

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
HOSPICE FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER OCTOBER 01, 2024

MSA CODE	BEG DATE	HR651 DAY 1-60	HR651 DAY 61+	HR652	HR655	HR656	HR659
10780	10/01/2024	213.75	168.36	63.65	521.03	1114.17	63.65
12940	10/01/2024	200.79	158.15	59.22	491.95	1049.31	59.22
25220	10/01/2024	195.22	153.77	57.32	479.46	1021.44	57.32
26380	10/01/2024	193.08	152.08	56.59	474.66	1010.75	56.59
29180	10/01/2024	195.22	153.77	57.32	479.46	1021.44	57.32
29340	10/01/2024	195.22	153.77	57.32	479.46	1021.44	57.32
33740	10/01/2024	195.22	153.77	57.32	479.46	1021.44	57.32
35380	10/01/2024	197.88	155.86	58.23	485.42	1034.74	58.23
43340	10/01/2024	202.26	159.31	59.73	495.25	1056.66	59.73
43640	10/01/2024	194.49	153.53	57.05	535.26	1146.14	57.05
99919	10/01/2024	192.36	151.51	56.34	473.03	1007.10	56.34