



Related MLN Matters Article #: MM3414 **Revised**

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Related CR #: 3414

Payment for Outpatient End Stage Renal Disease (ESRD)-Related Services

Key Words

MM3414, CR3414, R300CP, ESRD, Outpatient, Observation, Renal

Provider Types Affected

Physicians and practitioners billing carriers for outpatient ESRD-related services

Key Points

Note: MLN Matters article MM3414 was revised on June 3, 2008, to add a reference to Change Request (CR) 5931. CR5931 updates the *Medicare Claims Processing Manual* to reflect requirement changes to the interim billing instructions contained in CR3414. The link to CR5931 and the related MLN Matters article may be found in the Important Links section below.

- The effective date of instruction is January 1, 2004.
- The implementation date is October 18, 2004.
- MM3414 and related CR3414 provide a one-time clarification of the:
 - Billing for ESRD-related services furnished to patients in hospital observation status;
 - Billing for ESRD-related and for various partial month scenarios such as:
 - Partial month without a complete assessment of the patient,
 - Patients who have a change in their monthly capitation payment (MCP) physician during the month, and
 - Transient patients;
 - Billing for outpatient ESRD-related services when the beneficiary changes modalities during the month.

Patients in Hospital Observation Status

- The unlisted dialysis procedure code as described by Current Procedural Terminology (CPT) 90999 should be used to bill for ESRD-related visits furnished to patients in hospital observation status that occur prior to December 31, 2004.

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Guidelines for Physician or Practitioner Billing and Documentation

- When submitting bills for outpatient ESRD-related visits furnished to patients in hospital observation status, documentation describing the type of ESRD-related services provided during the visit should be included in the medical record.
- Only one claim should be submitted for all ESRD-related services provided during the visit.
- The CPT code 90999 outside of the monthly capitation payment (MCP) should be used to bill for ESRD-related visits furnished to beneficiaries in observational status.
- If the MCP physician furnishes a complete assessment of the patient, the appropriate G code corresponding to the number of visits furnished during the month may be billed.
- The visit furnished in the observational setting must be billed separately from the MCP.
- Examples of billing ESRD-related visits for patients in observation status are included on page 2 of MM3414.

Guidance for Pricing Claims

- The unlisted dialysis procedure code as described by CPT 90999 is carrier-priced.
- When pricing claims for outpatient ESRD-related visits furnished to patients in hospital observation status, the carrier should consider pricing these ESRD-related visits based on the incremental increase between the one visit MCP code and the two to three visit MCP (e.g., the payment difference between G0319 and G0318).
- An example of this pricing scenario is described on page 3 of MM3414.

Partial Month Scenarios

- The policy clarifications for partial month scenarios are:
 - Physicians and practitioners should use CPT code 90999 when submitting claims for ESRD-related visits furnished in the following partial month scenarios:
 - Transient patients – Patients traveling away from home (less than full month);
 - Partial month without a complete assessment of the patient; for example, the patient was hospitalized before a complete assessment was furnished, dialysis stopped due to death, or the patient had a transplant; or
 - Patients who have a change in their MCP physician during the month.
- For purposes of MM3414, the term “month” means a calendar month. The first month the beneficiary begins dialysis treatments is the date the dialysis treatments begin through the end of the calendar month. Thereafter, the term ‘month’ refers to a calendar month.

Transient Patients and Partial Month without a Complete Assessment of the Patient

- The physician or practitioner should specify the number of days they were responsible for the beneficiary’s outpatient ESRD-related services during the month for transient patients and partial month scenarios, as listed above.

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- Only one code should be used to report the daily management of transient patients and for partial month scenarios.
- For transient patients, the physician or practitioner responsible for the transient patient's ESRD-related care should bill CPT code 90999.
- Only the physician or practitioner responsible for the traveling ESRD patient's care would be permitted to bill for ESRD-related services using CPT code 90999.
- For partial month scenarios resulting from hospitalization, kidney transplant, transient patients, or if the patient expired if the MCP physician or practitioner furnished a visit that included a complete monthly assessment of the patient, he or she should bill using the appropriate G code (G0308 through G0319) that reflects the number of visits furnished during the month.
- Examples of partial month scenarios are included on page 4 of MM3414.
- If the transient beneficiary is under the care of a physician or practitioner other than his or her regular MCP physician for an entire calendar month, the physician or practitioner responsible for the transient patient's ESRD-related care must furnish a complete assessment and bill for ESRD-related services under the MCP.

Patients Who Have a Change in their MCP Physician During the Month

- CPT code 90999 should be billed in situations where an ESRD beneficiary permanently changes their MCP physician during the month.
- The new MCP physician should use CPT code 90999 when submitting claims for ESRD-related services for the remainder of the month when the first MCP physician furnishes a complete assessment of the beneficiary during the month.
- If the first MCP physician does not furnish a complete assessment of the patient during the month the patient permanently changes their MCP physician, the new MCP physician may bill for the appropriate G code (G0308 through G0319) and the first MCP physician may bill CPT code 90999 for the partial month as described above.
- An example of this scenario is included on pages 4 through 6 of MM3414.

Guidance for Pricing Claims

- Carriers should consider using the payment amounts for the per diem codes G0324 through G0327 when pricing claims for ESRD-related services furnished to transient patients and the other partial month scenarios as described above.
- An example of this pricing scenario is included on page 5 of MM3414.

Patients Who Switch Modalities During the Month

- If a home dialysis patient receives dialysis in a dialysis center or other facility during the month, the physician or practitioner is paid the management fee for the home dialysis patient and cannot bill the codes in the range of G0308 through G0319.

- This situation should be coded using the ESRD-related services G codes for a home dialysis patient per full month.
- Physicians and practitioners should use G0320 through G0323 when billing for outpatient ESRD-related services when a home dialysis patient receives dialysis in a dialysis center or other facility during the month.
- An example of this scenario is included on page 6 of MM3414.

Claims Processing

- Carriers will deny claims with G0308 through G0319 when submitted in the same month as G0320 through G0323 for the same ESRD beneficiary. In making the denial, the carrier will generate Remittance Advice codes B13 and M86.

Effective Date and Previously Submitted Claims

- These clarifications are effective for claims with dates of service on or after the date of publication CR3414. The carrier will not reprocess previously paid claims.

Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3414.pdf> on the CMS website.

The official instructions (CR3414) issued regarding this change can be found at

<http://www.cms.hhs.gov/Transmittals/downloads/R300CP.pdf> on the CMS website.

Providers may want to review CR5931 at

<http://www.cms.hhs.gov/Transmittals/downloads/R1456CP.pdf> on the CMS website. The related MLN Matters article (MM5931) may be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5931.pdf> on the CMS website.