

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 4073	Date: June 15, 2018
	Change Request 10818

SUBJECT: Quarterly Update to the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS)

I. SUMMARY OF CHANGES: This change request (CR) provides instructions for new codes added to the Healthcare Common Procedure Coding System (HCPCS) file for anemia management and therefore will be added to the list of items and services subject to the ESRD PPS consolidated billing (CB) requirements.

EFFECTIVE DATE: July 1, 2018

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

IMPLEMENTATION DATE: July 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.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
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

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IMPLEMENTATION DATE: July 2, 2018

I. GENERAL INFORMATION

A. Background: Section 153(b) of the Medicare Improvements for Patients and Providers Act (MIPPA) required the implementation of an ESRD PPS, effective January 1, 2011. The ESRD PPS provides a single payment to ESRD facilities that covers all of the resources used in furnishing an outpatient dialysis treatment. The ESRD PPS includes consolidated billing requirements for limited Part B services included in the ESRD facility's bundled payment. The Centers for Medicare & Medicaid Services (CMS) periodically update the lists of items and services that are subject to Part B consolidated billing (CB) and are therefore no longer separately payable when provided to ESRD beneficiaries by providers other than ESRD facilities.

The ESRD PPS provides outlier payments, if applicable, for high cost patients due to unusual variations in the type or amount of medically necessary care.

B. Policy: This change request (CR) provides instructions for new codes added to the Healthcare Common Procedure Coding System (HCPCS) file for anemia management and therefore will be added to the list of items and services subject to the ESRD PPS consolidated billing (CB) requirements.

1. Q5105 Injection, epoetin alfa, biosimilar, (Retacrit) (for esrd on dialysis), 100 units

The updated list of renal dialysis services that are subject to the ESRD PPS CB requirements is available at the following CMS website: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ESRDpayment/Consolidated_Billing.html

Anemia management is a functional category under the ESRD PPS and the drugs and biologicals that fall within this category are always considered to be used for the treatment of ESRD. ESRD facilities should report Q5105 with revenue code 0634 or 0635. ESRD facilities will not receive separate payment for Q5105 with or without the AY modifier and the claims shall process the line item as covered with no separate payment under the ESRD PPS.

In accordance with 42 CFR 413.237(a)(1), HCPCS Q5105 is considered to be an eligible outlier service and it will be included in the outlier calculation. Under the outlier policy, if the pricing data is not available on the ASP drug file, then contractors are to manually price the drug using 1847A pricing methodologies.

There is a new HCPCS Q5106 Injection, epoetin alfa, biosimilar, (Retacrit) (for non-esrd use), 1000 units. This code will be reportable with revenue code 0636 on the 72X type of bill for individuals with acute kidney injury (AKI). Q5106 is paid for through the AKI payment rate and therefore separate payment is not

allowable on the 72X type of bill.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								Other
		A/B MAC			D M E	Shared- System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
10818.1	Medicare contractors shall recognize on the 072x Type of Bill the new HCPCS: Q5105 Q5106	X				X				IOCE
10818.2	Medicare contractors shall update the ESRD consolidated billing edit code list for drugs always considered ESRD with the following code: Q5105 NOTE: New CB List provided as Attachment A					X			X	
10818.3	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 any of the following new codes. Q5105					X			X	
10818.4	Medicare contractors shall add the rate for Q5105 to the computation of the Medicare Allowed Payment (MAP) amounts (value code 79) used to calculate outlier payments on type of bill 072x (ESRD).					X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D
		A	B	H H H		
10818.5	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	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): Shauntari Cheely, 410-786-1818 or Shauntari.Cheely@cms.hhs.gov , Cindy Pitts, 410-786-2222 or Cindy.Pitts@cms.hhs.gov , Janae James, 410-786-0801 or janae.james@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: 1

Attachment A

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, 10ML
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

CPT/ HCPC	Short Description
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	
Access Management	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	
Anemia Management	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	
	Q5105 ¹	<i>INJECTION, EPOETIN ALFA, BIOSIMILAR</i>	
Bone and Mineral Metabolism	J0604	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)	
	J0606	INJECTION, ETELCALCETIDE, 0.1 MG	
	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	
	Cellular Management	J1955	INJ LEVOCARNITINE PER 1 GM
	Anti-Infectives	J0878	DAPTOMYCIN
J3370		VANCOMYCIN HCL INJECTION	
Composite Rate Drugs and Biologicals	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	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG
J2720	INJ PROTAMINE SULFATE
J2795	INJ ROPIVACAINE HYDROCHLORIDE
J3265	INJ TORSEMIDE
J3410	INJ HYDROXYZINE HCL
J3480	INJ. POTASSIUM CHLORIDE, PER 2 MEQ.
J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC
J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)
J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)
J7050	INFUSION, NORMAL SALINE SOLUTION, 250 CC
J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)
J7070	INFUSION, D5W, 1000 CC
J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC
J7131	HYPERTONIC SALINE SOL
Q0163	DIPHENHYDRAMINE HYDROCHLORIDE

¹ Effective July 1, 2018, this item or service is subject to the ESRD PPS consolidated billing requirements.