

S.C. Medicaid Program
FYE 2018 - 2019 Hospice Rates

PROCEDURE CODE NAME	Procedure Code	CO. #	CO NAME	EFFECTIVE DATE	RATE W/Report
Routine Home Care 1-60 Days	S9126	1	ABBEVILLE	10/1/2018	\$170.82
Routine Home Care 61+ Days	T2042	1	ABBEVILLE	10/1/2018	\$134.23
Continuous Home Care	S9123	1	ABBEVILLE	10/1/2018	\$36.13
Inpatient Respite Care	S9125	1	ABBEVILLE	10/1/2018	\$166.19
General Inpatient Care	T1015	1	ABBEVILLE	10/1/2018	\$665.78
Service Intensity Add-On (Per 15 Min. Units)	T2043	1	ABBEVILLE	10/1/2018	\$36.13
Routine Home Care 1-60 Days	S9126	2	AIKEN	10/1/2018	\$183.74
Routine Home Care 61+ Days	T2042	2	AIKEN	10/1/2018	\$144.38
Continuous Home Care	S9123	2	AIKEN	10/1/2018	\$38.87
Inpatient Respite Care	S9125	2	AIKEN	10/1/2018	\$175.79
General Inpatient Care	T1015	2	AIKEN	10/1/2018	\$712.21
Service Intensity Add-On (Per 15 Min. Units)	T2043	2	AIKEN	10/1/2018	\$38.87
Routine Home Care 1-60 Days	S9126	3	ALLENDALE	10/1/2018	\$170.82
Routine Home Care 61+ Days	T2042	3	ALLENDALE	10/1/2018	\$134.23
Continuous Home Care	S9123	3	ALLENDALE	10/1/2018	\$36.13
Inpatient Respite Care	S9125	3	ALLENDALE	10/1/2018	\$166.19
General Inpatient Care	T1015	3	ALLENDALE	10/1/2018	\$665.78
Service Intensity Add-On (Per 15 Min. Units)	T2043	3	ALLENDALE	10/1/2018	\$36.13
Routine Home Care 1-60 Days	S9126	4	ANDERSON	10/1/2018	\$186.28
Routine Home Care 61+ Days	T2042	4	ANDERSON	10/1/2018	\$146.38
Continuous Home Care	S9123	4	ANDERSON	10/1/2018	\$39.40
Inpatient Respite Care	S9125	4	ANDERSON	10/1/2018	\$177.68
General Inpatient Care	T1015	4	ANDERSON	10/1/2018	\$721.34
Service Intensity Add-On (Per 15 Min. Units)	T2043	4	ANDERSON	10/1/2018	\$39.40
Routine Home Care 1-60 Days	S9126	5	BAMBERG	10/1/2018	\$170.82
Routine Home Care 61+ Days	T2042	5	BAMBERG	10/1/2018	\$134.23
Continuous Home Care	S9123	5	BAMBERG	10/1/2018	\$36.13
Inpatient Respite Care	S9125	5	BAMBERG	10/1/2018	\$166.19
General Inpatient Care	T1015	5	BAMBERG	10/1/2018	\$665.78
Service Intensity Add-On (Per 15 Min. Units)	T2043	5	BAMBERG	10/1/2018	\$36.13
Routine Home Care 1-60 Days	S9126	6	BARNWELL	10/1/2018	\$170.82
Routine Home Care 61+ Days	T2042	6	BARNWELL	10/1/2018	\$134.23
Continuous Home Care	S9123	6	BARNWELL	10/1/2018	\$36.13

S.C. Medicaid Program
FYE 2018 - 2019 Hospice Rates

Inpatient Respite Care	S9125	6	BARNWELL	10/1/2018	\$166.19
General Inpatient Care	T1015	6	BARNWELL	10/1/2018	\$665.78
Service Intensity Add-On (Per 15 Min. Units)	T2043	6	BARNWELL	10/1/2018	\$36.13
Routine Home Care 1-60 Days	S9126	7	BEAUFORT	10/1/2018	\$170.60
Routine Home Care 61+ Days	T2042	7	BEAUFORT	10/1/2018	\$134.06
Continuous Home Care	S9123	7	BEAUFORT	10/1/2018	\$36.09
Inpatient Respite Care	S9125	7	BEAUFORT	10/1/2018	\$166.03
General Inpatient Care	T1015	7	BEAUFORT	10/1/2018	\$665.00
Service Intensity Add-On (Per 15 Min. Units)	T2043	7	BEAUFORT	10/1/2018	\$36.09
Routine Home Care 1-60 Days	S9126	8	BERKELEY	10/1/2018	\$182.92
Routine Home Care 61+ Days	T2042	8	BERKELEY	10/1/2018	\$143.74
Continuous Home Care	S9123	8	BERKELEY	10/1/2018	\$38.69
Inpatient Respite Care	S9125	8	BERKELEY	10/1/2018	\$175.18
General Inpatient Care	T1015	8	BERKELEY	10/1/2018	\$709.25
Service Intensity Add-On (Per 15 Min. Units)	T2043	8	BERKELEY	10/1/2018	\$38.69
Routine Home Care 1-60 Days	S9126	9	CALHOUN	10/1/2018	\$173.38
Routine Home Care 61+ Days	T2042	9	CALHOUN	10/1/2018	\$136.25
Continuous Home Care	S9123	9	CALHOUN	10/1/2018	\$36.68
Inpatient Respite Care	S9125	9	CALHOUN	10/1/2018	\$168.10
General Inpatient Care	T1015	9	CALHOUN	10/1/2018	\$675.00
Service Intensity Add-On (Per 15 Min. Units)	T2043	9	CALHOUN	10/1/2018	\$36.68
Routine Home Care 1-60 Days	S9126	10	CHARLESTON	10/1/2018	\$182.92
Routine Home Care 61+ Days	T2042	10	CHARLESTON	10/1/2018	\$143.74
Continuous Home Care	S9123	10	CHARLESTON	10/1/2018	\$38.69
Inpatient Respite Care	S9125	10	CHARLESTON	10/1/2018	\$175.18
General Inpatient Care	T1015	10	CHARLESTON	10/1/2018	\$709.25
Service Intensity Add-On (Per 15 Min. Units)	T2043	10	CHARLESTON	10/1/2018	\$38.69
Routine Home Care 1-60 Days	S9126	11	CHEROKEE	10/1/2018	\$170.82
Routine Home Care 61+ Days	T2042	11	CHEROKEE	10/1/2018	\$134.23
Continuous Home Care	S9123	11	CHEROKEE	10/1/2018	\$36.13
Inpatient Respite Care	S9125	11	CHEROKEE	10/1/2018	\$166.19
General Inpatient Care	T1015	11	CHEROKEE	10/1/2018	\$665.78
Service Intensity Add-On (Per 15 Min. Units)	T2043	11	CHEROKEE	10/1/2018	\$36.13
Routine Home Care 1-60 Days	S9126	12	CHESTER	10/1/2018	\$186.71

S.C. Medicaid Program
FYE 2018 - 2019 Hospice Rates

Routine Home Care 61+ Days	T2042	12	CHESTER	10/1/2018	\$146.72
Continuous Home Care	S9123	12	CHESTER	10/1/2018	\$39.49
Inpatient Respite Care	S9125	12	CHESTER	10/1/2018	\$178.00
General Inpatient Care	T1015	12	CHESTER	10/1/2018	\$722.89
Service Intensity Add-On (Per 15 Min. Units)	T2043	12	CHESTER	10/1/2018	\$39.49
Routine Home Care 1-60 Days	S9126	13	CHESTERFIELD	10/1/2018	\$170.82
Routine Home Care 61+ Days	T2042	13	CHESTERFIELD	10/1/2018	\$134.23
Continuous Home Care	S9123	13	CHESTERFIELD	10/1/2018	\$36.13
Inpatient Respite Care	S9125	13	CHESTERFIELD	10/1/2018	\$166.19
General Inpatient Care	T1015	13	CHESTERFIELD	10/1/2018	\$665.78
Service Intensity Add-On (Per 15 Min. Units)	T2043	13	CHESTERFIELD	10/1/2018	\$36.13
Routine Home Care 1-60 Days	S9126	14	CLARENDON	10/1/2018	\$170.82
Routine Home Care 61+ Days	T2042	14	CLARENDON	10/1/2018	\$134.23
Continuous Home Care	S9123	14	CLARENDON	10/1/2018	\$36.13
Inpatient Respite Care	S9125	14	CLARENDON	10/1/2018	\$166.19
General Inpatient Care	T1015	14	CLARENDON	10/1/2018	\$665.78
Service Intensity Add-On (Per 15 Min. Units)	T2043	14	CLARENDON	10/1/2018	\$36.13
Routine Home Care 1-60 Days	S9126	15	COLLETON	10/1/2018	\$170.82
Routine Home Care 61+ Days	T2042	15	COLLETON	10/1/2018	\$134.23
Continuous Home Care	S9123	15	COLLETON	10/1/2018	\$36.13
Inpatient Respite Care	S9125	15	COLLETON	10/1/2018	\$166.19
General Inpatient Care	T1015	15	COLLETON	10/1/2018	\$665.78
Service Intensity Add-On (Per 15 Min. Units)	T2043	15	COLLETON	10/1/2018	\$36.13
Routine Home Care 1-60 Days	S9126	16	DARLINGTON	10/1/2018	\$169.50
Routine Home Care 61+ Days	T2042	16	DARLINGTON	10/1/2018	\$133.19
Continuous Home Care	S9123	16	DARLINGTON	10/1/2018	\$35.85
Inpatient Respite Care	S9125	16	DARLINGTON	10/1/2018	\$165.21
General Inpatient Care	T1015	16	DARLINGTON	10/1/2018	\$661.02
Service Intensity Add-On (Per 15 Min. Units)	T2043	16	DARLINGTON	10/1/2018	\$35.85
Routine Home Care 1-60 Days	S9126	17	DILLON	10/1/2018	\$170.82
Routine Home Care 61+ Days	T2042	17	DILLON	10/1/2018	\$134.23
Continuous Home Care	S9123	17	DILLON	10/1/2018	\$36.13
Inpatient Respite Care	S9125	17	DILLON	10/1/2018	\$166.19
General Inpatient Care	T1015	17	DILLON	10/1/2018	\$665.78

S.C. Medicaid Program
FYE 2018 - 2019 Hospice Rates

Service Intensity Add-On (Per 15 Min. Units)	T2043	17	DILLON	10/1/2018	\$36.13
Routine Home Care 1-60 Days	S9126	18	DORCHESTER	10/1/2018	\$182.92
Routine Home Care 61+ Days	T2042	18	DORCHESTER	10/1/2018	\$143.74
Continuous Home Care	S9123	18	DORCHESTER	10/1/2018	\$38.69
Inpatient Respite Care	S9125	18	DORCHESTER	10/1/2018	\$175.18
General Inpatient Care	T1015	18	DORCHESTER	10/1/2018	\$709.25
Service Intensity Add-On (Per 15 Min. Units)	T2043	18	DORCHESTER	10/1/2018	\$38.69
Routine Home Care 1-60 Days	S9126	19	EDGEFIELD	10/1/2018	\$183.74
Routine Home Care 61+ Days	T2042	19	EDGEFIELD	10/1/2018	\$144.38
Continuous Home Care	S9123	19	EDGEFIELD	10/1/2018	\$38.87
Inpatient Respite Care	S9125	19	EDGEFIELD	10/1/2018	\$175.79
General Inpatient Care	T1015	19	EDGEFIELD	10/1/2018	\$712.21
Service Intensity Add-On (Per 15 Min. Units)	T2043	19	EDGEFIELD	10/1/2018	\$38.87
Routine Home Care 1-60 Days	S9126	20	FAIRFIELD	10/1/2018	\$173.38
Routine Home Care 61+ Days	T2042	20	FAIRFIELD	10/1/2018	\$136.25
Continuous Home Care	S9123	20	FAIRFIELD	10/1/2018	\$36.68
Inpatient Respite Care	S9125	20	FAIRFIELD	10/1/2018	\$168.10
General Inpatient Care	T1015	20	FAIRFIELD	10/1/2018	\$675.00
Service Intensity Add-On (Per 15 Min. Units)	T2043	20	FAIRFIELD	10/1/2018	\$36.68
Routine Home Care 1-60 Days	S9126	21	FLORENCE	10/1/2018	\$169.50
Routine Home Care 61+ Days	T2042	21	FLORENCE	10/1/2018	\$133.19
Continuous Home Care	S9123	21	FLORENCE	10/1/2018	\$35.85
Inpatient Respite Care	S9125	21	FLORENCE	10/1/2018	\$165.21
General Inpatient Care	T1015	21	FLORENCE	10/1/2018	\$661.02
Service Intensity Add-On (Per 15 Min. Units)	T2043	21	FLORENCE	10/1/2018	\$35.85
Routine Home Care 1-60 Days	S9126	22	GEORGETOWN	10/1/2018	\$170.82
Routine Home Care 61+ Days	T2042	22	GEORGETOWN	10/1/2018	\$134.23
Continuous Home Care	S9123	22	GEORGETOWN	10/1/2018	\$36.13
Inpatient Respite Care	S9125	22	GEORGETOWN	10/1/2018	\$166.19
General Inpatient Care	T1015	22	GEORGETOWN	10/1/2018	\$665.78
Service Intensity Add-On (Per 15 Min. Units)	T2043	22	GEORGETOWN	10/1/2018	\$36.13
Routine Home Care 1-60 Days	S9126	23	GREENVILLE	10/1/2018	\$186.28
Routine Home Care 61+ Days	T2042	23	GREENVILLE	10/1/2018	\$146.38
Continuous Home Care	S9123	23	GREENVILLE	10/1/2018	\$39.40

S.C. Medicaid Program
FYE 2018 - 2019 Hospice Rates

Inpatient Respite Care	S9125	23	GREENVILLE	10/1/2018	\$177.68
General Inpatient Care	T1015	23	GREENVILLE	10/1/2018	\$721.34
Service Intensity Add-On (Per 15 Min. Units)	T2043	23	GREENVILLE	10/1/2018	\$39.40
Routine Home Care 1-60 Days	S9126	24	GREENWOOD	10/1/2018	\$170.82
Routine Home Care 61+ Days	T2042	24	GREENWOOD	10/1/2018	\$134.23
Continuous Home Care	S9123	24	GREENWOOD	10/1/2018	\$36.13
Inpatient Respite Care	S9125	24	GREENWOOD	10/1/2018	\$166.19
General Inpatient Care	T1015	24	GREENWOOD	10/1/2018	\$665.78
Service Intensity Add-On (Per 15 Min. Units)	T2043	24	GREENWOOD	10/1/2018	\$36.13
Routine Home Care 1-60 Days	S9126	25	HAMPTON	10/1/2018	\$170.82
Routine Home Care 61+ Days	T2042	25	HAMPTON	10/1/2018	\$134.23
Continuous Home Care	S9123	25	HAMPTON	10/1/2018	\$36.13
Inpatient Respite Care	S9125	25	HAMPTON	10/1/2018	\$166.19
General Inpatient Care	T1015	25	HAMPTON	10/1/2018	\$665.78
Service Intensity Add-On (Per 15 Min. Units)	T2043	25	HAMPTON	10/1/2018	\$36.13
Routine Home Care 1-60 Days	S9126	26	HORRY	10/1/2018	\$174.73
Routine Home Care 61+ Days	T2042	26	HORRY	10/1/2018	\$137.31
Continuous Home Care	S9123	26	HORRY	10/1/2018	\$36.96
Inpatient Respite Care	S9125	26	HORRY	10/1/2018	\$169.10
General Inpatient Care	T1015	26	HORRY	10/1/2018	\$679.85
Service Intensity Add-On (Per 15 Min. Units)	T2043	26	HORRY	10/1/2018	\$36.96
Routine Home Care 1-60 Days	S9126	27	JASPER	10/1/2018	\$170.60
Routine Home Care 61+ Days	T2042	27	JASPER	10/1/2018	\$134.06
Continuous Home Care	S9123	27	JASPER	10/1/2018	\$36.09
Inpatient Respite Care	S9125	27	JASPER	10/1/2018	\$166.03
General Inpatient Care	T1015	27	JASPER	10/1/2018	\$665.00
Service Intensity Add-On (Per 15 Min. Units)	T2043	27	JASPER	10/1/2018	\$36.09
Routine Home Care 1-60 Days	S9126	28	KERSHAW	10/1/2018	\$173.38
Routine Home Care 61+ Days	T2042	28	KERSHAW	10/1/2018	\$136.25
Continuous Home Care	S9123	28	KERSHAW	10/1/2018	\$36.68
Inpatient Respite Care	S9125	28	KERSHAW	10/1/2018	\$168.10
General Inpatient Care	T1015	28	KERSHAW	10/1/2018	\$675.00
Service Intensity Add-On (Per 15 Min. Units)	T2043	28	KERSHAW	10/1/2018	\$36.68
Routine Home Care 1-60 Days	S9126	29	LANCASTER	10/1/2018	\$186.71

S.C. Medicaid Program
FYE 2018 - 2019 Hospice Rates

Routine Home Care 61+ Days	T2042	29	LANCASTER	10/1/2018	\$146.72
Continuous Home Care	S9123	29	LANCASTER	10/1/2018	\$39.49
Inpatient Respite Care	S9125	29	LANCASTER	10/1/2018	\$178.00
General Inpatient Care	T1015	29	LANCASTER	10/1/2018	\$722.89
Service Intensity Add-On (Per 15 Min. Units)	T2043	29	LANCASTER	10/1/2018	\$39.49
Routine Home Care 1-60 Days	S9126	30	LAURENS	10/1/2018	\$186.28
Routine Home Care 61+ Days	T2042	30	LAURENS	10/1/2018	\$146.38
Continuous Home Care	S9123	30	LAURENS	10/1/2018	\$39.40
Inpatient Respite Care	S9125	30	LAURENS	10/1/2018	\$177.68
General Inpatient Care	T1015	30	LAURENS	10/1/2018	\$721.34
Service Intensity Add-On (Per 15 Min. Units)	T2043	30	LAURENS	10/1/2018	\$39.40
Routine Home Care 1-60 Days	S9126	31	LEE	10/1/2018	\$170.82
Routine Home Care 61+ Days	T2042	31	LEE	10/1/2018	\$134.23
Continuous Home Care	S9123	31	LEE	10/1/2018	\$36.13
Inpatient Respite Care	S9125	31	LEE	10/1/2018	\$166.19
General Inpatient Care	T1015	31	LEE	10/1/2018	\$665.78
Service Intensity Add-On (Per 15 Min. Units)	T2043	31	LEE	10/1/2018	\$36.13
Routine Home Care 1-60 Days	S9126	32	LEXINGTON	10/1/2018	\$173.38
Routine Home Care 61+ Days	T2042	32	LEXINGTON	10/1/2018	\$136.25
Continuous Home Care	S9123	32	LEXINGTON	10/1/2018	\$36.68
Inpatient Respite Care	S9125	32	LEXINGTON	10/1/2018	\$168.10
General Inpatient Care	T1015	32	LEXINGTON	10/1/2018	\$675.00
Service Intensity Add-On (Per 15 Min. Units)	T2043	32	LEXINGTON	10/1/2018	\$36.68
Routine Home Care 1-60 Days	S9126	33	MCCORMICK	10/1/2018	\$170.82
Routine Home Care 61+ Days	T2042	33	MCCORMICK	10/1/2018	\$134.23
Continuous Home Care	S9123	33	MCCORMICK	10/1/2018	\$36.13
Inpatient Respite Care	S9125	33	MCCORMICK	10/1/2018	\$166.19
General Inpatient Care	T1015	33	MCCORMICK	10/1/2018	\$665.78
Service Intensity Add-On (Per 15 Min. Units)	T2043	33	MCCORMICK	10/1/2018	\$36.13
Routine Home Care 1-60 Days	S9126	34	MARION	10/1/2018	\$170.82
Routine Home Care 61+ Days	T2042	34	MARION	10/1/2018	\$134.23
Continuous Home Care	S9123	34	MARION	10/1/2018	\$36.13
Inpatient Respite Care	S9125	34	MARION	10/1/2018	\$166.19
General Inpatient Care	T1015	34	MARION	10/1/2018	\$665.78

S.C. Medicaid Program
FYE 2018 - 2019 Hospice Rates

Service Intensity Add-On (Per 15 Min. Units)	T2043	34	MARION	10/1/2018	\$36.13
Routine Home Care 1-60 Days	S9126	35	MARLBORO	10/1/2018	\$170.82
Routine Home Care 61+ Days	T2042	35	MARLBORO	10/1/2018	\$134.23
Continuous Home Care	S9123	35	MARLBORO	10/1/2018	\$36.13
Inpatient Respite Care	S9125	35	MARLBORO	10/1/2018	\$166.19
General Inpatient Care	T1015	35	MARLBORO	10/1/2018	\$665.78
Service Intensity Add-On (Per 15 Min. Units)	T2043	35	MARLBORO	10/1/2018	\$36.13
Routine Home Care 1-60 Days	S9126	36	NEWBERRY	10/1/2018	\$170.82
Routine Home Care 61+ Days	T2042	36	NEWBERRY	10/1/2018	\$134.23
Continuous Home Care	S9123	36	NEWBERRY	10/1/2018	\$36.13
Inpatient Respite Care	S9125	36	NEWBERRY	10/1/2018	\$166.19
General Inpatient Care	T1015	36	NEWBERRY	10/1/2018	\$665.78
Service Intensity Add-On (Per 15 Min. Units)	T2043	36	NEWBERRY	10/1/2018	\$36.13
Routine Home Care 1-60 Days	S9126	37	OCONEE	10/1/2018	\$170.82
Routine Home Care 61+ Days	T2042	37	OCONEE	10/1/2018	\$134.23
Continuous Home Care	S9123	37	OCONEE	10/1/2018	\$36.13
Inpatient Respite Care	S9125	37	OCONEE	10/1/2018	\$166.19
General Inpatient Care	T1015	37	OCONEE	10/1/2018	\$665.78
Service Intensity Add-On (Per 15 Min. Units)	T2043	37	OCONEE	10/1/2018	\$36.13
Routine Home Care 1-60 Days	S9126	38	ORANGEBURG	10/1/2018	\$170.82
Routine Home Care 61+ Days	T2042	38	ORANGEBURG	10/1/2018	\$134.23
Continuous Home Care	S9123	38	ORANGEBURG	10/1/2018	\$36.13
Inpatient Respite Care	S9125	38	ORANGEBURG	10/1/2018	\$166.19
General Inpatient Care	T1015	38	ORANGEBURG	10/1/2018	\$665.78
Service Intensity Add-On (Per 15 Min. Units)	T2043	38	ORANGEBURG	10/1/2018	\$36.13
Routine Home Care 1-60 Days	S9126	39	PICKENS	10/1/2018	\$186.28
Routine Home Care 61+ Days	T2042	39	PICKENS	10/1/2018	\$146.38
Continuous Home Care	S9123	39	PICKENS	10/1/2018	\$39.40
Inpatient Respite Care	S9125	39	PICKENS	10/1/2018	\$177.68
General Inpatient Care	T1015	39	PICKENS	10/1/2018	\$721.34
Service Intensity Add-On (Per 15 Min. Units)	T2043	39	PICKENS	10/1/2018	\$39.40
Routine Home Care 1-60 Days	S9126	40	RICHLAND	10/1/2018	\$173.38
Routine Home Care 61+ Days	T2042	40	RICHLAND	10/1/2018	\$136.25
Continuous Home Care	S9123	40	RICHLAND	10/1/2018	\$36.68

S.C. Medicaid Program
FYE 2018 - 2019 Hospice Rates

Inpatient Respite Care	S9125	40	RICHLAND	10/1/2018	\$168.10
General Inpatient Care	T1015	40	RICHLAND	10/1/2018	\$675.00
Service Intensity Add-On (Per 15 Min. Units)	T2043	40	RICHLAND	10/1/2018	\$36.68
Routine Home Care 1-60 Days	S9126	41	SALUDA	10/1/2018	\$173.38
Routine Home Care 61+ Days	T2042	41	SALUDA	10/1/2018	\$136.25
Continuous Home Care	S9123	41	SALUDA	10/1/2018	\$36.68
Inpatient Respite Care	S9125	41	SALUDA	10/1/2018	\$168.10
General Inpatient Care	T1015	41	SALUDA	10/1/2018	\$675.00
Service Intensity Add-On (Per 15 Min. Units)	T2043	41	SALUDA	10/1/2018	\$36.68
Routine Home Care 1-60 Days	S9126	42	SPARTANBURG	10/1/2018	\$178.65
Routine Home Care 61+ Days	T2042	42	SPARTANBURG	10/1/2018	\$140.38
Continuous Home Care	S9123	42	SPARTANBURG	10/1/2018	\$37.79
Inpatient Respite Care	S9125	42	SPARTANBURG	10/1/2018	\$172.01
General Inpatient Care	T1015	42	SPARTANBURG	10/1/2018	\$693.92
Service Intensity Add-On (Per 15 Min. Units)	T2043	42	SPARTANBURG	10/1/2018	\$37.79
Routine Home Care 1-60 Days	S9126	43	SUMTER	10/1/2018	\$168.08
Routine Home Care 61+ Days	T2042	43	SUMTER	10/1/2018	\$132.08
Continuous Home Care	S9123	43	SUMTER	10/1/2018	\$35.55
Inpatient Respite Care	S9125	43	SUMTER	10/1/2018	\$164.16
General Inpatient Care	T1015	43	SUMTER	10/1/2018	\$655.93
Service Intensity Add-On (Per 15 Min. Units)	T2043	43	SUMTER	10/1/2018	\$35.55
Routine Home Care 1-60 Days	S9126	44	UNION	10/1/2018	\$178.65
Routine Home Care 61+ Days	T2042	44	UNION	10/1/2018	\$140.38
Continuous Home Care	S9123	44	UNION	10/1/2018	\$37.79
Inpatient Respite Care	S9125	44	UNION	10/1/2018	\$172.01
General Inpatient Care	T1015	44	UNION	10/1/2018	\$693.92
Service Intensity Add-On (Per 15 Min. Units)	T2043	44	UNION	10/1/2018	\$37.79
Routine Home Care 1-60 Days	S9126	45	WILLIAMSBURG	10/1/2018	\$170.82
Routine Home Care 61+ Days	T2042	45	WILLIAMSBURG	10/1/2018	\$134.23
Continuous Home Care	S9123	45	WILLIAMSBURG	10/1/2018	\$36.13
Inpatient Respite Care	S9125	45	WILLIAMSBURG	10/1/2018	\$166.19
General Inpatient Care	T1015	45	WILLIAMSBURG	10/1/2018	\$665.78
Service Intensity Add-On (Per 15 Min. Units)	T2043	45	WILLIAMSBURG	10/1/2018	\$36.13
Routine Home Care 1-60 Days	S9126	46	YORK	10/1/2018	\$186.71

S.C. Medicaid Program
FYE 2018 - 2019 Hospice Rates

Routine Home Care 61+ Days	T2042	46	YORK	10/1/2018	\$146.72
Continuous Home Care	S9123	46	YORK	10/1/2018	\$39.49
Inpatient Respite Care	S9125	46	YORK	10/1/2018	\$178.00
General Inpatient Care	T1015	46	YORK	10/1/2018	\$722.89
Service Intensity Add-On (Per 15 Min. Units)	T2043	46	YORK	10/1/2018	\$39.49
Routine Home Care 1-60 Days	S9126	Rural	South Carolina	10/1/2018	\$170.82
Routine Home Care 61+ Days	T2042	Rural	South Carolina	10/1/2018	\$134.23
Continuous Home Care	S9123	Rural	South Carolina	10/1/2018	\$36.13
Inpatient Respite Care	S9125	Rural	South Carolina	10/1/2018	\$166.19
General Inpatient Care	T1015	Rural	South Carolina	10/1/2018	\$665.78
Service Intensity Add-On (Per 15 Min. Units)	T2043	Rural	South Carolina	10/1/2018	\$36.13
Routine Home Care 1-60 Days	S9126	Rural	North Carolina	10/1/2018	\$169.50
Routine Home Care 61+ Days	T2042	Rural	North Carolina	10/1/2018	\$133.19
Continuous Home Care	S9123	Rural	North Carolina	10/1/2018	\$35.85
Inpatient Respite Care	S9125	Rural	North Carolina	10/1/2018	\$165.21
General Inpatient Care	T1015	Rural	North Carolina	10/1/2018	\$661.02
Service Intensity Add-On (Per 15 Min. Units)	T2043	Rural	North Carolina	10/1/2018	\$35.85
GREENVILLE-ANDERSON		CBSA-24860	MSA-3160	Anderson	
MAULDIN, SC					
AUGUSTA-RICHMOND GA-SC		CBSA-12260	MSA-0600	Aiken/Edgefield	
CHARLESTON/ NORTH CHARLESTON SC		CBSA-16700	MSA-1440	Berkeley/Charleston Dorchester	
CHARLOTTE-GASTONIA/ CONCORD NC-SC		CBSA-16740	MSA-1520	York	
CHARLOTTE-GASTONIA/ CONCORD NC-SC		CBSA-16740	MSA-9942	Chester/Lancaster	
COLUMBIA SC		CBSA-17900	MSA-1760	Lexington/Richland	
		CBSA-17900	MSA-9942	Fairfield/Kershaw	

S.C. Medicaid Program
FYE 2018 - 2019 Hospice Rates

				Saluda/Calhoun	
FLORENCE SC		CBSA-22500	MSA-2655	Florence	
		CBSA-22500	MSA-9942	Darlington	
GREENVILLE-ANDERSON		CBSA-24860	MSA-3160	Greenville/Pickens/Laurens	
MAULDIN, SC					
HILTON HEAD/BLUFFTON/ BEAUFORT, SC		CBSA-25940	MSA-9942	Beaufort/jasper	
MRYTLE BEACH-CONWAY/ N. MYRTLE BEACH SC		CBSA-34820	MSA-5330	Horry	
SPARTANBURG SC		CBSA-43900	MSA-3160	Spartanburg	
SPARTANBURG SC		CBSA-43900	MSA-9942	Union	
SUMTER		CBSA-44940	MSA-8140	Sumter	
SOUTH CAROLINA		CBSA-42	MSA-9942	Rural State	
NORTH CAROLINA		CBSA-34	MSA-9934	Rural State	
18-19 Rates with Updated Payment Rates					