

## Hospice rates

Effective October 1, 2015 through September 30, 2016. Follow CMS guidelines. When billing for hospice services:

- Bill the usual charge or the rate based upon the cost-based statistical area (CBSA) in which the care is furnished, whichever is lower. For services furnished in Albany, Grants Pass, and other rural areas, continue using CBSA 38 until system changes are made.
- 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).
- Routine Home Care rates effective January 1, 2016, are two-tiered and are listed in the table below.

CBSA	Code	Per diem rate					Per hour	
		Routine Home Care (Rev 651)		Inpatient Respite Care (Rev 655)	General Inpatient Care (Rev 656)	In-Home Respite Care (Rev 659)	Continuous Home Care (Rev 652)	
		10/1/2015 – 12/31/2015	1/1/2016 – 9/30/2016 Days 1-60    Days 61+					
<b>Albany</b>	10540	\$167.46	\$193.26    \$151.88	\$180.85	\$742.28	\$174.80	\$40.68	
<b>Bend</b> Includes Deschutes	13460	\$181.15	\$209.06    \$164.29	\$192.58	\$798.93	\$189.07	\$44.01	
<b>Corvallis</b> Includes Benton	18700	\$177.74	\$205.13    \$161.20	\$189.66	\$784.83	\$185.51	\$43.18	
<b>Eugene- Springfield</b> Includes Lane	21660	\$180.17	\$207.93    \$163.41	\$191.74	\$794.87	\$188.06	\$43.77	
<b>Grants Pass</b>	24420	\$163.05	\$188.17    \$147.88	\$177.07	\$724.03	\$170.20	\$39.61	
<b>Medford</b> Includes Jackson	32780	\$167.58	\$193.40    \$151.99	\$180.95	\$742.79	\$174.92	\$40.71	
<b>Portland-Beaverton</b> Includes Clackamas, Columbia, Multnomah, Washington & Yamhill	38900	\$183.66	\$211.97    \$166.58	\$194.73	\$809.35	\$191.71	\$44.62	
<b>Salem</b> Includes Marion & Polk	41420	\$176.30	\$203.47    \$159.90	\$188.42	\$778.88	\$184.00	\$42.83	
<b>All Other Areas</b>	99938	\$162.28	\$187.29    \$147.18	\$176.41	\$720.85	\$169.40	\$39.42	

## 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) and Continuous Home Care (652) days for residents you serve, bill OHA use the following statewide bundled rates.

Basic (Rev. 658)	Complex medical (Rev. 191)	Pediatric (Rev. 192)	Special Contract (Rev. 199)
\$272.00	\$380.80	\$457.93	Manually priced