

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-20 One-Time Notification</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 1725</b>	<b>Date: October 13, 2016</b>
	<b>Change Request 9598</b>

**NOTE: This Transmittal is no longer sensitive and is being re-communicated November 2, 2016. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.**

**Transmittal 3584, dated August 12, 2016, is being rescinded and replaced by Transmittal 1725 dated, October 13, 2016 to revise the policy section, add business requirement 9598.10 to ensure that G0491 and 90999 are not billed on the same claim and change the CR from Confidential to Sensitive/Controversial. All other information remains the same.**

**SUBJECT: Changes to the End-Stage Renal Disease (ESRD) Facility Claim (Type of Bill 72X) to Accommodate Dialysis Furnished to Beneficiaries with Acute Kidney Injury (AKI)**

**I. SUMMARY OF CHANGES:** Implementation of changes to the ESRD Facility claim (Type of Bill 72x) to accommodate dialysis furnished to beneficiaries with AKI.

**EFFECTIVE DATE: January 1, 2017**

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

**IMPLEMENTATION DATE: January 3, 2017**

*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:**

**One Time Notification**

# Attachment - One-Time Notification

Pub. 100-20	Transmittal: 1725	Date: October 13, 2016	Change Request: 9598
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## I. GENERAL INFORMATION

**A. Background:** On June 29, 2015, The Trade Preferences Extension Act of 2015 was enacted in which section 808 amended Section 1861(s)(2)(F) of the Social Security Act (42 U.S.C. 1395x(s)(2)(F)) by extending renal dialysis services paid under section 1881(b)(14) to beneficiaries with acute kidney injury effective January 1, 2017.

**B. Policy:** Beginning January 1, 2017, End Stage Renal Disease (ESRD) facilities will be able to furnish dialysis to Acute Kidney Injury (AKI) patients. The AKI provision was signed into law on June 29, 2015 – Sec. 808 Public Law 114-27: <https://www.congress.gov/bill/114th-congress/house-bill/1295/text#toc-HEE69B51CC87340E2B2AB6A4FA73D2A82>.

The provision provides Medicare payment beginning on dates of service January 1, 2017 and after to ESRD facilities, that is, hospital-based and freestanding, for renal dialysis services furnished to beneficiaries with AKI (both adult and pediatric). Medicare will reimburse ESRD facilities for the dialysis treatment using the ESRD Prospective Payment System (PPS) base rate adjusted by the applicable geographic adjustment factor, that is, wage index. In addition to the dialysis treatment, the ESRD PPS base rate reimburses ESRD facilities for the items and services considered to be renal dialysis services as defined in 42 CFR §413.171 and there will be no separate payment for those services.

Renal dialysis services as defined in 42 CFR §413.171, would be considered to be renal dialysis services for patients with AKI. As such, no separate payment would be made for renal dialysis drugs, biologicals, laboratory services, and supplies that are included in the ESRD PPS base rate when they are furnished by an ESRD facility to an individual with AKI. Other items and services that are furnished to beneficiaries with AKI that are not considered to be renal dialysis services but are related to their dialysis as a result of their AKI, would be separately payable, that is, drugs, biologicals, laboratory services, and supplies that ESRD facilities are certified to furnish and that would otherwise be furnished to a beneficiary with AKI in a hospital outpatient setting.

For payment under Medicare, ESRD facilities shall report all items and services furnished to beneficiaries with AKI by submitting the 72x type of bill with condition code 84 - Dialysis for Acute Kidney Injury (AKI) on a monthly basis. Since ESRD facilities bill Medicare for renal dialysis services by submitting the 72x type of bill for ESRD beneficiaries, condition code 84 will differentiate an ESRD PPS claim from an AKI claim. AKI claims will require one of the following diagnosis codes:

1. N17.0 Acute kidney failure with tubular necrosis
2. N17.1 Acute kidney failure acute cortical necrosis
3. N17.2 Acute kidney failure with medullary necrosis
4. N17.8 Other acute kidney failure
5. N17.9 Acute kidney failure, unspecified
6. T79.5XXA Traumatic anuria, initial encounter
7. T79.5XXD Traumatic anuria, subsequent encounter
8. T79.5XXS Traumatic anuria, sequela
9. N99.0 Post-procedural (acute)(chronic) renal failure

In addition, ESRD facilities are required to include revenue code 082X, 083x, 084x, or 085x for the modality of dialysis furnished with the Current Procedural Terminology (CPT) code G0491 Long descriptor – Dialysis procedure at a Medicare certified ESRD facility for Acute Kidney Injury without ESRD Short descriptor – dialysis Acu Kidney no ESRD.

AKI claims will not have limits on how many treatments can be billed for the monthly billing cycle, however, there will only be payment for one treatment per day across settings, except in the instance of uncompleted treatments: If a dialysis treatment is started, that is, a patient is connected to the machine and a dialyzer and blood lines are used, but the treatment is not completed for some unforeseen, but valid reason, for example, a medical emergency when the patient must be rushed to an emergency room, the facility is paid based on the full base rate. This is a rare occurrence and must be fully documented to the A/B MAC (A)'s satisfaction.

The contents of this CR are being proposed in the CY 2017 Notice of Public Rulemaking and are subject to changes based on comments received.

## II. BUSINESS REQUIREMENTS TABLE

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

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			
9598.1	Contractors shall accept 84 as a valid condition code. The condition code should be passed to the BCRC.					X						
9598.2	Contractors shall accept and identify AKI claims submitted by ESRD facilities on type of bill (TOB) 72x with:  Condition code 84;  CPT code G0491; and	X				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	C W F		
9598.4	<p>Contractors shall bypass the reason codes listed below for an ESRD claims (Type of Bill 72X) submitted with condition code 84, CPT code G0491 and one of the following ICD-10 diagnosis codes:</p> <ol style="list-style-type: none"> <li>1. N17.0 Acute kidney failure with tubular necrosis</li> <li>2. N17.1 Acute kidney failure acute cortical necrosis</li> <li>3. N17.2 Acute kidney failure with medullary necrosis</li> <li>4. N17.8 Other acute kidney failure</li> <li>5. N17.9 Acute kidney failure, unspecified</li> <li>6. T79.5XXA Traumatic anuria, initial encounter</li> <li>7. T79.5XXD Traumatic anuria, subsequent encounter</li> <li>8. T79.5XXS Traumatic anuria, sequela</li> <li>9. N99.0 Post-procedural (acute)(chronic) renal failure</li> </ol> <p>Reason Codes:</p> <p>32196 34940 34941 34942 34943 34970</p> <p>36135 36149</p> <p>36189 36220 36326 36331 36332 36338</p> <p>36340 36341 36342</p>	X				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	C W F		
	36357 36359  36375  36376										
9598.4.1	Contractors shall provide a list of all local edits in the 50000/70000 series that are specially assigned to ESRD claims (TOB 72X).  The list should be sent to CMS within 30 days of the finalization of this change request to Janae.James@cms.hhs.gov. Upon review, CMS will provide a list of which codes should be bypassed for AKI.	X									
9598.5	The following reason codes should be updated to include condition code 84:  36104  36106  36107  36109  36110  36615 (Narrative only, the ESRD Pricer logic will be updated to include condition code 84)					X					
9598.6	Contractors shall pass condition code 84 to the ESRD Pricer when CPT code G0491 and one of the following ICD-10 diagnosis codes are present:  1. N17.0 Acute kidney failure with tubular necrosis  2. N17.1 Acute kidney failure acute cortical necrosis  3. N17.2 Acute kidney failure with medullary necrosis  4. N17.8 Other acute kidney failure  5. N17.9 Acute kidney failure, unspecified  6. T79.5XXA Traumatic anuria, initial encounter  7. T79.5XXD Traumatic anuria, subsequent encounter					X					ESRD Pricer



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	
9598.10	Contractors shall ensure that HCPCS G0491 and HCPCS 90999 are not included on the same claim.					X			

**III. PROVIDER EDUCATION TABLE**

Number	Requirement	Responsibility							
		A/B MAC			D M E M A C	F I S S	M C S	V M S	C W F
		A	B	H H H					
	None								

**IV. SUPPORTING INFORMATION**

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

X-Ref Requirement Number	Recommendations or other supporting information:
	Once the regulations are final, this CR will need to be re-released without the controversial restriction. At that point, provider education will be required.

**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) , Michelle Cruse, michelle.cruse@cms.hhs.gov.

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

**VI. FUNDING**

**Section A: For Medicare Administrative Contractors (MACs):**

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**ATTACHMENTS: 0**