Montana Healthcare Program Fee Schedule
Hospice FY 2023--Compliant, July 1, 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	$ 211.61		0.8364	$ 139.76	$ 71.94	$ 116.90	$ 188.84		
651	Routine Home Care 61+days	$ 167.22		0.8364	$ 110.36	$ 56.86	$ 92.31	$ 149.17		
652	Continuous Home Care	$ 1,522.63		0.8364	$ 1,145.02	$ 377.61	$ 957.69	$ 1,335.30	$ 55.64	$ 13.91
655	Inpatient Respite Care	$ 518.00		0.8364	$ 315.98	$ 202.02	$ 264.29	$ 466.31		
656	General Inpatient Care	$ 1,110.76		0.8364	$ 705.33	$ 405.43	$ 589.94	$ 995.37		
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		$ 63.44	0.8364	$ 47.71	$ 15.73	$ 39.90	$ 55.63	$ 55.64	$ 13.91
561	Service Intensity Add On Rate - Social Worker		$ 63.44	0.8364	$ 47.71	$ 15.73	$ 39.90	$ 55.63	$ 55.64	$ 13.91

Billings/Yellowstone County/Carbon/Stillwater

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	$ 211.61		0.8843	$ 139.76	$ 71.94	$ 123.59	$ 195.53		
651	Routine Home Care 61+days	$ 167.22		0.8843	$ 110.36	$ 56.86	$ 97.59	$ 154.45		
652	Continuous Home Care	$ 1,522.63		0.8843	$ 1,145.02	$ 377.61	$ 1,012.54	$ 1,390.15	$ 57.92	$ 14.48
655	Inpatient Respite Care	$ 518.00		0.8843	$ 315.98	$ 202.02	$ 279.42	$ 481.44		
656	General Inpatient Care	$ 1,110.76		0.8843	$ 705.33	$ 405.43	$ 623.72	$ 1,029.15		
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		$ 63.44	0.8843	$ 47.71	$ 15.73	$ 42.19	$ 57.92	$ 57.92	$ 14.48
561	Service Intensity Add On Rate - Social Worker		$ 63.44	0.8843	$ 47.71	$ 15.73	$ 42.19	$ 57.92	$ 57.92	$ 14.48

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	$ 211.61		0.8276	$ 139.76	$ 71.94	$ 115.67	$ 187.61		
651	Routine Home Care 61+days	$ 167.22		0.8276	$ 110.36	$ 56.86	$ 91.33	$ 148.19		
652	Continuous Home Care	$ 1,522.63		0.8276	$ 1,145.02	$ 377.61	$ 947.62	$ 1,325.23	$ 55.22	$ 13.80
655	Inpatient Respite Care	$ 518.00		0.8276	$ 315.98	$ 202.02	$ 261.51	$ 463.53		
656	General Inpatient Care	$ 1,110.76		0.8276	$ 705.33	$ 405.43	$ 583.73	$ 989.16		
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		$ 63.44	0.8276	$ 47.71	$ 15.73	$ 39.48	$ 55.21	$ 55.22	$ 13.80
561	Service Intensity Add On Rate - Social Worker		$ 63.44	0.8276	$ 47.71	$ 15.73	$ 39.48	$ 55.21	$ 55.22	$ 13.80

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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	$ 211.61		0.9211	$ 139.76	$ 71.94	$ 128.73	$ 200.67		
651	Routine Home Care 61+days	$ 167.22		0.9211	$ 110.36	$ 56.86	$ 101.65	$ 158.51		
652	Continuous Home Care	$ 1,522.63		0.9211	$ 1,145.02	$ 377.61	$ 1,054.68	$ 1,432.29	$ 59.68	$ 14.92
655	Inpatient Respite Care	$ 518.00		0.9211	$ 315.98	$ 202.02	$ 291.05	$ 493.07		
656	General Inpatient Care	$ 1,110.76		0.9211	$ 705.33	$ 405.43	$ 649.68	$ 1,055.11		
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		$ 63.44	0.9211	$ 47.71	$ 15.73	$ 43.95	$ 59.68	$ 59.68	$ 14.92
561	Service Intensity Add On Rate - Social Worker		$ 63.44	0.9211	$ 47.71	$ 15.73	$ 43.95	$ 59.68	$ 59.68	$ 14.92