

10-144 Chapter 101  
 MAINECARE BENEFITS MANUAL  
 CHAPTER III

SECTION 43

**HOSPICE SERVICES**

01/15/01  
 Updated 1/4/11

**ALLOWANCES FOR HOSPICE SERVICES**

Effective  
 10/6/2010

REVENUE CODE	HCPC CODE	DESCRIPTION OF SERVICES	ALLOWANCES
0651	T2042	Routine Home Care (per diem)	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

Hospice Rates Effective October 1, 2012 – September 30, 2013

**Procedure**

Code	Description	Androscoggin	Cumberland	Penobscot	Sagadahoc	York	Rural*
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 Chapter 90					

\* Rural Maine - All other counties