FY 2026 Hospice Rates for Compliant Hospices
October 1, 2025 thru September 30, 2026

*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	$ 231.13		1.1433	$ 152.55	$ 78.58	$ 174.41	$ 252.99		
651	Routine Home Care 61+days	$ 182.18		1.1433	$ 120.24	$ 61.94	$ 137.47	$ 199.41		
652	Continuous Home Care	$ 1,674.94		1.1433	$ 1,259.56	$ 415.38	$ 1,440.05	$ 1,855.43	$ 77.31	$ 19.33
655	Inpatient Respite Care	$ 560.51		1.1433	$ 341.91	$ 218.60	$ 390.91	$ 609.51		
656	General Inpatient Care	$ 1,199.86		1.1433	$ 761.91	$ 437.95	$ 871.09	$ 1,309.04		
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		$ 69.79	1.1433	$ 52.48	$ 17.31	$ 60.00	$ 77.31	$ 77.31	$ 19.33
561	Service Intensity Add On Rate - Social Worker		$ 69.79	1.1433	$ 52.48	$ 17.31	$ 60.00	$ 77.31	$ 77.31	$ 19.33

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	$ 231.13		0.8974	$ 152.55	$ 78.58	$ 136.90	$ 215.48		
651	Routine Home Care 61+days	$ 182.18		0.8974	$ 120.24	$ 61.94	$ 107.90	$ 169.84		
652	Continuous Home Care	$ 1,674.94		0.8974	$ 1,259.56	$ 415.38	$ 1,130.33	$ 1,545.71	$ 64.40	$ 16.10
655	Inpatient Respite Care	$ 560.51		0.8974	$ 341.91	$ 218.60	$ 306.83	$ 525.43		
656	General Inpatient Care	$ 1,199.86		0.8974	$ 761.91	$ 437.95	$ 683.74	$ 1,121.69		
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		$ 69.79	0.8974	$ 52.48	$ 17.31	$ 47.10	$ 64.41	$ 64.40	$ 16.10
561	Service Intensity Add On Rate - Social Worker		$ 69.79	0.8974	$ 52.48	$ 17.31	$ 47.10	$ 64.41	$ 64.40	$ 16.10

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	$ 231.13		0.8698	$ 152.55	$ 78.58	$ 132.69	$ 211.27		
651	Routine Home Care 61+days	$ 182.18		0.8698	$ 120.24	$ 61.94	$ 104.58	$ 166.52		
652	Continuous Home Care	$ 1,674.94		0.8698	$ 1,259.56	$ 415.38	$ 1,095.57	$ 1,510.95	$ 62.96	$ 15.74
655	Inpatient Respite Care	$ 560.51		0.8698	$ 341.91	$ 218.60	$ 297.39	$ 515.99		
656	General Inpatient Care	$ 1,199.86		0.8698	$ 761.91	$ 437.95	$ 662.71	$ 1,100.66		
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		$ 69.79	0.8698	$ 52.48	$ 17.31	$ 45.65	$ 62.96	$ 62.96	$ 15.74
561	Service Intensity Add On Rate - Social Worker		$ 69.79	0.8698	$ 52.48	$ 17.31	$ 45.65	$ 62.96	$ 62.96	$ 15.74

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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	$ 231.13		0.9325	$ 152.55	$ 78.58	$ 142.25	$ 220.83		
651	Routine Home Care 61+days	$ 182.18		0.9325	$ 120.24	$ 61.94	$ 112.12	$ 174.06		
652	Continuous Home Care	$ 1,674.94		0.9325	$ 1,259.56	$ 415.38	$ 1,174.54	$ 1,589.92	$ 66.25	$ 16.56
655	sdfd	$ 560.51		0.9325	$ 341.91	$ 218.60	$ 318.83	$ 537.43		
656	General Inpatient Care	$ 1,199.86		0.9325	$ 761.91	$ 437.95	$ 710.48	$ 1,148.43		
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		$ 69.79	0.9325	$ 52.48	$ 17.31	$ 48.94	$ 66.25	$ 66.25	$ 16.56
561	Service Intensity Add On Rate - Social Worker		$ 69.79	0.9325	$ 52.48	$ 17.31	$ 48.94	$ 66.25	$ 66.25	$ 16.56

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	$ 231.13		0.8000	$ 152.55	$ 78.58	$ 122.04	$ 200.62		
651	Routine Home Care 61+days	$ 182.18		0.8000	$ 120.24	$ 61.94	$ 96.19	$ 158.13		
652	Continuous Home Care	$ 1,674.94		0.8000	$ 1,259.56	$ 415.38	$ 1,007.65	$ 1,423.03	$ 59.29	$ 14.82
655	Inpatient Respite Care	$ 560.51		0.8000	$ 341.91	$ 218.60	$ 273.53	$ 492.13		
656	General Inpatient Care	$ 1,199.86		0.8000	$ 761.91	$ 437.95	$ 609.53	$ 1,047.48		
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		$ 69.79	0.8000	$ 52.48	$ 17.31	$ 41.98	$ 59.29	$ 59.29	$ 14.82
561	Service Intensity Add On Rate - Social Worker		$ 69.79	0.8000	$ 52.48	$ 17.31	$ 41.98	$ 59.29	$ 59.29	$ 14.82

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	$ 231.13		0.9655	$ 152.55	$ 78.58	$ 147.29	$ 225.87		
651	Routine Home Care 61+days	$ 182.18		0.9655	$ 120.24	$ 61.94	$ 116.09	$ 178.03		
652	Continuous Home Care	$ 1,674.94		0.9655	$ 1,259.56	$ 415.38	$ 1,216.11	$ 1,631.49	$ 67.98	$ 17.00
655	Inpatient Respite Care	$ 560.51		0.9655	$ 341.91	$ 218.60	$ 330.11	$ 548.71		
656	General Inpatient Care	$ 1,199.86		0.9655	$ 761.91	$ 437.95	$ 735.62	$ 1,173.57		
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		$ 69.79	0.9655	$ 52.48	$ 17.31	$ 50.67	$ 67.98	$ 67.98	$ 17.00
561	Service Intensity Add On Rate - Social Worker		$ 69.79	0.9655	$ 52.48	$ 17.31	$ 50.67	$ 67.98	$ 67.98	$ 17.00

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