

**Hospice Rates for Non-Compliant Hospices
October 1, 2022 thru September 30, 2023**

[*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 | \$ 207.54 | | 0.8364 | \$ 136.98 | \$ 70.56 | \$ 114.57 | \$ 185.13 | | |
| 651 | Routine Home Care 61+days | \$ 163.99 | | 0.8364 | \$ 108.24 | \$ 55.75 | \$ 90.53 | \$ 146.28 | | |
| 652 | Continuous Home Care | \$ 1,493.30 | | 0.8364 | \$ 1,122.96 | \$ 370.34 | \$ 939.24 | \$ 1,309.58 | \$ 55.26 | \$ 13.82 |
| 655 | Inpatient Respite Care | \$ 508.02 | | 0.8364 | \$ 309.89 | \$ 198.13 | \$ 259.19 | \$ 457.32 | | |
| 656 | General Inpatient Care | \$ 1,089.36 | | 0.8364 | \$ 691.74 | \$ 397.62 | \$ 578.57 | \$ 976.19 | | |
| 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 | | \$ 62.22 | 0.8364 | \$ 46.79 | \$ 15.43 | \$ 39.14 | \$ 54.57 | \$ 55.26 | \$ 13.82 |
| 561 | Service Intensity Add On Rate - Social Worker | | \$ 62.22 | 0.8364 | \$ 46.79 | \$ 15.43 | \$ 39.14 | \$ 54.57 | \$ 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 | \$ 207.54 | | 0.8843 | \$ 136.98 | \$ 70.56 | \$ 121.13 | \$ 191.69 | | |
| 651 | Routine Home Care 61+days | \$ 163.99 | | 0.8843 | \$ 108.24 | \$ 55.75 | \$ 95.72 | \$ 151.47 | | |
| 652 | Continuous Home Care | \$ 1,493.30 | | 0.8843 | \$ 1,122.96 | \$ 370.34 | \$ 993.03 | \$ 1,363.37 | \$ 56.81 | \$ 14.20 |
| 655 | Inpatient Respite Care | \$ 508.02 | | 0.8843 | \$ 309.89 | \$ 198.13 | \$ 274.04 | \$ 472.17 | | |
| 656 | General Inpatient Care | \$ 1,089.36 | | 0.8843 | \$ 691.74 | \$ 397.62 | \$ 611.71 | \$ 1,009.33 | | |
| 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 | | \$ 62.22 | 0.8843 | \$ 46.79 | \$ 15.43 | \$ 41.38 | \$ 56.81 | \$ 56.81 | \$ 14.20 |
| 561 | Service Intensity Add On Rate - Social Worker | | \$ 62.22 | 0.8843 | \$ 46.79 | \$ 15.43 | \$ 41.38 | \$ 56.81 | \$ 56.81 | \$ 14.20 |
| 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 |
| 651 | Routine Home Care 1-60 days | \$ 207.54 | | 0.8276 | \$ 136.98 | \$ 70.56 | \$ 113.36 | \$ 183.92 | | |
| 651 | Routine Home Care 61+days | \$ 163.99 | | 0.8276 | \$ 108.24 | \$ 55.75 | \$ 89.58 | \$ 145.33 | | |
| 652 | Continuous Home Care | \$ 1,493.30 | | 0.8276 | \$ 1,122.96 | \$ 370.34 | \$ 929.36 | \$ 1,299.70 | \$ 54.15 | \$ 13.54 |
| 655 | Inpatient Respite Care | \$ 508.02 | | 0.8276 | \$ 309.89 | \$ 198.13 | \$ 256.46 | \$ 454.59 | | |
| 656 | General Inpatient Care | \$ 1,089.36 | | 0.8276 | \$ 691.74 | \$ 397.62 | \$ 572.48 | \$ 970.10 | | |
| 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 | | \$ 62.22 | 0.8276 | \$ 46.79 | \$ 15.43 | \$ 38.72 | \$ 54.15 | \$ 54.15 | \$ 13.54 |
| 561 | Service Intensity Add On Rate - Social Worker | | \$ 62.22 | 0.8276 | \$ 46.79 | \$ 15.43 | \$ 38.72 | \$ 54.15 | \$ 54.15 | \$ 13.54 |

[*Physician Fee Schedules](#)

[**Medicaid Nursing Facility Rates](#)

| 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 | \$ 207.54 | | 0.9211 | \$ 136.98 | \$ 70.56 | \$ 126.17 | \$ 196.73 | | |
| 651 | Routine Home Care 61+days | \$ 163.99 | | 0.9211 | \$ 108.24 | \$ 55.75 | \$ 99.70 | \$ 155.45 | | |
| 652 | Continuous Home Care | \$ 1,493.30 | | 0.9211 | \$ 1,122.96 | \$ 370.34 | \$ 1,034.36 | \$ 1,404.70 | \$ 56.47 | \$ 14.12 |
| 655 | Inpatient Respite Care | \$ 508.02 | | 0.9211 | \$ 309.89 | \$ 198.13 | \$ 285.44 | \$ 483.57 | | |
| 656 | General Inpatient Care | \$ 1,089.36 | | 0.9211 | \$ 691.74 | \$ 397.62 | \$ 637.16 | \$ 1,034.78 | | |
| 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 | | \$ 62.22 | 0.9211 | \$ 46.79 | \$ 15.43 | \$ 43.10 | \$ 58.53 | \$ 56.47 | \$ 14.12 |
| 561 | Service Intensity Add On Rate - Social Worker | | \$ 62.22 | 0.9211 | \$ 46.79 | \$ 15.43 | \$ 43.10 | \$ 58.53 | \$ 56.47 | \$ 14.12 |