

## Section 43 - Hospice Services Fee Schedule

Updated for the time period, October 1, 2013 - September 30, 2014

Procedure Code	Description	Androscoggin Rate	Cumberland Rate	Penobscot Rate	Sagadahoc Rate	York Rate	Rural Rate*
T2042	Routine Home Care ( <i>per diem</i> )	\$183.58	\$194.30	\$197.11	\$194.30	\$194.30	\$171.77
T2043	Continuous Home Care (hourly)	\$36.26	\$38.38	\$38.93	\$38.38	\$38.38	\$33.93
T2044	Inpatient Respite Care ( <i>per diem</i> )	\$163.91	\$171.38	\$173.34	\$171.38	\$171.38	\$155.69
T2045	General Inpatient Care ( <i>per diem</i> )	\$665.17	\$701.26	\$710.72	\$701.26	\$701.26	\$625.45
	Physician Services (non-hospice services)	Fee for Service - Section 90					
	* Rural Maine - All other counties						