

Provider Bulletin

No. 07-25

October 2, 2007

TO: Hospice Providers Participating in the Nebraska Medicaid Program

FROM: Vivianne M. Chaumont, Director
Division of Medicaid and Long-Term Care

BY: Heather Leschinsky, Program Specialist

RE: Correction to Hospice Payment Rates and Wage Index

On September 25, 2007, CMS issued a memorandum on the corrected Medicaid hospice payment rates for the Federal Fiscal Year 2008. The figures were off by \$.01 in the original memo released by CMS. This provider bulletin is intended to update providers on these changes. *These new payment rates are effective October 1, 2007.*

Hospice Payment Rates

The Medicaid Hospice payment rates are calculated based on the annual hospice rates established by section 1814(i)(1)(C)(ii) of the Social Security Act which also provides for an annual increase in payment rates for hospice care services. The Hospice Payment Rates beginning October 1, 2007 have changed and are effective for care and services furnished on or after October 1, 2007 through September 30, 2008. The national payment rates for procedure codes T2042, T2043, T2044, and T2045 for October 1, 2007 through September 30, 2008, are listed in the following table:

Procedure Code	Description	Daily Rate	Wage Component Subject to Index	Non-Weighted Amount
T2042	Routine Home Care	\$135.29	\$92.96	\$42.33
T2043	Continuous Home Care	\$32.87/hr	\$22.58/hr	\$10.28/hr
T2044	Inpatient Respite Care	\$147.12	\$79.64	\$67.48
T2045	General Inpatient Care	\$601.02	\$384.71	\$216.31

The Hospice Wage Index

The Hospice Wage Index is used to adjust payment rates to reflect local differences in wages according to the revised wage index, and is updated annually in accordance with recommendations made by a negotiated rulemaking advisory committee. The Hospice Wage Index is based on Core Based Statistical Area (CBSA) codes as listed in Tables A & B of the Federal Register 42 CFR 418.

Additional Billing Instructions

- Submit the CBSA code corresponding to the state and county of the beneficiary's home in value code 61 on claims that include routine home care or continuous home care (Table A in the Federal Register can be used to identify the appropriate CBSA designations for each county.);
- Hospice providers should split claims if services begin in September and continue into October.
- The updated hospice wage indexes from the Federal Register may be found in the notice at:

[http://www.cms.hhs.gov/PropMedicareFeeSvcPmtGen/downloads/CMS-1539-F\(display\).pdf](http://www.cms.hhs.gov/PropMedicareFeeSvcPmtGen/downloads/CMS-1539-F(display).pdf)

Prior Authorization Requests

Beginning October 1, 2007, Prior Authorization Requests must be faxed to the Hospice Program Specialist at **(402)-742-8300**. Providers must obtain a prior authorization number for clients with dates of service October 1, 2007, or after. Providers serving clients prior to October 1, 2007, must obtain a prior authorization number at the beginning of the patient's next benefit period.

If you have any questions on the Prior Authorization process or any other information in this bulletin, please call the Hospice Program Specialist, Heather Leschinsky, at 402-471-9389.