

**Montana Medicaid Fee Schedule
Dialysis Clinics
July 1, 2020**

Revenue Code	Description	Fee
821	Hemodialysis/composite rate or other rate	\$255.47
831	Peritoneal/composite rate or other rate	\$255.47
841	Continuous Ambulatory Peritoneal Dialysis (CAPD)/ composite rate or other rate	\$255.47
851	Continuous Cycling Peritoneal Dialysis (CCPD)/ composite rate or other rate	\$255.47
825	Hemodialysis Support Services	\$33.00
835	Peritoneal Support Services	\$33.00
845	CAPD Support Services	\$25.00
855	CCPD Support Services	\$33.00