



Provider Bulletin

No. 09-34

September 30, 2009

TO: Hospice Providers Participating in the Nebraska Medicaid Program

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

BY: Elaine Westergren, Program Specialist *EW*

RE: Medicaid Hospice Payment Rates

CMS has established Medicaid hospice payment rates for Federal Fiscal Year 2010. This provider bulletin is intended to update providers on new payment rates *effective October 1, 2009 through September 30, 2010.*

Hospice Payment Rates

The Medicaid hospice care payment rates are adjusted annually based on hospice rates established under Medicare and authorized by section 1814(i)(1)(C)(ii) of the Social Security Act. New rates are effective for care and services furnished from October 1, 2009 through September 30, 2010. The national payment rates for procedure codes T2042, T2043, T2044, and T2045 for this time period can be found at: <http://www.cms.hhs.gov/Hospice/downloads/hospicerates10.pdf>.

Nebraska Medicaid Allowable Rates

Nebraska Medicaid Allowable Rates listed below are based on the federal Hospice Wage Index weights, effective October 1, 2009 through September 30, 2010, 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 in Notice CMS-1420-F on the Centers for Medicare and Medicaid Services (CMS) website at <http://www.cms.hhs.gov/center/hospice.asp>.

<u>CBSA</u>		<u>Hospice Wage Index</u>
30700	Lincoln, NE	1.0302
<u>Code</u>	<u>Description</u>	<u>Medicaid Allowable Rate</u>
T2042	Hospice Routine Home Care	\$146.06 per diem
T2043	Hospice Continuous Care	\$ 35.49 per hour
T2044	Hospice Inpatient Respite Care	\$158.15 per diem
T2045	Hospice General Inpatient Care	\$648.17 per diem

CBSA
36540

Omaha, Council Bluffs, NE-IA

Hospice Wage Index
0.9966

<u>Code</u>	<u>Description</u>	<u>Medicaid Allowable Rate</u>
T2042	Hospice Routine Home Care	\$142.76 per diem
T2043	Hospice Continuous Care	\$ 34.68 per hour
T2044	Hospice Inpatient Respite Care	\$155.32 per diem
T2045	Hospice General Inpatient Care	\$634.34 per diem

CBSA
43580

Sioux City, IA-NE-SD

Hospice Wage Index
0.9411

<u>Code</u>	<u>Description</u>	<u>Medicaid Allowable Rate</u>
T2042	Hospice Routine Home Care	\$137.30 per diem
T2043	Hospice Continuous Care	\$ 33.36 per hour
T2044	Hospice Inpatient Respite Care	\$150.64 per diem
T2045	Hospice General Inpatient Care	\$611.49 per diem

CBSA
99928

Nebraska - Rest of State

Hospice Wage Index
0.9215

<u>Code</u>	<u>Description</u>	<u>Medicaid Allowable Rate</u>
T2042	Hospice Routine Home Care	\$135.38 per diem
T2043	Hospice Continuous Care	\$ 32.89 per hour
T2044	Hospice Inpatient Respite Care	\$148.99 per diem
T2045	Hospice General Inpatient Care	\$603.42 per diem

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;
- Hospice providers should split claims if services begin in September and continue into October.

The Nebraska Medicaid Hospice Provider Handbook may be found at:

<http://www.dhhs.ne.gov/med/phhspc.htm>

Prior Authorization Requests

Prior Authorization Requests must be faxed to the Hospice Program Specialist at **(402)-742-8300**.

If you have any questions on the Prior Authorization process or other information in this bulletin, please contact Elaine Westergren, Hospice Program Specialist, at 402-471-9289.