

NEBRASKA MEDICAID HOSPICE RATES

Effective October 1, 2026

The following fee schedule reflects Nebraska Medicaid payment rates for Hospice services provided October 1, 2026, through September 30, 2027.

The Medicaid Allowable Rates listed below are based on the Federal Hospice Wage Index weights, effective October 1, 2026, through September 30, 2027, 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>

CBSA #: 24260	CBSA Name: Grand Island, NE	Wage Index: 0.9839
Code	Description	Medicaid Allowable Rate
T2042	Hospice Routine Home Care (1-60 days)	\$ 234.12 per diem
T2042	Hospice Routine Home Care (61+ days)	\$ 184.58 per diem
T2043	Hospice Continuous Care	\$ 71.07 per hour
T2044	Hospice Inpatient Respite Care	\$ 569.01 per diem
T2045	Hospice General Inpatient Care	\$ 1,218.91 per diem
G0155	Service Intensity Add-On by Clinical Social Worker	\$ 71.07 per hour
G0299 TD	Service Intensity Add-On by RN	\$ 71.07 per hour

CBSA #: 30700	CBSA Name: Lincoln, NE	Wage Index: 1.0093
Code	Description	Medicaid Allowable Rate
T2042	Hospice Routine Home Care (1-60 days)	\$ 238.09 per diem
T2042	Hospice Routine Home Care (61+ days)	\$ 187.71 per diem
T2043	Hospice Continuous Care	\$ 72.45 per hour
T2044	Hospice Inpatient Respite Care	\$ 577.92 per diem
T2045	Hospice General Inpatient Care	\$ 1,238.78 per diem
G0155	Service Intensity Add-On by Clinical Social Worker	\$ 72.45 per hour
G0299 TD	Service Intensity Add-On by RN	\$ 72.45 per hour

CBSA #: 36540	CBSA Name: Omaha, Council Bluffs, NE-IA	Wage Index: 1.0487
Code	Description	Medicaid Allowable Rate
T2042	Hospice Routine Home Care (1-60 days)	\$ 244.24 per diem
T2042	Hospice Routine Home Care (61+ days)	\$ 192.56 per diem
T2043	Hospice Continuous Care	\$ 74.58 per hour
T2044	Hospice Inpatient Respite Care	\$ 591.73 per diem
T2045	Hospice General Inpatient Care	\$ 1,269.59 per diem
G0155	Service Intensity Add-On by Clinical Social Worker	\$ 74.58 per hour
G0299 TD	Service Intensity Add-On by RN	\$ 74.58 per hour

CBSA #: 43580	CBSA Name: Sioux City, IA-NE-SD	Wage Index: 0.8417
Code	Description	Medicaid Allowable Rate
T2042	Hospice Routine Home Care (1-60 days)	\$ 211.91 per diem
T2042	Hospice Routine Home Care (61+ days)	\$ 167.07 per diem
T2043	Hospice Continuous Care	\$ 63.38 per hour
T2044	Hospice Inpatient Respite Care	\$ 519.16 per diem
T2045	Hospice General Inpatient Care	\$ 1,107.71 per diem
G0155	Service Intensity Add-On by Clinical Social Worker	\$ 63.38 per hour
G0299 TD	Service Intensity Add-On by RN	\$ 63.38 per hour

CBSA #: 99928	CBSA Name: Statewide Nebraska	Wage Index: 0.9212
Code	Description	Medicaid Allowable Rate
T2042	Hospice Routine Home Care (1-60 days)	\$ 224.33 per diem
T2042	Hospice Routine Home Care (61+ days)	\$ 176.86 per diem
T2043	Hospice Continuous Care	\$ 67.68 per hour
T2044	Hospice Inpatient Respite Care	\$ 547.03 per diem
T2045	Hospice General Inpatient Care	\$ 1,169.88 per diem
G0155	Service Intensity Add-On by Clinical Social Worker	\$ 67.68 per hour
G0299 TD	Service Intensity Add-On by RN	\$ 67.68 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.