

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, 2024

MSA CODE	BEG DATE	HR651 DAY 1-60	HR651 DAY 61+	HR652	HR655	HR656	HR659
10780	10/01/2024	207.76	164.00	61.56	509.91	1090.62	61.56
12940	10/01/2024	195.16	154.06	57.28	481.46	1027.13	57.28
25220	10/01/2024	189.75	149.79	55.44	469.23	999.86	55.44
26380	10/01/2024	187.68	148.15	54.73	464.54	989.38	54.73
29180	10/01/2024	189.75	149.79	55.44	469.23	999.86	55.44
29340	10/01/2024	189.75	149.79	55.44	469.23	999.86	55.44
33740	10/01/2024	195.15	154.05	57.27	535.27	1146.15	57.27
35380	10/01/2024	192.34	151.83	56.32	535.25	1146.13	56.31
43340	10/01/2024	196.59	155.19	57.76	535.28	1146.16	57.76
43640	10/01/2024	194.49	153.53	57.05	535.26	1146.14	57.05
99919	10/01/2024	186.97	147.59	54.49	535.21	1146.09	54.49