

Hospice rates

Effective July 1, 2015. 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.
- 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).

Cost-Based Statistical Area (CBSA) per Federal Register		Rates				
		Per diem				Per hour
Area	CBSA Code	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)
Bend Includes Deschutes County	13460	\$180.57	\$191.48	\$795.74	\$188.47	\$43.87
Corvallis Includes Benton County	18700	\$167.17	\$180.01	\$740.30	\$174.48	\$40.61
Eugene- Springfield Includes Lane County	21660	\$179.63	\$190.68	\$791.88	\$187.50	\$43.64
Medford Includes Jackson County	32780	\$168.21	\$180.90	\$744.61	\$175.58	\$40.87
Portland-Beaverton Includes Clackamas, Columbia, Multnomah, Washington & Yamhill counties	38900	\$180.12	\$191.10	\$793.88	\$188.01	\$43.76
Salem Includes Marion & Polk counties	41420	\$173.28	\$185.24	\$765.57	\$180.85	\$42.10
All other areas	38	\$154.32	\$169.00	\$687.13	\$161.09	\$37.49

Room and board for nursing facility residents on hospice

To receive reimbursement for nursing facility room and board for residents you serve, use the following statewide bundled rates.

Nursing Facility Rates (per diem)			
Basic (Rev. 658*)	Complex medical (Rev. 191*)	Pediatric (Rev. 192*)	Special Contract (Rev. 199*)
\$272.00	\$380.80	\$457.93	Manually priced

**Note: According to CMS guidelines, when hospice care is furnished to an individual residing in a nursing facility, the hospice will be paid an additional amount on Routine Home Care (651) and Continuous Home Care (652) days to take into account the room and board furnished by the facility.*