

**Montana Medicaid Fee Schedule**  
**Dialysis Clinics**  
**July 1, 2025**

| <b>Revenue Code</b> | <b>Description</b>  | <b>Fee</b> |
|---------------------|---|------------|
| 821                 | Hemodialysis/composite rate or other rate   | \$290.32   |
| 831                 | Peritoneal/composite rate or other rate   | \$290.32   |
| 841                 | Continuous Ambulatory Peritoneal Dialysis (CAPD)/<br>composite rate or other rate | \$290.32   |
| 851                 | Continuous Cycling Peritoneal Dialysis (CCPD)/<br>composite rate or other rate    | \$290.32   |
| 825                 | Hemodialysis Support Services   | \$33.00    |
| 835                 | Peritoneal Support Services   | \$33.00    |
| 845                 | CAPD Support Services   | \$25.00    |
| 855                 | CCPD Support Services   | \$33.00    |