

Louisiana Medicaid - Out of State Hospital Medicaid Payment Rates

Inpatient Effective 9/20/23	Rate Determined by:	Payment Rate	Type of Payment Rate
Neonatal Intensive Care Unit	Hospital revenue code = 174	\$1,111.36	prospective per diem
Pediatric Intensive Care Unit	Hospital revenue code = 203	\$2,279.62	prospective per diem
Burn Intensive Care Unit	Hospital revenue code = 207	\$1,898.16	prospective per diem
Nursery	Hospital revenue codes = 170-173,179	\$213.60	prospective per diem
Children's Specialty Hospital	type of hospital	\$2,061.14	prospective per diem
Rehabilitation Specialty Hospital	type of hospital	\$858.89	prospective per diem
Long Term Acute Care Specialty Hospital	type of hospital	\$1,037.29	prospective per diem
Psychiatric/Behavioral Health	type of hospital/sub-unit or diagnosis related	\$737.63	prospective per diem
Transplant Cases - adults ages 21 & above	diagnosis/procedure code	40%	% of allowable covered charges
Transplant Cases - children under age 21	diagnosis/procedure code	60%	% of allowable covered charges
All Other Covered Days not included in above	default rate	\$1,173.72	prospective per diem

Outpatient (other than fee schedule services)

Effective 7/1/2022	15.25%	% of allowable covered charges
--------------------	--------	--------------------------------