

PROVIDER BULLETIN NO. 10-49

DATE: September 17, 2010

TO: Hospice Providers Participating in the Nebraska Medicaid Program

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

BY: Elaine Westergren, Program Specialist

RE: Medicaid Hospice Payment Rates

CMS issued a memorandum on the Medicaid hospice payment rates for the Federal Fiscal Year 2011. This provider bulletin is intended to update providers on these changes. *These new payment rates are effective October 1, 2010.*

Hospice Payment Rates

The Medicaid Hospice payment rates are adjusted annually based on the hospice rates established by section 1814(i)(1)(C)(ii) of the Social Security Act. New rates are effective for care and services furnished on or after October 1, 2010 through September 30, 2011. The national payment rates for procedure codes T2042, T2043, T2044, and T2045 for October 1, 2010 through September 30, 2011, can be found at: <http://www.cms.hhs.gov/Hospice/downloads/hospicerates10.pdf>.

Nebraska Medicaid Allowable Rates

The Medicaid Allowable Rates listed below are based on the federal Hospice Wage Index weights, effective October 1, 2010 through September 30, 2011, 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	0.9997
<u>Code</u>	<u>Description</u>	<u>Medicaid Allowable Rate</u>
T2042	Hospice Routine Home Care	\$146.79 per diem
T2043	Hospice Continuous Care	\$ 35.66 per hour
T2044	Hospice Inpatient Respite Care	\$159.62 per diem
T2045	Hospice General Inpatient Care	\$652.14 per diem

<u>CBSA</u> 36540	Omaha, Council Bluffs, NE-IA	<u>Hospice Wage Index</u> 1.0044
<u>Code</u>	<u>Description</u>	<u>Medicaid Allowable Rate</u>
T2042	Hospice Routine Home Care	\$147.26 per diem
T2043	Hospice Continuous Care	\$ 35.78 per hour
T2044	Hospice Inpatient Respite Care	\$160.03 per diem
T2045	Hospice General Inpatient Care	\$654.11 per diem

<u>CBSA</u> 43580	Sioux City, IA-NE-SD	<u>Hospice Wage Index</u> 0.9507
<u>Code</u>	<u>Description</u>	<u>Medicaid Allowable Rate</u>
T2042	Hospice Routine Home Care	\$141.85 per diem
T2043	Hospice Continuous Care	\$ 34.46 per hour
T2044	Hospice Inpatient Respite Care	\$155.39 per diem
T2045	Hospice General Inpatient Care	\$631.69 per diem

<u>CBSA</u> 99928	Nebraska - Rest of State	<u>Hospice Wage Index</u> 0.9100
<u>Code</u>	<u>Description</u>	<u>Medicaid Allowable Rate</u>
T2042	Hospice Routine Home Care	\$137.74 per diem
T2043	Hospice Continuous Care	\$ 33.47 per hour
T2044	Hospice Inpatient Respite Care	\$151.87 per diem
T2045	Hospice General Inpatient Care	\$614.69 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 Hospice Provider Handbook may be found at:

<http://www.dhhs.ne.gov/med/phhspsc.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 any other information in this bulletin, please contact Elaine Westergren, Hospice Program Specialist, at 402-471-9289 or elaine.westergren@nebraska.gov