

Hospice Rates FFY22
Effective October 1, 2021 thru September 30, 2022
For Hospices which have complied with Quality Reporting Requirements

**FY 2022 Hospice Rates for Compliant Hospices
October 1, 2021 thru September 30, 2022**

[*Physician Fee Schedules](#)

[**Medicaid Nursing Facility Rates](#)

Montana and Out of State Providers										
Rev Code	Description	Daily Rate	Hrly Rate	Index	Wage Component Subject to Index	Non-Weighted	Wage Adjusted Rate	Hospice Rate	Hour	15 Min
651	Routine Home Care 1-60 days	\$ 203.66		0.8996	\$ 134.42	\$ 69.24	\$ 120.92	\$ 190.16		
651	Routine Home Care 61+days	\$ 160.95		0.8996	\$ 106.23	\$ 54.72	\$ 95.56	\$ 150.28		
652	Continuous Home Care	\$ 1,463.09		0.8996	\$ 1,100.24	\$ 362.85	\$ 989.78	\$ 1,352.63	\$ 56.36	\$ 14.09
655	Inpatient Respite Care	\$ 498.68		0.8996	\$ 304.20	\$ 194.48	\$ 273.66	\$ 468.14		
656	General Inpatient Care	\$ 1,068.28		0.8996	\$ 678.36	\$ 389.92	\$ 610.25	\$ 1,000.17		
657	Hospice Pre-Counseling	*Based on Physician's Fee Schedule								
659	Nursing Facility (Room And Board)	**Based on Medicaid Nursing Facility Rate								
551	Service Intensity Add On Rate - Nurse		\$ 60.96	0.8996	\$ 45.84	\$ 15.12	\$ 41.24	\$ 56.36	\$ 56.36	\$ 14.09
561	Service Intensity Add On Rate - Social Worker		\$ 60.96	0.8996	\$ 45.84	\$ 15.12	\$ 41.24	\$ 56.36	\$ 56.36	\$ 14.09
Billings/Yellowstone County/Carbon										
Rev Code	Description	Daily Rate	Hrly Rate	Index	Wage Component Subject to Index	Non-Weighted	Wage Adjusted Rate	Hospice Rate	Hour	15 Min
651	Routine Home Care 1-60 days	\$ 203.66		0.9536	\$ 134.42	\$ 69.24	\$ 128.18	\$ 197.42		
651	Routine Home Care 61+days	\$ 160.95		0.9536	\$ 106.23	\$ 54.72	\$ 101.30	\$ 156.02		
652	Continuous Home Care	\$ 1,463.09		0.9536	\$ 1,100.24	\$ 362.85	\$ 1,049.19	\$ 1,412.04	\$ 58.83	\$ 14.71
655	Inpatient Respite Care	\$ 498.68		0.9536	\$ 304.20	\$ 194.48	\$ 290.09	\$ 484.57		
656	General Inpatient Care	\$ 1,068.28		0.9536	\$ 678.36	\$ 389.92	\$ 646.88	\$ 1,036.80		
657	Hospice Pre-Counseling	*Based on Physician's Fee Schedule								
659	Nursing Facility (Room And Board)	**Based on Medicaid Nursing Facility Rate								
551	Service Intensity Add On Rate - Nurse		\$ 60.96	0.9536	\$ 45.84	\$ 15.12	\$ 43.71	\$ 58.83	\$ 58.83	\$ 14.71
561	Service Intensity Add On Rate - Social Worker		\$ 60.96	0.9536	\$ 45.84	\$ 15.12	\$ 43.71	\$ 58.83	\$ 58.83	\$ 14.71
Great Falls/Cascade County										
Rev Code	Description	Daily Rate	Hrly Rate	Index	Wage Component Subject to Index	Non-Weighted	Wage Adjusted Rate	Hospice Rate	Hour	15 Min

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*Physician Fee Schedules

**Medicaid Nursing Facility Rates

651	Routine Home Care 1-60 days	\$ 203.66		0.8147	\$ 134.42	\$ 69.24	\$ 109.51	\$ 178.75		
651	Routine Home Care 61+days	\$ 160.95		0.8147	\$ 106.23	\$ 54.72	\$ 86.55	\$ 141.27		
652	Continuous Home Care	\$ 1,463.09		0.8147	\$ 1,100.24	\$ 362.85	\$ 896.37	\$ 1,259.22	\$ 52.47	\$ 13.12
655	Inpatient Respite Care	\$ 498.68		0.8147	\$ 304.20	\$ 194.48	\$ 247.83	\$ 442.31		
656	General Inpatient Care	\$ 1,068.28		0.8147	\$ 678.36	\$ 389.92	\$ 552.66	\$ 942.58		
657	Hospice Pre-Counseling	*Based on Physician's Fee Schedule								
659	Nursing Facility (Room And Board)	**Based on Medicaid Nursing Facility Rate								
551	Service Intensity Add On Rate - Nurse		\$ 60.96	0.8147	\$ 45.84	\$ 15.12	\$ 37.35	\$ 52.47	\$ 52.47	\$ 13.12
561	Service Intensity Add On Rate - Social Worker		\$ 60.96	0.8147	\$ 45.84	\$ 15.12	\$ 37.35	\$ 52.47	\$ 52.47	\$ 13.12

**Missoula/Missoula
County**

Rev Code	Description	Daily Rate	Hrly Rate	Index	Wage Component Subject to Index	Non-Weighted	Wage Adjusted Rate	Hospice Rate	Hour	15 Min
651	Routine Home Care 1-60 days	\$ 203.66		0.9265	\$ 134.42	\$ 69.24	\$ 124.54	\$ 193.78		
651	Routine Home Care 61+days	\$ 160.95		0.9265	\$ 106.23	\$ 54.72	\$ 98.42	\$ 153.14		
652	Continuous Home Care	\$ 1,463.09		0.9265	\$ 1,100.24	\$ 362.85	\$ 1,019.37	\$ 1,382.22	\$ 57.59	\$ 14.40
655	Inpatient Respite Care	\$ 498.68		0.9265	\$ 304.20	\$ 194.48	\$ 281.84	\$ 476.32		
656	General Inpatient Care	\$ 1,068.28		0.9265	\$ 678.36	\$ 389.92	\$ 628.50	\$ 1,018.42		
657	Hospice Pre-Counseling	*Based on Physician's Fee Schedule								
659	Nursing Facility (Room And Board)	**Based on Medicaid Nursing Facility Rate								
551	Service Intensity Add On Rate - Nurse		\$ 60.96	0.9265	\$ 45.84	\$ 15.12	\$ 42.47	\$ 57.59	\$ 57.59	\$ 14.40
561	Service Intensity Add On Rate - Social Worker		\$ 60.96	0.9265	\$ 45.84	\$ 15.12	\$ 42.47	\$ 57.59	\$ 57.59	\$ 14.40