

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1835</b>	<b>Date: April 28, 2017</b>
	<b>Change Request 9987</b>

**SUBJECT: Reason Codes 36233 and 36330 Bypass for Claims Submitted on the 72x Type of Bill for Services Provided to Beneficiaries with Acute Kidney Injury (AKI) and edits related to not separately payable drugs**

**I. SUMMARY OF CHANGES:** The purpose of the CR is to add reason codes 36233 and 36330 to the list of codes to bypass for Acute Kidney Injury (AKI) claims and to provide edits related to not separately payable drugs.

**EFFECTIVE DATE: January 1, 2017**

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

**IMPLEMENTATION DATE: October 2, 2017**

*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:**

**One Time Notification**

# Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1835	Date: April 27, 2017	Change Request: 9987
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**SUBJECT: Reason Codes 36233 and 36330 Bypass for Claims Submitted on the 72x Type of Bill for Services Provided to Beneficiaries with Acute Kidney Injury (AKI) and edits related to not separately payable drugs**

**EFFECTIVE DATE: January 1, 2017**

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**IMPLEMENTATION DATE: October 2, 2017**

## I. GENERAL INFORMATION

**A. Background:** On June 29, 2015, The Trade Preferences Extension Act of 2015 was enacted in which section 808 amended Section 1861(s)(2)(F) of the Social Security Act (42 U.S.C. 1395x(s)(2)(F)) by extending renal dialysis services paid under section 1881(b)(14) to beneficiaries with acute kidney injury (AKI) effective January 1, 2017.

Change Requests (CR) 9598 and 9814 implemented the initial requirements for this legislation.

**B. Policy:** During the testing of CR9598, the contractor discovered that the systems should bypass reason codes 36233 and 36330.

Reason code 36233 indicates HCPCS code J0883 -Injection Argatroban 1mg is for Non ESRD use. HCPCS code J0883 cannot be billed on Type of bill 072X (ESRD). Reason code 36330 indicates that payment has been reduced or denied because the maximum allowance for this ESRD service has been reached.

### **Billing for consolidated renal dialysis services for beneficiaries with AKI**

This CR also clarifies that supplies, drugs, and labs included in the ESRD consolidated billing list are included in the base rate payment for AKI. This includes erythropoietin stimulating agents billed with the ESRD-specific HCPCS or the non-ESRD specific HCPCS.

CMS implemented this policy in Change Request 9598, Business Requirement 9598.7, however, that business requirement does not include additional HCPCS codes not included on the consolidated billing list and also not separately payable for claims for beneficiaries with AKI:

J0881 – Injection, darbepoetin alfa, 1 microgram (non-esrd use)

J0883 - Injection, argatroban, 1 mg (for non-esrd use)

J0885 – Injection, epoetin alfa, (for non-esrd use), 1000 units

J0888 - Injection, epoetin beta, 1 microgram, (for non esrd use)

Q0138 - Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)

## II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility
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		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
9987.1	<p>Medicare Contractors shall bypass reason codes 36233 and 36330 for AKI claims (Type of Bill 72X) submitted with condition code 84, CPT code G0491 and one of the following ICD-10 diagnosis codes:</p> <ol style="list-style-type: none"> <li>1. N17.0 Acute kidney failure with tubular necrosis</li> <li>2. N17.1 Acute kidney failure acute cortical necrosis</li> <li>3. N17.2 Acute kidney failure with medullary necrosis</li> <li>4. N17.8 Other acute kidney failure</li> <li>5. N17.9 Acute kidney failure, unspecified</li> <li>6. T79.5XXA Traumatic anuria, initial encounter</li> <li>7. T79.5XXD Traumatic anuria, subsequent encounter</li> <li>8. T79.5XXS Traumatic anuria, sequela</li> <li>9. N99.0 Post-procedural (acute)(chronic) renal failure</li> </ol>	X				X				
9987.2	<p>Medicare Contractors shall reprocess any AKI claims brought to their attention that were edited incorrectly with reason codes 36233 and 36330 for dates of service on or after January 1, 2017 through September 30, 2017.</p>	X								
9987.3	<p>Medicare Contractors shall not separately pay the following HCPCS codes (not found on the consolidated billing list) for AKI claims Type of Bill 72X, submitted with condition code 84, CPT code G0491 and one of the following ICD-10 diagnosis codes:</p> <ol style="list-style-type: none"> <li>1. N17.0 Acute kidney failure with tubular necrosis</li> <li>2. N17.1 Acute kidney failure acute cortical necrosis</li> <li>3. N17.2 Acute kidney failure with medullary necrosis</li> <li>4. N17.8 Other acute kidney failure</li> <li>5. N17.9 Acute kidney failure, unspecified</li> <li>6. T79.5XXA Traumatic anuria, initial encounter</li> </ol>					X				

Number	Requirement	Responsibility								
		A/B MAC			D M E	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	7. T79.5XXD Traumatic anuria, subsequent encounter 8. T79.5XXS Traumatic anuria, sequela 9. N99.0 Post-procedural (acute)(chronic) renal failure  <u>HCPCS Codes:</u> <ul style="list-style-type: none"> <li>• J0881</li> <li>• J0883</li> <li>• J0885</li> <li>• J0888</li> <li>• Q0138</li> </ul> NOTE: Line should be indicated as covered.									
9987.3.1	Medicare Contractors shall use the following ANSI information:  Group Code: CO - Contractual Obligation  CARC 97 The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.					X				

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
	None					

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

#### V. CONTACTS

**Pre-Implementation Contact(s):** Janae James, Janae.James@cms.hhs.gov , Shauntari Cheely, Shauntari.Cheely@cms.hhs.gov , Michelle Cruse, Michelle.Cruse@cms.hhs.gov

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

#### VI. FUNDING

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

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**ATTACHMENTS: 0**