

NEBRASKA MEDICAID HOSPICE RATES

Effective October 1, 2025

The following fee schedule reflects Nebraska Medicaid payment rates for Hospice services provided October 1, 2025, through September 30, 2026.

The Medicaid Allowable Rates listed below are based on the Federal Hospice Wage Index weights, effective October 1, 2025, through September 30, 2026, 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-Type/Hospice-Center.html>

<b>CBSA #:</b> 24260	<b>CBSA Name:</b> Grand Island, NE	<b>Wage Index:</b> 0.9769
<b>Code</b>	<b>Description</b>	<b>Medicaid Allowable Rate</b>
T2042	Hospice Routine Home Care (1-60 days)	\$ 227.60 per diem
X2042	Hospice Routine Home Care (61+ days)	\$ 179.40 per diem
T2043	Hospice Continuous Care	\$ 68.57 per hour
T2044	Hospice Inpatient Respite Care	\$ 552.61 per diem
T2045	Hospice General Inpatient Care	\$ 1,182.25 per diem
G0155	Service Intensity Add-On by Clinical Social Worker	\$ 68.57 per hour
G0299 TD	Service Intensity Add-On by RN	\$ 68.57 per hour

<b>CBSA #:</b> 30700	<b>CBSA Name:</b> Lincoln, NE	<b>Wage Index:</b> 1.0231
<b>Code</b>	<b>Description</b>	<b>Medicaid Allowable Rate</b>
T2042	Hospice Routine Home Care (1-60 days)	\$ 234.65 per diem
X2042	Hospice Routine Home Care (61+ days)	\$ 184.95 per diem
T2043	Hospice Continuous Care	\$ 71.00 per hour
T2044	Hospice Inpatient Respite Care	\$ 568.40 per diem
T2045	Hospice General Inpatient Care	\$ 1,217.46 per diem
G0155	Service Intensity Add-On by Clinical Social Worker	\$ 71.00 per hour
G0299 TD	Service Intensity Add-On by RN	\$ 71.00 per hour

<b>CBSA #:</b> 36540	<b>CBSA Name:</b> Omaha, Council Bluffs, NE-IA	<b>Wage Index:</b> 1.0402
<b>Code</b>	<b>Description</b>	<b>Medicaid Allowable Rate</b>
T2042	Hospice Routine Home Care (1-60 days)	\$ 237.26 per diem
X2042	Hospice Routine Home Care (61+ days)	\$ 187.01 per diem
T2043	Hospice Continuous Care	\$ 71.89 per hour
T2044	Hospice Inpatient Respite Care	\$ 574.25 per diem
T2045	Hospice General Inpatient Care	\$ 1,230.48 per diem
G0155	Service Intensity Add-On by Clinical Social Worker	\$ 71.89 per hour
G0299 TD	Service Intensity Add-On by RN	\$ 71.89 per hour

<b>CBSA #:</b> 43580	<b>CBSA Name:</b> Sioux City, IA-NE-SD	<b>Wage Index:</b> 0.8657
<b>Code</b>	<b>Description</b>	<b>Medicaid Allowable Rate</b>
T2042	Hospice Routine Home Care (1-60 days)	\$ 210.64 per diem
X2042	Hospice Routine Home Care (61+ days)	\$ 166.03 per diem
T2043	Hospice Continuous Care	\$ 62.74 per hour
T2044	Hospice Inpatient Respite Care	\$ 514.59 per diem
T2045	Hospice General Inpatient Care	\$ 1,097.53 per diem
G0155	Service Intensity Add-On by Clinical Social Worker	\$ 62.74 per hour
G0299 TD	Service Intensity Add-On by RN	\$ 62.74 per hour

<b>CBSA #:</b> 99928	<b>CBSA Name:</b> Statewide Nebraska	<b>Wage Index:</b> 0.8864
<b>Code</b>	<b>Description</b>	<b>Medicaid Allowable Rate</b>
T2042	Hospice Routine Home Care (1-60 days)	\$ 213.80 per diem
X2042	Hospice Routine Home Care (61+ days)	\$ 168.52 per diem
T2043	Hospice Continuous Care	\$ 63.82 per hour
T2044	Hospice Inpatient Respite Care	\$ 521.66 per diem
T2045	Hospice General Inpatient Care	\$ 1,113.30 per diem
G0155	Service Intensity Add-On by Clinical Social Worker	\$ 63.82 per hour
G0299 TD	Service Intensity Add-On by RN	\$ 63.82 per hour

Providers may notice a minor difference between the published payment amount on the fee schedule and the actual payment amount. The payment system uses seven decimal places in the reimbursement calculation, but the fee schedule publishes only the first two decimal places.