

SCDHHS MEDICAID HOSPICE RATES
10/01/17 - 09/30/18

PROCEDURE CODE	Procedure Code	CO. #	CO NAME	EFFECTIVE DATE OF RATE CHANGE	NEW RATE
Routine Home Care 1-60 Days	S9126	1	ABBEVILLE	10/01/17	\$ 168.90
Routine Home Care 61+ Days	T2042	1	ABBEVILLE	10/01/17	\$ 132.66
Continuous Home Care	S9123	1	ABBEVILLE	10/01/17	\$ 35.61
Inpatient Respite Care	S9125	1	ABBEVILLE	10/01/17	\$ 163.96
General Inpatient Care	T1015	1	ABBEVILLE	10/01/17	\$ 656.97
Service Intensity Add-On (Per 15 Min. Units)	T2043	1	ABBEVILLE	10/01/17	\$ 35.61
Routine Home Care 1-60 Days	S9126	2	AIKEN	10/01/17	\$ 177.18
Routine Home Care 61+ Days	T2042	2	AIKEN	10/01/17	\$ 139.16
Continuous Home Care	S9123	2	AIKEN	10/01/17	\$ 37.35
Inpatient Respite Care	S9125	2	AIKEN	10/01/17	\$ 170.11
General Inpatient Care	T1015	2	AIKEN	10/01/17	\$ 686.67
Service Intensity Add-On (Per 15 Min. Units)	T2043	2	AIKEN	10/01/17	\$ 37.35
Routine Home Care 1-60 Days	S9126	3	ALLENDALE	10/01/17	\$ 168.90
Routine Home Care 61+ Days	T2042	3	ALLENDALE	10/01/17	\$ 132.66
Continuous Home Care	S9123	3	ALLENDALE	10/01/17	\$ 35.61
Inpatient Respite Care	S9125	3	ALLENDALE	10/01/17	\$ 163.96
General Inpatient Care	T1015	3	ALLENDALE	10/01/17	\$ 656.97
Service Intensity Add-On (Per 15 Min. Units)	T2043	3	ALLENDALE	10/01/17	\$ 35.61
Routine Home Care 1-60 Days	S9126	4	ANDERSON	10/01/17	\$ 184.74
Routine Home Care 61+ Days	T2042	4	ANDERSON	10/01/17	\$ 145.10
Continuous Home Care	S9123	4	ANDERSON	10/01/17	\$ 38.95
Inpatient Respite Care	S9125	4	ANDERSON	10/01/17	\$ 175.72
General Inpatient Care	T1015	4	ANDERSON	10/01/17	\$ 713.80
Service Intensity Add-On (Per 15 Min. Units)	T2043	4	ANDERSON	10/01/17	\$ 38.95
Routine Home Care 1-60 Days	S9126	5	BAMBERG	10/01/17	\$ 168.90
Routine Home Care 61+ Days	T2042	5	BAMBERG	10/01/17	\$ 132.66
Continuous Home Care	S9123	5	BAMBERG	10/01/17	\$ 35.61
Inpatient Respite Care	S9125	5	BAMBERG	10/01/17	\$ 163.96
General Inpatient Care	T1015	5	BAMBERG	10/01/17	\$ 656.97
Service Intensity Add-On (Per 15 Min. Units)	T2043	5	BAMBERG	10/01/17	\$ 35.61
Routine Home Care 1-60 Days	S9126	6	BARNWELL	10/01/17	\$ 168.90
Routine Home Care 61+ Days	T2042	6	BARNWELL	10/01/17	\$ 132.66
Continuous Home Care	S9123	6	BARNWELL	10/01/17	\$ 35.61
Inpatient Respite Care	S9125	6	BARNWELL	10/01/17	\$ 163.96
General Inpatient Care	T1015	6	BARNWELL	10/01/17	\$ 656.97
Service Intensity Add-On (Per 15 Min. Units)	T2043	6	BARNWELL	10/01/17	\$ 35.61
Routine Home Care 1-60 Days	S9126	7	BEAUFORT	10/01/17	\$ 173.61
Routine Home Care 61+ Days	T2042	7	BEAUFORT	10/01/17	\$ 136.36
Continuous Home Care	S9123	7	BEAUFORT	10/01/17	\$ 36.60
Inpatient Respite Care	S9125	7	BEAUFORT	10/01/17	\$ 167.46
General Inpatient Care	T1015	7	BEAUFORT	10/01/17	\$ 673.87
Service Intensity Add-On (Per 15 Min. Units)	T2043	7	BEAUFORT	10/01/17	\$ 36.60
Routine Home Care 1-60 Days	S9126	8	BERKELEY	10/01/17	\$ 178.29
Routine Home Care 61+ Days	T2042	8	BERKELEY	10/01/17	\$ 140.04
Continuous Home Care	S9123	8	BERKELEY	10/01/17	\$ 37.28
Inpatient Respite Care	S9125	8	BERKELEY	10/01/17	\$ 170.93
General Inpatient Care	T1015	8	BERKELEY	10/01/17	\$ 690.67
Service Intensity Add-On (Per 15 Min. Units)	T2043	8	BERKELEY	10/01/17	\$ 37.28
Routine Home Care 1-60 Days	S9126	9	CALHOUN	10/01/17	\$ 170.03
Routine Home Care 61+ Days	T2042	9	CALHOUN	10/01/17	\$ 133.55
Continuous Home Care	S9123	9	CALHOUN	10/01/17	\$ 35.85
Inpatient Respite Care	S9125	9	CALHOUN	10/01/17	\$ 164.80
General Inpatient Care	T1015	9	CALHOUN	10/01/17	\$ 661.02
Service Intensity Add-On (Per 15 Min. Units)	T2043	9	CALHOUN	10/01/17	\$ 35.85
Routine Home Care 1-60 Days	S9126	10	CHARLESTON	10/01/17	\$ 178.29
Routine Home Care 61+ Days	T2042	10	CHARLESTON	10/01/17	\$ 140.04
Continuous Home Care	S9123	10	CHARLESTON	10/01/17	\$ 37.28
Inpatient Respite Care	S9125	10	CHARLESTON	10/01/17	\$ 170.93
General Inpatient Care	T1015	10	CHARLESTON	10/01/17	\$ 690.67
Service Intensity Add-On (Per 15 Min. Units)	T2043	10	CHARLESTON	10/01/17	\$ 37.28

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PROCEDURE CODE	Procedure Code	CO. #	CO NAME	EFFECTIVE DATE OF RATE CHANGE	NEW RATE
Routine Home Care 1-60 Days	S9126	11	CHEROKEE	10/01/17	\$ 168.90
Routine Home Care 61+ Days	T2042	11	CHEROKEE	10/01/17	\$ 132.66
Continuous Home Care	S9123	11	CHEROKEE	10/01/17	\$ 35.61
Inpatient Respite Care	S9125	11	CHEROKEE	10/01/17	\$ 163.96
General Inpatient Care	T1015	11	CHEROKEE	10/01/17	\$ 656.97
Service Intensity Add-On (Per 15 Min. Units)	T2043	11	CHEROKEE	10/01/17	\$ 35.61
Routine Home Care 1-60 Days	S9126	12	CHESTER	10/01/17	\$ 181.29
Routine Home Care 61+ Days	T2042	12	CHESTER	10/01/17	\$ 142.39
Continuous Home Care	S9123	12	CHESTER	10/01/17	\$ 38.22
Inpatient Respite Care	S9125	12	CHESTER	10/01/17	\$ 173.16
General Inpatient Care	T1015	12	CHESTER	10/01/17	\$ 701.43
Service Intensity Add-On (Per 15 Min. Units)	T2043	12	CHESTER	10/01/17	\$ 38.22
Routine Home Care 1-60 Days	S9126	13	CHESTERFIELD	10/01/17	\$ 168.90
Routine Home Care 61+ Days	T2042	13	CHESTERFIELD	10/01/17	\$ 132.66
Continuous Home Care	S9123	13	CHESTERFIELD	10/01/17	\$ 35.61
Inpatient Respite Care	S9125	13	CHESTERFIELD	10/01/17	\$ 163.96
General Inpatient Care	T1015	13	CHESTERFIELD	10/01/17	\$ 656.97
Service Intensity Add-On (Per 15 Min. Units)	T2043	13	CHESTERFIELD	10/01/17	\$ 35.61
Routine Home Care 1-60 Days	S9126	14	CLARENDON	10/01/17	\$ 168.90
Routine Home Care 61+ Days	T2042	14	CLARENDON	10/01/17	\$ 132.66
Continuous Home Care	S9123	14	CLARENDON	10/01/17	\$ 35.61
Inpatient Respite Care	S9125	14	CLARENDON	10/01/17	\$ 163.96
General Inpatient Care	T1015	14	CLARENDON	10/01/17	\$ 656.97
Service Intensity Add-On (Per 15 Min. Units)	T2043	14	CLARENDON	10/01/17	\$ 35.61
Routine Home Care 1-60 Days	S9126	15	COLLETON	10/01/17	\$ 168.90
Routine Home Care 61+ Days	T2042	15	COLLETON	10/01/17	\$ 132.66
Continuous Home Care	S9123	15	COLLETON	10/01/17	\$ 35.61
Inpatient Respite Care	S9125	15	COLLETON	10/01/17	\$ 163.96
General Inpatient Care	T1015	15	COLLETON	10/01/17	\$ 656.97
Service Intensity Add-On (Per 15 Min. Units)	T2043	15	COLLETON	10/01/17	\$ 35.61
Routine Home Care 1-60 Days	S9126	16	DARLINGTON	10/01/17	\$ 166.50
Routine Home Care 61+ Days	T2042	16	DARLINGTON	10/01/17	\$ 130.78
Continuous Home Care	S9123	16	DARLINGTON	10/01/17	\$ 35.10
Inpatient Respite Care	S9125	16	DARLINGTON	10/01/17	\$ 162.18
General Inpatient Care	T1015	16	DARLINGTON	10/01/17	\$ 648.36
Service Intensity Add-On (Per 15 Min. Units)	T2043	16	DARLINGTON	10/01/17	\$ 35.10
Routine Home Care 1-60 Days	S9126	17	DILLON	10/01/17	\$ 168.90
Routine Home Care 61+ Days	T2042	17	DILLON	10/01/17	\$ 132.66
Continuous Home Care	S9123	17	DILLON	10/01/17	\$ 35.61
Inpatient Respite Care	S9125	17	DILLON	10/01/17	\$ 163.96
General Inpatient Care	T1015	17	DILLON	10/01/17	\$ 656.97
Service Intensity Add-On (Per 15 Min. Units)	T2043	17	DILLON	10/01/17	\$ 35.61
Routine Home Care 1-60 Days	S9126	18	DORCHESTER	10/01/17	\$ 178.29
Routine Home Care 61+ Days	T2042	18	DORCHESTER	10/01/17	\$ 140.04
Continuous Home Care	S9123	18	DORCHESTER	10/01/17	\$ 37.28
Inpatient Respite Care	S9125	18	DORCHESTER	10/01/17	\$ 170.93
General Inpatient Care	T1015	18	DORCHESTER	10/01/17	\$ 690.67
Service Intensity Add-On (Per 15 Min. Units)	T2043	18	DORCHESTER	10/01/17	\$ 37.28
Routine Home Care 1-60 Days	S9126	19	EDGEFIELD	10/01/17	\$ 177.18
Routine Home Care 61+ Days	T2042	19	EDGEFIELD	10/01/17	\$ 139.16
Continuous Home Care	S9123	19	EDGEFIELD	10/01/17	\$ 37.35
Inpatient Respite Care	S9125	19	EDGEFIELD	10/01/17	\$ 170.11
General Inpatient Care	T1015	19	EDGEFIELD	10/01/17	\$ 686.67
Service Intensity Add-On (Per 15 Min. Units)	T2043	19	EDGEFIELD	10/01/17	\$ 37.35
Routine Home Care 1-60 Days	S9126	20	FAIRFIELD	10/01/17	\$ 170.03
Routine Home Care 61+ Days	T2042	20	FAIRFIELD	10/01/17	\$ 133.55
Continuous Home Care	S9123	20	FAIRFIELD	10/01/17	\$ 35.85
Inpatient Respite Care	S9125	20	FAIRFIELD	10/01/17	\$ 164.80
General Inpatient Care	T1015	20	FAIRFIELD	10/01/17	\$ 661.02
Service Intensity Add-On (Per 15 Min. Units)	T2043	20	FAIRFIELD	10/01/17	\$ 35.85

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PROCEDURE CODE	Procedure Code	CO. #	CO NAME	EFFECTIVE DATE OF RATE CHANGE	NEW RATE
Routine Home Care 1-60 Days	S9126	21	FLORENCE	10/01/17	\$ 166.50
Routine Home Care 61+ Days	T2042	21	FLORENCE	10/01/17	\$ 130.78
Continuous Home Care	S9123	21	FLORENCE	10/01/17	\$ 35.10
Inpatient Respite Care	S9125	21	FLORENCE	10/01/17	\$ 162.18
General Inpatient Care	T1015	21	FLORENCE	10/01/17	\$ 648.36
Service Intensity Add-On (Per 15 Min. Units)	T2043	21	FLORENCE	10/01/17	\$ 35.10
Routine Home Care 1-60 Days	S9126	22	GEORGETOWN	10/01/17	\$ 168.90
Routine Home Care 61+ Days	T2042	22	GEORGETOWN	10/01/17	\$ 132.66
Continuous Home Care	S9123	22	GEORGETOWN	10/01/17	\$ 35.61
Inpatient Respite Care	S9125	22	GEORGETOWN	10/01/17	\$ 163.96
General Inpatient Care	T1015	22	GEORGETOWN	10/01/17	\$ 656.97
Service Intensity Add-On (Per 15 Min. Units)	T2043	22	GEORGETOWN	10/01/17	\$ 35.61
Routine Home Care 1-60 Days	S9126	23	GREENVILLE	10/01/17	\$ 184.74
Routine Home Care 61+ Days	T2042	23	GREENVILLE	10/01/17	\$ 145.10
Continuous Home Care	S9123	23	GREENVILLE	10/01/17	\$ 38.95
Inpatient Respite Care	S9125	23	GREENVILLE	10/01/17	\$ 175.72
General Inpatient Care	T1015	23	GREENVILLE	10/01/17	\$ 713.80
Service Intensity Add-On (Per 15 Min. Units)	T2043	23	GREENVILLE	10/01/17	\$ 38.95
Routine Home Care 1-60 Days	S9126	24	GREENWOOD	10/01/17	\$ 168.90
Routine Home Care 61+ Days	T2042	24	GREENWOOD	10/01/17	\$ 132.66
Continuous Home Care	S9123	24	GREENWOOD	10/01/17	\$ 35.61
Inpatient Respite Care	S9125	24	GREENWOOD	10/01/17	\$ 163.96
General Inpatient Care	T1015	24	GREENWOOD	10/01/17	\$ 656.97
Service Intensity Add-On (Per 15 Min. Units)	T2043	24	GREENWOOD	10/01/17	\$ 35.61
Routine Home Care 1-60 Days	S9126	25	HAMPTON	10/01/17	\$ 168.90
Routine Home Care 61+ Days	T2042	25	HAMPTON	10/01/17	\$ 132.66
Continuous Home Care	S9123	25	HAMPTON	10/01/17	\$ 35.61
Inpatient Respite Care	S9125	25	HAMPTON	10/01/17	\$ 163.96
General Inpatient Care	T1015	25	HAMPTON	10/01/17	\$ 656.97
Service Intensity Add-On (Per 15 Min. Units)	T2043	25	HAMPTON	10/01/17	\$ 35.61
Routine Home Care 1-60 Days	S9126	26	HORRY	10/01/17	\$ 171.36
Routine Home Care 61+ Days	T2042	26	HORRY	10/01/17	\$ 134.59
Continuous Home Care	S9123	26	HORRY	10/01/17	\$ 36.13
Inpatient Respite Care	S9125	26	HORRY	10/01/17	\$ 165.78
General Inpatient Care	T1015	26	HORRY	10/01/17	\$ 665.78
Service Intensity Add-On (Per 15 Min. Units)	T2043	26	HORRY	10/01/17	\$ 36.13
Routine Home Care 1-60 Days	S9126	27	JASPER	10/01/17	\$ 173.61
Routine Home Care 61+ Days	T2042	27	JASPER	10/01/17	\$ 136.36
Continuous Home Care	S9123	27	JASPER	10/01/17	\$ 36.60
Inpatient Respite Care	S9125	27	JASPER	10/01/17	\$ 167.46
General Inpatient Care	T1015	27	JASPER	10/01/17	\$ 673.87
Service Intensity Add-On (Per 15 Min. Units)	T2043	27	JASPER	10/01/17	\$ 36.60
Routine Home Care 1-60 Days	S9126	28	KERSHAW	10/01/17	\$ 170.03
Routine Home Care 61+ Days	T2042	28	KERSHAW	10/01/17	\$ 133.55
Continuous Home Care	S9123	28	KERSHAW	10/01/17	\$ 35.85
Inpatient Respite Care	S9125	28	KERSHAW	10/01/17	\$ 164.80
General Inpatient Care	T1015	28	KERSHAW	10/01/17	\$ 661.02
Service Intensity Add-On (Per 15 Min. Units)	T2043	28	KERSHAW	10/01/17	\$ 35.85
Routine Home Care 1-60 Days	S9126	29	LANCASTER	10/01/17	\$ 181.29
Routine Home Care 61+ Days	T2042	29	LANCASTER	10/01/17	\$ 142.39
Continuous Home Care	S9123	29	LANCASTER	10/01/17	\$ 38.22
Inpatient Respite Care	S9125	29	LANCASTER	10/01/17	\$ 173.16
General Inpatient Care	T1015	29	LANCASTER	10/01/17	\$ 701.43
Service Intensity Add-On (Per 15 Min. Units)	T2043	29	LANCASTER	10/01/17	\$ 38.22
Routine Home Care 1-60 Days	S9126	30	LAURENS	10/01/17	\$ 184.74
Routine Home Care 61+ Days	T2042	30	LAURENS	10/01/17	\$ 145.10
Continuous Home Care	S9123	30	LAURENS	10/01/17	\$ 38.95
Inpatient Respite Care	S9125	30	LAURENS	10/01/17	\$ 175.72
General Inpatient Care	T1015	30	LAURENS	10/01/17	\$ 713.80
Service Intensity Add-On (Per 15 Min. Units)	T2043	30	LAURENS	10/01/17	\$ 38.95

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PROCEDURE CODE	Procedure Code	CO. #	CO NAME	EFFECTIVE DATE OF RATE CHANGE	NEW RATE
Routine Home Care 1-60 Days	S9126	31	LEE	10/01/17	\$ 168.90
Routine Home Care 61+ Days	T2042	31	LEE	10/01/17	\$ 132.66
Continuous Home Care	S9123	31	LEE	10/01/17	\$ 35.61
Inpatient Respite Care	S9125	31	LEE	10/01/17	\$ 163.96
General Inpatient Care	T1015	31	LEE	10/01/17	\$ 656.97
Service Intensity Add-On (Per 15 Min. Units)	T2043	31	LEE	10/01/17	\$ 35.61
Routine Home Care 1-60 Days	S9126	32	LEXINGTON	10/01/17	\$ 170.03
Routine Home Care 61+ Days	T2042	32	LEXINGTON	10/01/17	\$ 133.55
Continuous Home Care	S9123	32	LEXINGTON	10/01/17	\$ 35.85
Inpatient Respite Care	S9125	32	LEXINGTON	10/01/17	\$ 164.80
General Inpatient Care	T1015	32	LEXINGTON	10/01/17	\$ 661.02
Service Intensity Add-On (Per 15 Min. Units)	T2043	32	LEXINGTON	10/01/17	\$ 35.85
Routine Home Care 1-60 Days	S9126	33	MCCORMICK	10/01/17	\$ 168.90
Routine Home Care 61+ Days	T2042	33	MCCORMICK	10/01/17	\$ 132.66
Continuous Home Care	S9123	33	MCCORMICK	10/01/17	\$ 35.61
Inpatient Respite Care	S9125	33	MCCORMICK	10/01/17	\$ 163.96
General Inpatient Care	T1015	33	MCCORMICK	10/01/17	\$ 656.97
Service Intensity Add-On (Per 15 Min. Units)	T2043	33	MCCORMICK	10/01/17	\$ 35.61
Routine Home Care 1-60 Days	S9126	34	MARION	10/01/17	\$ 168.90
Routine Home Care 61+ Days	T2042	34	MARION	10/01/17	\$ 132.66
Continuous Home Care	S9123	34	MARION	10/01/17	\$ 35.61
Inpatient Respite Care	S9125	34	MARION	10/01/17	\$ 163.96
General Inpatient Care	T1015	34	MARION	10/01/17	\$ 656.97
Service Intensity Add-On (Per 15 Min. Units)	T2043	34	MARION	10/01/17	\$ 35.61
Routine Home Care 1-60 Days	S9126	35	MARLBORO	10/01/17	\$ 168.90
Routine Home Care 61+ Days	T2042	35	MARLBORO	10/01/17	\$ 132.66
Continuous Home Care	S9123	35	MARLBORO	10/01/17	\$ 35.61
Inpatient Respite Care	S9125	35	MARLBORO	10/01/17	\$ 163.96
General Inpatient Care	T1015	35	MARLBORO	10/01/17	\$ 656.97
Service Intensity Add-On (Per 15 Min. Units)	T2043	35	MARLBORO	10/01/17	\$ 35.61
Routine Home Care 1-60 Days	S9126	36	NEWBERRY	10/01/17	\$ 168.90
Routine Home Care 61+ Days	T2042	36	NEWBERRY	10/01/17	\$ 132.66
Continuous Home Care	S9123	36	NEWBERRY	10/01/17	\$ 35.61
Inpatient Respite Care	S9125	36	NEWBERRY	10/01/17	\$ 163.96
General Inpatient Care	T1015	36	NEWBERRY	10/01/17	\$ 656.97
Service Intensity Add-On (Per 15 Min. Units)	T2043	36	NEWBERRY	10/01/17	\$ 35.61
Routine Home Care 1-60 Days	S9126	37	OCONEE	10/01/17	\$ 168.90
Routine Home Care 61+ Days	T2042	37	OCONEE	10/01/17	\$ 132.66
Continuous Home Care	S9123	37	OCONEE	10/01/17	\$ 35.61
Inpatient Respite Care	S9125	37	OCONEE	10/01/17	\$ 163.96
General Inpatient Care	T1015	37	OCONEE	10/01/17	\$ 656.97
Service Intensity Add-On (Per 15 Min. Units)	T2043	37	OCONEE	10/01/17	\$ 35.61
Routine Home Care 1-60 Days	S9126	38	ORANGEBURG	10/01/17	\$ 168.90
Routine Home Care 61+ Days	T2042	38	ORANGEBURG	10/01/17	\$ 132.66
Continuous Home Care	S9123	38	ORANGEBURG	10/01/17	\$ 35.61
Inpatient Respite Care	S9125	38	ORANGEBURG	10/01/17	\$ 163.96
General Inpatient Care	T1015	38	ORANGEBURG	10/01/17	\$ 656.97
Service Intensity Add-On (Per 15 Min. Units)	T2043	38	ORANGEBURG	10/01/17	\$ 35.61
Routine Home Care 1-60 Days	S9126	39	PICKENS	10/01/17	\$ 184.74
Routine Home Care 61+ Days	T2042	39	PICKENS	10/01/17	\$ 145.10
Continuous Home Care	S9123	39	PICKENS	10/01/17	\$ 38.95
Inpatient Respite Care	S9125	39	PICKENS	10/01/17	\$ 175.72
General Inpatient Care	T1015	39	PICKENS	10/01/17	\$ 713.80
Service Intensity Add-On (Per 15 Min. Units)	T2043	39	PICKENS	10/01/17	\$ 38.95
Routine Home Care 1-60 Days	S9126	40	RICHLAND	10/01/17	\$ 170.03
Routine Home Care 61+ Days	T2042	40	RICHLAND	10/01/17	\$ 133.55
Continuous Home Care	S9123	40	RICHLAND	10/01/17	\$ 35.85
Inpatient Respite Care	S9125	40	RICHLAND	10/01/17	\$ 164.80
General Inpatient Care	T1015	40	RICHLAND	10/01/17	\$ 661.02
Service Intensity Add-On (Per 15 Min. Units)	T2043	40	RICHLAND	10/01/17	\$ 35.85

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PROCEDURE CODE	Procedure Code	CO. #	CO NAME	EFFECTIVE DATE OF RATE CHANGE	NEW RATE
Routine Home Care 1-60 Days	S9126	41	SALUDA	10/01/17	\$ 170.03
Routine Home Care 61+ Days	T2042	41	SALUDA	10/01/17	\$ 133.55
Continuous Home Care	S9123	41	SALUDA	10/01/17	\$ 35.85
Inpatient Respite Care	S9125	41	SALUDA	10/01/17	\$ 164.80
General Inpatient Care	T1015	41	SALUDA	10/01/17	\$ 661.02
Service Intensity Add-On (Per 15 Min. Units)	T2043	41	SALUDA	10/01/17	\$ 35.85
Routine Home Care 1-60 Days	S9126	42	SPARTANBURG	10/01/17	\$ 171.64
Routine Home Care 61+ Days	T2042	42	SPARTANBURG	10/01/17	\$ 134.81
Continuous Home Care	S9123	42	SPARTANBURG	10/01/17	\$ 36.18
Inpatient Respite Care	S9125	42	SPARTANBURG	10/01/17	\$ 165.99
General Inpatient Care	T1015	42	SPARTANBURG	10/01/17	\$ 666.78
Service Intensity Add-On (Per 15 Min. Units)	T2043	42	SPARTANBURG	10/01/17	\$ 36.18
Routine Home Care 1-60 Days	S9126	43	SUMTER	10/01/17	\$ 166.50
Routine Home Care 61+ Days	T2042	43	SUMTER	10/01/17	\$ 130.78
Continuous Home Care	S9123	43	SUMTER	10/01/17	\$ 35.10
Inpatient Respite Care	S9125	43	SUMTER	10/01/17	\$ 162.18
General Inpatient Care	T1015	43	SUMTER	10/01/17	\$ 648.36
Service Intensity Add-On (Per 15 Min. Units)	T2043	43	SUMTER	10/01/17	\$ 35.10
Routine Home Care 1-60 Days	S9126	44	UNION	10/01/17	\$ 171.64
Routine Home Care 61+ Days	T2042	44	UNION	10/01/17	\$ 134.81
Continuous Home Care	S9123	44	UNION	10/01/17	\$ 36.18
Inpatient Respite Care	S9125	44	UNION	10/01/17	\$ 165.99
General Inpatient Care	T1015	44	UNION	10/01/17	\$ 666.78
Service Intensity Add-On (Per 15 Min. Units)	T2043	44	UNION	10/01/17	\$ 36.18
Routine Home Care 1-60 Days	S9126	45	WILLIAMSBURG	10/01/17	\$ 168.90
Routine Home Care 61+ Days	T2042	45	WILLIAMSBURG	10/01/17	\$ 132.66
Continuous Home Care	S9123	45	WILLIAMSBURG	10/01/17	\$ 35.61
Inpatient Respite Care	S9125	45	WILLIAMSBURG	10/01/17	\$ 163.96
General Inpatient Care	T1015	45	WILLIAMSBURG	10/01/17	\$ 656.97
Service Intensity Add-On (Per 15 Min. Units)	T2043	45	WILLIAMSBURG	10/01/17	\$ 35.61
Routine Home Care 1-60 Days	S9126	46	YORK	10/01/17	\$ 181.29
Routine Home Care 61+ Days	T2042	46	YORK	10/01/17	\$ 142.39
Continuous Home Care	S9123	46	YORK	10/01/17	\$ 38.22
Inpatient Respite Care	S9125	46	YORK	10/01/17	\$ 173.16
General Inpatient Care	T1015	46	YORK	10/01/17	\$ 701.43
Service Intensity Add-On (Per 15 Min. Units)	T2043	46	YORK	10/01/17	\$ 38.22
Routine Home Care 1-60 Days	S9126	Rural	South Carolina	10/01/17	\$ 168.90
Routine Home Care 61+ Days	T2042	Rural	South Carolina	10/01/17	\$ 132.66
Continuous Home Care	S9123	Rural	South Carolina	10/01/17	\$ 35.61
Inpatient Respite Care	S9125	Rural	South Carolina	10/01/17	\$ 163.96
General Inpatient Care	T1015	Rural	South Carolina	10/01/17	\$ 656.97
Service Intensity Add-On (Per 15 Min. Units)	T2043	Rural	South Carolina	10/01/17	\$ 35.61
Routine Home Care 1-60 Days	S9126	Rural	North Carolina	10/01/17	\$ 166.50
Routine Home Care 61+ Days	T2042	Rural	North Carolina	10/01/17	\$ 130.78
Continuous Home Care	S9123	Rural	North Carolina	10/01/17	\$ 35.10
Inpatient Respite Care	S9125	Rural	North Carolina	10/01/17	\$ 162.18
General Inpatient Care	T1015	Rural	North Carolina	10/01/17	\$ 648.36
Service Intensity Add-On (Per 15 Min. Units)	T2043	Rural	North Carolina	10/01/17	\$ 35.10

SCDHHS MEDICAID HOSPICE RATES
10/01/17 - 09/30/18

PROCEDURE CODE	Procedure Code	CO. #	CO NAME	EFFECTIVE DATE OF RATE CHANGE	NEW RATE
GREENVILLE-ANDERSON MAULDIN, SC			MSA-3160	Anderson	
AUGUSTA-RICHMOND GA-SC		CBSA-12	MSA-0600	Aiken/Edgefield	
CHARLESTON/ NORTH CHARLESTON SC		CBSA-16	MSA-1440	Berkeley/Charleston Dorchester	
CHARLOTTE-GASTONIA/ CONCORD NC-SC		CBSA-16	MSA-1520	York	
CHARLOTTE-GASTONIA/ CONCORD NC-SC		CBSA-16	MSA-9942	Chester/Lancaster	
COLUMBIA SC		CBSA-17	MSA-1760	Lexington/Richland	
		CBSA-17	MSA-9942	Fairfield/Kershaw Saluda/Calhoun	
FLORENCE SC		CBSA-22	MSA-2655	Florence	
		CBSA-22	MSA-9942	Darlington	
GREENVILLE-ANDERSON MAULDIN, SC		CBSA-24	MSA-3160	Greenville/Pickens/Laurens	
HILTON HEAD/BLUFFTON/ BEAUFORT, SC		CBSA-25	MSA-9942	Beaufort/jasper	
MRYTLE BEACH-CONWAY/ N. MYRTLE BEACH SC		CBSA-34	MSA-5330	Horry	
SPARTANBURG SC		CBSA-43	MSA-3160	Spartanburg	
SPARTANBURG SC		CBSA-43	MSA-9942	Union	
SUMTER		CBSA-44	MSA-8140	Sumter	
SOUTH CAROLINA		CBSA-42	MSA-9942	Rural State	
NORTH CAROLINA		CBSA-34	MSA-9934	Rural State	
16-17 Rates with Updated Payment Rates					