

FY 2027 Hospice Rates for Compliant Hospices
October 1, 2026 thru September 30, 2027

[*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	\$ 236.64		1.0861	\$ 156.18	\$ 80.46	\$ 169.63	\$ 250.09		
651	Routine Home Care 61+days	\$ 186.57		1.0861	\$ 123.14	\$ 63.43	\$ 133.74	\$ 197.17		
652	Continuous Home Care	\$ 1,726.83		1.0861	\$ 1,298.58	\$ 428.25	\$ 1,410.49	\$ 1,838.74	\$ 76.61	\$ 19.15
655	Inpatient Respite Care	\$ 574.66		1.0861	\$ 350.54	\$ 224.12	\$ 380.72	\$ 604.84		
656	General Inpatient Care	\$ 1,231.51		1.0861	\$ 782.01	\$ 449.50	\$ 849.34	\$ 1,298.84		
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		\$ 71.95	1.0861	\$ 54.11	\$ 17.84	\$ 58.77	\$ 76.61	\$ 76.61	\$ 19.15
561	Service Intensity Add On Rate - Social Worker		\$ 71.95	1.0861	\$ 54.11	\$ 17.84	\$ 58.77	\$ 76.61	\$ 76.61	\$ 19.15
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	\$ 236.64		0.9581	\$ 156.18	\$ 80.46	\$ 149.64	\$ 230.10		
651	Routine Home Care 61+days	\$ 186.57		0.9581	\$ 123.14	\$ 63.43	\$ 117.98	\$ 181.41		
652	Continuous Home Care	\$ 1,726.83		0.9581	\$ 1,298.58	\$ 428.25	\$ 1,244.17	\$ 1,672.42	\$ 69.68	\$ 17.42
655	Inpatient Respite Care	\$ 574.66		0.9581	\$ 350.54	\$ 224.12	\$ 335.85	\$ 559.97		
656	General Inpatient Care	\$ 1,231.51		0.9581	\$ 782.01	\$ 449.50	\$ 749.24	\$ 1,198.74		
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		\$ 71.95	0.9581	\$ 54.11	\$ 17.84	\$ 51.84	\$ 69.68	\$ 69.68	\$ 17.42
561	Service Intensity Add On Rate - Social Worker		\$ 71.95	0.9581	\$ 54.11	\$ 17.84	\$ 51.84	\$ 69.68	\$ 69.68	\$ 17.42
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	\$ 236.64		0.8947	\$ 156.18	\$ 80.46	\$ 139.73	\$ 220.19		
651	Routine Home Care 61+days	\$ 186.57		0.8947	\$ 123.14	\$ 63.43	\$ 110.17	\$ 173.60		
652	Continuous Home Care	\$ 1,726.83		0.8947	\$ 1,298.58	\$ 428.25	\$ 1,161.84	\$ 1,590.09	\$ 66.25	\$ 16.56
655	Inpatient Respite Care	\$ 574.66		0.8947	\$ 350.54	\$ 224.12	\$ 313.63	\$ 537.75		
656	General Inpatient Care	\$ 1,231.51		0.8947	\$ 782.01	\$ 449.50	\$ 699.66	\$ 1,149.16		
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		\$ 71.95	0.8947	\$ 54.11	\$ 17.84	\$ 48.41	\$ 66.25	\$ 66.25	\$ 16.56

561	Service Intensity Add On Rate - Social Worker		\$ 71.95	0.8947	\$ 54.11	\$ 17.84	\$ 48.41	\$ 66.25	\$ 66.25	\$ 16.56
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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	\$ 236.64		0.9176	\$ 156.18	\$ 80.46	\$ 143.31	\$ 223.77		
651	Routine Home Care 61+days	\$ 186.57		0.9176	\$ 123.14	\$ 63.43	\$ 112.99	\$ 176.42		
652	Continuous Home Care	\$ 1,726.83		0.9176	\$ 1,298.58	\$ 428.25	\$ 1,191.58	\$ 1,619.83	\$ 67.49	\$ 16.87
655	sdfd	\$ 574.66		0.9176	\$ 350.54	\$ 224.12	\$ 321.66	\$ 545.78		
656	General Inpatient Care	\$ 1,231.51		0.9176	\$ 782.01	\$ 449.50	\$ 717.57	\$ 1,167.07		
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		\$ 71.95	0.9176	\$ 54.11	\$ 17.84	\$ 49.65	\$ 67.49	\$ 67.49	\$ 16.87
561	Service Intensity Add On Rate - Social Worker		\$ 71.95	0.9176	\$ 54.11	\$ 17.84	\$ 49.65	\$ 67.49	\$ 67.49	\$ 16.87
Helena/Lewis & Clark/Jefferson/Broad water 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	\$ 236.64		0.8382	\$ 156.18	\$ 80.46	\$ 130.91	\$ 211.37		
651	Routine Home Care 61+days	\$ 186.57		0.8382	\$ 123.14	\$ 63.43	\$ 103.22	\$ 166.65		
652	Continuous Home Care	\$ 1,726.83		0.8382	\$ 1,298.58	\$ 428.25	\$ 1,088.47	\$ 1,516.72	\$ 63.20	\$ 15.80
655	Inpatient Respite Care	\$ 574.66		0.8382	\$ 350.54	\$ 224.12	\$ 293.82	\$ 517.94		
656	General Inpatient Care	\$ 1,231.51		0.8382	\$ 782.01	\$ 449.50	\$ 655.48	\$ 1,104.98		
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		\$ 71.95	0.8382	\$ 54.11	\$ 17.84	\$ 45.36	\$ 63.20	\$ 63.20	\$ 15.80
561	Service Intensity Add On Rate - Social Worker		\$ 71.95	0.8382	\$ 54.11	\$ 17.84	\$ 45.36	\$ 63.20	\$ 63.20	\$ 15.80
Bozeman/Gallatin 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	\$ 236.64		0.9494	\$ 156.18	\$ 80.46	\$ 148.28	\$ 228.74		
651	Routine Home Care 61+days	\$ 186.57		0.9494	\$ 123.14	\$ 63.43	\$ 116.91	\$ 180.34		
652	Continuous Home Care	\$ 1,726.83		0.9494	\$ 1,298.58	\$ 428.25	\$ 1,232.87	\$ 1,661.12	\$ 69.21	\$ 17.30
655	Inpatient Respite Care	\$ 574.66		0.9494	\$ 350.54	\$ 224.12	\$ 332.80	\$ 556.92		
656	General Inpatient Care	\$ 1,231.51		0.9494	\$ 782.01	\$ 449.50	\$ 742.44	\$ 1,191.94		
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		\$ 71.95	0.9494	\$ 54.11	\$ 17.84	\$ 51.37	\$ 69.21	\$ 69.21	\$ 17.30
561	Service Intensity Add On Rate - Social Worker		\$ 71.95	0.9494	\$ 54.11	\$ 17.84	\$ 51.37	\$ 69.21	\$ 69.21	\$ 17.30
		*Physician Fee Schedules			**Medicaid Nursing Facility Rates					

