

FFY25 Hospice Rates for Non-Compliant Hospices
October 1, 2024 thru September 30, 2025

[*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	\$ 216.16		0.8835	\$ 142.67	\$ 73.49	\$ 126.05	\$ 199.54		
651	Routine Home Care 61+days	\$ 170.27		0.8835	\$ 112.38	\$ 57.89	\$ 99.29	\$ 157.18		
652	Continuous Home Care	\$ 1,556.28		0.8835	\$ 1,170.32	\$ 385.96	\$ 1,033.98	\$ 1,419.94	\$ 59.16	\$ 14.79
655	Inpatient Respite Care	\$ 524.85		0.8835	\$ 320.16	\$ 204.69	\$ 282.86	\$ 487.55		
656	General Inpatient Care	\$ 1,124.56		0.8835	\$ 714.10	\$ 410.46	\$ 630.91	\$ 1,041.37		
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		\$ 64.84	0.8835	\$ 48.76	\$ 16.08	\$ 43.08	\$ 59.16	\$ 59.16	\$ 14.79
561	Service Intensity Add On Rate - Social Worker		\$ 64.84	0.8835	\$ 48.76	\$ 16.08	\$ 43.08	\$ 59.16	\$ 59.16	\$ 14.79
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	\$ 216.16		0.9268	\$ 142.67	\$ 73.49	\$ 132.23	\$ 205.72		
651	Routine Home Care 61+days	\$ 170.27		0.9268	\$ 112.38	\$ 57.89	\$ 104.15	\$ 162.04		
652	Continuous Home Care	\$ 1,556.28		0.9268	\$ 1,170.32	\$ 385.96	\$ 1,084.65	\$ 1,470.61	\$ 61.27	\$ 15.32
655	Inpatient Respite Care	\$ 524.85		0.9268	\$ 320.16	\$ 204.69	\$ 296.72	\$ 501.41		
656	General Inpatient Care	\$ 1,124.56		0.9268	\$ 714.10	\$ 410.46	\$ 661.83	\$ 1,072.29		
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		\$ 64.84	0.9268	\$ 48.76	\$ 16.08	\$ 45.19	\$ 61.27	\$ 61.27	\$ 15.32
561	Service Intensity Add On Rate - Social Worker		\$ 64.84	0.9268	\$ 48.76	\$ 16.08	\$ 45.19	\$ 61.27	\$ 61.27	\$ 15.32
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	\$ 216.16		0.8688	\$ 142.67	\$ 73.49	\$ 123.95	\$ 197.44		
651	Routine Home Care 61+days	\$ 170.27		0.8688	\$ 112.38	\$ 57.89	\$ 97.64	\$ 155.53		
652	Continuous Home Care	\$ 1,556.28		0.8688	\$ 1,170.32	\$ 385.96	\$ 1,016.77	\$ 1,402.73	\$ 58.44	\$ 14.61
655	Inpatient Respite Care	\$ 524.85		0.8688	\$ 320.16	\$ 204.69	\$ 278.16	\$ 482.85		
656	General Inpatient Care	\$ 1,124.56		0.8688	\$ 714.10	\$ 410.46	\$ 620.41	\$ 1,030.87		
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		\$ 64.84	0.8688	\$ 48.76	\$ 16.08	\$ 42.36	\$ 58.44	\$ 58.44	\$ 14.61

561	Service Intensity Add On Rate - Social Worker		\$ 64.84	0.8688	\$ 48.76	\$ 16.08	\$ 42.36	\$ 58.44	\$ 58.44	\$ 14.61
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	\$ 216.16		0.9128	\$ 142.67	\$ 73.49	\$ 130.23	\$ 203.72		
651	Routine Home Care 61+days	\$ 170.27		0.9128	\$ 112.38	\$ 57.89	\$ 102.58	\$ 160.47		
652	Continuous Home Care	\$ 1,556.28		0.9128	\$ 1,170.32	\$ 385.96	\$ 1,068.27	\$ 1,454.23	\$ 60.59	\$ 15.15
655	Inpatient Respite Care	\$ 524.85		0.9128	\$ 320.16	\$ 204.69	\$ 292.24	\$ 496.93		
656	General Inpatient Care	\$ 1,124.56		0.9128	\$ 714.10	\$ 410.46	\$ 651.83	\$ 1,062.29		
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		\$ 64.84	0.9128	\$ 48.76	\$ 16.08	\$ 44.51	\$ 60.59	\$ 60.59	\$ 15.15
561	Service Intensity Add On Rate - Social Worker		\$ 64.84	0.9128	\$ 48.76	\$ 16.08	\$ 44.51	\$ 60.59	\$ 60.59	\$ 15.15
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	\$ 216.16		0.8	\$ 142.67	\$ 73.49	\$ 114.14	\$ 187.63		
651	Routine Home Care 61+days	\$ 170.27		0.8	\$ 112.38	\$ 57.89	\$ 89.90	\$ 147.79		
652	Continuous Home Care	\$ 1,556.28		0.8	\$ 1,170.32	\$ 385.96	\$ 936.26	\$ 1,322.22	\$ 55.09	\$ 13.77
655	Inpatient Respite Care	\$ 524.85		0.8	\$ 320.16	\$ 204.69	\$ 256.13	\$ 460.82		
656	General Inpatient Care	\$ 1,124.56		0.8	\$ 714.10	\$ 410.46	\$ 571.28	\$ 981.74		
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		\$ 64.84	0.8	\$ 48.76	\$ 16.08	\$ 39.01	\$ 55.09	\$ 55.09	\$ 13.77
561	Service Intensity Add On Rate - Social Worker		\$ 64.84	0.8	\$ 48.76	\$ 16.08	\$ 39.01	\$ 55.09	\$ 55.09	\$ 13.77
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	\$ 216.16		0.962	\$ 142.67	\$ 73.49	\$ 137.25	\$ 210.74		
651	Routine Home Care 61+days	\$ 170.27		0.962	\$ 112.38	\$ 57.89	\$ 108.11	\$ 166.00		
652	Continuous Home Care	\$ 1,556.28		0.962	\$ 1,170.32	\$ 385.96	\$ 1,125.85	\$ 1,511.81	\$ 62.99	\$ 15.75
655	Inpatient Respite Care	\$ 524.85		0.962	\$ 320.16	\$ 204.69	\$ 307.99	\$ 512.68		
656	General Inpatient Care	\$ 1,124.56		0.962	\$ 714.10	\$ 410.46	\$ 686.96	\$ 1,097.42		
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		\$ 64.84	0.962	\$ 48.76	\$ 16.08	\$ 46.91	\$ 62.99	\$ 62.99	\$ 15.75
561	Service Intensity Add On Rate - Social Worker		\$ 64.84	0.962	\$ 48.76	\$ 16.08	\$ 46.91	\$ 62.99	\$ 62.99	\$ 15.75

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