

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
HOSPICE FEE SCHEDULE

FEES EFFECTIVE FROM OCTOBER 01, 2018 THRU SEPTEMBER 30, 2019

MSA CODE	BEG DATE	HR651	HR651	HR652	HR655	HR656	HR659
		DAY 1-60	DAY 61+				
10780	10/01/2018	174.29	136.96	36.87	168.77	678.25	9.22
12940	10/01/2018	169.50	133.19	35.86	165.21	661.02	8.97
25220	10/01/2018	178.07	139.93	37.67	171.58	691.83	9.42
26380	10/01/2018	169.50	133.19	35.86	165.21	661.02	8.97
29180	10/01/2018	169.50	133.19	35.86	165.21	661.02	8.97
29340	10/01/2018	169.50	133.19	35.86	165.21	661.02	8.97
33740	10/01/2018	171.41	134.70	36.27	186.08	758.88	9.07
35380	10/01/2018	173.30	136.18	36.67	186.10	758.90	9.17
43340	10/01/2018	178.76	140.47	37.82	186.14	758.94	9.46
99919	10/01/2018	169.50	133.19	35.86	186.07	753.64	8.97