

<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 1759</b>	<b>Date: December 6, 2016</b>
	<b>Change Request 9598</b>

**Transmittal 1725, dated October 13, 2016, is being rescinded and replaced by Transmittal 1759 dated, December 6, 2016, to update the Provider Education Requirements. 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: 1759	Date: December 6, 2016	Change Request: 9598
-------------	-------------------	------------------------	----------------------

**Transmittal 1725, dated October 13, 2016, is being rescinded and replaced by Transmittal 1759 dated, December 6, 2016, to update the Provider Education Requirements. 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)**

**EFFECTIVE DATE: January 1, 2017**

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

**IMPLEMENTATION DATE: January 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.

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	Shared-System Maintainers				Other
		A	B	H H H		F M V C	M I C M S S	V M S W	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  One of the following ICD-10 diagnosis codes:  1. N17.0 Acute kidney failure with tubular necrosis	X				X				

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		
	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										
9598.2.1	Contractors shall accept condition code 84 with revenue codes 082X, 083X, 084X or 085X.					X					
9598.3	Contractors shall create an edit for AKI claims submitted by ESRD facilities on TOB 72x with condition code 84 and the following are not on the claim: CPT code G0491 and one of the following ICD-10 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					X					
9598.3.1	Contractors shall return the claim to the provider (RTP).	X									
9598.4	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:	X				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	
9598.4.1	<p>Contractors shall provide a list of all local edits in the 50000/70000 series that are specially assigned to ESRD claims (TOB 72X).</p> <p>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.</p>	X								
9598.5	<p>The following reason codes should be updated to include condition code 84:</p> <p>36104</p> <p>36106</p> <p>36107</p> <p>36109</p> <p>36110</p> <p>36615 (Narrative only, the ESRD Pricer logic will be updated to include condition code 84)</p>					X				
9598.6	<p>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:</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>					X			ESRD Pricer	
9598.7	Contractors shall not separately pay services listed on the ESRD consolidated billing list for AKI claims.					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		
9598.7.1	Contractors shall separately pay all service lines not listed on the CB list and services billed with revenue codes other than 082X, 083X, 084X, or 085X on claims identified as AKI.  Payment should be based on the applicable fee schedule.					X					
9598.8	Contractors shall create an overrideable edit to deny the line when a 72x TOB is submitted with condition code 84, CPT code G0491 and diagnosis code N17.0, N17.1, N17.2, N17.8, N17.9, T79.5XXA, T79.5XXD, T79.5XXS, or N99.0 and a 13x, 14x, or 85x TOB with HCPCS code 90935 or 90947 is submitted with the same line item date of service.  This edit should be overrideable.	X				X			X		
9598.8.1	The contractor shall use the following ANSI information:  Group Code: CO - Contractual Obligation  CARC 97 The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.  RARC M15 Separately billed services/tests have been bundled as they are considered components of the same procedure. Separate payment is not allowed.  MSN 16.34 - You should not be billed for this service. You are only responsible for any deductible and coinsurance amounts listed in the 'You May Be Billed' column.	X									
9598.8.2	Contractors shall override this edit with medical justification as described in the policy section.	X									
9598.9	Contractors shall create an edit to prevent modifier AY from being reported on AKI claims.					X					
9598.9.1	Contractors shall RTP the claims that receive the edit identified in 9598.9.	X									
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	C E D I
		A	B	H H H		
9598.11	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) , Michelle Cruse, [michelle.cruse@cms.hhs.gov](mailto: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):**

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: 0**