

**Louisiana Medicaid**

**Hospice rates listed below will be effective for dates of service October 1, 2011 and thereafter.**

		Metropolitan Statistical Area								
Revenue Code	Description	220	760	3350	3880	3960	5200	5560	7680	9919
HR 651	Routine Home Care	\$133.32	\$139.64	\$131.78	\$138.63	\$135.48	\$133.30	\$144.88	\$139.13	\$130.45
HR 652	Continuous Home Care	\$32.39	\$33.93	\$32.02	\$33.68	\$32.97	\$32.38	\$35.20	\$33.80	\$31.69
HR 655	Inpatient Respite Care	\$149.09	\$154.52	\$147.78	\$153.64	\$150.95	\$165.27	\$165.38	\$165.32	\$165.24
HR 656	General Inpatient Care	\$597.70	\$623.89	\$591.34	\$619.68	\$606.65	\$672.67	\$672.78	\$672.72	\$672.64