

## Section 43 - Hospice Services Fee Schedule

Updated for the time period, October 1, 2015 - December 31, 2015

Procedure Code	Description	Androscoggin Rate	Cumberland Rate	Penobscot Rate	Sagadahoc Rate	York Rate	Rural Rate*
T2042	Routine Home Care ( <i>per diem</i> )	\$182.12	\$200.11	\$196.99	\$200.11	\$200.11	\$179.97
T2043	Continuous Home Care (hourly)	\$35.97	\$39.53	\$38.91	\$39.53	\$39.53	\$35.55
T2044	Inpatient Respite Care ( <i>per diem</i> )	\$164.24	\$176.77	\$174.59	\$176.77	\$176.77	\$162.74
T2045	General Inpatient Care ( <i>per diem</i> )	\$662.03	\$722.55	\$712.04	\$722.55	\$722.55	\$654.79
	Physician Services (non-hospice services)	Fee for Service - Section 90					
	* Rural Maine - All other counties						