

# Medicare Claims Processing Manual

## Chapter 8 - Outpatient ESRD Hospital, Independent Facility, and Physician/Supplier Claims

### Crosswalk

New Chap	New Sect	Int. Pub. 13	Carrier Pub. 14	HO 10	RDF 29	Provider Reimburse Part 1	PMs	Other	Description
8	10	A3-3166			RDF-206	PRM1-2702			General Description of ESRD Payment
8	10.1	A3-3166			RDF-245, RDF-245.2	PRM1-2702			General Description of ESRD Facility Composite Rates
8	10.2					PRM1-2702.1			Uncompleted Treatments
8	10.3					PRM1-2702.1			No-Shows
8	10.4				RDF-112, RDF-114				Deductible and Coinsurance
8	10.5					PRM1-2702.1C			Outpatient Hospital Services Which Become Inpatient Hospital Services
8	10.6					PRM1-2706.1E			Amount of Payment
8	10.7				RDF-221				ESRD Services Not Provided Within the United States
8	10.8				RDF-207.4				Transportation Services
8	20								Definitions Related to Calculating Composite Rate - section heading only
8	30								Determination and Publication of Composite Rate - section heading only

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8	30.1					PRM1-2706.1, PRM1-2704, PRM1-2706		<a href="#">42 CFR 413.172</a>	Publication of Composite Rates
8	30.2					PRM1-2706.1			Determining Individual Facility Composite Rate
8	30.3					PRM1-2705			Transition Period
8	30.4					PRM1-2717			Record Keeping and Reporting Requirements Under Composite Rate System
8	30.5					PRM1-2728			Facility Preparation and Intermediary Review of Cost Reports
8	30.6					PRM1-2719			Issuance of Notice of Program Reimbursement
8	40					PRM1-2720			Processing Requests for Composite Rate Exception
8	50	A3-3644				RDF-207.1		CWF doc	In-Facility Dialysis Bill Processing Procedures
8	50.1					RDF-207.1	A-03-33		Laboratory Services Included In the Composite Rate
8	50.2	A3-3168A							Drugs and Biologicals Included In the Composite Rate
8	50.3					RDF-320			Required Information for In-facility Claims Paid Under the Composite Rate

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8	50.3.1				RDF-320.1				Submitting Corrected Bills
8	50.4	A3-3644.2							Non-Required Items on the Form CMS-1450 for ESRD Bills
8	50.5	A3-3112.6							IPD in the Facility
8	50.6				RDF-245.2D				In-Facility Back-Up Dialysis
8	50.6.1	A3-3644.1, A3-3171.1							Payment for In-Facility Maintenance Dialysis Sessions Furnished to CAPD/CCPD Home Dialysis Patients
8	50.6.2	A3-3644.1							Payment for Hemodialysis Sessions
8	50.7					PRM1-2702.2			Ultrafiltration
8	50.8	A3-3112.6D		HO-E212.1 HO-E212.2, HO-E212.3, HO-E212.4		PRM1-2707, PRM1-2707.1			Training and Retraining
8	50.9	A3-3644.5			RDF-319.3				Coding for Adequacy of Hemodialysis
8	60					PRM1-2711			Separately Billable ESRD Items and Services
8	60.1	A3-3644.1, A3-3167.3	B3-4270.2		RDF-322	PRM1-2711.1			Lab Services
8	60.2	A3-3644F1-A3-3644F5	B3-2231		RDF-319.1				Drugs Furnished in Dialysis Facilities

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8	60.2.1								Billing Procedures for Drugs for Facilities
8	60.2.2						AB-99-63		Drug Payment Amounts for Facilities
8	60.2.3	A3-3644					AB-02-005		Use of Additional Codes by Facilities to Report Drugs
8	60.2.4	A3-3644E			RDF-319.4				Intravenous Iron Therapy
8	60.2.4.1	A3-3644							Facility Billing Requirements to the Intermediary
8	60.2.4.2		B3-4461.1 B3-4461.2 B3-4461.3						Physician Billing Requirements to the Carrier
8	60.3	A3-3644G1- A3-3644G3				PRM1-2711.3			Blood and Blood Services Furnished in Hospital Based and Independent Dialysis Facilities
8	60.4	A3-3644D1- D3,	B3-2049.3B1, B3-2049.5B		RDF-319, RDF- 207.5A-C,	PRM1- 2710.3A-D	AB-00-76, A-01-106, AB 97-2		EPO
8	60.4.1	A3-3644				PRM1-2710.3			EPO Facility Billing Requirements Using UB-92/Form CMS-1450
8	60.4.2		B3-4273.1						EPO Supplier Billing Requirements (Method II) on the Form CMS-1500
8	60.4.2.1		B3-4273.1						Other Information Required on the Form CMS-1500

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8	60.4.2.2		B3-4273.2						Completion of Subsequent Form CMS-1500 Claims for EPO
8	60.4.3	A3-3644							Payment Amount
8	60.4.3.1	A3-3644							Payment in Other Settings
8	60.4.3.2						A-01-106		Hospital Outpatient Departments
8	60.4.4		B3-4270.1						Home Patients
8	60.4.4.1		B3-4270.1						Self Administered EPO Supply
8	60.5					PRM1-2711.6			Intradialytic Parenteral/Enteral Nutrition (IDPN)
8	60.6					PRM1-2711.4			Hepatitis B Vaccine Furnished to ESRD Patients
8	70	A3-3644 A3-3169	B3-4270.1			PRM1-2706.1E, PRM1-2706.2,		RO2 3440.2	Payment for Home Dialysis
8	70.1		B3-4271			PRM1-2740.2			Method Selection for Home Dialysis Payment
8	70.1.1					PRM1-2740.2D			Change in Method
8	70.2					PRM1-2740.3			Prevention of Double Billing Under Method I and II
8	70.3					PRM1-2740.4			Overpayments

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8	80	A3-3644A, A3-3169,	B3-4270 B3-4271		RDF-318	PRM1-2710, PRM1-2710.4,		RO2 3440	Home Dialysis Method I Billing to the Intermediary
8	80.1	A3-3169.1				PRM1-2712			Items and Services Included in the Composite Rate for Home Dialysis
8	80.2	A3-3644						CWF doc.	General Intermediary Bill Processing Procedures for Method I Home Dialysis Services
8	80.2.1	A3-3644.2							Required Billing Information for Method I Claims
8	80.3	A3-3112.6				PRM1-2709, PRM1-2709.1A, PRM1-2709.2,			Calculating Intermediary Payment for Intermittent Peritoneal Dialysis (IPD) for Method I
8	80.3.1					PRM1-2709.1B			IPD at Home for Method I Claims Submitted to the Intermediary
8	80.4	A3-3644.1				PRM1-2709.2			Calculating Payment for Continuous Ambulatory Peritoneal Dialysis (CAPD) and Continuous Cycling Peritoneal Dialysis (CCPD) Under the Composite rate
8	90	A3-3644A, A3-3644.3	B3-4270, B3-4271, B3-4270.1, B3-4270.2, B3-4271			PRM1-2740		RO2 3440C	Method II Billing

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8	90.1	A3-3170.6, A3-3644.3, A3-3644.3A-E	B3-2231.3A &B, B3-2231, B3-4270.1,	HO-238.2C HO-238.3, HO-238.3A		PRM1- 2709.2A			DMERC Denials for Beneficiary Submitted Claims Under Method II
8	90.2		B3-4270.1, B3-3045.7						Requirements For Payment by the DMERC
8	90.2.1		B3-4270.1						Supplier Documentation Required
8	90.2.2		B3-4270.1						DMERC Letter Explaining Requirements to Method II Supplier
8	90.3		B3-3045.7				B-01-56		Amount of Payment by the DMERC
8	90.3.1		B3-3045.7						Billing Instructions for Method II to DMERCs
8	90.3.2		B3-4270				B-01-56		Home Dialysis Supplies and Equipment HCPCS Codes Used to Bill the DMERC
8	90.3.3		B3-3045.7C						DMERC Claims Processing Instructions
8	90.4								Equipment and Equipment Related Services Provided to Direct Dealing Beneficiary
8	90.5	A3-3644.3C, A3-3644.3D				PRM1-2740.1, PRM1-2743.1			Method II Support Services Billed to the Intermediary by the Facility
8	90.5.1	A3-3644.3E,			RDF-321				Billable UB-92 Revenue Codes Under Method II
8	90.5.1.1	A3-3644.3E							Unbillable UB-92 Revenue Codes Under Method II

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8	100	A3-3169.3			RDF-245.2E	PRM1-2713		RO-2 3440.3,	Dialysis Sessions Furnished to Patients Who are Traveling
8	100.1					PRM1-2713.1			Traveling Patients Who are Normally In-facility Dialysis Patients
8	100.2		B3-4271.1, B3-4272			PRM1-2713.2,			Traveling Patients Who are Normally Home Dialysis
8	100.3		B3-4272.4						Physician's Services Furnished to a Dialysis Patient Away from Home or Usual Facility
8	110	A3-3644c1, A3-3644c3,				PRM1-2706.2			Reduction in Medicare Program Payment to Fund ESRD Networks
8	120					PRM1-2770			Renal Transplantation and Related Services
8	120.1		B3-4471			PRM1-2711.5,	AB-01-10		Payment for Immunosuppressive Drugs Furnished to Transplant Patients
8	130		B3-4270						Physicians and Supplier (non-facility) Billing for ESRD Services - General
8	130.1		B3-4275, B3-4275.1, B3-4275.2			PRM1-2715, PRM1-2715.1, PRM1-2715.2			Initial Method for Physician's Services to Maintenance Dialysis Patients



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8	140		B3-15060, B3-15060.1 B3-15060.2 B3-15060.3 B3-15060.4 B3-15060.5 B3-15350 B3-2230.3 B3-2230.6 B3-4272 B3-4272.1, B3-4272.2						Monthly Capitation Payment Method for Physicians' Services Furnished to Patients on Maintenance Dialysis
8	140.1		B3-4272.1						Services Included in Monthly Capitation Payment
8	140.2		B3-4272						Services Excluded from Monthly Capitation Payment
8	140.3		B3-4272.2						Data Elements Required on Claim for Monthly Capitation Payment
8	140.4		B3-4272.3						Controlling Claims Paid Under the Monthly Capitation Payment Method
8	140.5		B3-15060.3						Determining Monthly Capitation Payment Amount for Physician's Services to Maintenance Dialysis Patients
8	140.5.1		B3-15060.4						Temporary Absence Under MCP
8	150		B3-15060.5						Physician's Self-Dialysis Training Services

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8	160		B3-15062.1, B3-4275						Payment for Physician's Services Furnished to Dialysis Inpatients
8	160.1		B3-15062.1						Determining Whether Physician Services Furnished on Day of Dialysis
8	160.2		B3-15062.1						Physicians' Services Furnished on Day of Dialysis
8	160.3		B3-15062.1						Physicians' Services Furnished on Non- Dialysis Days
8	160.4		B3-15062.1						Requirements for Payment
8	170		B3-15350, R1810B3						Billing Physician Dialysis Services (codes 90935 - 90999) and Related Payment
8	180						AB-01-189, AB-03-001		Non-Invasive Studies for ESRD Patients - Facility and Physician Services