

Hospice rates

Effective October 1, 2022 – September 30, 2023. When billing for hospice services:

- Bill the usual charge or the rate based on the cost-based statistical area (CBSA) in which the care is furnished, whichever is lower (see Oregon Administrative Rule 410-120-0300).
- In the Value Code field on institutional claims, enter “61” as the value code, followed by the CBSA code as a dollar amount (e.g., enter CBSA code 13460 as 13460.00).

CBSA	Code	Per diem rate					Per hour
		Routine Home Care Days 1-60 (Rev 651)	Routine Home Care Days 61+ (Rev 650)	Inpatient Respite Care (Rev 655)	General Inpatient Care (Rev 656)	In-Home Respite Care (Rev 659)	Continuous Home Care (Rev 652)
Albany	10540	\$221.67	\$175.17	\$540.75	\$1161.54	\$202.23	\$66.88
Bend Includes Deschutes	13460	\$229.50	\$181.36	\$558.48	\$1201.11	\$209.37	\$69.55
Corvallis Includes Benton	18700	\$224.85	\$177.68	\$547.95	\$1177.63	\$205.13	\$67.97
Eugene - Springfield Includes Lane	21660	\$231.92	\$183.27	\$563.94	\$1213.31	\$211.58	\$70.38
Grants Pass	24420	\$213.91	\$169.04	\$523.21	\$1122.40	\$195.15	\$64.23
Medford Includes Jackson	32780	\$222.22	\$175.61	\$542.01	\$1164.37	\$202.73	\$67.07
Portland-Beaverton Includes Clackamas, Columbia, Multnomah, Washington & Yamhill	38900	\$243.76	\$192.62	\$590.74	\$1,273.13	\$222.38	\$74.43
Salem Includes Marion & Polk	41420	\$231.89	\$183.24	\$563.88	\$1213.17	\$211.55	\$70.37
All Other Areas	99938	\$217.10	\$171.56	\$530.42	\$1138.48	\$198.06	\$65.32

Please see page 2 for nursing facility room and board rates.

Room and board for nursing facility residents on hospice (per diem):

To receive reimbursement for nursing facility room and board provided on Routine Home Care (651 or 650) and Continuous Home Care (652) days for residents you serve, bill OHA using the following statewide bundled rates.

Basic (Rev. 658)	Complex medical (Rev. 191)	Pediatric (Rev. 192)	Special Contract (Rev. 199)
\$478.15	\$669.41	\$1330.88	Manually priced
NF Bariatric (Rev. 190)*	NF Vent (Rev. 194)*	*NF Bariatric and NF Vent Hospice Services require APD/AAA approval to bill	
\$884.58	\$1123.65		

Patient Account #
Medical Record #
Attending Phys [Search]
Taxonomy
Zip+4
Referring [Search]
Facility Number [Search]
Taxonomy
Zip+4
Other Physician [Search]
Taxonomy
Zip+4
Insurance Denied

