

|              |    |    |    |  |  |
|--------------|----|----|----|--|--|
| <b>S9122</b> | SK |    |    | Family Home Health Aide Visit (up to 8 hours per day)  | \$25.00/hr   |
| <b>S9122</b> | SK | TT |    | Family Home Health Aide Visit (up to 8 hours per day) provided to more than one recipient in the same setting*                             | \$25.00/hr – 1st recipient*<br>\$12.50/hr – 2nd recipient*<br>\$6.25/hr – each additional recipient*         |
| <b>S9122</b> | SK | UF |    | Family Home Health Aide Visit (up to 8 hours per day) provided by more than one provider in the same setting**                             | \$25.00/hr**   |
| <b>S9122</b> | SK | TT | UF | Family Home Health Aide Visit (up to 8 hours per day) provided to more than one recipient by more than one provider in the same setting*** | \$25.00/hr – 1st recipient***<br>\$12.50 /hr – 2nd recipient ***<br>\$6.25/hr – each additional recipient*** |

Any portion of the hour that exceeds 30 minutes may be rounded up to the next hour, but the total may not exceed the daily authorized number of hours.

\*The provider should bill using the TT modifier on all cases but should reduce their billing for each as indicated in policy for subsequent cases within the same residence.

\*\*The home health provider must add a UF modifier to the home health service procedure code to identify that services are being coordinated with another home health provider.

\*\*\*Per provider.