

[*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	\$ 224.91		0.8835	\$ 148.44	\$ 76.47	\$ 131.15	\$ 207.62		
651	Routine Home Care 61+days	\$ 177.15		0.8835	\$ 116.92	\$ 60.23	\$ 103.30	\$ 163.53		
652	Continuous Home Care	\$ 1,619.22		0.8835	\$ 1,217.65	\$ 401.57	\$ 1,075.79	\$ 1,477.36	\$ 61.56	\$ 15.39
655	Inpatient Respite Care	\$ 546.08		0.8835	\$ 333.11	\$ 212.97	\$ 294.30	\$ 507.27		
656	General Inpatient Care	\$ 1,170.04		0.8835	\$ 742.98	\$ 427.06	\$ 656.42	\$ 1,083.48		
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		\$ 67.47	0.8835	\$ 50.74	\$ 16.73	\$ 44.83	\$ 61.56	\$ 61.56	\$ 15.39
561	Service Intensity Add On Rate - Social Worker		\$ 67.47	0.8835	\$ 50.74	\$ 16.73	\$ 44.83	\$ 61.56	\$ 61.56	\$ 15.39
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	\$ 224.91		0.9268	\$ 148.44	\$ 76.47	\$ 137.57	\$ 214.04		
651	Routine Home Care 61+days	\$ 177.15		0.9268	\$ 116.92	\$ 60.23	\$ 108.36	\$ 168.59		
652	Continuous Home Care	\$ 1,619.22		0.9268	\$ 1,217.65	\$ 401.57	\$ 1,128.52	\$ 1,530.09	\$ 63.76	\$ 15.94
655	Inpatient Respite Care	\$ 546.08		0.9268	\$ 333.11	\$ 212.97	\$ 308.73	\$ 521.70		
656	General Inpatient Care	\$ 1,170.04		0.9268	\$ 742.98	\$ 427.06	\$ 688.59	\$ 1,115.65		
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		\$ 67.47	0.9268	\$ 50.74	\$ 16.73	\$ 47.03	\$ 63.76	\$ 63.76	\$ 15.94
561	Service Intensity Add On Rate - Social Worker		\$ 67.47	0.9268	\$ 50.74	\$ 16.73	\$ 47.03	\$ 63.76	\$ 63.76	\$ 15.94
651	Routine Home Care 1-60 days	\$ 224.91		0.8688	\$ 148.44	\$ 76.47	\$ 128.96	\$ 205.43		
651	Routine Home Care 61+days	\$ 177.15		0.8688	\$ 116.92	\$ 60.23	\$ 101.58	\$ 161.81		
652	Continuous Home Care	\$ 1,619.22		0.8688	\$ 1,217.65	\$ 401.57	\$ 1,057.89	\$ 1,459.46	\$ 60.81	\$ 15.20
655	Inpatient Respite Care	\$ 546.08		0.8688	\$ 333.11	\$ 212.97	\$ 289.41	\$ 502.38		
656	General Inpatient Care	\$ 1,170.04		0.8688	\$ 742.98	\$ 427.06	\$ 645.50	\$ 1,072.56		
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		\$ 67.47	0.8688	\$ 50.74	\$ 16.73	\$ 44.08	\$ 60.81	\$ 60.81	\$ 15.20
561	Service Intensity Add On Rate - Social Worker		\$ 67.47	0.8688	\$ 50.74	\$ 16.73	\$ 44.08	\$ 60.81	\$ 60.81	\$ 15.20

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Missoula/Missoula & Mineral 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	\$ 224.91		0.9128	\$ 148.44	\$ 76.47	\$ 135.50	\$ 211.97		
651	Routine Home Care 61+days	\$ 177.15		0.9128	\$ 116.92	\$ 60.23	\$ 106.72	\$ 166.95		
652	Continuous Home Care	\$ 1,619.22		0.9128	\$ 1,217.65	\$ 401.57	\$ 1,111.47	\$ 1,513.04	\$ 63.05	\$ 15.76
655	Inpatient Respite Care	\$ 546.08		0.9128	\$ 333.11	\$ 212.97	\$ 304.06	\$ 517.03		
656	General Inpatient Care	\$ 1,170.04		0.9128	\$ 742.98	\$ 427.06	\$ 678.19	\$ 1,105.25		
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		\$ 67.47	0.9128	\$ 50.74	\$ 16.73	\$ 46.32	\$ 63.05	\$ 63.05	\$ 15.76
561	Service Intensity Add On Rate - Social Worker		\$ 67.47	0.9128	\$ 50.74	\$ 16.73	\$ 46.32	\$ 63.05	\$ 63.05	\$ 15.76