

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
LOUISIANA DEPARTMENT OF HEALTH - BUREAU OF HEALTH SERVICES - FINANCING
HOSPICE FEE SCHEDULE
FEES EFFECTIVE FOR DOS ON AND AFTER OCTOBER 01, 2020

MSA CODE	BEG DATE	HR651	HR651	HR652	HR655	HR656	HR659
		DAY 1-60	DAY 61+				
10780	10/01/2020	176.96	139.87	52.96	442.14	935.56	13.24
12940	10/01/2020	172.09	136.02	51.50	432.82	911.79	12.88
25220	10/01/2020	180.80	142.90	54.11	449.50	954.30	13.53
26380	10/01/2020	172.09	136.02	51.50	432.82	911.79	12.88
29180	10/01/2020	172.09	136.02	51.50	432.82	911.79	12.88
29340	10/01/2020	172.09	136.02	51.50	432.82	911.79	12.88
33740	10/01/2020	174.04	137.56	52.08	486.17	1046.47	13.02
35380	10/01/2020	175.96	139.08	52.66	486.18	1046.49	13.16
43340	10/01/2020	181.50	143.45	54.32	486.23	1046.53	13.58
99919	10/01/2020	172.09	136.02	51.50	486.16	1046.46	12.88