

Medicaid Reimbursement Rates for Hospice Services Effective 10/1/2015 - 12/31/15

Effective with date of service October 1, 2015, the maximum allowable rate for the following hospice services are as follows:

Metropolitan Statistical Area (Counties)	SC	CBSA	MSA	Routine Home Care	Continuous Home Care	Inpatient Respite Care	General Inpatient Care
				RC 0651 Daily	RC 0652 Hourly	RC 0655 Daily	RC 0656 Daily
Asheville, NC (Buncombe, Haywood, Henderson, Madison Co.)	39	11700	480	\$ 145.55	\$ 35.39	\$ 154.13	\$ 652.40
Burlington, NC (Alamance Co.)	00B	15500	34	\$ 146.21	\$ 35.55	\$ 154.67	\$ 655.12
Charlotte/Gastonia/Rock Hill/Concord, NC/SC Co.)	41	16740	1520	\$ 152.46	\$ 37.07	\$ 159.76	\$ 681.02
Durham, NC (Chatham, Durham, Orange, Person Co.)	00A	20500	6640	\$ 159.75	\$ 38.85	\$ 165.71	\$ 711.26
Fayetteville, NC (Cumberland, Hoke Co.)	42	22180	2560	\$ 140.11	\$ 34.07	\$ 149.70	\$ 629.86
Goldensboro, NC (Wayne Co.)	105	24140	2980	\$ 147.80	\$ 35.94	\$ 155.97	\$ 661.71
Greensboro/High Point, NC (Guilford, Randolph, Rockingham Co.)	43	24660	3120	\$ 145.59	\$ 35.40	\$ 154.17	\$ 652.58
Greenville, NC (Greene, Pitt Co.)	106	24780	3150	\$ 154.89	\$ 37.66	\$ 161.75	\$ 691.12
Hickory/Lenoir/Morganton, NC (Alexander, Burke, Caldwell, Catawba Co.)	44	25860	3290	\$ 145.39	\$ 35.35	\$ 154.01	\$ 651.75
Jacksonville, NC (Onslow Co.)	45	27340	3605	\$ 139.64	\$ 33.96	\$ 149.32	\$ 627.92
Raleigh/Cary, NC (Franklin, Johnston, Wake Co.)	46	39580	6640	\$ 150.80	\$ 36.67	\$ 158.41	\$ 674.15
Rocky Mount, NC (Edgecombe, Nash Co.)	108	40580	6895	\$ 148.33	\$ 36.07	\$ 156.40	\$ 663.92
Wilmington, NC							

(Brunswick, New Hanover, Pender Co.)	47	48900	9200	\$ 149.37	\$ 36.32	\$ 157.24	\$ 668.21
Winston-Salem, NC (Davie, Forsyth, Stokes, Yadkin Co.)	00C	49180	3120	\$ 147.66	\$ 35.91	\$ 155.86	\$ 661.16
Rural Counties	53	34	9934	\$ 139.64	\$ 33.96	\$ 149.32	\$ 627.92
Virginia Beach, Norfolk-Newport News, VA/NC (Currituck Co.)	107	47260	5720	\$ 153.25	\$ 37.26	\$ 160.41	\$ 684.29

Key to Hospice Rate Table:

SC Specialty Code

RC Revenue Code

1. A minimum of eight hours of continuous home care per day must be provided.
2. There is a maximum of five consecutive days including the date of admission but not the date of discharge for inpatient respite care. Bill for the sixth day and any subsequent days at the routine home care rate.
3. When a Medicare/Medicaid recipient is in a nursing facility, Medicare is billed for routine or continuous home care, as appropriate, and Medicaid is billed for the appropriate long-term care rate. When a Medicaid only hospice recipient is in a nursing facility, the hospice may bill for the appropriate long-term care rate in addition to the home care rate provided in RC 0651 or RC 0652.
4. The hospice refunds any overpayments to the Medicaid program.
5. Date of Discharge: For the day of discharge from an inpatient unit, the appropriate home care rate must be billed instead of the inpatient care rate unless the recipient expires while inpatient. When the recipient is discharged as deceased, the inpatient care rate (general or respite) is billed for the discharge date.
6. Providers are expected to bill their usual and customary charges. Adjustments will not be accepted for rate changes.
7. Updated per CMS MLN Matters Number: MM9301, released September 4, 2015 and Effective Date: October 1, 2015.