

STATE: MINNESOTA
 Effective: January 1, 2025
 TN: 25-06
 Approved:

Supersedes: 23-24 (22 - 31, 21-23, 15-11,
 13-23,11-18,09-28,08-17,07-08,06-19,05-21,04-22,02-20)

7.a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.

Payment for skilled nurse visits is the lower of the submitted charge or the rate from the chart below.

Service provided on or after	7/1/2013	4/1/2014	7/1/2014	7/1/2015	1/1/2022	1/1/2023	1/1/2024	1/1/2025
Skilled nurse visit	\$70.04	\$70.74	\$74.28	\$75.02	\$80.86	\$83.29	\$98.72	<u>\$101.82</u>

Immunizations and other injectables are paid using the same methodology as Item 2.a., Outpatient hospital services.

Home health agencies that administer pediatric vaccines in item 2.a., Outpatient hospital services, available through the Minnesota Vaccines for Children Program pursuant to §1928 of the Act, are paid using the same methodology in item 2.a. for these vaccines.

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7.b. Home health aide services provided by a home health agency.

Payment for home health aide visits is the lower of the submitted charge or the rate from the chart below.

Service provided on or after	7/1/2013	4/1/2014	7/1/2014	7/1/2015	1/1/2022	1/1/2023	1/1/2024	<u>1/1/2025</u>
Home Health Aide Visit	\$53.75	\$54.29	\$57.00	\$57.57	\$62.05	\$63.91	\$75.75	<u>\$78.13</u>

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7.d. Physical therapy, occupational therapy or speech pathology and audiology services provided by a home health or medical rehabilitation agency.

Payment for therapy visits is the lower of the submitted charge or the rate from the chart below.

Service provided on or after	7/1/2013	4/1/2014	7/1/2014	7/1/2015	1/1/2022	1/1/2023	1/1/2024	1/1/2025
Physical Therapy Visit (PT)	\$65.71	\$66.37	\$69.69	\$77.43	\$83.45	\$85.95	\$101.87	<u>\$105.07</u>
Physical Therapy Visit (Ass't)	\$42.71	\$43.14	\$45.30	\$50.33	\$54.25	\$55.88	\$66.23	<u>\$68.31</u>
Speech Therapy Visit	\$66.71	\$67.38	\$70.75	\$78.60	\$84.72	\$87.26	\$103.42	<u>\$106.67</u>
Occupational Therapy Visit (OT)	\$67.05	\$67.72	\$71.11	\$79.00	\$85.15	\$87.70	\$103.94	<u>\$107.20</u>
Occupational Therapy Visit (Ass't)	\$43.59	\$44.03	\$46.22	\$51.35	\$55.35	\$57.01	\$67.57	<u>\$69.69</u>
Respiratory Therapy Visit	\$46.44	\$46.90	\$49.25	\$49.74	\$53.61	\$55.22	\$65.45	\$67.51

Physical therapy assistant and occupational therapy assistant services provided by a **home health agency** are paid using the same methodology as items 11a., Physical therapy and 11b., Occupational therapy.

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ATTACHMENT 4.19-B

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8. Private duty nursing services.

Payment for private duty nursing services is the lower of the submitted charge or the rate from the chart below.

Service provided on or after	7/1/2013	4/1/2014	7/1/2014	7/1/2015	1/1/2022	1/1/2023	1/1/2024	<u>1/1/2025</u>
Private Duty Nursing L.P.N. Unit	\$6.24	\$6.30	\$6.62	\$6.69	\$7.21	\$7.43	\$9.57	<u>\$9.87</u>
Private Duty R.N. Unit	\$8.13	\$8.21	\$8.62	\$8.71	\$9.39	\$9.67	\$12.46	<u>\$12.85</u>
Private Duty L.P.N. (complex)	\$7.32	\$7.39	\$7.76	\$7.84	\$8.45	\$8.70	\$11.21	<u>\$11.56</u>
Private Duty R.N. (complex)	\$9.75	\$9.85	\$10.34	\$10.44	\$11.25	\$11.59	\$14.93	<u>\$15.40</u>