FY 2027 Hospice Rates for 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	$ 236.64		1.0861	$ 156.18	$ 80.46	$ 169.63	$ 250.09		
651	Routine Home Care 61+days	$ 186.57		1.0861	$ 123.14	$ 63.43	$ 133.74	$ 197.17		
652	Continuous Home Care	$ 1,726.83		1.0861	$ 1,298.58	$ 428.25	$ 1,410.49	$ 1,838.74	$ 76.61	$ 19.15
655	Inpatient Respite Care	$ 574.66		1.0861	$ 350.54	$ 224.12	$ 380.72	$ 604.84		
656	General Inpatient Care	$ 1,231.51		1.0861	$ 782.01	$ 449.50	$ 849.34	$ 1,298.84		
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		$ 71.95	1.0861	$ 54.11	$ 17.84	$ 58.77	$ 76.61	$ 76.61	$ 19.15
561	Service Intensity Add On Rate - Social Worker		$ 71.95	1.0861	$ 54.11	$ 17.84	$ 58.77	$ 76.61	$ 76.61	$ 19.15

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	$ 236.64		0.9581	$ 156.18	$ 80.46	$ 149.64	$ 230.10		
651	Routine Home Care 61+days	$ 186.57		0.9581	$ 123.14	$ 63.43	$ 117.98	$ 181.41		
652	Continuous Home Care	$ 1,726.83		0.9581	$ 1,298.58	$ 428.25	$ 1,244.17	$ 1,672.42	$ 69.68	$ 17.42
655	Inpatient Respite Care	$ 574.66		0.9581	$ 350.54	$ 224.12	$ 335.85	$ 559.97		
656	General Inpatient Care	$ 1,231.51		0.9581	$ 782.01	$ 449.50	$ 749.24	$ 1,198.74		
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		$ 71.95	0.9581	$ 54.11	$ 17.84	$ 51.84	$ 69.68	$ 69.68	$ 17.42
561	Service Intensity Add On Rate - Social Worker		$ 71.95	0.9581	$ 54.11	$ 17.84	$ 51.84	$ 69.68	$ 69.68	$ 17.42

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	$ 236.64		0.8947	$ 156.18	$ 80.46	$ 139.73	$ 220.19		
651	Routine Home Care 61+days	$ 186.57		0.8947	$ 123.14	$ 63.43	$ 110.17	$ 173.60		
652	Continuous Home Care	$ 1,726.83		0.8947	$ 1,298.58	$ 428.25	$ 1,161.84	$ 1,590.09	$ 66.25	$ 16.56
655	Inpatient Respite Care	$ 574.66		0.8947	$ 350.54	$ 224.12	$ 313.63	$ 537.75		
656	General Inpatient Care	$ 1,231.51		0.8947	$ 782.01	$ 449.50	$ 699.66	$ 1,149.16		
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		$ 71.95	0.8947	$ 54.11	$ 17.84	$ 48.41	$ 66.25	$ 66.25	$ 16.56

*Physician Fee Schedules **Medicaid Nursing Facility Rates

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	$ 236.64		0.9176	$ 156.18	$ 80.46	$ 143.31	$ 223.77		
651	Routine Home Care 61+days	$ 186.57		0.9176	$ 123.14	$ 63.43	$ 112.99	$ 176.42		
652	Continuous Home Care	$ 1,726.83		0.9176	$ 1,298.58	$ 428.25	$ 1,191.58	$ 1,619.83	$ 67.49	$ 16.87
655	sdfd	$ 574.66		0.9176	$ 350.54	$ 224.12	$ 321.66	$ 545.78		
656	General Inpatient Care	$ 1,231.51		0.9176	$ 782.01	$ 449.50	$ 717.57	$ 1,167.07		
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		$ 71.95	0.9176	$ 54.11	$ 17.84	$ 49.65	$ 67.49	$ 67.49	$ 16.87
561	Service Intensity Add On Rate - Social Worker		$ 71.95	0.9176	$ 54.11	$ 17.84	$ 49.65	$ 67.49	$ 67.49	$ 16.87
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	$ 236.64		0.8382	$ 156.18	$ 80.46	$ 130.91	$ 211.37		
651	Routine Home Care 61+days	$ 186.57		0.8382	$ 123.14	$ 63.43	$ 103.22	$ 166.65		
652	Continuous Home Care	$ 1,726.83		0.8382	$ 1,298.58	$ 428.25	$ 1,088.47	$ 1,516.72	$ 63.20	$ 15.80
655	Inpatient Respite Care	$ 574.66		0.8382	$ 350.54	$ 224.12	$ 293.82	$ 517.94		
656	General Inpatient Care	$ 1,231.51		0.8382	$ 782.01	$ 449.50	$ 655.48	$ 1,104.98		
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		$ 71.95	0.8382	$ 54.11	$ 17.84	$ 45.36	$ 63.20	$ 63.20	$ 15.80
561	Service Intensity Add On Rate - Social Worker		$ 71.95	0.8382	$ 54.11	$ 17.84	$ 45.36	$ 63.20	$ 63.20	$ 15.80
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	$ 236.64		0.9494	$ 156.18	$ 80.46	$ 148.28	$ 228.74		
651	Routine Home Care 61+days	$ 186.57		0.9494	$ 123.14	$ 63.43	$ 116.91	$ 180.34		
652	Continuous Home Care	$ 1,726.83		0.9494	$ 1,298.58	$ 428.25	$ 1,232.87	$ 1,661.12	$ 69.21	$ 17.30
655	Inpatient Respite Care	$ 574.66		0.9494	$ 350.54	$ 224.12	$ 332.80	$ 556.92		
656	General Inpatient Care	$ 1,231.51		0.9494	$ 782.01	$ 449.50	$ 742.44	$ 1,191.94		
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		$ 71.95	0.9494	$ 54.11	$ 17.84	$ 51.37	$ 69.21	$ 69.21	$ 17.30
561	Service Intensity Add On Rate - Social Worker		$ 71.95	0.9494	$ 54.11	$ 17.84	$ 51.37	$ 69.21	$ 69.21	$ 17.30

*Physician Fee Schedules **Medicaid Nursing Facility Rates