

# End Stage Renal Disease (ESRD) PC PRICER

## Instructions for the Provider Entry Screen

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The screenshot shows the 'ESRD Claims' application window. It is divided into three main sections: **Provider Information**, **Patient Information**, and **Claim Information**. Each section contains various input fields and dropdown menus. At the bottom of each section is a 'Clear' button. The Windows taskbar at the bottom shows several open applications, including 'Wendys-screen...', 'Inbox - Microsoft...', 'Application Outp...', 'Project:ESRD116...', and 'ESRD Claims'. The system clock shows 3:39.

### COLUMN 1: Provider Information

- **Provider Type:** Required Field. For this field, enter “H” for hospital based facility or “I” for Independent facility.
- **Geographical location:** Required field. Enter the Core Based Statistical Area for the location of the facility. For claims with dates of service from 2005 through 2008 the Metropolitan Statistical Area is required.

- **Waived blended payment:** Required field for claims with dates of service on or after January 1, 2011. ESRD providers were given a one-time chance to opt out of the 4 year transitioning period and begin receiving full payment under the prospective payment system (PPS). Enter “Y” if you opted out of the transitional payment and are receiving fully payment under the PPS. Enter “N” if you did not opt out of the transitional payment and are receiving a blended payment of the old composite rate payment and the PPS.
- **Low Volume Provider:** Optional field applicable to claims with dates of service on or after January 1, 2011. ESRD providers meeting the requirements for the low volume provider designation should enter “Y” to receive the low volume adjustment. All other providers may enter “N” or leave the field blank.

## **COLUMN 2: Patient Information**

- **Birthdate:** Required field. Enter the patient’s date of birth using two digits for month and day and four digits for the year.
- **Weight in kilograms:** Required field. Enter the patient’s weight in kilograms. Entry of the decimal point is required.
- **Height in centimeters:** Required field. Enter the patient’s height in centimeters. Entry of the decimal point is required.
- **Dialysis Start Date on Form 2728 within 120 days of line item date of service:** Optional field applicable to claims with dates of service on or after January 1, 2011. Enter “Y” for a new patient within the first 120 days of their initial start of dialysis for the onset of dialysis adjustment. If not applicable, enter “N” or leave the field blank.
- **Unique Patient ID:** Optional field. The provider may enter any information to identify the patient for their own records or leave the field blank.

## **COLUMN 3: Claim Information**

- **Line Item date of service:** Required field. Enter the date of treatment using two digits for month and day and four digits for year. Note: All treatments on the claim will receive the same reimbursement unless the patient was receiving the onset of dialysis adjustment and exhausted the 120 days during the billing period.
- **Condition Code:** Required field. Enter “73” to receive a rate with a training adjustment when the treatment included training. Enter “74” for a home dialysis patient. For all other in-facility treatments enter “NA”.
- **Revenue Code:** Required field. Select the appropriate revenue code for the treatment modality. Defined as follows:

821 Hemodialysis  
831 Peritoneal dialysis  
841 Continuous Ambulatory Peritoneal Dialysis (CAPD)  
851 Continuous Cycling Peritoneal Dialysis (CCPD)  
881 Ultrafiltration

- **Total Medicare Allowed Payment for outlier consideration:** Optional field applicable to claims with dates of service on or after January 1, 2011. For calculation of a possible outlier payment, the provider enters the payment amount that would have been expected for separately billable services under the composite rate system. Decimal point required.
- **Number of Dialysis Sessions in the billing period:** Required field for claims with dates of service on or after January 1, 2011. Enter the total number of dialysis sessions to be reported on the claim. This field must be two digits (for example 3 sessions would be 03).
- **Comorbidities (Y/N):** Optional field applicable to claims with dates of service on or after January 1, 2011. To receive a rate including an adjustment for a comorbid condition, enter “Y” in the appropriate field. When multiple comorbidities are applicable, only the highest paying comorbid adjustment is applied to the payment.

**When all entries are made, click on “Calculate Claim” on the bottom left corner of the screen.**

**This PC PRICER does NOT interact with active beneficiary files or Medicare eligibility files. Its accuracy is based on information you enter, and therefore actual payments may vary.**