

**Montana Medicaid Fee Schedule
Dialysis Clinics
July 1, 2024**

Revenue Code	Description	Fee
821	Hemodialysis/composite rate or other rate	\$281.86
831	Peritoneal/composite rate or other rate	\$281.86
841	Continuous Ambulatory Peritoneal Dialysis (CAPD)/ composite rate or other rate	\$281.86
851	Continuous Cycling Peritoneal Dialysis (CCPD)/ composite rate or other rate	\$281.86
825	Hemodialysis Support Services	\$33.00
835	Peritoneal Support Services	\$33.00
845	CAPD Support Services	\$25.00
855	CCPD Support Services	\$33.00