

FFY27 Hospice Rates for Non-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	\$ 227.38		1.0861	\$ 150.07	\$ 77.31	\$ 162.99	\$ 240.30		
651	Routine Home Care 61+days	\$ 179.27		1.0861	\$ 118.32	\$ 60.95	\$ 128.51	\$ 189.46		
652	Continuous Home Care	\$ 1,659.31		1.0861	\$ 1,247.80	\$ 411.51	\$ 1,355.24	\$ 1,766.75	\$ 73.61	\$ 18.41
655	Inpatient Respite Care	\$ 552.19		1.0861	\$ 336.84	\$ 215.35	\$ 365.84	\$ 581.19		
656	General Inpatient Care	\$ 1,183.35		1.0861	\$ 751.43	\$ 431.92	\$ 816.13	\$ 1,248.05		
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		\$ 69.14	1.0861	\$ 51.99	\$ 17.15	\$ 56.47	\$ 73.62	\$ 73.62	\$ 18.41
561	Service Intensity Add On Rate - Social Worker		\$ 69.14	1.0861	\$ 51.99	\$ 17.15	\$ 56.47	\$ 73.62	\$ 73.62	\$ 18.41
Billings/Yellowstone/Carbon/Stillwater Counties										
		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
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	\$ 227.38		0.9581	\$ 150.07	\$ 77.31	\$ 143.78	\$ 221.09		
651	Routine Home Care 61+days	\$ 179.27		0.9581	\$ 118.32	\$ 60.95	\$ 113.36	\$ 174.31		
652	Continuous Home Care	\$ 1,659.31		0.9581	\$ 1,247.80	\$ 411.51	\$ 1,195.52	\$ 1,607.03	\$ 66.96	\$ 16.74
655	Inpatient Respite Care	\$ 552.19		0.9581	\$ 336.84	\$ 215.35	\$ 322.73	\$ 538.08		
656	General Inpatient Care	\$ 1,183.35		0.9581	\$ 751.43	\$ 431.92	\$ 719.95	\$ 1,151.87		
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		\$ 69.14	0.9581	\$ 51.99	\$ 17.15	\$ 49.81	\$ 66.96	\$ 66.96	\$ 16.74
561	Service Intensity Add On Rate - Social Worker		\$ 69.14	0.9581	\$ 51.99	\$ 17.15	\$ 49.81	\$ 66.96	\$ 66.96	\$ 16.74
Great Falls/Cascade County										
		N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
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	\$ 227.38		0.8947	\$ 150.07	\$ 77.31	\$ 134.27	\$ 211.58		
651	Routine Home Care 61+days	\$ 179.27		0.8947	\$ 118.32	\$ 60.95	\$ 105.86	\$ 166.81		
652	Continuous Home Care	\$ 1,659.31		0.8947	\$ 1,247.80	\$ 411.51	\$ 1,116.41	\$ 1,527.92	\$ 63.66	\$ 15.92
655	Inpatient Respite Care	\$ 552.19		0.8947	\$ 336.84	\$ 215.35	\$ 301.37	\$ 516.72		
656	General Inpatient Care	\$ 1,183.35		0.8947	\$ 751.43	\$ 431.92	\$ 672.30	\$ 1,104.22		
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		\$ 69.14	0.8947	\$ 51.99	\$ 17.15	\$ 46.52	\$ 63.67	\$ 63.67	\$ 15.92
561	Service Intensity Add On Rate - Social Worker		\$ 69.14	0.8947	\$ 51.99	\$ 17.15	\$ 46.52	\$ 63.67	\$ 63.67	\$ 15.92
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	\$ 227.38		0.9176	\$ 150.07	\$ 77.31	\$ 137.70	\$ 215.01		
651	Routine Home Care 61+days	\$ 179.27		0.9176	\$ 118.32	\$ 60.95	\$ 108.57	\$ 169.52		
652	Continuous Home Care	\$ 1,659.31		0.9176	\$ 1,247.80	\$ 411.51	\$ 1,144.98	\$ 1,556.49	\$ 64.85	\$ 16.22
655	Inpatient Respite Care	\$ 552.19		0.9176	\$ 336.84	\$ 215.35	\$ 309.08	\$ 524.43		
656	General Inpatient Care	\$ 1,183.35		0.9176	\$ 751.43	\$ 431.92	\$ 689.51	\$ 1,121.43		
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		\$ 69.14	0.9176	\$ 51.99	\$ 17.15	\$ 47.71	\$ 64.86	64.86	\$ 16.22
561	Service Intensity Add On Rate - Social Worker		\$ 69.14	0.9176	\$ 51.99	\$ 17.15	\$ 47.71	\$ 64.86	64.86	\$ 16.22
Helena/Lewis & Clark/Jefferson/Broadwater 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	\$ 227.38		0.8382	\$ 150.07	\$ 77.31	\$ 125.79	\$ 203.10		
651	Routine Home Care 61+days	\$ 179.27		0.8382	\$ 118.32	\$ 60.95	\$ 99.18	\$ 160.13		
652	Continuous Home Care	\$ 1,659.31		0.8382	\$ 1,247.80	\$ 411.51	\$ 1,045.91	\$ 1,457.42	\$ 60.73	\$ 15.18
655	Inpatient Respite Care	\$ 552.19		0.8382	\$ 336.84	\$ 215.35	\$ 282.34	\$ 497.69		
656	General Inpatient Care	\$ 1,183.35		0.8382	\$ 751.43	\$ 431.92	\$ 629.85	\$ 1,061.77		
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		\$ 69.14	0.8382	\$ 51.99	\$ 17.15	\$ 43.58	\$ 60.73	\$ 60.73	\$ 15.18
561	Service Intensity Add On Rate - Social Worker		\$ 69.14	0.8382	\$ 51.99	\$ 17.15	\$ 43.58	\$ 60.73	\$ 60.73	\$ 15.18
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	\$ 227.38		0.9494	\$ 150.07	\$ 77.31	\$ 142.48	\$ 219.79		
651	Routine Home Care 61+days	\$ 179.27		0.9494	\$ 118.32	\$ 60.95	\$ 112.33	\$ 173.28		
652	Continuous Home Care	\$ 1,659.31		0.9494	\$ 1,247.80	\$ 411.51	\$ 1,184.66	\$ 1,596.17	\$ 66.51	\$ 16.63
655	Inpatient Respite Care	\$ 552.19		0.9494	\$ 336.84	\$ 215.35	\$ 319.80	\$ 535.15		
656	General Inpatient Care	\$ 1,183.35		0.9494	\$ 751.43	\$ 431.92	\$ 713.41	\$ 1,145.33		
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		\$ 69.14	0.9494	\$ 51.99	\$ 17.15	\$ 49.36	\$ 66.51	\$ 66.51	\$ 16.63
561	Service Intensity Add On Rate - Social Worker		\$ 69.14	0.9494	\$ 51.99	\$ 17.15	\$ 49.36	\$ 66.51	\$ 66.51	\$ 16.63

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