

**Hospice Rates FFY21**  
**Effective Oct. 1, 2020 thru September 30, 2021**  
**For Hospices which have complied with Quality Reporting Requirements**

[\\*Physician Fee Schedules](#)

[\\*\\*Medicaid Nursing Facility Rates](#)

<b>Montana and Out of State Providers</b>										
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	\$ 199.51		0.8569	\$ 137.08	\$ 62.43	\$ 117.46	\$ 179.89		
651	Routine Home Care 61+days	\$ 157.69		0.8569	\$ 108.35	\$ 49.34	\$ 92.85	\$ 142.19		
652	Continuous Home Care	\$ 1,432.97		0.8569	\$ 984.59	\$ 448.38	\$ 843.70	\$ 1,292.08	\$ 53.84	\$ 13.46
655	Inpatient Respite Care	\$ 485.36		0.8569	\$ 262.72	\$ 222.64	\$ 225.12	\$ 447.76		
656	General Inpatient Care	\$ 1,045.66		0.8569	\$ 669.33	\$ 376.33	\$ 573.55	\$ 949.88		
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 - Nurse		\$ 59.71	0.8569	\$ 41.02	\$ 18.69	\$ 35.15	\$ 53.84	\$ 53.84	\$ 13.46
561	Service Intensity Add On Rate - Social Worker		\$ 59.71	0.8569	\$ 41.02	\$ 18.69	\$ 35.15	\$ 53.84	\$ 53.84	\$ 13.46
<b>Billings/Yellowstone County/Carbon</b>										
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	\$ 199.51		0.9287	\$ 137.08	\$ 62.43	\$ 127.31	\$ 189.74		
651	Routine Home Care 61+days	\$ 157.69		0.9287	\$ 108.35	\$ 49.34	\$ 100.62	\$ 149.96		
652	Continuous Home Care	\$ 1,432.97		0.9287	\$ 984.59	\$ 448.38	\$ 914.39	\$ 1,362.77	\$ 56.78	\$ 14.20
655	Inpatient Respite Care	\$ 485.36		0.9287	\$ 262.72	\$ 222.64	\$ 243.99	\$ 466.63		
656	General Inpatient Care	\$ 1,045.66		0.9287	\$ 669.33	\$ 376.33	\$ 621.61	\$ 997.94		
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 - Nurse		\$ 59.71	0.9287	\$ 41.02	\$ 18.69	\$ 38.10	\$ 56.79	\$ 56.78	\$ 14.20
561	Service Intensity Add On Rate - Social Worker		\$ 59.71	0.9287	\$ 41.02	\$ 18.69	\$ 38.10	\$ 56.79	\$ 56.78	\$ 14.20
<b>Great Falls/Cascade County</b>										
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	\$ 199.51		0.8173	\$ 137.08	\$ 62.43	\$ 112.04	\$ 174.47		
651	Routine Home Care 61+days	\$ 157.69		0.8173	\$ 108.35	\$ 49.34	\$ 88.55	\$ 137.89		
652	Continuous Home Care	\$ 1,432.97		0.8173	\$ 984.59	\$ 448.38	\$ 804.71	\$ 1,253.09	\$ 52.21	\$ 13.05
655	Inpatient Respite Care	\$ 485.36		0.8173	\$ 262.72	\$ 222.64	\$ 214.72	\$ 437.36		
656	General Inpatient Care	\$ 1,045.66		0.8173	\$ 669.33	\$ 376.33	\$ 547.04	\$ 923.37		
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 - Nurse		\$ 59.71	0.8173	\$ 41.02	\$ 18.69	\$ 33.53	\$ 52.22	\$ 52.21	\$ 13.05
561	Service Intensity Add On Rate - Social Worker		\$ 59.71	0.8173	\$ 41.02	\$ 18.69	\$ 33.53	\$ 52.22	\$ 52.21	\$ 13.05

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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	\$ 199.51		0.9320	\$ 137.08	\$ 62.43	\$ 127.76	\$ 190.19		
651	Routine Home Care 61+days	\$ 157.69		0.9320	\$ 108.35	\$ 49.34	\$ 100.98	\$ 150.32		
652	Continuous Home Care	\$ 1,432.97		0.9320	\$ 984.59	\$ 448.38	\$ 917.64	\$ 1,366.02	\$ 56.92	\$ 14.23
655	Inpatient Respite Care	\$ 485.36		0.9320	\$ 262.72	\$ 222.64	\$ 244.86	\$ 467.50		
656	General Inpatient Care	\$ 1,045.66		0.9320	\$ 669.33	\$ 376.33	\$ 623.82	\$ 1,000.15		
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 - Nurse		\$ 59.71	0.9320	\$ 41.02	\$ 18.69	\$ 38.23	\$ 56.92	\$ 56.92	\$ 14.23
561	Service Intensity Add On Rate - Social Worker		\$ 59.71	0.9320	\$ 41.02	\$ 18.69	\$ 38.23	\$ 56.92	\$ 56.92	\$ 14.23