

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-02 Medicare Benefit Policy</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 237</b>	<b>Date: November 3, 2017</b>
	<b>Change Request 10312</b>

**SUBJECT: Implementation of Changes in the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Payment for Dialysis Furnished for Acute Kidney Injury (AKI) in ESRD Facilities for Calendar Year (CY) 2018**

**I. SUMMARY OF CHANGES:** This Change Request (CR) implements the CY 2018 rate updates for the ESRD PPS and implements the payment for renal dialysis services furnished to beneficiaries with AKI in ESRD facilities. This Recurring Update Notification applies to Publication 100-02, Medicare Benefit Policy Manual, Chapter 11, section 50.

**EFFECTIVE DATE: January 1, 2018**

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

**IMPLEMENTATION DATE: January 2, 2018**

*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.*

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
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:**

**Recurring Update Notification**

# Attachment - Recurring Update Notification

Pub. 100-02	Transmittal: 237	Date: November 3, 2017	Change Request: 10312
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**SUBJECT: Implementation of Changes in the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Payment for Dialysis Furnished for Acute Kidney Injury (AKI) in ESRD Facilities for Calendar Year (CY) 2018**

**EFFECTIVE DATE: January 1, 2018**

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

**IMPLEMENTATION DATE: January 2, 2018**

## I. GENERAL INFORMATION

**A. Background:** Effective January 1, 2011, The Centers for Medicare & Medicaid Services (CMS) implemented the ESRD PPS based on the requirements of section 1881(b)(14) of the Social Security Act (the Act) as added by section 153(b) of the Medicare Improvements for Patients and Providers Act (MIPPA). Section 1881(b)(14)(F) of the Act, as added by section 153(b) of MIPPA and amended by section 3401(h) of the Patient Protection and Affordable Care Act (ACA) established that beginning Calendar Year (CY) 2012, and each subsequent year, the Secretary shall annually increase payment amounts by an ESRD market basket increase factor, reduced by the productivity adjustment described in section 1886(b)(3)(B)(xi)(II) of the Act. The ESRD bundled (ESRDB) market basket increase factor minus the productivity adjustment will update the ESRD PPS base rate. Section 217(b)(2) of the Protecting Access to Medicare Act of 2014 (PAMA) included a provision that dictated how the market basket should be reduced for CY 2018.

In accordance with section 808(b) of the Trade Preferences Extension Act of 2015 (TPEA), CMS pays ESRD facilities for furnishing renal dialysis services to Medicare beneficiaries with Acute Kidney Injury (AKI). CR 9598 implemented the payment for renal dialysis services and provides detailed information regarding payment policies.

The ESRD PPS includes Consolidated Billing (CB) requirements for limited Part B services included in the ESRD facility's bundled payment. CMS periodically updates the lists of items and services that are subject to Part B consolidated billing and are therefore no longer separately payable when provided to ESRD beneficiaries by providers other than ESRD facilities.

**B. Policy:** Calendar year 2018 ESRD PPS Updates:

### ESRD PPS base rate:

1. A 0.3 percent update to the CY 2017 payment rate. ( $\$231.55 \times 1.003 = \$232.24$ ).
2. A wage index budget-neutrality adjustment factor of 1.000531. ( $\$232.24 \times 1.000531 = \$232.37$ )

### Wage index:

1. The wage index adjustment will be updated to reflect the latest available wage data.
2. The wage index floor will remain at 0.4000.

### Labor-related share:

The labor-related share will remain at 50.673.

## **Outlier Policy:**

CMS made the following updates to the adjusted average outlier service Medicare Allowable Payment (MAP) amount per treatment:

1. For adult patients, the adjusted average outlier service MAP amount per treatment is \$42.41.
2. For pediatric patients, the adjusted average outlier service MAP amount per treatment is \$37.31.

CMS made the following updates to the fixed dollar loss amount that is added to the predicted MAP to determine the outlier threshold:

1. The fixed dollar loss amount is \$77.54 for adult patients.
2. The fixed dollar loss amount is \$47.79 for pediatric patients.

CMS made the following changes to the list of outlier services:

1. Renal dialysis drugs that are oral equivalents to injectable drugs are based on the most recent prices retrieved from the Medicare Prescription Drug Plan Finder, are updated to reflect the most recent mean unit cost. In addition, CMS will add or remove any renal dialysis items and services that are eligible for outlier payment. See Attachment A.
2. The mean dispensing fee of the National Drug Codes (NDCs) qualifying for outlier consideration is revised to \$0.76 per NDC per month for claims with dates of service on or after January 1, 2018. See Attachment A.

## **Consolidated Billing Requirements:**

The CB requirements for drugs and biologicals included in the ESRD PPS is updated by:

1. Adding the following Healthcare Common Procedure Coding System (HCPCS) codes to the bone and mineral metabolism category:

J0604 - Cinacalcet, oral, 1 mg, (for ESRD on dialysis)

J0606 - Injection, etelcalcetide, 0.1 mg

2. These drugs are payable under the Transitional Drug Add-on Payment Amount (TDAPA) policy for ESRD beneficiaries and are not separately payable for AKI beneficiaries. The TDAPA was implemented with CR 10065. New drugs and biologicals that are eligible for TDAPA do not qualify as an outlier service.

6. Adding the following HCPCS to the composite rate drugs and biologicals category since these drugs meet the definition of a composite rate drug in Publication 100-02, Chapter 11, section 20.3.F and are renal dialysis services:

- J7030 Infusion, normal saline solution , 1000 cc
- J7050 Infusion, normal saline solution, 250 cc
- J7040 Infusion, normal saline solution, sterile
- J7060 5% dextrose/water (500 ml = 1 unit)

- J7042 5% dextrose/normal saline (500 ml = 1 unit)
- J7070 Infusion, d5w, 1000 cc
- J7120 Ringers lactate infusion, up to 1000 cc
- J2360 Injection, orphenadrine citrate, up to 60 mg

7. HCPCS J7030, J7050, J7040, J7060, J7042, J7070, J7120, and J2360 do not meet the definition of an outlier service and therefore do not qualify for an outlier payment. In accordance with CR 8978, ESRD facilities should report J7030, J7050, J7040, J7060, J7042, J7070, J7120, and J2360 along with any other composite rate drugs listed in Attachment B.

**CY 2018 AKI Dialysis Payment Rate for Renal Dialysis Services:**

1. Beginning January 1, 2018, CMS will pay ESRD facilities \$232.37 per treatment.
2. The labor-related share is 50.673.
3. The AKI dialysis payment rate will be adjusted for wages using the same wage index that is used under the ESRD PPS.
4. The AKI dialysis payment rate is not reduced for the ESRD Quality Incentive Program (QIP).
5. The TDAPA does not apply to AKI claims.

**II. BUSINESS REQUIREMENTS TABLE**

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

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
10312.1	The ESRD PPS Pricer shall include all CY 2018 ESRD PPS updates.										
10312.2	FISS shall install and pay claims with the CY 2018 ESRD PPS Pricer for renal dialysis services furnished on or after January 1, 2018.					X					
10312.3	Medicare contractors shall update the provider file for ESRD facilities as necessary to reflect:  1. Attested low volume facilities if applicable;  2. Revised Core-Based Statistical Area (CBSA) codes if applicable;  3. Quality indicator for any applicable QIP adjustments.	X									
10312.4	Medicare contractors shall update the NDC dispensing fee for ESRD outlier services to \$0.76 for claims with dates of service on or after January 1, 2018.					X					

Number	Requirement	Responsibility									
		A/B MAC			D M E M A C	Shared- System Maintainers				Other	
		A	B	H H H		F I S S	M C S	V M S	C W F		
10312.5	Medicare contractors shall update the list of items and services that qualify as outlier services according to the updated list in Attachment A, effective January 1, 2018.					X					
10312.6	Medicare contractors shall update the ESRD consolidated billing edit code list for drugs always considered ESRD with the following HCPCS codes: <ul style="list-style-type: none"> <li>J0604</li> <li>J0606</li> </ul> Effective January 1, 2018.  <b>NOTE:</b> New CB List provided as Attachment B.					X			X		
10312.7	Medicare contractors shall recognize on the 072x ESRD Type of Bill the new HCPCS: <ul style="list-style-type: none"> <li>- J0604</li> <li>- J0606</li> </ul>	X				X				IOCE	
10312.8	Medicare contractors shall not allow a separate payment when the AY modifier is present on 72x types of bill (ESRD) with the following HCPCS codes: <ul style="list-style-type: none"> <li>- J0604</li> <li>- J0606</li> </ul>	X				X					
10312.9	Medicare contractors shall include the following list of HCPCS on the composite rate drug list. <ul style="list-style-type: none"> <li>J7030</li> <li>J7050</li> <li>J7040</li> <li>J7060</li> <li>J2360</li> <li>J7042</li> <li>J7070</li> <li>J7120</li> </ul>					X					

Number	Requirement	Responsibility								Other
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				
		A	B			F I S S	M C S	V M S	C W F	
	<b>NOTE:</b> New CB List provided as Attachment B.									
10312.9.1	<p>Medicare contractors shall not include the following list of HCPCS toward the computation of the MAP amounts (value code 79) used to calculate outlier payments on type of bill 072x.</p> <ul style="list-style-type: none"> <li>• J7030</li> <li>• J7050</li> <li>• J7040</li> <li>• J7060</li> <li>• J2360</li> <li>• J7042</li> <li>• J7070</li> <li>• J7120</li> </ul>					X				
10312.9.2	<p>Medicare contractors shall not allow a bypass of the consolidated billing edit when the AY modifier is present on 72x types of bill (ESRD) with the following HCPCS codes:</p> <ul style="list-style-type: none"> <li>• J7030</li> <li>• J7050</li> <li>• J7040</li> <li>• J7060</li> <li>• J2360</li> </ul>					X				

Number	Requirement	Responsibility							
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers			Other
		A	B			F I S S	M C S	V M S	
	<ul style="list-style-type: none"> <li>J7042</li> <li>J7070</li> <li>J7120</li> </ul>								

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility					
		A/B MAC			D M E M A C	C E D I	I
		A	B	H H H			
10312.10	MLN Article: A provider education article related to this instruction will be available at <a href="http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/">http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv. Contractors shall post this article, or a direct link to this article, on their Web sites and include information about it in a listserv message within 5 business days after receipt of the notification from CMS announcing the availability of the article. In addition, the provider education article shall be included in the contractor's next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.	X					

### IV. SUPPORTING INFORMATION

**Section A: Recommendations and supporting information associated with listed requirements: N/A**  
*"Should" denotes a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

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

### V. CONTACTS

**Pre-Implementation Contact(s):** Janae James, [janae.james@cms.hhs.gov](mailto:janae.james@cms.hhs.gov), Shauntari Cheely, [shauntari.cheely@cms.hhs.gov](mailto:shauntari.cheely@cms.hhs.gov).

**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: 2**



**Attachment A  
CY 2018 Outlier Services**

**Oral and Other Equivalent Forms of Injectable Drugs<sup>1</sup>**

<b>NDC<sup>2</sup></b>	<b>Drug Product</b>	<b>Mean Unit Cost</b>
30698014301 30698014323	Rocaltrol (calcitriol) 0.25 mcg capsules	<i>\$ 0.81</i>
30698014401	Rocaltrol (calcitriol) 0.5 mcg capsules	<i>\$ 2.59</i>
30698091115	Rocaltrol (calcitriol) 1 mcg/mL oral solution (15ml/bottle)	<i>\$ 13.98</i>
00054000725 00054000713 43353063381 <i>00440721599<sup>3</sup></i> 63304023901 63304023930 23155011801 23155011803 43353003481 43353003409 43353063309 43353099809 <i>60429013301<sup>3</sup></i> <i>60429013330<sup>3</sup></i> 64380072304 64380072306 00093735201 43353013809 43353013830 <i>63629732301<sup>4</sup></i> <i>63629732302<sup>4</sup></i>	Calcitriol 0.25 mcg capsules	\$ 0.53
63304024001 23155011901 <i>60429013401<sup>3</sup></i> 64380072406 00093735301	Calcitriol 0.5 mcg capsules	\$ 0.91
00054312041 63304024159	Calcitriol 1 mcg/mL oral solution (15ml/bottle)	<i>\$ 7.34</i>
00074431730	Zemplar (paricalcitol) 1 mcg capsule	<i>\$ 13.44</i>
00074431430	Zemplar (paricalcitol) 2 mcg capsule	<i>\$ 27.24</i>

00093765656 <sup>3</sup> 10888500102 55111066330 60429007830 <sup>3</sup> 68382026606 60429048130 60687010625 <sup>3</sup> 60687010695 <sup>3</sup> 69387010330 49483068703 <sup>4</sup> 60429083630 <sup>4</sup> 64980022503 <sup>4</sup> 65862093630 <sup>4</sup> 69452014513 <sup>4</sup>	Paricalcitol 1 mcg capsule	\$ 5.73
00093765756 <sup>3</sup> 10888500202 55111066430 60429007930 <sup>3</sup> 68382026706 60429048230 69387010430 49483068803 <sup>4</sup> 60429083730 <sup>4</sup> 64980022603 <sup>4</sup> 65862093730 <sup>4</sup> 69452014613 <sup>4</sup>	Paricalcitol 2 mcg capsule	\$ 11.01
00093765856 <sup>3</sup> 10888500302 55111066530 60429008030 <sup>3</sup> 60429048330 69452014713 49483068903 <sup>4</sup> 60429083830 <sup>4</sup> 65862093830 <sup>4</sup>	Paricalcitol 4 mcg capsule	\$ 23.41
58468012001	Hectorol (doxercalciferol) 0.5 mcg capsule	\$ 15.26
58468012401	Hectorol (doxercalciferol) 1 mcg capsule	\$ 30.62
58468012101	Hectorol (doxercalciferol) 2.5 mcg capsule	\$ 35.58
00054033819 66993018550 68084087225 68084087295 00955172050 <sup>4</sup>	Doxercalciferol 0.5 mcg capsule	\$ 10.01
00054038819 66993018650 00955172150 <sup>4</sup>	Doxercalciferol 1 mcg capsule	\$ 19.64
00054033919 66993018750 00955172250 <sup>4</sup>	Doxercalciferol 2.5 mcg capsule	\$ 21.50
54482014407	Carnitor (levocarnitine) 330 mg tablet	\$ 1.01
54482014508	Carnitor (levocarnitine) 1GM/10ML oral solution (118mL/bottle)	\$ 0.28
64980050312 50383017104	Levocarnitine 1GM/10ML oral solution (118mL/bottle)	\$ 0.28

64980013009 50383017290	Levocarnitine 330 mg tablet	<b>\$ 0.78</b>
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<sup>1</sup> Outlier services imputed payment amounts. Oral or other equivalent forms of Part B injectable drugs included in the ESRD PPS bundle (notwithstanding the delayed implementation of ESRD-related oral-only drugs effective 1/1/2025).

<sup>2</sup> The mean dispensing fee of the NDCs listed above is **\$0.76**. This amount will be applied to each NDC included fee on the monthly claim. We will limit 1 dispensing per NDC per month. Providers should report the quantity in the smallest available unit. This is necessary because Medicare is using the mean per unit cost in calculating the outlier. For example, if the provider reports NDC 00054312041 Calcitriol 1 mcg/ml oral solution (15/ml/bottle) reported and uses the full 15 ml bottle, the quantity is as 15, not 1. This allows for the most accurate calculation for the outlier.

<sup>3</sup> *Effective January 1, 2018, the renal dialysis item and services is no longer an active NDC and therefore does not qualify as an outlier service.*

<sup>4</sup> *Effective January 1, 2018, the renal dialysis item and service qualifies as an outlier service.*

## Laboratory Tests

CPT/HCPCS	Short Description
82108	Assay of aluminum
82306	Vitamin d, 25 hydroxy
82379	Assay of carnitine
82570	Assay of urine creatinine
82575	Creatinine clearance test
82607	Vitamin B-12
82652	Vit d 1, 25-dihydroxy
82668	Assay of erythropoietin
82728	Assay of ferritin
82746	Blood folic acid serum
83540	Assay of iron
83550	Iron binding test
83970	Assay of parathormone
84134	Assay of prealbumin
84466	Assay of transferrin
84540	Assay of urine/urea-n
84545	Urea-N clearance test
85041	Automated rbc count
85044	Manual reticulocyte count
85045	Automated reticulocyte count
85046	Reticyte/hgb concentrate
85048	Automated leukocyte count
86704	Hep b core antibody, total
86705	Hep b core antibody, igm
86706	Hep b surface antibody
87040	Blood culture for bacteria
87070	Culture, bacteria, other
87071	Culture bacteri aerobic othr
87073	Culture bacteria anaerobic

87075	Cultr bacteria, except blood
87076	Culture anaerobe ident, each
87077	Culture aerobic identify
87081	Culture screen only
87340	Hepatitis b surface ag, eia

### Equipment and Supplies

<b>HCPCS</b>	<b>Short Description</b>
A4657	Syringes with or with needle, each
A4913	Miscellaneous dialysis supplies, not otherwise specified

## Attachment B

### CY 2018 ESRD PPS CONSOLIDATED BILLING LIST

**Note: This is not an all-inclusive list. All injectable drugs and biologicals and their oral or other form of administration, laboratory tests, supplies, and services provided for the treatment of ESRD are included in the ESRD PPS.**

### DME ESRD SUPPLY HCPCS FOR ESRD PPS CONSOLIDATED BILLING EDITS

HCPC	Long Description
A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
A4217	STERILE WATER/SALINE, 500 ML
A4218	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES
A6215	FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING
E0210	ELECTRIC HEAT PAD, STANDARD

### DME ESRD SUPPLY HCPCS NOT PAYABLE TO DME SUPPLIERS

HCPC	Long Description
A4215	NEEDLE, STERILE, ANY SIZE, EACH
A4244	ALCOHOL OR PEROXIDE, PER PINT
A4245	ALCOHOL WIPES, PER BOX
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX
A4248	CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML
A4651	CALIBRATED MICROCAPILLARY TUBE, EACH
A4652	MICROCAPILLARY TUBE SEALANT
A4653	PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH
A4657	SYRINGE, WITH OR WITHOUT NEEDLE, EACH

A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE
A4663	BLOOD PRESSURE CUFF ONLY
A4670	AUTOMATIC BLOOD PRESSURE MONITOR
A4671	DISPOSABLE CYCLER SET USED WITH CYCLERDIALYSIS MACHINE, EACH
A4672	DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH
A4673	EXTENSION LINE WITH EASY LOCK CONNECTORS, USED WITH DIALYSIS
A4674	CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILIZE DIALYSIS EQUIPMENT, PER 8 OZ
A4680	ACTIVATED CARBON FILTER FOR HEMODIALYSIS, EACH
A4690	DIALYZER (ARTIFICIAL KIDNEYS), ALL TYPES, ALL SIZES, FOR HEMODIALYSIS, EACH
A4706	BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON
A4707	BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET
A4708	ACETATE CONCENTRATE SOLUTION, FOR HEMODIALYSIS, PER GALLON
A4709	ACID CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON
A4714	TREATED WATER (DEIONIZED, DISTILLED, OR REVERSE OSMOSIS) FOR PERITONEAL DIALYSIS, PER GALLON
A4719	"Y SET" TUBING FOR PERITONEAL DIALYSIS
A4720	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 249CC, BUT LESS THAN OR EQUAL TO 999CC, FOR PERITONEAL DIALYSIS
A4721	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 999CC BUT LESS THAN OR EQUAL TO 1999CC, FOR PERITONEAL DIALYSIS
A4722	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 1999CC BUT LESS THAN OR EQUAL TO 2999CC, FOR PERITONEAL DIALYSIS
A4723	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 2999CC BUT LESS THAN OR EQUAL TO 3999CC, FOR PERITONEAL DIALYSIS

A4724	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 3999CC BUT LESS THAN OR EQUAL TO 4999CC, FOR PERITONEAL DIALYSIS
A4725	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 4999CC BUT LESS THAN OR EQUAL TO 5999CC, FOR PERITONEAL DIALYSIS
A4726	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 5999CC, FOR PERITONEAL DIALYSIS
A4728	DIALYSATE SOLUTION, NON-DEXTROSE CONTAINING, 500 ML
A4730	FISTULA CANNULATION SET FOR HEMODIALYSIS, EACH
A4736	TOPICAL ANESTHETIC, FOR DIALYSIS, PER GRAM
A4737	INJECTABLE ANESTHETIC, FOR DIALYSIS, PER 10ML
A4740	SHUNT ACCESSORY, FOR HEMODIALYSIS, ANY TYPE, EACH
A4750	BLOOD TUBING, ARTERIAL OR VENOUS, FOR HEMODIALYSIS, EACH
A4755	BLOOD TUBING, ARTERIAL AND VENOUS COMBINED, FOR HEMODIALYSIS, EACH
A4760	DIALYSATE SOLUTION TEST KIT, FOR PERITONEAL DIALYSIS, ANY TYPE, EACH
A4765	DIALYSATE CONCENTRATE, POWDER, ADDITIVE FOR PERITONEAL DIALYSIS, PER PACKET
A4766	DIALYSATE CONCENTRATE, SOLUTION, ADDITIVE FOR PERITONEAL DIALYSIS, PER 10 ML
A4770	BLOOD COLLECTION TUBE, VACUUM, FOR DIALYSIS, PER 50
A4771	SERUM CLOTTING TIME TUBE, FOR DIALYSIS, PER 50
A4772	BLOOD GLUCOSE TEST STRIPS, FOR DIALYSIS, PER 50
A4773	OCCULT BLOOD TEST STRIPS, FOR DIALYSIS, PER 50
A4774	AMMONIA TEST STRIPS, FOR DIALYSIS, PER 50
A4802	PROTAMINE SULFATE, FOR HEMODIALYSIS, PER 50 MG
A4860	DISPOSABLE CATHETER TIPS FOR PERITONEAL DIALYSIS, PER 10
A4870	PLUMBING AND/OR ELECTRICAL WORK FOR HOME HEMODIALYSIS EQUIPMENT
A4890	CONTRACTS, REPAIR AND MAINTENANCE, FOR HEMODIALYSIS EQUIPMENT
A4911	DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH
A4913	MISCELLANEOUS DIALYSIS SUPPLIES, NOT OTHERWISE SPECIFIED
A4918	VENOUS PRESSURE CLAMP, FOR HEMODIALYSIS, EACH

A4927	GLOVES, NON-STERILE, PER 100
A4928	SURGICAL MASK, PER 20
A4929	TOURNIQUET FOR DIALYSIS, EACH
A4930	GLOVES, STERILE, PER PAIR
A4931	ORAL THERMOMETER, REUSABLE, ANY TYPE, EACH
A6204	SURGICAL DRESSING
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE
A6260	WOUND CLEANSERS, STERILE, ANY TYPE, ANY SIZE
E1500	CENTRIFUGE, FOR DIALYSIS
E1510	KIDNEY, DIALYSATE DELIVERY SYST. KIDNEY MACHINE, PUMP RECIRCULATING, AIR REMOVAL SYST, FLOWRATE METER, POWER OFF, HEATER AND TEMPERATURE CONTROL WITH ALARM, I.V. POLES, PRESSURE GAUGE, CONCENTRATE CONTAINER
E1520	HEPARIN INFUSION PUMP FOR HEMODIALYSIS
E1530	AIR BUBBLE DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT
E1540	PRESSURE ALARM FOR HEMODIALYSIS, EACH, REPLACEMENT
E1550	BATH CONDUCTIVITY METER FOR HEMODIALYSIS, EACH
E1560	BLOOD LEAK DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT
E1570	ADJUSTABLE CHAIR, FOR ESRD PATIENTS
E1575	TRANSDUCER PROTECTORS/FLUID BARRIERS, FOR HEMODIALYSIS, ANY SIZE, PER 10
E1580	UNIPUNCTURE CONTROL SYSTEM FOR HEMODIALYSIS
E1590	HEMODIALYSIS MACHINE
E1592	AUTOMATIC INTERMITTENT PERITONEAL DIALYSIS SYSTEM
E1594	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS
E1600	DELIVERY AND/OR INSTALLATION CHARGES FOR HEMODIALYSIS EQUIPMENT
E1610	REVERSE OSMOSIS WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS
E1615	DEIONIZER WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS
E1620	BLOOD PUMP FOR HEMODIALYSIS, REPLACEMENT
E1625	WATER SOFTENING SYSTEM, FOR HEMODIALYSIS
E1630	RECIPROCATING PERITONEAL DIALYSIS SYSTEM
E1632	WEARABLE ARTIFICIAL KIDNEY, EACH
E1634	PERITONEAL DIALYSIS CLAMPS, EACH
E1635	COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM



E1636	SORBENT CARTRIDGES, FOR HEMODIALYSIS, PER 10
E1637	HEMOSTATS, EACH
E1639	SCALE, EACH
E1699	DIALYSIS EQUIPMENT, NOT OTHERWISE SPECIFIED

## LABS SUBJECT TO ESRD CONSOLIDATED BILLING

<b>CPT/ HCPC</b>	<b>Short Description</b>
80047	Basic Metabolic Panel (Calcium, ionized)
80048	Basic Metabolic Panel (Calcium, total)
80051	Electrolyte Panel
80053	Comprehensive Metabolic Panel
80069	Renal Function Panel
80076	Hepatic Function Panel
82040	Assay of serum albumin
82108	Assay of aluminum
82306	Vitamin d, 25 hydroxy
82310	Assay of calcium
82330	Assay of calcium, Ionized
82374	Assay, blood carbon dioxide
82379	Assay of carnitine
82435	Assay of blood chloride
82565	Assay of creatinine
82570	Assay of urine creatinine
82575	Creatinine clearance test
82607	Vitamin B-12
82652	Vit d 1, 25-dihydroxy
82668	Assay of erythropoietin
82728	Assay of ferritin
82746	Blood folic acid serum
83540	Assay of iron
83550	Iron binding test
83735	Assay of magnesium
83970	Assay of parathormone
84075	Assay alkaline phosphatase
84100	Assay of phosphorus
84132	Assay of serum potassium

84134	Assay of prealbumin
84155	Assay of protein, serum
84157	Assay of protein by other source
84295	Assay of serum sodium
84466	Assay of transferrin
84520	Assay of urea nitrogen
84540	Assay of urine/urea-n
84545	Urea-N clearance test
85014	Hematocrit
85018	Hemoglobin
85025	Complete (cbc), automated (HgB, Hct, RBC, WBC, and Platelet count) and automated differential WBC count.
85027	Complete (cbc), automated (HgB, Hct, RBC, WBC, and Platelet count)
85041	Automated rbc count
85044	Manual reticulocyte count
85045	Automated reticulocyte count
85046	Reticyte/hgb concentrate
85048	Automated leukocyte count
86704	Hep b core antibody, total
86705	Hep b core antibody, igm
86706	Hep b surface antibody
87040	Blood culture for bacteria
87070	Culture, bacteria, other
87071	Culture bacteri aerobic othr
87073	Culture bacteria anaerobic
87075	Cultr bacteria, except blood
87076	Culture anaerobe ident, each
87077	Culture aerobic identify
87081	Culture screen only
87340	Hepatitis b surface ag, eia
87341	Hepatitis b surface ag eia
G0499	Hepb screen high risk indiv
G0306	CBC/diff wbc w/o platelet
G0307	CBC without platelet

**DRUGS SUBJECT TO ESRD CONSOLIDATED BILLING**

Category	HCPCS	Title
<b>Access Management</b>	J1642	INJ HEPARIN SODIUM PER 10 U
	J1644	INJ HEPARIN SODIUM PER 1000U
	J1945	LEPIRIDUN
	J2993	RETEPLASE INJECTION
	J2997	ALTEPLASE RECOMBINANT
	J3364	UROKINASE 5000 IU INJECTION
	J3365	UROKINASE 250,000 IU INJ
	J0884	INJ ARGATROBAN
<b>Anemia Management</b>	J0882	DARBEPOETIN
	J0887	INJ. EPOETIN BETA (FOR ESRD ON DIALYSIS), 1 MCG
	J1439	INJ FERRIC CARBOXYMALTOSE, 1MG
	J1750	IRON DEXTRAN
	J1443	INJ. FERRIC PYROPHOSPHATE CIT
	J1756	IRON SUCROSE INJECTION
	J2916	NA FERRIC GLUCONATE COMPLEX
	J3420	VITAMIN B12 INJECTION
	Q0139	FERUMOXYTOL
	Q4081	EPO
<b>Bone and Mineral Metabolism</b>	<i>J0604<sup>1</sup></i>	<i>CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)</i>
	<i>J0606<sup>1</sup></i>	<i>INJECTION, ETELCALCETIDE, 0.1 MG</i>
	J0610	CALCIUM GLUCONATE INJECTION
	J0620	CALCIUM GLYCER & LACT/10 ML
	J0630	CALCITONIN SALMON INJECTION
	J0636	INJ CALCITRIOL PER 0.1 MCG
	J0895	DEFEROXAMINE MESYLATE INJ
	J1270	INJECTION, DOXERCALCIFEROL
	J1740	IBANDRONATE SODIUM
	J2430	PAMIDRONATE DISODIUM /30 MG
	J2501	PARICALCITOL
	J3489	ZOLEDRONIC ACID
	<b>Cellular Management</b>	J1955
<b>Anti-Infectives</b>	J0878	DAPTOMYCIN
	J3370	VANCOMYCIN HCL INJECTION
<b>Composite Rate Drugs and Biologicals</b>	A4802	INJ PROTAMINE SULFATE
	J0670	INJ MEPIVACAINE HYDROCHLORIDE
	J0945	BROMPHENIRAMINE MALEATE
	J1200	INJ DIPHENHYDRAMINE HCL
	J1205	INJ CHLOROTHIAZIDE SODIUM

J1240	INJ DIMENHYDRINATE
J1940	INJ FUROSEMIDE
J2001	INJ LIDOCAINE HCL FOR INTRAVENOUS INFUSION, 10 MG
J2150	INJ MANNITOL
J2360 <sup>2</sup>	<i>INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG</i>
J2720	INJ PROTAMINE SULFATE
J2795	INJ ROPIVACAINE HYDROCHLORIDE
J3265	INJ TORSEMIDE
J3410	INJ HYDROXYZINE HCL
J3480	INJ. POTASSIUM CHLORIDE, PER 2 MEQ.
J7030 <sup>2</sup>	<i>INFUSION, NORMAL SALINE SOLUTION, 1000 CC</i>
J7040 <sup>2</sup>	<i>INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)</i>
J7042 <sup>2</sup>	<i>5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)</i>
J7050 <sup>2</sup>	<i>INFUSION, NORMAL SALINE SOLUTION, 250 CC</i>
J7060 <sup>2</sup>	<i>5% DEXTROSE/WATER (500 ML = 1 UNIT)</i>
J7070 <sup>2</sup>	<i>INFUSION, D5W, 1000 CC</i>
J7120 <sup>2</sup>	<i>RINGERS LACTATE INFUSION, UP TO 1000 CC</i>
J7131	HYPERTONIC SALINE SOL
Q0163	DIPHENHYDRAMINE HYDROCHLORIDE

<sup>1</sup> Effective January 1, 2018, this item or service is subject to the ESRD PPS consolidated billing requirements.

<sup>2</sup> Effective January 1, 2018, this item or service is subject to the ESRD PPS consolidated billing requirements and is considered to be a composite rate drug.