

Hospice Rate Chart

Effective May 1, 2013, 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						
Area (County)	CBSA Code	Routine Home Care (Rev 651, T2042)	Inpatient Respite Care (Rev 655, T2044)	General Inpatient Care (Rev 656, T2045)	In-Home Respite Care (Rev 659)	Continuous Home Care (Rev 652, T2043)
Bend Includes Deschutes	13460	\$171.65	\$182.49	\$757.09	\$179.17	\$41.70
Corvallis Includes Benton	18700	\$166.26	\$177.87	\$734.76	\$173.53	\$40.39
Eugene- Springfield Includes Lane	21660	\$173.73	\$184.27	\$765.69	\$181.35	\$42.21
Medford Includes Jackson	32780	\$159.97	\$172.49	\$708.76	\$166.98	\$38.78
Portland-Beaverton Includes Clackamas, Columbia, Multnomah, Washington & Yamhill	38900	\$172.29	\$183.04	\$759.75	\$179.85	\$41.86
Salem Includes Marion & Polk	41420	\$169.79	\$180.90	\$749.40	\$177.22	\$41.25
All Other Areas	38	\$160.17	\$172.66	\$709.59	\$167.19	\$38.91

Hospice in a nursing facility

When a client resides in a NF and elects hospice services, bill the usual charge or rate for that client in that NF. Effective May 1, 2013, 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*)
\$212.12	\$295.59	\$358.38	Manually priced

**Note: Per Centers for Medicare and Medicaid Services, 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.*

Rates Revised 5/1/13