

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
DEPARTMENT OF HEALTH AND HOSPITALS - BUREAU OF HEALTH SERVICES - FINANCING
HOSPICE FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER OCTOBER 01, 2017

CBSA CODE	BEG DATE	HR651 DAY 1-60	HR651 DAY 61+	HR652	HR655	HR656	HR659
10780	10/01/2017	166.50	130.78	35.11	162.18	648.36	8.78
12940	10/01/2017	166.50	130.78	35.11	162.18	648.36	8.78
25220	10/01/2017	174.82	137.31	36.86	168.35	678.20	9.22
26380	10/01/2017	166.50	130.78	35.11	162.18	648.36	8.78
29180	10/01/2017	166.50	130.78	35.11	162.18	648.36	8.78
29340	10/01/2017	166.50	130.78	35.11	162.18	648.36	8.78
33740	10/01/2017	166.50	130.78	35.11	182.67	744.35	8.78
35380	10/01/2017	169.17	132.87	35.67	182.69	744.37	8.92
43340	10/01/2017	183.45	144.09	38.68	182.80	744.48	9.67
99919	10/01/2017	166.50	130.78	35.11	182.67	744.35	8.78