

Louisiana Department of Health

Hospice fee schedule effective for dates of service on or after January 1, 2016.

Metropolitan Statistical Area

Revenue Code	Description	220	760	3350	3880	3960	5200	5560	7680	9919
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
HR 659	Service Intensity Add- On	\$8.49	\$8.49	\$8.49	\$8.49	\$8.49	\$8.49	\$9.05	\$8.71	\$8.49

Routine Home Care enhanced rates effective for dates of service on or after January 1, 2016.

Metropolitan Statistical Area

Revenue Code	Description	220	760	3350	3880	3960	5200	5560	7680	9919
HR 651	Days (1-60) Routine Home Care	\$161.37	\$161.37	\$161.37	\$161.37	\$161.37	\$161.37	\$171.93	\$165.55	\$161.37
HR 651	Days (61 +) Routine Home Care	\$126.82	\$126.82	\$126.82	\$126.82	\$126.82	\$126.82	\$135.11	\$130.10	\$126.82