

Medicaid Reimbursement Rates for Hospice Services Effective 10/1/2008 - 12/31/2008

Effective with date of service October 1, 2008, the maximum allowable rate for the following hospice services are as follows:

			Routine Home Care	Continuous Home Care	Inpatient Respite Care	General Inpatient Care
Metropolitan Statistical Area	SC	MSA	RC 651 Daily	RC 652 Hourly	RC 655 Daily	RC 656 Daily
Asheville	39	480	\$ 136.69	\$ 33.21	\$ 149.45	\$ 608.35
Charlotte/Gastonia/Rock Hill	41	1520	\$ 140.08	\$ 34.04	\$ 152.35	\$ 622.38
Fayetteville	42	2560	\$ 138.55	\$ 33.66	\$ 151.04	\$ 616.04
Greensboro/Winston-Salem/High Point	43	3120	\$ 134.93	\$ 32.78	\$ 147.94	\$ 601.06
Hickory/ Morganton/ Lenoir	44	3290	\$ 135.11	\$ 32.83	\$ 148.10	\$ 601.82
Jacksonville	45	3605	\$ 125.51	\$ 30.50	\$ 139.87	\$ 562.08
Raleigh/Durham/Chapel Hill	46	6640	\$ 143.31	\$ 34.82	\$ 155.12	\$ 635.73
Wilmington	47	9200	\$ 138.98	\$ 33.77	\$ 151.40	\$ 617.80
Rural Counties	53	9934	\$ 130.81	\$ 31.78	\$ 144.41	\$ 584.00
Goldsboro	105	2980	\$ 137.74	\$ 33.47	\$ 150.35	\$ 612.70
Greenville	106	3150	\$ 138.89	\$ 33.75	\$ 151.33	\$ 617.44
Norfolk (Currituck County)	107	5720	\$ 132.99	\$ 32.31	\$ 146.27	\$ 593.01
Rocky Mount	108	6895	\$ 134.83	\$ 32.76	\$ 147.86	\$ 600.66

Key to Hospice Rate Table:

SC Specialty Code

RC Revenue Code

1. A minimum of eight hours of continuous home care per day must be provided.
2. There is a maximum of five consecutive days including the date of admission but not the date of discharge for inpatient respite care. Bill for the sixth day and any subsequent days at the routine home care rate.
3. When a Medicare/Medicaid recipient is in a nursing facility, Medicare is billed for routine or continuous home care, as appropriate, and Medicaid is billed for the appropriate long-term care rate. When a Medicaid only hospice recipient is in a nursing facility, the hospice may bill for the appropriate long-term care rate in addition to the home care rate provided in RC 651 or RC 652.
4. The hospice refunds any overpayments to the Medicaid program.
5. Date of Discharge: For the day of discharge from an inpatient unit, the appropriate home care rate must be billed instead of the inpatient care rate unless the recipient expires while inpatient. When the recipient is discharged as deceased, the inpatient care rate (general or respite) is billed for the discharge date.
6. Providers are expected to bill their usual and customary charges. Adjustments will not be accepted for rate changes.