FFY26 Hospice Rates for Non-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	$ 222.12		1.1433	$ 146.60	$ 75.52	$ 167.61	$ 243.13		
651	Routine Home Care 61+days	$ 175.07		1.1433	$ 115.54	$ 59.53	$ 132.10	$ 191.63		
652	Continuous Home Care	$ 1,609.65		1.1433	$ 1,210.46	$ 399.19	$ 1,383.92	$ 1,783.11	$ 74.30	$ 18.57
655	Inpatient Respite Care	$ 538.65		1.1433	$ 328.58	$ 210.07	$ 375.67	$ 585.74		
656	General Inpatient Care	$ 1,153.08		1.1433	$ 732.21	$ 420.87	$ 837.14	$ 1,258.01		
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		$ 67.07	1.1433	$ 50.44	$ 16.63	$ 57.67	$ 74.30	$ 74.30	$ 18.58
561	Service Intensity Add On Rate - Social Worker		$ 67.07	1.1433	$ 50.44	$ 16.63	$ 57.67	$ 74.30	$ 74.30	$ 18.58
Billings/Yellowstone/ Carbon/Stillwater Counties	N/A	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	$ 222.12		0.8974	$ 146.60	$ 75.52	$ 131.56	$ 207.08		
651	Routine Home Care 61+days	$ 175.07		0.8974	$ 115.54	$ 59.53	$ 103.69	$ 163.22		
652	Continuous Home Care	$ 1,609.65		0.8974	$ 1,210.46	$ 399.19	$ 1,086.27	$ 1,485.46	$ 61.89	$ 15.47
655	Inpatient Respite Care	$ 538.65		0.8974	$ 328.58	$ 210.07	$ 294.87	$ 504.94		
656	General Inpatient Care	$ 1,153.08		0.8974	$ 732.21	$ 420.87	$ 657.09	$ 1,077.96		
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		$ 67.07	0.8974	$ 50.44	$ 16.63	$ 45.26	$ 61.89	$ 61.89	$ 15.47
561	Service Intensity Add On Rate - Social Worker		$ 67.07	0.8974	$ 50.44	$ 16.63	$ 45.26	$ 61.89	$ 61.89	$ 15.47
Great Falls/Cascade County	N/A	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	$ 222.12		0.8698	146.60	$ 75.52	$ 127.51	$ 203.03		
651	Routine Home Care 61+days	$ 175.07		0.8698	115.54	$ 59.53	$ 100.50	$ 160.03		
652	Continuous Home Care	$ 1,609.65		0.8698	1,210.46	$ 399.19	$1,052.86	$ 1,452.05	$ 60.50	$ 15.13
655	Inpatient Respite Care	$ 538.65		0.8698	328.58	$ 210.07	$ 285.80	$ 495.87		
656	General Inpatient Care	$ 1,153.08		0.8698	732.21	$ 420.87	$ 636.88	$ 1,057.75		
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		$ 67.07	0.8698	$ 50.44	$ 16.63	$ 43.87	$ 60.50	$ 60.50	$ 15.13
561	Service Intensity Add On Rate - Social Worker		$ 67.07	0.8698	$ 50.44	$ 16.63	$ 43.87	$ 60.50	$ 60.50	$ 15.13
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	$ 222.12		0.9325	$ 146.60	$ 75.52	$ 136.70	$ 212.22		
651	Routine Home Care 61+days	$ 175.07		0.9325	$ 115.54	$ 59.53	$ 107.74	$ 167.27		
652	Continuous Home Care	$ 1,609.65		0.9325	$ 1,210.46	$ 399.19	$ 1,128.75	$ 1,527.94	$ 63.67	$ 15.92
655	Inpatient Respite Care	$ 538.65		0.9325	$ 328.58	$ 210.07	$ 306.40	$ 516.47		
656	General Inpatient Care	$ 1,153.08		0.9325	$ 732.21	$ 420.87	$ 682.79	$ 1,103.66		
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		$ 67.07	0.9325	$ 50.44	$ 16.63	$ 47.04	$ 63.67	63.67	$ 15.92
561	Service Intensity Add On Rate - Social Worker		$ 67.07	0.9325	$ 50.44	$ 16.63	$ 47.04	$ 63.67	63.67	$ 15.92
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	$ 222.12		0.8000	$ 146.60	$ 75.52	$ 117.28	$ 192.80		
651	Routine Home Care 61+days	$ 175.07		0.8000	$ 115.54	$ 59.53	$ 92.43	$ 151.96		
652	Continuous Home Care	$ 1,609.65		0.8000	$ 1,210.46	$ 399.19	$ 968.37	$ 1,367.56	$ 56.98	$ 14.25
655	Inpatient Respite Care	$ 538.65		0.8000	$ 328.58	$ 210.07	$ 262.86	$ 472.93		
656	General Inpatient Care	$ 1,153.08		0.8000	$ 732.21	$ 420.87	$ 585.77	$ 1,006.64		
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		$ 67.07	0.8000	$ 50.44	$ 16.63	$ 40.35	$ 56.98	$ 56.98	$ 14.25
561	Service Intensity Add On Rate - Social Worker		$ 67.07	0.8000	$ 50.44	$ 16.63	$ 40.35	$ 56.98	$ 56.98	$ 14.25
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	$ 222.12		0.9655	$ 146.60	$ 75.52	$ 141.54	$ 217.06		
651	Routine Home Care 61+days	$ 175.07		0.9655	$ 115.54	$ 59.53	$ 111.55	$ 171.08		
652	Continuous Home Care	$ 1,609.65		0.9655	$ 1,210.46	$ 399.19	$ 1,168.70	$ 1,567.89	$ 65.33	$ 16.33
655	Inpatient Respite Care	$ 538.65		0.9655	$ 328.58	$ 210.07	$ 317.24	$ 527.31		
656	General Inpatient Care	$ 1,153.08		0.9655	$ 732.21	$ 420.87	$ 706.95	$ 1,127.82		
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		$ 67.07	0.9655	$ 50.44	$ 16.63	$ 48.70	$ 65.33	$ 65.33	$ 16.33
561	Service Intensity Add On Rate - Social Worker		$ 67.07	0.9655	$ 50.44	$ 16.63	$ 48.70	$ 65.33	$ 65.33	$ 16.33

*Physician Fee Schedules

**Medicaid Nursing Facility Rates

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