

Louisiana Department of Health

Hospice fee schedule effective for dates of service October 1, 2015 through December 31, 2015.

Metropolitan Statistical Area

Revenue Code	Description	220	760	3350	3880	3960	5200	5560	7680	9919
HR 651	Routine Home Care	\$139.82	\$139.82	\$139.82	\$139.82	\$139.82	\$139.82	\$148.97	\$143.44	\$139.82
HR 652	Continuous Home Care	\$33.97	\$33.97	\$33.97	\$33.97	\$33.97	\$33.97	\$36.19	\$34.85	\$33.97
HR 655	Inpatient Respite Care	\$157.18	\$157.18	\$157.18	\$157.18	\$157.18	\$177.06	\$177.14	\$177.09	\$177.06
HR 656	General Inpatient Care	\$627.92	\$627.92	\$627.92	\$627.92	\$627.92	\$720.91	\$720.99	\$720.94	\$720.91