

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1738	Date: October 27, 2016
	Change Request 9814

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.

SUBJECT: Network Fee Reduction for Acute Kidney Injury (AKI) services submitted on Type of Bill 72x

I. SUMMARY OF CHANGES: Removal of the 50 cent End Stage Renal Disease (ESRD) network fee reduction from claims submitted by ESRD facilities for AKI services.

EFFECTIVE DATE: January 1, 2017

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

IMPLEMENTATION DATE: April 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.*

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:

One Time Notification

Attachment - One-Time Notification

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EFFECTIVE DATE: January 1, 2017

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IMPLEMENTATION DATE: April 3, 2017

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.

Change Request (CR) 9598 implemented the majority of the claims processing changes for this policy, however, the 50 cents ESRD network fee reduction was not considered in the implementation of that CR. This CR implements the removal of that fee from AKI claims.

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								Other
		A/B MAC			D M E M A C	Shared-System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
9814.1	Contractors shall not apply the ESRD network fee reduction on AKI claims submitted by ESRD facilities on type of bill (TOB) 72x with: <ul style="list-style-type: none"> • Condition code 84; • CPT code G0491; and • One of the following ICD-10 diagnosis codes: 					X				

Number	Requirement	Responsibility							
		A/B MAC		D M E	Shared- System Maintainers				Other
		A	B		H H H	M I S S	V C S	C M W F	
	<p>N17.0 Acute kidney failure with tubular necrosis</p> <p>N17.1 Acute kidney failure acute cortical necrosis</p> <p>N17.2 Acute kidney failure with medullary necrosis</p> <p>N17.8 Other acute kidney failure</p> <p>N17.9 Acute kidney failure, unspecified</p> <p>T79.5XXA Traumatic anuria, initial encounter</p> <p>T79.5XXD Traumatic anuria, subsequent encounter</p> <p>T79.5XXS Traumatic anuria, sequel</p> <p>N99.0 Post-procedural (acute)(chronic) renal failure</p>								
9814.2	Contractors shall adjust all 72X TOBs with AKI (identified in 9814.1) with dates of service from 1/1/17 – 3/31/17 within 45 days of implementation.	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C M W F
		A	B	H H H		
9814.3	<p>MLN Article: A provider education article related to this instruction will be available at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/ 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.</p>	X				

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 , 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