

# Nursing Pricing Structure

CPT Code	Services	Rate per Hour	Rate per visit	<i>State Fee schedule .. (Y/N) circle one</i>
	High Tech RN			Y N
	Registered Nurse			Y N
	Licensed Practical Nurse			Y N
	Certified Nursing Assistant			Y N
	Home Health Aide			Y N
	CompanionSitter			Y N
	Physical Therapy			Y N
	Occupational Therapy			Y N
	Speech Therapy			Y N
	Other Services			Y N
	<u>*Mileage</u>			

*\*Mileage will be calculated at \$0.36 per mile per authorized transport designated only for authorized patient travel*

What are your state billing guidelines for ancillary providers?