

**Hospice Rates for Non-Compliant Hospices  
October 1, 2023 thru September 30, 2024**

[\\*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                   | \$ 210.13                                 |           | 0.8273 | \$ 138.69                       | \$ 71.44     | \$ 114.74          | \$ 186.18    |          |          |
| 651   | Routine Home Care 61+days                     | \$ 165.87                                 |           | 0.8273 | \$ 109.48                       | \$ 56.39     | \$ 90.57           | \$ 146.96    |          |          |
| 652   | Continuous Home Care                          | \$ 1,505.31                               |           | 0.8273 | \$ 1,131.99                     | \$ 373.32    | \$ 936.50          | \$ 1,309.82  | \$ 54.57 | \$ 13.64 |
| 655   | Inpatient Respite Care                        | \$ 513.69                                 |           | 0.8273 | \$ 313.35                       | \$ 200.34    | \$ 259.23          | \$ 459.57    |          |          |
| 656   | General Inpatient Care                        | \$ 1,100.87                               |           | 0.8273 | \$ 699.05                       | \$ 401.82    | \$ 578.32          | \$ 980.14    |          |          |
| 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         |   | \$ 62.72  | 0.8273 | \$ 47.17                        | \$ 15.55     | \$ 39.02           | \$ 54.57     | \$ 54.57 | \$ 13.64 |
| 561   | Service Intensity Add On Rate - Social Worker |   | \$ 62.72  | 0.8273 | \$ 47.17                        | \$ 15.55     | \$ 39.02           | \$ 54.57     | \$ 54.57 | \$ 13.64 |
| 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                   | \$ 210.13                                 |           | 0.8992 | \$ 138.69                       | \$ 71.44     | \$ 124.71          | \$ 196.15    |          |          |
| 651   | Routine Home Care 61+days                     | \$ 165.87                                 |           | 0.8992 | \$ 109.48                       | \$ 56.39     | \$ 98.44           | \$ 154.83    |          |          |
| 652   | Continuous Home Care                          | \$ 1,505.31                               |           | 0.8992 | \$ 1,131.99                     | \$ 373.32    | \$ 1,017.89        | \$ 1,391.21  | \$ 57.97 | \$ 14.49 |
| 655   | Inpatient Respite Care                        | \$ 513.69                                 |           | 0.8992 | \$ 313.35                       | \$ 200.34    | \$ 281.76          | \$ 482.10    |          |          |
| 656   | General Inpatient Care                        | \$ 1,100.87                               |           | 0.8992 | \$ 699.05                       | \$ 401.82    | \$ 628.59          | \$ 1,030.41  |          |          |
| 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         |   | \$ 62.72  | 0.8992 | \$ 47.17                        | \$ 15.55     | \$ 42.42           | \$ 57.97     | \$ 57.97 | \$ 14.49 |
| 561   | Service Intensity Add On Rate - Social Worker |   | \$ 62.72  | 0.8992 | \$ 47.17                        | \$ 15.55     | \$ 42.42           | \$ 57.97     | \$ 57.97 | \$ 14.49 |
| 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                   | \$ 210.13                                 |           | 0.8000 | \$ 138.69                       | \$ 71.44     | \$ 110.95          | \$ 182.39    |          |          |
| 651   | Routine Home Care 61+days                     | \$ 165.87                                 |           | 0.8000 | \$ 109.48                       | \$ 56.39     | \$ 87.58           | \$ 143.97    |          |          |
| 652   | Continuous Home Care                          | \$ 1,505.31                               |           | 0.8000 | \$ 1,131.99                     | \$ 373.32    | \$ 905.59          | \$ 1,278.91  | \$ 53.29 | \$ 13.32 |
| 655   | Inpatient Respite Care                        | \$ 513.69                                 |           | 0.8000 | \$ 313.35                       | \$ 200.34    | \$ 250.68          | \$ 451.02    |          |          |
| 656   | General Inpatient Care                        | \$ 1,100.87                               |           | 0.8000 | \$ 699.05                       | \$ 401.82    | \$ 559.24          | \$ 961.06    |          |          |
| 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         |   | \$ 62.72  | 0.8000 | \$ 47.17                        | \$ 15.55     | \$ 37.74           | \$ 53.29     | \$ 53.29 | \$ 13.32 |

|     |  |  |          |        |          |          |          |          |          |          |
|-----|--|--|----------|--------|----------|----------|----------|----------|----------|----------|
| 561 | Service Intensity Add On Rate -<br>Social Worker |  | \$ 62.72 | 0.8000 | \$ 47.17 | \$ 15.55 | \$ 37.74 | \$ 53.29 | \$ 53.29 | \$ 13.32 |
|-----|--|--|----------|--------|----------|----------|----------|----------|----------|----------|

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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                      | \$ 210.13  |           | 0.9089 | \$ 138.69                       | \$ 71.44     | \$ 126.06          | \$ 197.50    |          |          |
| 651                      | Routine Home Care 61+days                        | \$ 165.87  |           | 0.9089 | \$ 109.48                       | \$ 56.39     | \$ 99.51           | \$ 155.90    |          |          |
| 652                      | Continuous Home Care                             | \$ 1,505.31                                      |           | 0.9089 | \$ 1,131.99                     | \$ 373.32    | \$ 1,028.87        | \$ 1,402.19  | \$ 58.42 | \$ 14.61 |
| 655                      | Inpatient Respite Care                           | \$ 513.69  |           | 0.9089 | \$ 313.35                       | \$ 200.34    | \$ 284.80          | \$ 485.14    |          |          |
| 656                      | General Inpatient Care                           | \$ 1,100.87                                      |           | 0.9089 | \$ 699.05                       | \$ 401.82    | \$ 635.37          | \$ 1,037.19  |          |          |
| 657                      | Hospice Pre-Counseling                           | <b>*Based on Physician's Fee Schedule</b>        |           |        |                                 |              |                    |              |          |          |
| 659                      | Nursing Facility (Room And Board)                | <b>**Based on Medicaid Nursing Facility Rate</b> |           |        |                                 |              |                    |              |          |          |
| 551                      | Service Intensity Add On Rate -<br>Nurse         |  | \$ 62.72  | 0.9089 | \$ 47.17                        | \$ 15.55     | \$ 42.87           | \$ 58.42     | \$ 58.42 | \$ 14.61 |
| 561                      | Service Intensity Add On Rate -<br>Social Worker |  | \$ 62.72  | 0.9089 | \$ 47.17                        | \$ 15.55     | \$ 42.87           | \$ 58.42     | \$ 58.42 | \$ 14.61 |