

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

**Hospice Rates for Non-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	\$ 199.67		0.8996	\$ 131.78	\$ 67.89	\$ 118.55	\$ 186.44		
651	Routine Home Care 61+days	\$ 157.78		0.8996	\$ 104.14	\$ 53.64	\$ 93.68	\$ 147.32		
652	Continuous Home Care	\$ 1,434.40		0.8996	\$ 1,078.67	\$ 355.73	\$ 970.37	\$ 1,326.10	\$ 55.26	\$ 13.82
655	Inpatient Respite Care	\$ 488.91		0.8996	\$ 298.23	\$ 190.68	\$ 268.29	\$ 458.97		
656	General Inpatient Care	\$ 1,047.33		0.8996	\$ 665.05	\$ 382.28	\$ 598.28	\$ 980.56		
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		\$ 59.77	0.8996	\$ 44.94	\$ 14.83	\$ 40.43	\$ 55.26	\$ 55.26	\$ 13.82
561	Service Intensity Add On Rate - Social Worker		\$ 59.77	0.8996	\$ 44.94	\$ 14.83	\$ 40.43	\$ 55.26	\$ 55.26	\$ 13.82
Billings/Yellowstone/Carbon/Stillwater Counties										
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	\$ 199.67		0.9536	\$ 131.78	\$ 67.89	\$ 125.67	\$ 193.56		
651	Routine Home Care 61+days	\$ 157.78		0.9536	\$ 104.14	\$ 53.64	\$ 99.31	\$ 152.95		
652	Continuous Home Care	\$ 1,434.40		0.9536	\$ 1,078.67	\$ 355.73	\$ 1,028.62	\$ 1,384.35	\$ 57.68	\$ 14.42
655	Inpatient Respite Care	\$ 488.91		0.9536	\$ 298.23	\$ 190.68	\$ 284.39	\$ 475.07		
656	General Inpatient Care	\$ 1,047.33		0.9536	\$ 665.05	\$ 382.28	\$ 634.19	\$ 1,016.47		
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		\$ 59.77	0.9536	\$ 44.94	\$ 14.83	\$ 42.85	\$ 57.68	\$ 57.68	\$ 14.42
561	Service Intensity Add On Rate - Social Worker		\$ 59.77	0.9536	\$ 44.94	\$ 14.83	\$ 42.85	\$ 57.68	\$ 57.68	\$ 14.42
Great Falls/Cascade County										

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*Physician Fee Schedules

**Medicaid Nursing Facility Rates

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	\$ 199.67		0.8147	\$ 131.78	\$ 67.89	\$ 107.36	\$ 175.25		
651	Routine Home Care 61+days	\$ 157.78		0.8147	\$ 104.14	\$ 53.64	\$ 84.84	\$ 138.48		
652	Continuous Home Care	\$ 1,434.40		0.8147	\$ 1,078.67	\$ 355.73	\$ 878.79	\$ 1,234.52	\$ 51.44	\$ 12.86
655	Inpatient Respite Care	\$ 488.91		0.8147	\$ 298.23	\$ 190.68	\$ 242.97	\$ 433.65		
656	General Inpatient Care	\$ 1,047.33		0.8147	\$ 665.05	\$ 382.28	\$ 541.82	\$ 924.10		
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		\$ 59.77	0.8147	\$ 44.94	\$ 14.83	\$ 36.61	\$ 51.44	\$ 51.44	\$ 12.86
561	Service Intensity Add On Rate - Social Worker		\$ 59.77	0.8147	\$ 44.94	\$ 14.83	\$ 36.61	\$ 51.44	\$ 51.44	\$ 12.86

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	\$ 199.67		0.9265	\$ 131.78	\$ 67.89	\$ 122.09	\$ 189.98		
651	Routine Home Care 61+days	\$ 157.78		0.9265	\$ 104.14	\$ 53.64	\$ 96.49	\$ 150.13		
652	Continuous Home Care	\$ 1,434.40		0.9265	\$ 1,078.67	\$ 355.73	\$ 999.39	\$ 1,355.12	\$ 56.47	\$ 14.12
655	Inpatient Respite Care	\$ 488.91		0.9265	\$ 298.23	\$ 190.68	\$ 276.31	\$ 466.99		
656	General Inpatient Care	\$ 1,047.33		0.9265	\$ 665.05	\$ 382.28	\$ 616.17	\$ 998.45		
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		\$ 59.77	0.9265	\$ 44.94	\$ 14.83	\$ 41.64	\$ 56.47	\$ 56.47	\$ 14.12
561	Service Intensity Add On Rate - Social Worker		\$ 59.77	0.9265	\$ 44.94	\$ 14.83	\$ 41.64	\$ 56.47	\$ 56.47	\$ 14.12