

471-000-536 Nebraska Medicaid Hospice Fee Schedule: The following fee schedule reflects Nebraska Medicaid payment rates for Hospice services provided October 1, 2013 through September 30, 2014.

The Medicaid Allowable Rates listed below are based on the federal Hospice Wage Index weights, effective October 1, 2013 through September 30, 2014, which reflect local differences in wages and are based on the Core Based Statistical Areas (CBSA) code associated with each geographic area. The CBSA codes and the Hospice Wage Index weights may be found on the Centers for Medicare and Medicaid Services (CMS) website at <http://www.cms.gov/center/hospice.asp>

CBSA		Hospice Wage Index
<b>30700</b>	<b>Lincoln, NE</b>	<b>0.9955</b>
Code	Description	Medicaid Allowable Rate
T2042	Hospice Routine Home Care	\$155.05 per diem
T2043	Hospice Continuous Care	\$ 37.70 per hour
T2044	Hospice Inpatient Respite Care	\$160.59 per diem
T2045	Hospice General Inpatient Care	\$690.01 per diem
CBSA		Hospice Wage Index
<b>36540</b>	<b>Omaha, Council Bluffs, NE-IA</b>	<b>0.9920</b>
Code	Description	Medicaid Allowable Rate
T2042	Hospice Routine Home Care	\$158.44 per diem
T2043	Hospice Continuous Care	\$ 38.53 per hour
T2044	Hospice Inpatient Respite Care	\$163.35 per diem
T2045	Hospice General Inpatient Care	\$704.05 per diem
CBSA		Hospice Wage Index
<b>43580</b>	<b>Sioux City, IA-NE-SD</b>	<b>0.9411</b>
Code	Description	Medicaid Allowable Rate
T2042	Hospice Routine Home Care	\$147.22 per diem
T2043	Hospice Continuous Care	\$ 35.80 per hour
T2044	Hospice Inpatient Respite Care	\$154.21 per diem
T2045	Hospice General Inpatient Care	\$657.57 per diem
CBSA		Hospice Wage Index
<b>99928</b>	<b>Nebraska - Rest of State</b>	<b>0.9224</b>
Code	Description	Medicaid Allowable Rate
T2042	Hospice Routine Home Care	\$144.20 per diem
T2043	Hospice Continuous Care	\$ 35.07 per hour
T2044	Hospice Inpatient Respite Care	\$151.75 per diem
T2045	Hospice General Inpatient Care	\$645.04 per diem