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|--|---|
| <b>CMS Manual System</b>                     | <b>Department of Health &amp; Human Services (DHHS)</b>   |
| <b>Pub 100-04 Medicare Claims Processing</b> | <b>Centers for Medicare &amp; Medicaid Services (CMS)</b> |
| <b>Transmittal 12029</b>                     | <b>Date: May 11, 2023</b>                                 |
|  | <b>Change Request 13201</b>                               |

**SUBJECT: Quarterly Update to the End-Stage Renal Disease Prospective Payment System (ESRD PPS)**

**I. SUMMARY OF CHANGES:** The purpose for this Change Request (CR) is to update the list of outlier services under the End Stage Renal Disease Prospective Payment System.

**EFFECTIVE DATE: July 1, 2023**

*\*Unless otherwise specified, the effective date is the date of service.*

**IMPLEMENTATION DATE: July 3, 2023**

*Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

**II. CHANGES IN MANUAL INSTRUCTIONS:** (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

| <b>R/N/D</b> | <b>CHAPTER / SECTION / SUBSECTION / TITLE</b> |
|--------------|---|
| N/A          | N/A   |

**III. FUNDING:**

**For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**IV. ATTACHMENTS:**

**Recurring Update Notification**

# Attachment - Recurring Update Notification

|             |                    |                    |                       |
|-------------|--------------------|--------------------|-----------------------|
| Pub. 100-04 | Transmittal: 12029 | Date: May 11, 2023 | Change Request: 13201 |
|-------------|--------------------|--------------------|-----------------------|

**SUBJECT: Quarterly Update to the End-Stage Renal Disease Prospective Payment System (ESRD PPS)**

**EFFECTIVE DATE: July 1, 2023**

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**IMPLEMENTATION DATE: July 3, 2023**

## I. GENERAL INFORMATION

**A. Background:** Section 1881(b)(14)(D)(ii) of the Act requires that the ESRD PPS include a payment adjustment for high cost outliers due to unusual variations in the type or amount of medically necessary care, including variability in the amount of erythropoiesis-stimulating agents (ESAs) necessary for anemia management.

The ESRD PPS recognizes high cost patients, and CMS has codified the outlier policy and the methodology for calculating outlier payments at § 413.237. The policy provides that the following ESRD outlier items and services are included in the ESRD PPS bundle: (1) renal dialysis drugs and biological products that were or would have been, prior to January 1, 2011, separately billable under Medicare Part B; (2) renal dialysis laboratory tests that were or would have been, prior to January 1, 2011, separately billable under Medicare Part B; (3) renal dialysis medical/surgical supplies, including syringes, used to administer renal dialysis drugs and biological products that were or would have been, prior to January 1, 2011, separately billable under Medicare Part B; (4) renal dialysis drugs and biological products that were or would have been, prior to January 1, 2011, covered under Medicare Part D, including renal dialysis oral-only drugs, effective January 1, 2025; and (5) renal dialysis equipment and supplies, except for capital-related assets that are home dialysis machines (as defined in § 413.236(a)(2)), that receive the transitional add-on payment adjustment as specified in § 413.236 after the payment period has ended.

In the Calendar Year (CY) 2011 ESRD PPS final rule (75 FR 49142), CMS stated that for purposes of determining whether an ESRD facility would be eligible for an outlier payment, it would be necessary for the facility to identify the actual ESRD outlier services furnished to the patient by line item (that is, date of service) on the monthly claim. Renal dialysis drugs, laboratory tests, and medical/surgical supplies that are recognized as outlier services were specified in Transmittal 2134, dated January 14, 2011. Furthermore, CMS uses administrative issuances to update the renal dialysis service items available for outlier payment via our quarterly update CMS Change Requests, when applicable. For example, we use these updates to identify renal dialysis service drugs that were or would have been covered under Medicare Part D for outlier eligibility purposes and items and services that have been incorrectly identified as eligible outlier services.

**B. Policy:** Effective July 1, 2023, CMS is making the following routine changes to the list of outlier services as shown in Attachment A:

- Updating the most recent mean unit cost for renal dialysis drugs that are oral equivalents to injectable drugs based on the most recent prices obtained from the Medicare Prescription Drug Plan Finder, effective July 1, 2023.
- Adding or removing any renal dialysis items and services from the list of outlier services, as necessary.
- Revising the mean dispensing fee of the National Drug Codes (NDCs) qualifying for outlier to \$0.50 per NDC per month for claims with dates of service on or after July 1, 2023.

For these updates, please see attachment A of this change request.

In addition, effective April 1, 2023, CMS is updating the Consolidated Billing list as shown in Attachment B to replace J0610 with J0612 in the Bone and Mineral Metabolism category.

## II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

| Number  | Requirement   | Responsibility |   |     |            |                           |     |     |     |       |
|---------|---|----------------|---|-----|------------|---------------------------|-----|-----|-----|-------|
|         |   | A/B MAC        |   |     | DME<br>MAC | Shared-System Maintainers |     |     |     | Other |
|         |   | A              | B | HHH |            | FISS                      | MCS | VMS | CWF |       |
| 13201.1 | Medicare contractors shall update the list of items and services that qualify as outlier services according to the updated list in Attachment A, effective July 1, 2023.                    |                |   |     |            | X                         |     |     |     |       |
| 13201.2 | Medicare contractors shall update the NDC dispensing fee for ESRD outlier services to \$0.50 for claims with dates of service on or after July 1, 2023.                                     |                |   |     |            | X                         |     |     |     |       |
| 13201.3 | Medicare contractors shall update the list of items and services for consolidated billing according to Attachment B.<br><br>Note: HCPCS J0610 is replaced by J0612 effective April 1, 2023. |                |   |     |            | X                         |     |     | X   |       |

## III. PROVIDER EDUCATION TABLE

| Number  | Requirement   | Responsibility |   |     |            |      |
|---------|---|----------------|---|-----|------------|------|
|         |   | A/B MAC        |   |     | DME<br>MAC | CEDI |
|         |   | A              | B | HHH |            |      |
| 13201.4 | Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on | X              |   |     |            |      |

| Number | Requirement   | Responsibility |   |     |            |      |
|--------|---|----------------|---|-----|------------|------|
|        |   | A/B<br>MAC     |   |     | DME<br>MAC | CEDI |
|        |   | A              | B | HHH |            |      |
|        | your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the “MLN Connects” listserv to get MLN content notifications. You don’t need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above. |                |   |     |            |      |

**IV. SUPPORTING INFORMATION**

**Section A: Recommendations and supporting information associated with listed requirements: N/A**

*"Should" denotes a recommendation.*

| X-Ref Requirement Number | Recommendations or other supporting information: |
|--------------------------|--|
|                          |  |

**Section B: All other recommendations and supporting information: N/A**

**V. CONTACTS**

**Pre-Implementation Contact(s):** Wendy Jones, 410-786-3004 or Wendy.Jones@cms.hhs.gov, Russell Bailey, 4107861000 or Russell.Bailey@cms.hhs.gov

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

**VI. FUNDING**

**Section A: For Medicare Administrative Contractors (MACs):**

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

**ATTACHMENTS: 2**

## CY 2023 Outlier Services (Effective July 1, 2023)

## Attachment A

Oral and Other Equivalent Forms of Injectable Drugs <sup>1,2</sup>

| NDC         | Reference NDC RxNorm Description                 | Mean Unit Cost |
|-------------|--|----------------|
| 00054312041 | CALCITRIOL 0.001 MG/ML ORAL SOLUTION             | \$6.84         |
| 63304024159 | CALCITRIOL 0.001 MG/ML ORAL SOLUTION             | \$6.84         |
| 64980044715 | CALCITRIOL 0.001 MG/ML ORAL SOLUTION             | \$6.84         |
| 00074903630 | PARICALCITOL 0.001 MG ORAL CAPSULE [ZEMPLAR]     | \$14.02        |
| 00074431430 | PARICALCITOL 0.002 MG ORAL CAPSULE [ZEMPLAR]     | \$28.08        |
| 00074903730 | PARICALCITOL 0.002 MG ORAL CAPSULE [ZEMPLAR]     | \$28.08        |
| 00054038819 | DOXERCALCIFEROL 0.001 MG ORAL CAPSULE            | \$10.91        |
| 00955172150 | DOXERCALCIFEROL 0.001 MG ORAL CAPSULE            | \$10.91        |
| 23155053925 | DOXERCALCIFEROL 0.001 MG ORAL CAPSULE            | \$10.91        |
| 62135045130 | DOXERCALCIFEROL 0.001 MG ORAL CAPSULE            | \$10.91        |
| 00054033819 | DOXERCALCIFEROL 0.0005 MG ORAL CAPSULE           | \$5.74         |
| 00955172050 | DOXERCALCIFEROL 0.0005 MG ORAL CAPSULE           | \$5.74         |
| 23155053825 | DOXERCALCIFEROL 0.0005 MG ORAL CAPSULE           | \$5.74         |
| 62135045030 | DOXERCALCIFEROL 0.0005 MG ORAL CAPSULE           | \$5.74         |
| 68084087225 | DOXERCALCIFEROL 0.0005 MG ORAL CAPSULE           | \$5.74         |
| 68084087295 | DOXERCALCIFEROL 0.0005 MG ORAL CAPSULE           | \$5.74         |
| 00054033919 | DOXERCALCIFEROL 0.0025 MG ORAL CAPSULE           | \$13.25        |
| 00955172250 | DOXERCALCIFEROL 0.0025 MG ORAL CAPSULE           | \$13.25        |
| 23155054025 | DOXERCALCIFEROL 0.0025 MG ORAL CAPSULE           | \$13.25        |
| 62135045230 | DOXERCALCIFEROL 0.0025 MG ORAL CAPSULE           | \$13.25        |
| 30698014301 | CALCITRIOL 0.00025 MG ORAL CAPSULE [ROCALTROL]   | \$1.83         |
| 30698014323 | CALCITRIOL 0.00025 MG ORAL CAPSULE [ROCALTROL]   | \$1.83         |
| 30698014401 | CALCITRIOL 0.0005 MG ORAL CAPSULE [ROCALTROL]    | \$2.89         |
| 30698091115 | CALCITRIOL 0.001 MG/ML ORAL SOLUTION [ROCALTROL] | \$15.47        |
| 10888500102 | PARICALCITOL 0.001 MG ORAL CAPSULE               | \$3.45         |
| 49483068703 | PARICALCITOL 0.001 MG ORAL CAPSULE               | \$3.45         |
| 55111066330 | PARICALCITOL 0.001 MG ORAL CAPSULE               | \$3.45         |
| 60429048130 | PARICALCITOL 0.001 MG ORAL CAPSULE               | \$3.45         |
| 60429083630 | PARICALCITOL 0.001 MG ORAL CAPSULE               | \$3.45         |
| 63629245201 | PARICALCITOL 0.001 MG ORAL CAPSULE               | \$3.45         |
| 64980022503 | PARICALCITOL 0.001 MG ORAL CAPSULE               | \$3.45         |
| 65862093630 | PARICALCITOL 0.001 MG ORAL CAPSULE               | \$3.45         |
| 68382033006 | PARICALCITOL 0.001 MG ORAL CAPSULE               | \$3.45         |
| 69387010330 | PARICALCITOL 0.001 MG ORAL CAPSULE               | \$3.45         |
| 69452014513 | PARICALCITOL 0.001 MG ORAL CAPSULE               | \$3.45         |
| 10888500302 | PARICALCITOL 0.004 MG ORAL CAPSULE               | \$13.82        |
| 49483068903 | PARICALCITOL 0.004 MG ORAL CAPSULE               | \$13.82        |
| 55111066530 | PARICALCITOL 0.004 MG ORAL CAPSULE               | \$13.82        |
| 60429048330 | PARICALCITOL 0.004 MG ORAL CAPSULE               | \$13.82        |
| 60429083830 | PARICALCITOL 0.004 MG ORAL CAPSULE               | \$13.82        |
| 65862093830 | PARICALCITOL 0.004 MG ORAL CAPSULE               | \$13.82        |

|             |   |         |
|-------------|---|---------|
| 69452014713 | PARICALCITOL 0.004 MG ORAL CAPSULE      | \$13.82 |
| 55513007330 | CINACALCET 30 MG ORAL TABLET [SENSIPAR] | \$28.54 |
| 55513007430 | CINACALCET 60 MG ORAL TABLET [SENSIPAR] | \$57.35 |
| 55513007530 | CINACALCET 90 MG ORAL TABLET [SENSIPAR] | \$86.52 |
| 10888500202 | PARICALCITOL 0.002 MG ORAL CAPSULE      | \$8.69  |
| 49483068803 | PARICALCITOL 0.002 MG ORAL CAPSULE      | \$8.69  |
| 55111066430 | PARICALCITOL 0.002 MG ORAL CAPSULE      | \$8.69  |
| 60429048230 | PARICALCITOL 0.002 MG ORAL CAPSULE      | \$8.69  |
| 60429083730 | PARICALCITOL 0.002 MG ORAL CAPSULE      | \$8.69  |
| 63629245301 | PARICALCITOL 0.002 MG ORAL CAPSULE      | \$8.69  |
| 64980022603 | PARICALCITOL 0.002 MG ORAL CAPSULE      | \$8.69  |
| 65862093730 | PARICALCITOL 0.002 MG ORAL CAPSULE      | \$8.69  |
| 68382033106 | PARICALCITOL 0.002 MG ORAL CAPSULE      | \$8.69  |
| 69387010430 | PARICALCITOL 0.002 MG ORAL CAPSULE      | \$8.69  |
| 69452014613 | PARICALCITOL 0.002 MG ORAL CAPSULE      | \$8.69  |
| 00054000713 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 00054000725 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 00093735201 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 23155011801 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 23155011803 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 23155066201 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 23155066203 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 43353003409 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 43353003430 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 43353003481 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 43353013809 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 43353013830 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 43353063309 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 43353063330 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 43353063381 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 43353099809 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 51407016901 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 51407016930 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 60687034501 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 60687034511 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 62756096783 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 62756096788 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 63304023901 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 63304023930 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 63629244501 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 63629874101 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 64380072304 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 64380072306 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 69452020713 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 69452020720 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 71610046809 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |
| 71610052109 | CALCITRIOL 0.00025 MG ORAL CAPSULE      | \$0.44  |

|             |                                    |         |
|-------------|------------------------------------|---------|
| 72789005801 | CALCITRIOL 0.00025 MG ORAL CAPSULE | \$0.44  |
| 00093735301 | CALCITRIOL 0.0005 MG ORAL CAPSULE  | \$0.65  |
| 23155011901 | CALCITRIOL 0.0005 MG ORAL CAPSULE  | \$0.65  |
| 23155066301 | CALCITRIOL 0.0005 MG ORAL CAPSULE  | \$0.65  |
| 51407017001 | CALCITRIOL 0.0005 MG ORAL CAPSULE  | \$0.65  |
| 62756096888 | CALCITRIOL 0.0005 MG ORAL CAPSULE  | \$0.65  |
| 63304024001 | CALCITRIOL 0.0005 MG ORAL CAPSULE  | \$0.65  |
| 63629874201 | CALCITRIOL 0.0005 MG ORAL CAPSULE  | \$0.65  |
| 64380072406 | CALCITRIOL 0.0005 MG ORAL CAPSULE  | \$0.65  |
| 69452020820 | CALCITRIOL 0.0005 MG ORAL CAPSULE  | \$0.65  |
| 00378619793 | CINACALCET 30 MG ORAL TABLET       | \$10.62 |
| 00904706704 | CINACALCET 30 MG ORAL TABLET       | \$10.62 |
| 16714007801 | CINACALCET 30 MG ORAL TABLET       | \$10.62 |
| 16729044010 | CINACALCET 30 MG ORAL TABLET       | \$10.62 |
| 16729044015 | CINACALCET 30 MG ORAL TABLET       | \$10.62 |
| 31722010330 | CINACALCET 30 MG ORAL TABLET       | \$10.62 |
| 42291045930 | CINACALCET 30 MG ORAL TABLET       | \$10.62 |
| 42543096104 | CINACALCET 30 MG ORAL TABLET       | \$10.62 |
| 43598036730 | CINACALCET 30 MG ORAL TABLET       | \$10.62 |
| 47335037983 | CINACALCET 30 MG ORAL TABLET       | \$10.62 |
| 50268015311 | CINACALCET 30 MG ORAL TABLET       | \$10.62 |
| 50268015312 | CINACALCET 30 MG ORAL TABLET       | \$10.62 |
| 51407029530 | CINACALCET 30 MG ORAL TABLET       | \$10.62 |
| 60687052511 | CINACALCET 30 MG ORAL TABLET       | \$10.62 |
| 60687052521 | CINACALCET 30 MG ORAL TABLET       | \$10.62 |
| 63629876301 | CINACALCET 30 MG ORAL TABLET       | \$10.62 |
| 63629960801 | CINACALCET 30 MG ORAL TABLET       | \$10.62 |
| 64380088304 | CINACALCET 30 MG ORAL TABLET       | \$10.62 |
| 65862083105 | CINACALCET 30 MG ORAL TABLET       | \$10.62 |
| 65862083130 | CINACALCET 30 MG ORAL TABLET       | \$10.62 |
| 67877050330 | CINACALCET 30 MG ORAL TABLET       | \$10.62 |
| 69097041002 | CINACALCET 30 MG ORAL TABLET       | \$10.62 |
| 70436000704 | CINACALCET 30 MG ORAL TABLET       | \$10.62 |
| 71093015201 | CINACALCET 30 MG ORAL TABLET       | \$10.62 |
| 72865015030 | CINACALCET 30 MG ORAL TABLET       | \$10.62 |
| 76282067430 | CINACALCET 30 MG ORAL TABLET       | \$10.62 |
| 00378619693 | CINACALCET 60 MG ORAL TABLET       | \$21.73 |
| 16714007901 | CINACALCET 60 MG ORAL TABLET       | \$21.73 |
| 16729044110 | CINACALCET 60 MG ORAL TABLET       | \$21.73 |
| 16729044115 | CINACALCET 60 MG ORAL TABLET       | \$21.73 |
| 31722010430 | CINACALCET 60 MG ORAL TABLET       | \$21.73 |
| 42291046030 | CINACALCET 60 MG ORAL TABLET       | \$21.73 |
| 42543096204 | CINACALCET 60 MG ORAL TABLET       | \$21.73 |
| 43598036830 | CINACALCET 60 MG ORAL TABLET       | \$21.73 |
| 47335038083 | CINACALCET 60 MG ORAL TABLET       | \$21.73 |
| 51407029630 | CINACALCET 60 MG ORAL TABLET       | \$21.73 |
| 63629876401 | CINACALCET 60 MG ORAL TABLET       | \$21.73 |

|             |                              |         |
|-------------|------------------------------|---------|
| 63629960701 | CINACALCET 60 MG ORAL TABLET | \$21.73 |
| 64380088404 | CINACALCET 60 MG ORAL TABLET | \$21.73 |
| 65862083205 | CINACALCET 60 MG ORAL TABLET | \$21.73 |
| 65862083230 | CINACALCET 60 MG ORAL TABLET | \$21.73 |
| 67877050430 | CINACALCET 60 MG ORAL TABLET | \$21.73 |
| 69097041102 | CINACALCET 60 MG ORAL TABLET | \$21.73 |
| 70436000804 | CINACALCET 60 MG ORAL TABLET | \$21.73 |
| 71093015301 | CINACALCET 60 MG ORAL TABLET | \$21.73 |
| 72865015130 | CINACALCET 60 MG ORAL TABLET | \$21.73 |
| 76282067530 | CINACALCET 60 MG ORAL TABLET | \$21.73 |
| 00378619593 | CINACALCET 90 MG ORAL TABLET | \$32.66 |
| 16714008001 | CINACALCET 90 MG ORAL TABLET | \$32.66 |
| 16729044210 | CINACALCET 90 MG ORAL TABLET | \$32.66 |
| 16729044215 | CINACALCET 90 MG ORAL TABLET | \$32.66 |
| 31722010530 | CINACALCET 90 MG ORAL TABLET | \$32.66 |
| 42291046130 | CINACALCET 90 MG ORAL TABLET | \$32.66 |
| 42543096304 | CINACALCET 90 MG ORAL TABLET | \$32.66 |
| 43598036930 | CINACALCET 90 MG ORAL TABLET | \$32.66 |
| 47335060083 | CINACALCET 90 MG ORAL TABLET | \$32.66 |
| 51407029730 | CINACALCET 90 MG ORAL TABLET | \$32.66 |
| 63629876501 | CINACALCET 90 MG ORAL TABLET | \$32.66 |
| 63629960601 | CINACALCET 90 MG ORAL TABLET | \$32.66 |
| 64380088504 | CINACALCET 90 MG ORAL TABLET | \$32.66 |
| 65862083305 | CINACALCET 90 MG ORAL TABLET | \$32.66 |
| 65862083330 | CINACALCET 90 MG ORAL TABLET | \$32.66 |
| 67877050530 | CINACALCET 90 MG ORAL TABLET | \$32.66 |
| 69097041202 | CINACALCET 90 MG ORAL TABLET | \$32.66 |
| 70436000904 | CINACALCET 90 MG ORAL TABLET | \$32.66 |
| 71093015401 | CINACALCET 90 MG ORAL TABLET | \$32.66 |
| 72865015230 | CINACALCET 90 MG ORAL TABLET | \$32.66 |
| 76282067630 | CINACALCET 90 MG ORAL TABLET | \$32.66 |

<sup>1</sup> Outlier services imputed payment amounts. Oral or other equivalent forms of Part B injectable drugs included in the ESRD PPS bundle (notwithstanding the delayed implementation of ESRD-related oral-only drugs effective 1/1/2025).

<sup>2</sup> The mean dispensing fee of the NDCs listed above is \$0.50. This amount will be applied to each NDC included fee on the monthly claim. We will limit 1 dispensing per NDC per month. Providers should report the quantity in the smallest available unit. This is necessary because Medicare is using the mean per unit cost in calculating the outlier. For example, if the provider reports NDC 00054312041 Calcitriol 1 mcg/ml oral solution (15/ml/bottle) reported and uses the full 15 ml bottle, the quantity is as 15, not 1. This allows for the most accurate calculation for the outlier.



## ATTACHMENT B

### CY 2023 ESRD PPS CONSOLIDATED BILLING LIST

This is not an all-inclusive list. All injectable drugs and biologicals and their oral or other form of administration, laboratory tests, supplies, and services provided for the treatment of ESRD are included in the ESRD PPS.

### DME ESRD SUPPLY HCPCS FOR ESRD PPS CONSOLIDATED BILLING EDITS

| HCPCS Code | Long Description   |
|------------|--|
| A4216      | STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML  |
| A4217      | STERILE WATER/SALINE, 500 ML   |
| A4218      | STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML   |
| A4450      | TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES   |
| A4452      | TAPE, WATERPROOF, PER 18 SQUARE INCHES   |
| A6215      | FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM   |
| A6216      | GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING |
| A6402      | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING     |
| E0210      | ELECTRIC HEAT PAD, STANDARD  |

### DME ESRD SUPPLY HCPCS NOT PAYABLE TO DME SUPPLIERS

| HCPCS Code | Long Description  |
|------------|---|
| A4215      | NEEDLE, STERILE, ANY SIZE, EACH                                     |
| A4244      | ALCOHOL OR PEROXIDE, PER PINT                                       |
| A4245      | ALCOHOL WIPES, PER BOX  |
| A4246      | BETADINE OR PHISOHEX SOLUTION, PER PINT                             |
| A4247      | BETADINE OR IODINE SWABS/WIPES, PER BOX                             |
| A4248      | CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML                           |
| A4651      | CALIBRATED MICROCAPILLARY TUBE, EACH                                |
| A4652      | MICROCAPILLARY TUBE SEALANT   |
| A4653      | PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH           |
| A4657      | SYRINGE, WITH OR WITHOUT NEEDLE, EACH                               |
| A4660      | SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE |

| <b>HCPCS Code</b> | <b>Long Description</b>   |
|-------------------|---|
| A4663             | BLOOD PRESSURE CUFF ONLY  |
| A4670             | AUTOMATIC BLOOD PRESSURE MONITOR  |
| A4671             | DISPOSABLE CYCLER SET USED WITH CYCLER DIALYSIS MACHINE, EACH   |
| A4672             | DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH  |
| A4673             | EXTENSION LINE WITH EASY LOCK CONNECTORS, USED WITH DIALYSIS  |
| A4674             | CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILIZE DIALYSIS EQUIPMENT, PER 8 OZ   |
| A4680             | ACTIVATED CARBON FILTER FOR HEMODIALYSIS, EACH  |
| A4690             | DIALYZER (ARTIFICIAL KIDNEYS), ALL TYPES, ALL SIZES, FOR HEMODIALYSIS, EACH   |
| A4706             | BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON   |
| A4707             | BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET   |
| A4708             | ACETATE CONCENTRATE SOLUTION, FOR HEMODIALYSIS, PER GALLON  |
| A4709             | ACID CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON  |
| A4714             | TREATED WATER (DEIONIZED, DISTILLED, OR REVERSE OSMOSIS) FOR PERITONEAL DIALYSIS, PER GALLON  |
| A4719             | "Y SET" TUBING FOR PERITONEAL DIALYSIS  |
| A4720             | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 249CC, BUT LESS THAN OR EQUAL TO 999CC, FOR PERITONEAL DIALYSIS  |
| A4721             | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 999CC BUT LESS THAN OR EQUAL TO 1999CC, FOR PERITONEAL DIALYSIS  |
| A4722             | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 1999CC BUT LESS THAN OR EQUAL TO 2999CC, FOR PERITONEAL DIALYSIS |
| A4723             | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 2999CC BUT LESS THAN OR EQUAL TO 3999CC, FOR PERITONEAL DIALYSIS |
| A4724             | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 3999CC BUT LESS THAN OR EQUAL TO 4999CC, FOR PERITONEAL DIALYSIS |

| <b>HCPCS Code</b> | <b>Long Description</b>   |
|-------------------|---|
| A4725             | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 4999CC BUT LESS THAN OR EQUAL TO 5999CC, FOR PERITONEAL DIALYSIS |
| A4726             | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 5999CC, FOR PERITONEAL DIALYSIS                                  |
| A4728             | DIALYSATE SOLUTION, NON-DEXTROSE CONTAINING, 500 ML   |
| A4730             | FISTULA CANNULATION SET FOR HEMODIALYSIS, EACH  |
| A4736             | TOPICAL ANESTHETIC, FOR DIALYSIS, PER GRAM  |
| A4737             | INJECTABLE ANESTHETIC, FOR DIALYSIS, PER 10 ML  |
| A4740             | SHUNT ACCESSORY, FOR HEMODIALYSIS, ANY TYPE, EACH   |
| A4750             | BLOOD TUBING, ARTERIAL OR VENOUS, FOR HEMODIALYSIS, EACH  |
| A4755             | BLOOD TUBING, ARTERIAL AND VENOUS COMBINED, FOR HEMODIALYSIS, EACH  |
| A4760             | DIALYSATE SOLUTION TEST KIT, FOR PERITONEAL DIALYSIS, ANY TYPE, EACH  |
| A4765             | DIALYSATE CONCENTRATE, POWDER, ADDITIVE FOR PERITONEAL DIALYSIS, PER PACKET   |
| A4766             | DIALYSATE CONCENTRATE, SOLUTION, ADDITIVE FOR PERITONEAL DIALYSIS, PER 10 ML  |
| A4770             | BLOOD COLLECTION TUBE, VACUUM, FOR DIALYSIS, PER 50   |
| A4771             | SERUM CLOTTING TIME TUBE, FOR DIALYSIS, PER 50  |
| A4772             | BLOOD GLUCOSE TEST STRIPS, FOR DIALYSIS, PER 50   |
| A4773             | OCCULT BLOOD TEST STRIPS, FOR DIALYSIS, PER 50  |
| A4774             | AMMONIA TEST STRIPS, FOR DIALYSIS, PER 50   |
| A4802             | PROTAMINE SULFATE, FOR HEMODIALYSIS, PER 50 MG  |
| A4860             | DISPOSABLE CATHETER TIPS FOR PERITONEAL DIALYSIS, PER 10  |
| A4870             | PLUMBING AND/OR ELECTRICAL WORK FOR HOME HEMODIALYSIS EQUIPMENT   |
| A4890             | CONTRACTS, REPAIR, AND MAINTENANCE, FOR HEMODIALYSIS EQUIPMENT  |
| A4911             | DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH  |
| A4913             | MISCELLANEOUS DIALYSIS SUPPLIES, NOT OTHERWISE SPECIFIED  |
| A4918             | VENOUS PRESSURE CLAMP, FOR HEMODIALYSIS, EACH   |
| A4927             | GLOVES, NON-STERILE, PER 100  |
| A4928             | SURGICAL MASK, PER 20   |

| <b>HCPCS Code</b> | <b>Long Description</b>   |
|-------------------|---|
| A4929             | TOURNIQUET FOR DIALYSIS, EACH   |
| A4930             | GLOVES, STERILE, PER PAIR   |
| A4931             | ORAL THERMOMETER, REUSABLE, ANY TYPE, EACH  |
| A6204             | SURGICAL DRESSING   |
| A6250             | SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE   |
| A6260             | WOUND CLEANSERS, STERILE, ANY TYPE, ANY SIZE  |
| E1500             | CENTRIFUGE, FOR DIALYSIS  |
| E1510             | KIDNEY, DIALYSATE DELIVERY SYST. KIDNEY MACHINE, PUMP RECIRCULATING, AIR REMOVAL SYST, FLOWRATE METER, POWER OFF, HEATER AND TEMPERATURE CONTROL WITH ALARM, I.V.POLES, PRESSURE GAUGE, CONCENTRATE CONTAINER |
| E1520             | HEPARIN INFUSION PUMP FOR HEMODIALYSIS  |
| E1530             | AIR BUBBLE DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT   |
| E1540             | PRESSURE ALARM FOR HEMODIALYSIS, EACH, REPLACEMENT  |
| E1550             | BATH CONDUCTIVITY METER FOR HEMODIALYSIS, EACH  |
| E1560             | BLOOD LEAK DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT   |
| E1570             | ADJUSTABLE CHAIR, FOR ESRD PATIENTS   |
| E1575             | TRANSDUCER PROTECTORS/FLUID BARRIERS, FOR HEMODIALYSIS, ANY SIZE, PER 10  |
| E1580             | UNIPUNCTURE CONTROL SYSTEM FOR HEMODIALYSIS   |
| E1590             | HEMODIALYSIS MACHINE  |
| E1592             | AUTOMATIC INTERMITTENT PERITONEAL DIALYSIS SYSTEM   |
| E1594             | CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS   |
| E1600             | DELIVERY AND/OR INSTALLATION CHARGES FOR HEMODIALYSIS EQUIPMENT   |
| E1610             | REVERSE OSMOSIS WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS   |
| E1615             | DEIONIZER WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS   |
| E1620             | BLOOD PUMP FOR HEMODIALYSIS, REPLACEMENT  |
| E1625             | WATER SOFTENING SYSTEM, FOR HEMODIALYSIS  |
| E1630             | RECIPROCATING PERITONEAL DIALYSIS SYSTEM  |
| E1632             | WEARABLE ARTIFICIAL KIDNEY, EACH  |
| E1634             | PERITONEAL DIALYSIS CLAMPS, EACH  |
| E1635             | COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM   |
| E1636             | SORBENT CARTRIDGES, FOR HEMODIALYSIS, PER 10  |

| <b>HCPCS Code</b> | <b>Long Description</b>                     |
|-------------------|---|
| E1637             | HEMOSTATS, EACH                             |
| E1639             | SCALE, EACH                                 |
| E1699             | DIALYSIS EQUIPMENT, NOT OTHERWISE SPECIFIED |

### **LABS SUBJECT TO ESRD CONSOLIDATED BILLING**

| <b>CPT/ HCPCS Code</b> | <b>Short Description</b>                 |
|------------------------|--|
| 80047                  | Basic Metabolic Panel (Calcium, ionized) |
| 80048                  | Basic Metabolic Panel (Calcium, total)   |
| 80051                  | Electrolyte Panel                        |
| 80053                  | Comprehensive Metabolic Panel            |
| 80069                  | Renal Function Panel                     |
| 80076                  | Hepatic Function Panel                   |
| 82040                  | Assay of serum albumin                   |
| 82108                  | Assay of aluminum                        |
| 82306                  | Vitamin d, 25 hydroxy                    |
| 82310                  | Assay of calcium                         |
| 82330                  | Assay of calcium, Ionized                |
| 82374                  | Assay, blood carbon dioxide              |
| 82379                  | Assay of carnitine                       |
| 82435                  | Assay of blood chloride                  |
| 82565                  | Assay of creatinine                      |
| 82570                  | Assay of urine creatinine                |
| 82575                  | Creatinine clearance test                |
| 82607                  | Vitamin B-12                             |
| 82652                  | Vit d 1, 25-dihydroxy                    |
| 82668                  | Assay of erythropoietin                  |
| 82728                  | Assay of ferritin                        |
| 82746                  | Blood folic acid serum                   |
| 83540                  | Assay of iron                            |
| 83550                  | Iron binding test                        |
| 83735                  | Assay of magnesium                       |
| 83970                  | Assay of parathormone                    |
| 84075                  | Assay alkaline phosphatase               |
| 84100                  | Assay of phosphorus                      |
| 84132                  | Assay of serum potassium                 |
| 84134                  | Assay of prealbumin                      |

| <b>CPT/ HCPCS Code</b> | <b>Short Description</b>   |
|------------------------|--|
| 84155                  | Assay of protein, serum  |
| 84157                  | Assay of protein by other source   |
| 84295                  | Assay of serum sodium  |
| 84466                  | Assay of transferrin   |
| 84520                  | Assay of urea nitrogen   |
| 84540                  | Assay of urine/urea-n  |
| 84545                  | Urea-N clearance test  |
| 85014                  | Hematocrit   |
| 85018                  | Hemoglobin   |
| 85025                  | Complete (cbc), automated (Hgb, Hct, RBC, WBC, and Platelet count) and automated differential WBC count. |
| 85027                  | Complete (cbc), automated (Hgb, Hct, RBC, WBC, and Platelet count)                                       |
| 85041                  | Automated rbc count  |
| 85044                  | Manual reticulocyte count  |
| 85045                  | Automated reticulocyte count   |
| 85046                  | Reticyte/hgb concentrate   |
| 85048                  | Automated leukocyte count  |
| 86704                  | Hep b core antibody, total   |
| 86705                  | Hep b core antibody, igm   |
| 86706                  | Hep b surface antibody   |
| 87040                  | Blood culture for bacteria   |
| 87070                  | Culture, bacteria, other   |
| 87071                  | Culture bacteri aerobic othr   |
| 87073                  | Culture bacteria anaerobic   |
| 87075                  | Cultr bacteria, except blood   |
| 87076                  | Culture anaerobe ident, each   |
| 87077                  | Culture aerobic identify   |
| 87081                  | Culture screen only  |
| 87340                  | Hepatitis b surface ag, eia  |
| 87341                  | Hepatitis b surface ag eia   |
| G0499                  | Hepb screen high risk indiv  |
| G0306                  | CBC/diff wbc w/o platelet  |
| G0307                  | CBC without platelet   |

## DRUGS SUBJECT TO ESRD CONSOLIDATED BILLING

| Category                 | HCPCS                       | Title  |
|--------------------------|-----------------------------|--|
| Access Management        | J1642                       | INJ HEPA RIN SODIUM PER 10 U                     |
|                          | J1644                       | INJ HEPA RIN SODIUM PER 1000U                    |
|                          | J1945                       | LEPIRIDUN  |
|                          | J2993                       | RETEPLA S E INJECTION                            |
|                          | J2997                       | A LTEPLASE RECOMB INA NT                         |
|                          | J3364                       | UROKINA S E 5000 IU INJECTION                    |
|                          | J3365                       | UROKINA SE 250,000 IU INJ                        |
|                          | J0884                       | INJ A RGATROBAN                                  |
|                          | J0899 <sup>1</sup>          | ARGATROBAN DIALYSIS, AUROMED                     |
| Anemia Management        | J0882                       | DARBEPOETI N                                     |
|                          | J0887                       | INJ. EPOETIN BETA (FOR ESRD ON DIA LYSIS), 1 MCG |
|                          | J1439                       | INJ FERRIC CA RBOXY MA LTOS E, 1MG               |
|                          | J1444 <sup>2</sup>          | FE PYRO CIT POW 0.1 MG IRON                      |
|                          | J1750                       | IRON DEXTRA N                                    |
|                          | J1443                       | INJ. FERRIC PY ROPHOS PHA TE CIT                 |
|                          | J1756                       | IRON SUCROS E INJECTION                          |
|                          | J2916                       | NA FERRIC GLUCONA TE COMPL EX                    |
|                          | J3420                       | V ITAMIN B12 INJECTION                           |
|                          | Q0139                       | FERUMOXY TOL                                     |
|                          | Q4081                       | EPO  |
|                          | Q5105                       | INJECTION, EPOETIN ALFA , BIOSIMILA R            |
|                          | Bone and Mineral Metabolism | J0604 <sup>3</sup>                               |
| J0606                    |                             | INJECTION, ETELCALCETIDE, 0.1 MG                 |
| <i>J0612<sup>4</sup></i> |                             | <i>CALCIUM GLUCONA TE INJECTION</i>              |
| J0620                    |                             | CALCIUM GLYCER & LA CT/10 ML                     |
| J0630                    |                             | CALCITONIN SA LMON INJECTION                     |
| J0636                    |                             | INJ CA LCITRIOL PER 0.1 MCG                      |
| J0895                    |                             | DEFEROXA MIN E MESY LATE INJ                     |
| J1270                    |                             | INJECTION, DOXERCA L CIFEROL                     |
| J1740                    |                             | IBA NDRONA TE SODIUM                             |
| J2430                    |                             | PA MIDRONATE DISODIU M /30 MG                    |
| J2501                    |                             | PA RICA LCITOL                                   |
| J3489                    |                             | ZOLEDRON IC A CID                                |
| Cellular Management      |                             | J1955  |
| Anti-Infectives          | J0878                       | DAPTOMY CIN                                      |

|   |                    |   |
|---|--------------------|---|
| <b>Composite Rate Drugs and Biologicals</b> | J3370              | V A NCOMYCIN HCL INJECTION                                      |
|   | A4802              | INJ PROTA MINE SULFA TE   |
|   | J0670              | INJ MEPIVA CA INE HY DROCHL ORIDE                               |
|   | J0879 <sup>5</sup> | Injection, difelikefalin, 0.1 microgram, (for esrd on dialysis) |
|   | J0945              | BROMPHE NIRA MINE MA LEA TE                                     |
|   | J1200              | INJ DIPHEN HY DRA MIN E HCL                                     |
|   | J1205              | INJ CHLOROTHIA Z IDE SODIUM                                     |
|   | J1240              | INJ DIMENHY DRINA TE  |
|   | J1940              | INJ FUROS EMID E  |
|   | J2001              | INJ LIDOCA INE HCL FOR INTRA V ENOUS INFUSION, 10 MG            |
|   | J2150              | INJ MANNITOL  |
|   | J2360              | INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG                    |
|   | J2720              | INJ PROTAMINE SULFATE   |
|   | J2795              | INJ ROPIVACAINE HYDROCHLORIDE                                   |
|   | J3265              | INJ TORSEMIDE   |
|   | J3410              | INJ HYDROXYZINE HCL   |
|   | J3480              | INJ. POTASSIUM CHLORIDE, PER 2 MEQ.                             |
|   | J7030              | INFUSION, NORMAL SALINE SOLUTION , 1000 CC                      |
|   | J7040              | INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)     |
|   | J7042              | 5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)                     |
|   | J7050              | INFUSION, NORMAL SALINE SOLUTION, 250 CC                        |
|   | J7060              | 5% DEXTROSE/WATER (500 ML = 1 UNIT)                             |
|   | J7070              | INFUSION, D5W, 1000 CC  |
|   | J7120              | RINGERS LACTATE INFUSION, UP TO 1000 CC                         |
|   | J7131              | HYPERTONIC SALINE SOL   |
|   | Q0163              | DIPHENHYDRA MINE HYDROCHLORIDE                                  |

<sup>1</sup> Effective January 1, 2022.

<sup>2</sup> Effective July 1, 2019.



<sup>3</sup> For outlier consideration, the NDC should be reported. For more information, please see the [MLN Connects Article](#) published on September 23, 2021.

<sup>4</sup>*Effective April 1, 2023 J0612 replaced J0610.*

<sup>5</sup> Effective April 1, 2022.