

**Medicaid Reimbursement Rates for Hospice Services Effective 1/1/2016 - 09/30/16**

Effective with date of service January 1, 2016, the maximum allowable rate for the following hospice services are as follows:

Metropolitan Statistical Area (Counties)	SC	CBSA	Routine Home Care	Routine Home Care	Continuous Home Care	End Of Life (SIA-RN)	Inpatient Respite Care	General Inpatient Care	SIA
			RC 0651 1-60 Days	RC 0651 61+ Days	RC 0652 Hourly	GXXX Hourly	RC 0655 Daily	RC 0656 Daily	RC 0235 15 min Increments
Asheville, NC (Buncombe, Haywood, Henderson, Madison Co.)	39	11700	\$ 168.20	\$ 132.18	\$ 35.41	\$ 35.41	\$ 162.24	\$ 652.40	\$ 8.85
Burlington, NC (Alamance Co.)	00B	15500	\$ 168.96	\$ 132.78	\$ 35.57	\$ 35.57	\$ 162.81	\$ 655.12	\$ 8.89
Charlotte/Gastonia/Rock Hill/Concord, NC/SC (Cabarrus, Gaston, Mecklenburg, Union Co.)	41	50106	\$ 176.18	\$ 138.45	\$ 37.09	\$ 37.09	\$ 168.17	\$ 681.02	\$ 9.27
Charlotte/Gastonia/Rock Hill/Concord, NC/SC (Irdell, Lincoln, Rowan Co.)	41	50112	\$ 168.27	\$ 132.24	\$ 35.42	\$ 35.42	\$ 162.30	\$ 652.67	\$ 8.86
Durham, NC (Chatham, Durham, Orange, Person Co.)	00A	20500	\$ 184.61	\$ 145.08	\$ 38.86	\$ 38.86	\$ 174.43	\$ 711.26	\$ 9.72
Fayetteville, NC (Cumberland, Hoke Co.)	42	22180	\$ 161.91	\$ 127.24	\$ 34.08	\$ 34.08	\$ 157.58	\$ 629.86	\$ 8.52
Greensboro/High Point, NC (Guilford, Randolph, Rockingham Co.)	43	24660	\$ 168.25	\$ 132.22	\$ 35.42	\$ 35.42	\$ 162.28	\$ 652.58	\$ 8.85
Greenville, NC (Pitt Co.)	106	24780	\$ 178.99	\$ 140.67	\$ 37.68	\$ 37.68	\$ 170.26	\$ 691.12	\$ 9.42
Hickory/Lenoir/Morganton, NC (Alexander, Burke, Caldwell, Catawba Co.)	44	25860	\$ 168.02	\$ 132.04	\$ 35.37	\$ 35.37	\$ 162.11	\$ 651.75	\$ 8.84
Jacksonville, NC (Onslow Co.)	45	27340	\$ 161.37	\$ 126.82	\$ 33.97	\$ 33.97	\$ 157.18	\$ 627.92	\$ 8.49
Raleigh/Cary, NC (Franklin, Johnston, Wake Co.)	46	39580	\$ 174.26	\$ 136.95	\$ 36.68	\$ 36.68	\$ 166.75	\$ 674.15	\$ 9.17
Rocky Mount, NC (Edgecombe, Nash Co.)	108	40580	\$ 171.41	\$ 134.71	\$ 36.08	\$ 36.08	\$ 164.63	\$ 663.92	\$ 9.02
Wilmington, NC (New Hanover, Pender Co.)	47	48900	\$ 172.61	\$ 135.65	\$ 36.33	\$ 36.33	\$ 165.52	\$ 668.21	\$ 9.08
Winston-Salem, NC (Davie, Forsyth, Stokes, Yadkin Co.)	00C	50109	\$ 170.64	\$ 134.10	\$ 35.92	\$ 35.92	\$ 164.06	\$ 661.16	\$ 8.98
Winston Salem, NC (Davidson County)	00C	50108	\$ 165.74	\$ 130.25	\$ 34.89	\$ 34.89	\$ 160.42	\$ 643.59	\$ 8.72
Virginia Beach, Norfolk-Newport News, VA/NC (Currituck Co.)	107	50107	\$ 177.09	\$ 139.17	\$ 37.28	\$ 37.28	\$ 168.85	\$ 684.29	\$ 9.32
Virginia Beach, Norfolk-Newport News, VA/NC (Gates Co.)	107	50110	\$ 169.24	\$ 133.00	\$ 35.63	\$ 35.63	\$ 163.02	\$ 656.13	\$ 8.91
New Bern, NC (Craven, Jones, Pamlico Co.) *	00D	35100	\$ 167.76	\$ 131.84	\$ 35.31	\$ 35.31	\$ 161.92	\$ 650.83	\$ 8.83
Rural, NC (Anson Co.)	53	50104	\$ 169.28	\$ 133.03	\$ 35.63	\$ 35.63	\$ 163.05	\$ 656.27	\$ 8.91
Rural, NC (Greene Co.)	53	50111	\$ 170.19	\$ 133.75	\$ 35.83	\$ 35.83	\$ 163.72	\$ 659.54	\$ 8.96
All Other Rural Counties	53	50103	\$ 161.37	\$ 126.82	\$ 33.97	\$ 33.97	\$ 157.18	\$ 627.92	\$ 8.49
Myrtle Beach/Conway North Myrtle Beach, SC-NC (Brunswick Co.) *	00E	50105	\$ 170.94	\$ 134.33	\$ 35.98	\$ 35.98	\$ 164.28	\$ 662.22	\$ 9.00

**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 0651 or RC 0652.
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.