ALLOWANCES FOR HOSPICE SERVICES

Effective 8/26/2016

\* The Department is seeking and anticipates receiving CMS approval for these sections. Pending approval, reimbursement will be provided as follows:

Effective 8/26/2016

|  |  |  |  |
| --- | --- | --- | --- |
| REVENUE CODE | HCPCCODE | DESCRIPTION OF SERVICES | ALLOWANCES |
|  |  |  |  |
| 0651 | T2042 | \* Routine Home Care (per diem) (See Ch. II, Section 43, § 43.07-3) | By report |
| 0551 | G0299 | \* Service Intensity Add-On (direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 mins. | By report |
| 0561 | G0155 | \* Service Intensity Add-On (services of a clinical social worker in the home health or hospice setting, each 15 mins. | By report |
|  |  |  |  |
| 0652 | T2043 | Continuous Home Care (hourly) | By report |
|  |  |  |  |
| 0655 | T2044 | Inpatient Respite Care (per diem) | By report |
|  |  |  |  |
| 0656 | T2045 | General Inpatient Care (per diem) | By report |
|  |  |  |  |
| 0657 | Appropriate CPT Code | Physician Services non hospice services | By report |

Effective 8/26/2016

 See <https://Mainecare.maine.gov> for current rates. Rates are based on geographic locations within the state and are updated annually.