

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING  
HOSPICE FEE SCHEDULE  
FEES EFFECTIVE FROM OCTOBER 01, 2019 THRU SEPTEMBER 30, 2020

MSA CODE	BEG DATE	HR651 DAY 1-60	HR651 DAY 61+	HR652	HR655	HR656	HR659
10780	10/01/2019	172.74	136.52	51.60	431.60	913.72	12.90
12940	10/01/2019	167.99	132.77	50.18	422.50	890.51	12.54
25220	10/01/2019	176.48	139.48	52.72	438.78	932.02	13.18
26380	10/01/2019	167.99	132.77	50.18	422.50	890.51	12.54
29180	10/01/2019	167.99	132.77	50.18	422.50	890.51	12.54
29340	10/01/2019	167.99	132.77	50.18	422.50	890.51	12.54
33740	10/01/2019	169.89	134.27	50.75	474.60	1022.06	12.69
35380	10/01/2019	171.76	135.75	51.31	474.62	1022.08	12.83
43340	10/01/2019	177.17	140.02	52.92	474.66	1022.12	13.23
99919	10/01/2019	167.99	132.77	50.18	474.59	1022.05	12.54