

# Memorandum

**To:** Hospice providers

**From:** Richelle Murray, Safety Net Clinics Policy manager

**Date:** June 18, 2025

**Subject:** Fee-for-service nursing facility rate changes effective July 1, 2025

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Oregon Health Authority (OHA) has updated the fee-for-service payment rates for the nursing facility room and board services billed through the Hospice Services program. The rates now align with the Oregon Department of Human Services nursing facility room and board rates effective July 1, 2025.

The rates are posted on the [Hospice Services rules and guidelines page](#).

## What should you do?

When billing for nursing facility room and board:

- Bill for the approved rates.
- Enter the nursing facility's Oregon Medicaid provider number in the "Facility Number" field of all claims billed.

### For routine home care (RHC) services:

Use revenue code 651 only for RHC services provided during the first 60 days of a hospice election, and revenue code 650 for RHC services provided on day 61 or later of the hospice election.

- For a patient readmitted within 60 days of discharge, count prior hospice days to determine whether to bill at the higher or lower rate.

- For a patient readmitted more than 60 days after discharge, prior hospice days do not count. A new election to hospice will restart the 60-day window for billing at the higher rate.
- The 60 day count does not start over if the patient moves to a different hospice provider, unless there is more than 60 days' break in hospice services.

## **For services provided by a registered nurse or social worker in the last seven days of a hospice patient's life:**

Please continue to keep note of the services that meet service-intensity add-on (SIA) payment criteria. We will let you know when you can start billing OHA for SIA payments. System changes are being made so that OHA can pay.

## **Questions?**

If you have any questions about this announcement, contact Shannon Jasper at [shannon.d.jasper@oha.oregon.gov](mailto:shannon.d.jasper@oha.oregon.gov) or the Provider Services Unit at [dmap.providerservices@odhsoha.oregon.gov](mailto:dmap.providerservices@odhsoha.oregon.gov) (800-336-6016). We are available Monday through Friday between 8 a.m. and 5 p.m. (including lunch hours).

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.

# Hospice Rates

**Effective Oct. 1, 2024 – Sept. 30, 2025**

When billing for hospice services:

- Bill the usual charge or the rate based on the cost-based statical area (CBSA) in which the care is furnished, whichever is lower (see Oregon administrative Rule 410-120-0030).
- 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 134600.00).

| CBSA   | Code  | Per diem rate                                  |   |  | Per hour                                  |                                      |                                      |
|--|-------|--|---|--|---|--------------------------------------|--------------------------------------|
|  |       | Routine<br>Home Care<br>Days 1-60<br>(Rev 651) | Routine<br>Home Care<br>Days 61+<br>(Rev 650) | Inpatient<br>Respite Care<br>(Rev 655) | General<br>Inpatient<br>Care (Rev<br>656) | In-Home<br>Respite Care<br>(Rev 659) | Continuous<br>Home Care<br>(Rev 652) |
| <b>Albany</b>                                | 10540 | \$231.71                                       | \$182.50                                      | \$561.34                               | \$1204.07                                 | \$210.37                             | \$69.79                              |
| <b>Bend</b><br>Includes Deschutes            | 13460 | \$247.49                                       | \$194.93                                      | \$596.75                               | \$1283.05                                 | \$222.93                             | \$75.19                              |
| <b>Corvallis</b><br>Includes Benton          | 18700 | \$233.06                                       | \$183.57                                      | \$564.37                               | \$1210.83                                 | \$212.61                             | \$70.26                              |
| <b>Eugene - Springfield</b><br>Includes Lane | 21660 | \$250.86                                       | \$197.59                                      | \$604.31                               | \$1299.91                                 | \$228.86                             | \$76.34                              |

| CBSA   | Code  | Per diem rate                         |                                      |                                  | Per hour                         |                                |                                |
|--|-------|---------------------------------------|--------------------------------------|----------------------------------|----------------------------------|--------------------------------|--------------------------------|
|  |       | Routine Home Care Days 1-60 (Rev 651) | Routine Home Care Days 61+ (Rev 650) | Inpatient Respite Care (Rev 655) | General Inpatient Care (Rev 656) | In-Home Respite Care (Rev 659) | Continuous Home Care (Rev 652) |
| <b>Grants Pass</b>   | 24420 | \$230.95                              | \$181.91                             | \$559.64                         | \$1200.28                        | \$210.70                       | \$69.53                        |
| <b>Medford</b><br>Includes Jackson   | 32780 | \$235.97                              | \$186.91                             | \$573.89                         | \$1232.08                        | \$215.27                       | \$71.71                        |
| <b>Portland-Beaverton</b><br>Includes Clackamas, Columbia, Multnomah, Washington & Yamhill | 38900 | \$252.74                              | \$199.07                             | \$608.54                         | \$1309.35                        | \$230.58                       | \$76.98                        |
| <b>Salem</b><br>Includes Marion & Polk   | 41420 | \$248.05                              | \$195.38                             | \$598.01                         | \$1285.87                        | \$235.28                       | \$75.38                        |
| <b>All Other Areas</b>   | 99938 | \$231.84                              | \$179.61                             | \$553.08                         | \$1185.64                        | \$211.51                       | \$68.54                        |

## 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) |
|---------------------------------|----------------------------|--|-----------------------------|
| \$546.36                        | \$764.90                   | \$1544.57  | Manually priced             |
| <b>NF Bariatric (Rev. 190)*</b> | <b>NF Vent (Rev. 194)*</b> | *NF Bariatric and NF Vent Hospice Services require APD/AAA approval to bill. |                             |
| \$1010.77                       | \$1283.95                  |  |                             |