

## **Hospice rates**

Effective October 1, 2017 – September 30, 2018. When billing for hospice services:

- Bill the usual charge or the rate based on the cost-based statistical area (CBSA) in which the care is furnished, whichever is lower (see Oregon Administrative Rule 410-120-0300).
- In the Value Code field on institutional claims, enter "61" as the value code, followed by the CBSA code as a dollar amount (*e.g.*, enter CBSA code 13460 as 13460**.00**).

		Per diem rate					Per hour
		Routine Home Care	Routine Home Care	Inpatient	General	In-Home	Continuous
		Days 1-60	Days 61+	Respite Care	Inpatient Care	Respite Care	Home Care
CBSA	Code	(Rev 651)	(Rev 650)	(Rev 655)	(Rev 656)	(Rev 659)	(Rev 652)
Albany	10540	\$201.76	\$158.46	\$188.35	\$774.87	\$182.48	\$42.54
Bend Includes Deschutes	13460	\$219.29	\$172.24	\$201.36	\$837.79	\$198.33	\$46.24
Corvallis Includes Benton	18700	\$202.73	\$159.22	\$189.07	\$778.34	\$183.33	\$42.74
Eugene- Springfield Includes Lane	21660	\$214.78	\$168.69	\$198.02	\$821.61	\$194.25	\$45.29
<b>Grants Pass</b>	24420	\$201.03	\$157.89	\$187.81	\$772.25	\$181.83	\$42.39
Medford Includes Jackson	32780	\$208.03	\$163.39	\$193.00	\$797.38	\$188.16	\$43.86
Portland-Beaverton Includes Clackamas, Columbia, Multnomah, Washington & Yamhill	38900	\$222.42	\$174.69	\$203.69	\$849.02	\$201.16	\$46.90
Salem Includes Marion & Polk	41420	\$199.52	\$156.70	\$186.68	\$766.82	\$180.43	\$42.07
All Other Areas	99938	\$199.65	\$156.81	\$186.78	\$767.30	\$180.58	\$42.10

## Room and board for nursing facility residents on hospice (per diem)

To receive reimbursement for nursing facility room and board provided on Routine Home Care (651 or 650) and Continuous Home Care (652) days for residents you serve, bill OHA using the following statewide bundled rates.

Basic (Rev. 658)	Complex medical (Rev. 191)	Pediatric (Rev. 192)	Special Contract (Rev. 199)
\$312.94	\$438.12	\$702.70	Manually priced