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Fee-for-Service Hospice Program Rates

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 410-120-0030).
- 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 13460.00).

Hospice care rates by CBSA, effective Oct. 1, 2026, through Sept. 30, 2027

Albany (CBSA code 10540)

Revenue Code	Description	Rate
651	Routine Home Care, Days 1-60	$244.04
650	Routine Home Care, Days 61+	$192.41
655	Inpatient Respite Care	$591.28
656	General Inpatient Care	$1268.58
659	In-Home Respite Care	$215.73
652	Continuous Home Care (per hour)	$74.52

Bend (CBSA code 13460)

Includes Deschutes County

Revenue Code	Description	Rate
651	Routine Home Care, Days 1-60 (per diem)	$272.84
650	Routine Home Care, Days 61+ (per diem)	$215.11
655	Inpatient Respite Care (per diem)	$655.92
656	General Inpatient Care (per diem)	$1412.78

Revenue Code	Description	Rate
659	In-Home Respite Care (per diem)	$245.77
652	Continuous Home Care (per hour)	$84.49

Corvallis (CBSA code 18700)

Includes Benton County

Revenue Code	Description	Rate
651	Routine Home Care, Days 1-60 (per diem)	$252.32
650	Routine Home Care, Days 61+ (per diem)	$198.93
655	Inpatient Respite Care (per diem)	$609.85
656	General Inpatient Care (per diem)	$1310.02
659	In-Home Respite Care (per diem)	$230.18
652	Continuous Home Care (per hour)	$77.38

Eugene/Springfield (CBSA code 21660)

Revenue Code	Description	Rate
651	Routine Home Care, Days 1-60 (per diem)	$262.82
650	Routine Home Care, Days 61+ (per diem)	$207.21
655	Inpatient Respite Care (per diem)	$633.41
656	General Inpatient Care (per diem)	$1362.57
659	In-Home Respite Care (per diem)	$239.77
652	Continuous Home Care (per hour)	$81.02

Grants Pass (CBSA code 24420)

Revenue Code	Description	Rate
651	Routine Home Care, Days 1-60 (per diem)	$271.92
650	Routine Home Care, Days 61+ (per diem)	$214.39
655	Inpatient Respite Care (per diem)	$653.85
656	General Inpatient Care (per diem)	$1408.17
659	In-Home Respite Care (per diem)	$248.13
652	Continuous Home Care (per hour)	$84.17

Medford (CBSA code 32780)

Includes Jackson County

Revenue Code	Description	Rate
651	Routine Home Care, Days 1-60 (per diem)	$265.13
650	Routine Home Care, Days 61+ (per diem)	$209.03
655	Inpatient Respite Care (per diem)	$638.60

Revenue Code	Description	Rate
656	General Inpatient Care (per diem)	$1374.15
659	In-Home Respite Care (per diem)	$241.88
652	Continuous Home Care (per hour)	$81.82

Portland-Beaverton (CBSA code 38900)

Includes Clackamas, Columbia, Multnomah, Washington and Yamhill counties

Revenue Code	Description	Rate
651	Routine Home Care, Days 1-60 (per diem)	$261.22
650	Routine Home Care, Days 61+ (per diem)	$205.95
655	Inpatient Respite Care (per diem)	$629.83
656	General Inpatient Care (per diem)	$1354.60
659	In-Home Respite Care (per diem)	$238.32
652	Continuous Home Care (per hour)	$80.47

Salem (CBSA code 41420)

Includes Marion and Polk counties

Revenue Code	Description	Rate
651	Routine Home Care, Days 1-60 (per diem)	$254.68
650	Routine Home Care, Days 61+ (per diem)	$200.79
655	Inpatient Respite Care (per diem)	$615.15
656	General Inpatient Care (per diem)	$1321.83
659	In-Home Respite Care (per diem)	$241.57
652	Continuous Home Care (per hour)	$78.20

All other areas (CBSA code 99938)

Revenue Code	Description	Rate
651	Routine Home Care, Days 1-60 (per diem)	$241.09
650	Routine Home Care, Days 61+ (per diem)	$190.08
655	Inpatient Respite Care (per diem)	$584.65
656	General Inpatient Care (per diem)	$1253.80
659	In-Home Respite Care (per diem)	$219.95
652	Continuous Home Care (per hour)	$73.49

Nursing facility room and board per diem rates effective July 1, 2026

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.

Revenue Code	Description	Rate
658	Basic	$568.23
194	Complex medical	$795.52
192	Pediatric	$1538.80
199	Special contract	Manually priced
190	Bariatric (requires APD/AAA approval)	$1051.23
194	Vent (requires APD/AAA approval)	$1335.34

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