

PROVIDER BULLETIN

No. 12-51

October 31, 2012

TO: Hospice Providers Participating in the Nebraska Medicaid Program

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

BY: Elaine Westergren, Program Specialist
 Division of Medicaid & Long-Term Care

RE: FFY 2013 Medicaid Hospice Rates

CMS issued a memorandum on the Medicaid hospice payment rates for the Federal Fiscal Year 2013. This provider bulletin is intended to update providers on these changes and the new Nebraska Medicaid rates, effective October 1, 2012.

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. The new rates are effective for care and services furnished on or after October 1, 2012 through September 30, 2013 for procedure codes T2042, T2043, T2044, and T2045.

Nebraska Medicaid Allowable Rates

The Medicaid Allowable Rates listed below are based on the federal Hospice Wage Index weights, effective October 1, 2012 through September 30, 2013, 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/provider.asp>

CBSA
30700

Lincoln, NE

Hospice Wage Index
0.9955

Code
T2042
T2043
T2044
T2045

Description
Hospice Routine Home Care
Hospice Continuous Care
Hospice Inpatient Respite Care
Hospice General Inpatient Care

Medicaid Allowable Rate
\$152.97 per diem
\$ 37.20 per hour
\$158.33 per diem
\$680.62 per diem

CBSA
36540

Omaha, Council Bluffs NE-IA

Hospice Wage Index
0.9920

<u>Code</u>	<u>Description</u>	<u>Medicaid Allowable Rate</u>
T2042	Hospice Routine Home Care	\$152.60 per diem
T2043	Hospice Continuous Care	\$ 37.11 per hour
T2044	Hospice Inpatient Respite Care	\$158.03 per diem
T2045	Hospice General Inpatient Care	\$679.09 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	\$147.23 per diem
T2043	Hospice Continuous Care	\$ 35.80 per hour
T2044	Hospice Inpatient Respite Care	\$153.65 per diem
T2045	Hospice General Inpatient Care	\$656.85 per diem

CBSA
99928

Nebraska – Rest of State

Hospice Wage Index
0.9224

<u>Code</u>	<u>Description</u>	<u>Medicaid Allowable Rate</u>
T2042	Hospice Routine Home Care	\$145.26 per diem
T2043	Hospice Continuous Care	\$ 35.33 per hour
T2044	Hospice Inpatient Respite Care	\$152.05 per diem
T2045	Hospice General Inpatient Care	\$648.68 per diem

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

Prior Authorization Requests

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

Questions

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