

Medicare Benefit Policy Manual

Chapter 11 - End Stage Renal Disease (ESRD)

Crosswalk

| New. Chap. | New Sect. | Int. Pub. 13 | Carrier Pub. 13 | RDF Pub. 29 | PMs | Other | Description |
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| 11 | 10 | A3-3165, A3-3166.1, | B3-2230.1, B3-2231, | RDF-245.10 RDF-240 | | PR 1-2703, HO-238 | Definitions Relating to ESRD |
| 11 | 20 | A3-3167 | B3-2230.2 | RDF-202, RDF-317.1 | PM AB-03-001 | SOM-2272 | Coverage of Outpatient Maintenance Dialysis |
| 11 | 20.1 | | | | PM AB-03-01, PM AB-01-129 | | Noninvasive Vascular Studies for End Stage Renal Disease (ESRD) Patients |
| 11 | 30 | A3-3166 | B3-2234 | | PR 1-2702, PR 1-2710, PR 1 2710.4 | | Payment for Outpatient Maintenance Dialysis |
| 11 | 30.1 | A3-3112.6, A3-3166.2 | | | | | Frequency of Dialysis Sessions |
| 11 | 30.2 | A3-3167.1 | | RDF-207.1, | | PR 1-2710.1 | Laboratory Services Included Under Composite Rate |
| 11 | 30.2.1 | A3-3167.3 | | RDF-207.3 | | | Laboratory Tests for Hemodialysis, Intermittent Peritoneal Dialysis (IPD), Continuous Cycling Peritoneal Dialysis (CCPD) and Hemofiltration |
| 11 | 30.2.2 | | | | | A-03-033 | Automated Multi-Channel Chemistry (AMCC) Tests |
| 11 | 30.3 | | | | | PR 1-2720 | Processing Requests for Composite Rate Exception |
| 11 | 30.4 | A3-3168 | B3-2231.3 | | | | Drugs and Biologicals |

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| 11 | 30.4.1 | A3-3168A | | | RDF-319.1 | PR 1-2710.2 | Drugs Covered Under the Composite Rate |
| 11 | 30.4.2 | A3-3168B, A3-3644E | | RDF-319.4 | | PR 1-2711.2 | Separately Billable Drugs |
| 11 | 30.4.2.1 | A3-3644E | B3-4461 | RDF-319.4 | | | Intravenous Iron Therapy |
| 11 | 30.4.2.2 | | | | PM AB-02-165 | | Levocarnitine for Treatment of Carnitine Deficiency in ESRD Patients |
| 11 | 40 | A3-3169.2 | | RDF-318 | | PR 1-2740.2 | Beneficiary Selection Form (CMS-382) for Home Dialysis Patients |
| 11 | 40.1 | A3-3169 | | RDF-245 | | PR 1-2740 | Method I and Method II Reimbursement for Patients Dialyzing at Home |
| 11 | 40.2 | A3-3169.1 | | | | | Items and Services Included Under the Composite Rate for Method I Home Dialysis Patients |
| 11 | 50 | A3-3170 | | RDF-208 | | PR 1-2740.1 | Home Dialysis |
| 11 | 50.1 | A3-3170.1 | | RDF-60.1 | | | Installation and Delivery of Home Dialysis Equipment |
| 11 | 50.2 | A3-3170.2 | | RDF-210 | | | Current Use of Equipment |
| 11 | 50.3 | A3-3170.3 | | RDF-209, RDF-216.1 | | | Other Requirements For Coverage of Home Dialysis Equipment |
| 11 | 50.4 | A3-3170.4 | | | | | Home Dialysis Equipment Provided To Home Hemodialysis and Peritoneal Dialysis Patients |
| 11 | 50.5 | A3-3170.5 | | RDF-215, RDF-216.2 | | | Coverage of Home Dialysis Supplies |
| 11 | 50.6 | A3-3170.6 | | | | PR 1-2740.1B | Coverage of Home Dialysis Support Services |

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| 11 | 50.6.1 | | | | | PASS Merritt004 | Home Health and Hospice Benefits Available for ESRD Beneficiaries |
| 11 | 50.6.1.1 | | | | | | Coverage Under the Home Health Benefit |
| 11 | 50.6.1.2 | | | | | | Coverage For Surgical Dressings |
| 11 | 50.6.1.3 | | | | | | Distinction Between Dialysis Related and Renal Related Services |
| 11 | 50.6.1.4 | | | | | | Coverage Under the Hospice Benefit |
| 11 | 50.7 | | | | | | Water Purification and Softening Systems and Ultrafiltration Monitor |
| 11 | 50.8 | A3-3169.3 | | | | PR 1-2713.2 | Coverage of Infacility Dialysis Sessions Furnished to Home Patients Who Are Traveling |
| 11 | 50.9 | A3-3168C | | | | | Antibiotics Furnished to Method II Patients |
| 11 | 60 | | | | | PR 1-2725.5 (General) | Training |
| 11 | 60.1 | A3-3172.1 | | | | PR 1-2707, PR 1-2725.5.6.6 | Hemodialysis Training |
| 11 | 60.2 | A3-3172.2, A3-3112.6D | | | | | Intermittent Peritoneal Dialysis Training (IPD) |
| 11 | 60.3 | A3-3172.3 | B3-2231.2 | | | HO-238 | Continuous Ambulatory Peritoneal Dialysis (CAPD) Training |
| 11 | 60.4 | A3-3172.4 | | | | | Continuous Cycling Peritoneal Dialysis (CCPD) Training |
| 11 | 70 | | | | | | Continuous Ambulatory Peritoneal Dialysis |

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| 11 | 70.1 | A3-3171.1 | B3-2231.1 | RDF-240.1 | | | Certification of Facilities Furnishing CAPD Services |
| 11 | 70.2 | A3-3171.2 | B3-2231.2 | RDF-240.2 | | HO-238.2 | Institutional Dialysis Services Furnished to CAPD Patients |
| 11 | 70.3 | A3-3171.3 | B3-2231.3 | RDF-240.3 | | CIM 55-2, HO-238.3 | Support Services and Supplies Furnished to Home CAPD Patients |
| 11 | 80 | | B3-2230.3 | | | | Physician's Services for Renal Dialysis Patients - General |
| 11 | 80.1 | | B3-2230.4 | | | | Physician's Services to an ESRD Inpatient |
| 11 | 80.2 | A3-3172.5 | B3-2230.5, B3-2231.4 | | | | Physician's Services - Outpatient Maintenance Dialysis |
| 11 | 80.3 | A3-3172.5 | B3-2230.6 | | | | Physician's Services During Self-Dialysis Training |
| 11 | 80.4 | A3-3178.10 | | | | PR 1-2771.2, and 2771.2 | Physicians' Services for Kidney Transplants |
| 11 | 90 | A3-3168D | B3-4273 | RDF-207.5 | | PR 1-2710.3 | Epoetin (EPO) |
| 11 | 100 | A3-3174 | | | | | Hemofiltration |
| 11 | 110 | A3-3175 | | | | | Hemoperfusion |
| 11 | 120 | B3-4210.3 | | | PM-AB-01-129 | | Skilled Nursing Facility (SNF) Patients Needing Dialysis Services |
| 11 | 130 | A3-3173, A3-3173.1, A3-3173.2 | | | | | Inpatient Hospital Dialysis |
| 11 | 130.1 | A3-3173.3 | | | | | Inpatient Dialysis in Nonparticipating Hospitals |

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| 11 | 130.2 | A3-3173.4 | | | | | Extended Intermittent Peritoneal Dialysis |
| 11 | 130.3 | A3-3173.5 | | | | | Services Provided Under An Agreement |
| 11 | 130.4 | A3-3173.6 | | | | | Services Provided Under An Arrangement |
| 11 | 130.5 | A3-3173.7 | | | | | Dialysis Services Provided Under Arrangements to Hospital Inpatients |
| 11 | 140 | A3-3178 | | RDF-230 | | PR 1-2770 | Transplantation |
| 11 | 140.1 | A3-3178.1 | | RDF-231 | | | Identifying Candidates for Transplantation |
| 11 | 140.2 | A3-3178.2 | | RDF-231 | | | Identifying Suitable Live Donors |
| 11 | 140.3 | A3-3178.3 | | | | | Pretransplant Outpatient Services |
| 11 | 140.4 | A3-3178.4 | | | | | Pretransplant Inpatient Services |
| 11 | 140.5 | A3-3178.5 | | RDF-231 | | | Living Donor Evaluation, Patient Has Entitlement or is in Pre-Entitlement Period |
| 11 | 140.6 | A3-3178.6 | | RDF-233, RDF-233.2 | | | Kidney Recipient Admitted for Transplant Evaluation |
| 11 | 140.7 | A3-3178.7 | | RDF-233.3 | | | Kidney Recipient Evaluated for Transplant During Inpatient Stay |
| 11 | 140.8 | A3-3178.8 | | RDF-233.4 | | | Kidney Recipient Admitted for Transplantation and Evaluation |
| 11 | 140.9 | A3-3178.9 | | | | | Post-Transplant Services Provided to Live Donor |
| 11 | 140.10 | A3-3178.11 | | | | | Coverage After Recipient Has Exhausted Part A |
| 11 | 140.11 | A3-3178.12 | | | | | Cadaver Kidneys |

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| 11 | 140.12 | A3-3178.13 | | RDF-232 | | | Services Involved |
| 11 | 140.13 | A3-3178.14 | | | | | Tissue Typing Services For Cadaver Kidney |
| 11 | 140.14 | A3-3178.15 | | | | | Cadaver Excision Yielding Two Kidneys |
| 11 | 140.15 | A3-3178.16 | | | | | Provider Costs Related To Cadaver Kidney Excisions |
| 11 | 140.16 | A3-3178.17 | | | | | Noncovered Transplant Related Items and Services |
| 11 | 140.17 | A3-3178.18 | | | | | Other Covered Services |
| 11 | 140.18 | A3-3178.19 | | | | PR 1-2772 | Hospitals that Excise But Do Not Transplant Kidneys |