

Section 43 - Hospice Services Fee Schedule

Updated for the time period, October 1, 2012 - September 30, 2013

Procedure Code	Description	Androscoggin Rate	Cumberland Rate	Penobscot Rate	Sagadahoc Rate	York Rate	Rural Rate*
T2042	Routine Home Care (<i>per diem</i>)	\$179.69	\$188.00	\$192.24	\$188.00	\$188.00	\$173.59
T2043	Continuous Home Care (hourly)	\$35.49	\$37.13	\$37.97	\$37.13	\$37.13	\$34.29
T2044	Inpatient Respite Care (<i>per diem</i>)	\$160.59	\$166.38	\$169.33	\$166.38	\$166.38	\$156.34
T2045	General Inpatient Care (<i>per diem</i>)	\$651.31	\$679.27	\$693.51	\$679.27	\$679.27	\$630.77
	Physician Services (non-hospice services)	Fee for Service - Section 90					
	* Rural Maine - All other counties						