



**Louisiana Department of Health and Hospitals
Health Plan Advisory 15-26
October 20, 2015**

Hospice Rates for Federal Fiscal Year 2016

Hospice providers will be reimbursed at a determined hospice rate for federal fiscal year (FFY) 2016. The rates are calculated on a yearly basis and are based on information provided by the Centers for Medicare and Medicaid Services. The rates are effective Oct. 1, 2015 through Sep. 30, 2016.

The new rates are being published on www.lamedicaid.com under [Fee Schedules](#). The rates for the previous FFY will remain on the website.

Reimbursement

With the exception of payment for physician services, Medicaid reimbursement for hospice care is made at one of four predetermined per diem rates for each day in which a Medicaid recipient is under care of the hospice regardless of the amount of services furnished on any given day. Listed below are the new rates and the assigned Metropolitan Statistical Area (MSA) Codes: Providers will be reimbursed at the new rates with an effective date of service beginning Oct. 1, 2015.

MSA Codes and Rates

Revenue Code	Description	220	760	3350	3880	3960	5200	5560	7680	9919
HR 651	Routine Home Care	\$139.82	\$139.82	\$139.82	\$139.82	\$139.82	\$139.82	\$148.97	\$143.44	\$139.82
HR 652	Continuous Home Care	\$33.97	\$33.97	\$33.97	\$33.97	\$33.97	\$33.97	\$36.19	\$34.85	\$33.97
HR 655	Inpatient Respite Care	\$157.18	\$157.18	\$157.18	\$157.18	\$157.18	\$177.06	\$177.14	\$177.09	\$177.06
HR 656	General Inpatient Care	\$627.92	\$627.92	\$627.92	\$627.92	\$627.92	\$720.91	\$720.99	\$720.94	\$720.91