

471-000-536 Nebraska Medicaid Hospice Fee Schedule: The following fee schedule reflects Nebraska Medicaid payment rates for Hospice services provided October 1, 2011 through September 30, 2012.

The Medicaid Allowable Rates listed below are based on the federal Hospice Wage Index weights, effective October 1, 2011 through September 30, 2012, 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>

<u>CBSA</u> 30700	Lincoln, NE	<u>Hospice Wage Index</u> 0.9955
<u>Code</u>	<u>Description</u>	<u>Medicaid Allowable Rate</u>
T2042	Hospice Routine Home Care	\$150.76 per diem
T2043	Hospice Continuous Care	\$ 36.62 per hour
T2044	Hospice Inpatient Respite Care	\$164.03 per diem
T2045	Hospice General Inpatient Care	\$669.90 per diem

<u>CBSA</u> 36540	Omaha, Council Bluffs, NE-IA	<u>Hospice Wage Index</u> 0.9920
<u>Code</u>	<u>Description</u>	<u>Medicaid Allowable Rate</u>
T2042	Hospice Routine Home Care	\$150.39 per diem
T2043	Hospice Continuous Care	\$ 36.53 per hour
T2044	Hospice Inpatient Respite Care	\$163.72 per diem
T2045	Hospice General Inpatient Care	\$668.39 per diem

<u>CBSA</u> 43580	Sioux City, IA-NE-SD	<u>Hospice Wage Index</u> 0.9411
<u>Code</u>	<u>Description</u>	<u>Medicaid Allowable Rate</u>
T2042	Hospice Routine Home Care	\$145.10 per diem
T2043	Hospice Continuous Care	\$ 35.25 per hour
T2044	Hospice Inpatient Respite Care	\$159.19 per diem
T2045	Hospice General Inpatient Care	\$646.51 per diem

<u>CBSA</u> 99928	Nebraska - Rest of State	<u>Hospice Wage Index</u> 0.9224
<u>Code</u>	<u>Description</u>	<u>Medicaid Allowable Rate</u>
T2042	Hospice Routine Home Care	\$143.16 per diem
T2043	Hospice Continuous Care	\$ 34.78 per hour
T2044	Hospice Inpatient Respite Care	\$157.53 per diem
T2045	Hospice General Inpatient Care	\$638.46 per diem