

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services



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MLN Matters® Number: MM9265

Related Change Request (CR) #: CR 9265

Related CR Release Date: August 6, 2015

Effective Date: January 1, 2015

Related CR Transmittal #: R3311CP

Implementation Date: September 8, 2015

End Stage Renal Disease (ESRD) Home Dialysis Policy

Provider Types Affected

This MLN Matters® Article is intended for physicians and other providers who submit claims to Medicare Administrative Contractors (MACs) for home dialysis services provided to Medicare ESRD beneficiaries.

Provider Action Needed

CR 9265 instructs that the Monthly Capitation Payment (MCP) physician or practitioner should bill for the age appropriate home dialysis MCP service, as described by Healthcare Common Procedure Coding System (HCPCS) codes 90963 through 90966, for the home dialysis (less than a full month) scenario if the MCP practitioner furnishes a complete monthly assessment of the ESRD beneficiary and at least one face-to-face patient visit during the month.

Background

In the Calendar Year (CY) 2005 Physician Fee Schedule (PFS) final rule with comment period (69 FR 66357 through 66359) (see <http://www.gpo.gov/fdsys/pkg/FR-2004-11-15/html/04-24758.htm>), the Centers for Medicare & Medicaid Services (CMS) established criteria for

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furnishing outpatient per diem ESRD-related services in partial month scenarios. CMS specified that use of per diem ESRD-related services is intended to accommodate unusual circumstances when the outpatient ESRD-related services would not be paid under the MCP, and that use of the per diem services are limited to the following circumstances:

- Transient patients – Patients traveling away from home (less than full month);
- Home dialysis patients (less than full month);
- Partial month where there were one or more face-to-face visits without the comprehensive visit and either the patient was hospitalized before a complete assessment was furnished, dialysis stopped due to death, or the patient received a kidney transplant; or
- Patients who have a permanent change in their MCP physician during the month.

For center-based patients, CMS specified that if the MCP practitioner furnishes a complete assessment of the ESRD beneficiary, the MCP practitioner should bill for the full MCP service that reflects the number of visits furnished during the month.

However, CMS did not extend this policy to home dialysis (**less than one full month**) because the home dialysis MCP service did not include a specific frequency of required patient visits. Unlike the ESRD MCP service for center-based patients, a visit was not required for the home dialysis MCP service as a condition of payment.

In the CY 2011 PFS final rule with comment period (75 FR 73295 through 73296; see <http://www.gpo.gov/fdsys/pkg/FR-2010-11-29/html/2010-27969.htm>), CMS changed the policy for the home dialysis MCP service to require that the MCP practitioner furnish at least one face-to-face patient visit per month as a condition of payment.

However, CMS inadvertently did not modify billing guidelines for home dialysis (less than a full month) to be consistent with partial month scenarios for center-based dialysis patients. Stakeholders subsequently brought this inconsistency to the attention of CMS as part of the CY 2015 PFS rulemaking cycle.

As discussed in the CY 2015 PFS final rule (79 FR 67733; see <http://www.gpo.gov/fdsys/pkg/FR-2014-11-13/html/2014-26183.htm>), CMS finalized a change to home dialysis (less than a full month) to provide consistency with the policy for partial month scenarios pertaining to patients dialyzing in a dialysis center.

CR 9265 instructs that the MCP physician or practitioner should bill for the age appropriate home dialysis MCP service (as described by HCPCS codes 90963 through 90966) for the home dialysis (less than a full month) scenario if the MCP practitioner furnishes:

- A complete monthly assessment of the ESRD beneficiary; and
- At least one face-to-face patient visit during the month.

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For example, if a home dialysis patient was hospitalized during the month and at least one face-to-face outpatient visit and complete monthly assessment was furnished, the MCP practitioner should bill for the full home dialysis MCP service.

Additional Information

The official instruction, CR 9265, issued to your MAC regarding this change is available at <http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3311CP.pdf> on the CMS website.

If you have any questions, please contact your MAC at their toll-free number. That number is available at: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/index.html> under - How Does It Work?

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