CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1725	Date: October 13, 2016
	Change Request 9598

NOTE: This Transmittal is no longer sensitive and is being re-communicated November 2, 2016. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.

Transmittal 3584, dated August 12, 2016, is being rescinded and replaced by Transmittal 1725 dated, October 13, 2016 to revise the policy section, add business requirement 9598.10 to ensure that G0491 and 90999 are not billed on the same claim and change the CR from Confidential to Sensitive/Controversial. All other information remains the same.

SUBJECT: Changes to the End-Stage Renal Disease (ESRD) Facility Claim (Type of Bill 72X) to Accommodate Dialysis Furnished to Beneficiaries with Acute Kidney Injury (AKI)

I. SUMMARY OF CHANGES: Implementation of changes to the ESRD Facility claim (Type of Bill 72x) to accommodate dialysis furnished to beneficiaries with AKI.

EFFECTIVE DATE: January 1, 2017

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

IMPLEMENTATION DATE: January 3, 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*.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
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: 1725 Date: October 13, 2016 Change Request: 9598

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SUBJECT: Changes to the End-Stage Renal Disease (ESRD) Facility Claim (Type of Bill 72X) to Accommodate Dialysis Furnished to Beneficiaries with Acute Kidney Injury (AKI)

EFFECTIVE DATE: January 1, 2017

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IMPLEMENTATION DATE: January 3, 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 effective January 1, 2017.
- **B. Policy:** Beginning January 1, 2017, End Stage Renal Disease (ESRD) facilities will be able to furnish dialysis to Acute Kidney Injury (AKI) patients. The AKI provision was signed into law on June 29, 2015 Sec. 808 Public Law 114-27: https://www.congress.gov/bill/114th-congress/house-bill/1295/text#toc-HEE69B51CC87340E2B2AB6A4FA73D2A82.

The provision provides Medicare payment beginning on dates of service January 1, 2017 and after to ESRD facilities, that is, hospital-based and freestanding, for renal dialysis services furnished to beneficiaries with AKI (both adult and pediatric). Medicare will reimburse ESRD facilities for the dialysis treatment using the ESRD Prospective Payment System (PPS) base rate adjusted by the applicable geographic adjustment factor, that is, wage index. In addition to the dialysis treatment, the ESRD PPS base rate reimburses ESRD facilities for the items and services considered to be renal dialysis services as defined in 42 CFR §413.171 and there will be no separate payment for those services.

Renal dialysis services as defined in 42 CFR §413.171, would be considered to be renal dialysis services for patients with AKI. As such, no separate payment would be made for renal dialysis drugs, biologicals, laboratory services, and supplies that are included in the ESRD PPS base rate when they are furnished by an ESRD facility to an individual with AKI. Other items and services that are furnished to beneficiaries with AKI that are not considered to be renal dialysis services but are related to their dialysis as a result of their AKI, would be separately payable, that is, drugs, biologicals, laboratory services, and supplies that ESRD facilities are certified to furnish and that would otherwise be furnished to a beneficiary with AKI in a hospital outpatient setting.

For payment under Medicare, ESRD facilities shall report all items and services furnished to beneficiaries with AKI by submitting the 72x type of bill with condition code 84 - Dialysis for Acute Kidney Injury (AKI) on a monthly basis. Since ESRD facilities bill Medicare for renal dialysis services by submitting the 72x type of bill for ESRD beneficiaries, condition code 84 will differentiate an ESRD PPS claim from an AKI claims will require one of the following diagnosis codes:

- 1. N17.0 Acute kidney failure with tubular necrosis
- 2. N17.1 Acute kidney failure acute cortical necrosis
- 3. N17.2 Acute kidney failure with medullary necrosis
- 4. N17.8 Other acute kidney failure
- 5. N17.9 Acute kidney failure, unspecified
- 6. T79.5XXA Traumatic anuria, initial encounter
- 7. T79.5XXD Traumatic anuria, subsequent encounter
- 8. T79.5XXS Traumatic anuria, sequela
- 9. N99.0 Post-procedural (acute)(chronic) renal failure

In addition, ESRD facilities are required to include revenue code 082X, 083x, 084x, or 085x for the modality of dialysis furnished with the Current Procedural Terminology (CPT) code G0491 <u>Long descriptor</u> – Dialysis procedure at a Medicare certified ESRD facility for Acute Kidney Injury without ESRD <u>Short descriptor</u> – dialysis Acu Kidney no ESRD.

AKI claims will not have limits on how many treatments can be billed for the monthly billing cycle, however, there will only be payment for one treatment per day across settings, except in the instance of uncompleted treatments: If a dialysis treatment is started, that is, a patient is connected to the machine and a dialyzer and blood lines are used, but the treatment is not completed for some unforeseen, but valid reason, for example, a medical emergency when the patient must be rushed to an emergency room, the facility is paid based on the full base rate. This is a rare occurrence and must be fully documented to the A/B MAC (A)'s satisfaction.

The contents of this CR are being proposed in the CY 2017 Notice of Public Rulemaking and are subject to changes based on comments received.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility									
			A/B		D	Shared-				Other	
		N	MA(\mathbb{C}	M	I System					
					Е	M	aint	aine	ers		
		A	В	Н		F	M	V	C		
				Н	M	I	C	M	W		
				Н	A	S	S	S	F		
					C	S					
9598.1	Contractors shall accept 84 as a valid condition code.					X					
	The condition code should be passed to the BCRC.										
9598.2	Contractors shall accept and identify AKI claims	X				X					
	submitted by ESRD facilities on type of bill (TOB)										
	72x with:										
	Condition code 84;										
	CPT code G0491; and										

One of the following ICD-10 diagnosis codes: 1. N17.0 Acute kidney failure with tubular necrosis 2. N17.1 Acute kidney failure acute cortical pagrasis		A/B MAC B		D M E		Sha Sys aint	tem		Other
1. N17.0 Acute kidney failure with tubular necrosis			H H	E	M	aint			
1. N17.0 Acute kidney failure with tubular necrosis	A	В	Н				aine	1.8	
1. N17.0 Acute kidney failure with tubular necrosis			Н	M		M	V	С	
1. N17.0 Acute kidney failure with tubular necrosis			Н		Ι	C		_	
1. N17.0 Acute kidney failure with tubular necrosis				A C	S S	S	S	F	
)	ט				
2 N17 1 Aguta kidnov failure aguta gartigal nagrasia									
2. N17.1 Acute kidney failure acute cortical necrosis									
3. N17.2 Acute kidney failure with medullary necrosis									
4. N17.8 Other acute kidney failure									
5. N17.9 Acute kidney failure, unspecified									
6. T79.5XXA Traumatic anuria, initial encounter									
7. T79.5XXD Traumatic anuria, subsequent encounter									
8. T79.5XXS Traumatic anuria, sequela									
9. N99.0 Post-procedural (acute)(chronic) renal failure									
9598.2.1 Contractors shall accept condition code 84 with					X				
revenue codes 082X, 083X, 084X or 085X. 9598.3 Contractors shall create an edit for AKI claims	-				X				
submitted by ESRD facilities on TOB 72x with									
condition code 84 and the following are not on the claim: CPT code G0491 and one of the following									
ICD-10 diagnosis codes:									
1. N17.0 Acute kidney failure with tubular necrosis									
2. N17.1 Acute kidney failure acute cortical necrosis									
3. N17.2 Acute kidney failure with medullary necrosis									
4. N17.8 Other acute kidney failure									
5. N17.9 Acute kidney failure, unspecified									
6. T79.5XXA Traumatic anuria, initial encounter									
7. T79.5XXD Traumatic anuria, subsequent encounter									
8. T79.5XXS Traumatic anuria, sequela									
9. N99.0 Post-procedural (acute)(chronic) renal failure									
9598.3.1 Contractors shall return the claim to the provider (RTP).	X								

Number	Requirement	Re	espo	nsi	bilit	v						
1102220002			A/B		D		Sha	red-		Other		
			MAC		M							
					E				aint			
		Α	В	Н		F	M	ı				
				Н				M				
				Н	Α	_	S	S	F			
					C	S						
9598.4	Contractors shall bypass the reason codes listed below	X				X						
	for an ESRD claims (Type of Bill 72X) submitted											
	with condition code 84, CPT code G0491 and one of											
	the following ICD-10 diagnosis codes:											
	1. N17.0 Acute kidney failure with tubular necrosis											
	2. N17.1 Acute kidney failure acute cortical necrosis											
	3. N17.2 Acute kidney failure with medullary necrosis											
	4 N17 0 O.1											
	4. N17.8 Other acute kidney failure											
	5 N17 0 A outo kidney foilure unangified											
	5. N17.9 Acute kidney failure, unspecified											
	6. T79.5XXA Traumatic anuria, initial encounter											
	0. 179.3AAA Traumatic anuria, mitiai encounter											
	7. T79.5XXD Traumatic anuria, subsequent encounter											
	7. 179.37113 Traditiatic analia, subsequent encounter											
	8. T79.5XXS Traumatic anuria, sequela											
	, 1											
	9. N99.0 Post-procedural (acute)(chronic) renal failure											
	Reason Codes:											
	32196											
	34940											
	34941											
	34942											
	34943											
	34970											
	36135											
	36149											
	30149											
	36189											
	36220											
	36326											
	36331											
	36332											
	36338											
	36340											
	36341											
	36342											

Number	er Requirement Responsibility									
			A/B		D		Sha	red-		Other
		MAC						tem		
			E				aint			
		A	В	Н	M	F I	M C		C	
				H	A	S	S	S	W F	
					C	S		2	-	
	36357									
	36359									
	36375									
	36376									
9598.4.1	Contractors shall provide a list of all local edits in the 50000/70000 series that are specially assigned to	X								
	ESRD claims (TOB 72X).									
	The list should be sent to CMS within 30 days of the									
	finalization of this change request to Janae.James @cms.hhs.gov. Upon review, CMS will provide a list									
	of which codes should be bypassed for AKI.									
9598.5	The following reason codes should be updated to					X				
	include condition code 84:									
	36104									
	36106									
	36107									
	36109									
	36110									
	36615 (Narrative only, the ESRD Pricer logic will be updated to include condition code 84)									
9598.6	Contractors shall pass condition code 84 to the ESRD					X				ESRD Pricer
	Pricer when CPT code G0491 and one of the following ICD-10 diagnosis codes are present:									
	1. N17.0 Acute kidney failure with tubular necrosis									
	2. N17.1 Acute kidney failure acute cortical necrosis									
	3. N17.2 Acute kidney failure with medullary necrosis									
	4. N17.8 Other acute kidney failure									
	5. N17.9 Acute kidney failure, unspecified									
	6. T79.5XXA Traumatic anuria, initial encounter									
	7. T79.5XXD Traumatic anuria, subsequent encounter									
							<u> </u>			

Number	Requirement	Responsibility								
1101110	Requirement		A/B		D	Other				
			MAC		M			red- tem		
					Е		•	aine		
		A	В	Н		F	M	V	С	
				Н		_			W	
				Н	A	S	S	S	F	
					С	S				
	8. T79.5XXS Traumatic anuria, sequela									
	9. N99.0 Post-procedural (acute)(chronic) renal failure									
9598.7	Contractors shall not separately pay services listed on					X				
	the ESRD consolidated billing list for AKI claims.	_				_				
9598.7.1	Contractors shall separately pay all service lines not					X				
	listed on the CB list and services billed with revenue									
	codes other than 082X, 083X, 084X, or 085X on									
	claims identified as AKI.									
	Payment should be based on the applicable fee									
	schedule.									
9598.8	Contractors shall create an overrideable edit to deny	X				X			X	
	the line when a 72x TOB is submitted with condition									
	code 84, CPT code G0491 and diagnosis code N17.0,									
	N17.1, N17.2, N17.8, N17.9, T79.5XXA, T79.5XXD,									
	T79.5XXS, or N99.0 and a 13x, 14x, or 85x TOB									
	with HCPCS code 90935 or 90947 is submitted with the same line item date of service.									
	the same line item date of service.									
	This edit should be overridable.									
9598.8.1	The contractor shall use the following ANSI	X								
	information:									
	Group Code: CO - Contractual Obligation									
	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									
	DADCM15 Compared by hilled complete the hove been									
	RARC M15 Separately billed services/tests have been bundled as they are considered components of the									
	same procedure. Separate payment is not allowed.									
	sume procedure, separate payment is not allower.									
	MSN 16.34 - You should not be billed for this service.									
	You are only responsible for any deductible and									
	coinsurance amounts listed in the 'You May Be									
	Billed' column.		<u> </u>							
9598.8.2	Contractors shall override this edit with medical	X								
0500.0	justification as described in the policy section.	┼	<u> </u>			v	!		\vdash	
9598.9	Contractors shall create an edit to prevent modifier AY from being reported on AKI claims.					X				
9598.9.1	Contractors shall RTP the claims that receive the edit	X				$\vdash \vdash$	\vdash	\vdash	\vdash	
7370.7.1	identified in 9598.9	1.								
	100111110 III 707017	——		l			Ь——			

Number	Requirement	Responsibility								
			A/B		D	S	Shai	red-		Other
		MAC		M	1 System					
				Е	Maintainers		ers			
		A	В	Н		F	M	V	С	
				Н	M	I	C	M	W	
				Н	A	S	S	S	F	
					C	S				
9598.10	Contractors shall ensure that HCPCS G0491 and					X				
	HCPCS 90999 are not included on the same claim.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Re	spo	nsib	ility	
			A/B		D	С
		I	MA(7	M	Е
					Е	D
		Α	В	Н		Ι
				Н	M	
				Н	Α	
					C	
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref	Recommendations or other supporting information:
Requirement	
Number	
	Once the regulations are final, this CR will need to be re-released without the controversial
	restriction. At that point, provider education will be required.

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

V. CONTACTS

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: 0