

<b>CMS Manual System</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub 100-04 Medicare Claims Processing</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Transmittal 2255</b>	<b>Date: July 15, 2011</b>
	<b>Change Request 7476</b>

**SUBJECT: Quarterly Update to the End-Stage Renal Disease Prospective Payment System**

**I. SUMMARY OF CHANGES:** This change request corrects Attachment 4 and Attachment 5 of change request 7064, Transmittal 2134, by removing equipment and supply codes from Attachment 4 that are either not separately payable or not payable by Medicare and adds these codes to Attachment 5. This change request also updates Attachment 8 of change request 7064 which includes the ICD-9-CM codes eligible for the ESRD PPS co-morbidity payment adjustment. This Recurring Update Notification applies to Chapter 8, Section 20.1.

**EFFECTIVE DATE: The effective date for the ICD-9-CM updates is October 1, 2011**

**The effective date for the DME list corrections is January 1, 2011**

**IMPLEMENTATION DATE: October 3, 2011**

*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-

<b>R/N/D</b>	<b>CHAPTER / SECTION / SUBSECTION / TITLE</b>
N/A	

**III. FUNDING:**

**For Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs) and/or Carriers:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their operating budgets.

**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. ATTACHMENT:**

**Recurring Update Notification**

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

## Attachment – Recurring Update Notification

Pub. 100-04	Transmittal: 2255	Date: July 15, 2011	Change Request: 7476
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### SUBJECT: Quarterly Update to the End-Stage Renal Disease Prospective Payment System

**Effective Date:** The effective date for the ICD-9-CM updates is October 1, 2011  
The effective date for the DME list corrections is January 1, 2011

**Implementation Date:** October 3, 2011

#### I. GENERAL INFORMATION

**A. Background:** Change Request (CR) 7064, Transmittal 2134, entitled “End Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Consolidated Billing for Limited Part B Services” implemented a new bundled payment system for renal dialysis items and services provided on and after January 1, 2011 (See Transmittal 2134, Pub. 100-04, issued on January 14, 2011.). The ESRD PPS provides payment adjustments for 6 categories (3 acute and 3 chronic) of co-morbid conditions. When applicable, ESRD facilities can report specific ICD-9-CM diagnosis codes (codes effective January 1, 2011, can be found in attachment 8 of CR 7064) on ESRD facility claims to be eligible for a co-morbidity payment adjustment. The ICD-9-CM codes are updated annually as stated in Pub. 100-04, Chapter 23, Section 10.2 and are published in the Federal Register in April/May of each year as part of the Proposed Changes to the Hospital Inpatient Prospective Payment Systems in table 6 and effective each October 1. This CR updates attachment 8 of CR 7064 which includes the ICD-9-CM codes eligible for the ESRD PPS co-morbidity payment adjustment in accordance to the annual ICD-9-CM update which is effective October 1, 2011.

CR 7064 also provided an ESRD consolidated billing requirement for limited Part B services included in the ESRD facility bundled payment. CR 7064 instructed contractors that certain lab services and limited drugs, equipment and supplies are subject to Part B consolidated billing and are no longer separately payable when provided to ESRD beneficiaries by providers other than the ESRD facilities.

Attachment 4 of CR 7064, DME ESRD Supply HCPCS for ESRD PPS Consolidated Billing Edits, included the list of equipment and supplies that are ESRD-related but can be used in other provider settings for reasons other than for the treatment of ESRD. Attachment 5 of CR 7064, DME ESRD Supply HCPCS Not Payable to DME Suppliers, included the list of the DME ESRD supply codes that are no longer separately payable to durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) suppliers. To allow DMEPOS suppliers to get paid for furnishing these services under other circumstances covered by Medicare, CR 7064 provided instructions stating that DMEPOS suppliers may bill the items listed on Attachment 4 with the AY modifier to indicate that the item is used for reasons other than for the treatment of ESRD. Currently, there are equipment and supplies listed on Attachment 4 that are not used in other provider settings and would therefore never be used for reasons other than for the treatment of ESRD. Therefore, these items would not be covered by Medicare because there is no other benefit category that can provide coverage. This CR rescinds and replaces Attachments 4 and 5 of CR 7064. This CR removes codes from Attachment 4 that are either not separately payable or not payable by Medicare and add these codes to Attachment 5. Surgical dressing code A6204 will also be included in Attachment 5.

#### B. Policy:

The updated list of ICD-9-CM codes that are eligible for a co-morbidity payment adjustment under the ESRD PPS will be available at the following website:

[http://www.cms.gov/ESRDPayment/40\\_Comorbidty\\_Conditions.asp#TopOfPage](http://www.cms.gov/ESRDPayment/40_Comorbidty_Conditions.asp#TopOfPage) .

The updated diagnosis codes are effective for dates of service on and after October 1, 2011. In this CR we are not adding nor changing any additional co-morbidity categories or any diagnoses within those categories.

Changes to the ICD-9-CM codes that are eligible for a co-morbidity payment adjustment effective October 1, 2011 include:

1. In the chronic comorbid conditions under the hereditary hemolytic and sickle cell anemia category, ICD-9 code 282.41 – Sickle-cell thalassemia without crisis has been revised to include microdrepanocytosis.

2. In the chronic comorbid conditions under the hereditary hemolytic and sickle cell anemia category, the 5 new ICD-9 codes added are as follows:

- **282.43 Alpha thalassemia**

Alpha thalassemia major  
Hemoglobin H Constant Spring  
Hemoglobin H disease  
Hydrops fetalis due to alpha thalassemia  
Severe alpha thalassemia  
Triple gene defect alpha thalassemia

Excludes: alpha thalassemia trait or minor (282.46); hydrops fetalis due to isoimmunization (773.3); hydrops fetalis not due to immune hemolysis (778.0)

- **282.44 Beta thalassemia**

Beta thalassemia major  
Cooley's anemia  
Homozygous beta thalassemia  
Severe beta thalassemia  
Thalassemia intermedia  
Thalassemia major

Excludes: beta thalassemia minor (282.46); beta thalassemia trait (282.46); delta-beta thalassemia (282.45); hemoglobin E beta thalassemia (282.47); sickle-cell beta thalassemia (282.41, 282.42)

- **282.45 Delta-beta thalassemia**

Homozygous delta-beta thalassemia

Excludes: delta-beta thalassemia trait (282.46)

- **282.46 Thalasesmia minor**

Alpha thalassemia minor  
Alpha thalassemia trait  
Alpha thalassemia silent carrier  
Beta thalassemia minor  
Beta thalassemia trait  
Delta-beta thalassemia trait  
Thalassemia trait NOS

Excludes: alpha thalassemia (282.43); beta thalassemia (282.44); delta beta thalassemia (282.45); hemoglobin E-beta thalassemia (282.47); sickle-cell trait (282.5)

- **282.47 Hemoglobin E-beta thalassemia**

Excludes: beta thalassemia (282.44); beta thalassemia minor (282.46); beta thalassemia trait (282.46); delta-beta thalassemia (282.45); delta-beta thalassemia trait (282.46); hemoglobin E disease (282.7); other hemoglobinopathies (282.7); sickle-cell beta thalassemia (282.41, 282.42)

3. In the chronic comorbid conditions under the hereditary hemolytic and sickle cell anemia category, ICD-9 code 282.49 – Other thalassemia has been revised to no longer include Cooley's anemia, Hb-Bart's disease, Microdrepanocytosis, Thalassemia (alpha) (beta) (intermedia) (major) (minima) (minor) (mixed) (trait), and Thalassemia NOS.

4. In the chronic comorbid conditions under hereditary hemolytic and sickle cell anemia category, ICD-9 code 282.49 – Other thalassemia has been revised to include Dominant thalassemia, Hemoglobin C thalassemia, Mixed thalassemia, and continues to include Thalassemia with other hemoglobinopathy.

5. In the chronic comorbid conditions under hereditary hemolytic and sickle cell anemia category, ICD-9 code 282.49 – Other thalassemia has been revised to exclude hemoglobin C disease (282.7); hemoglobin E disease (282.7); other hemoglobinopathies (282.7); sickle cell anemias (282.60-282.69); and sickle-cell beta thalassemia (282.41-282.42)

In addition, this CR provides updated lists of HCPCS codes subject to ESRD consolidated billing (Attachment 4) and DME ESRD supply HCPCS codes not payable to DMEPOS suppliers (Attachment 5). Contractors shall use the revised lists in adjudicating claims submitted by DMEPOS suppliers, using the guidelines established in CR 7064.

## II. BUSINESS REQUIREMENTS TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M  M A C	F I	C A  R I E R	R H  R I	Shared-System Maintainers				OTHER
						F I S S	M C S	V M S	C W F		
7476.1	<p>Contractors shall add 5 new ICD-9 codes to the list of ICD-9 codes eligible for the ESRD PPS co-morbidity payment adjustment for the chronic comorbid condition hereditary hemolytic sickle cell anemia category (<b>payer only condition code ME</b>)</p> <p><b>ADD ICD-9 Codes:</b></p> <ul style="list-style-type: none"> <li>• 282.43</li> <li>• 282.44</li> <li>• 282.45</li> <li>• 282.46</li> </ul>						X				

Number	Requirement	Responsibility (place an "X" in each applicable column)									
		A / B  M A C	D M E  M A C	F I  M A C	C A R R I E R	R H H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
	<ul style="list-style-type: none"> <li>282.47</li> </ul>										
7476.2	Contractors shall update the ESRD consolidated billing list for DMEPOS suppliers		X								X
7476.2.1	Contractors shall refer to Attachment 4 for an updated list of ESRD HCPCS codes subject to ESRD CB.		X								X
7476.2.2	Contractors shall refer to Attachment 5 for an updated list of ESRD HCPCS codes that are not subject to ESRD CB.		X								X
7476.3	Contractors shall use the revised lists referenced above in adjudicating claims submitted by DMEPOS suppliers, using the guidelines established in CR 7064.		X								X
7476.4	Contractors shall adjust claims brought to their attention. NOTE: contactors do not need to search their files to either retract payment for claims already paid or to retroactively pay claims.		X								
7476.5	Contractors shall note the appropriate ICD-10 code(s) that are listed below. Contractors shall track the ICD-10 codes and ensure that the update occurs as part of the ICD-10 implementation. ICD-10 equivalents that are available are provided below and are effective on October 1, 2013.  ICD-9      ICD-10 282.43      D56.0 282.44      D56.1 282.45      D56.2 282.46      D56.3 282.47      Not available at this time							X			

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)
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		A / B  M A C	D M E  M A C	F I  I E R	C A R R I E R	R H I	Shared-System Maintainers				OTHER
							F I S S	M C S	V M S	C W F	
7476.6	<p>A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within one week of the availability of the provider education article. In addition, the provider education article shall be included in your 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	X	X							

#### IV. SUPPORTING INFORMATION

**Section A: For any recommendations and supporting information associated with listed requirements, use the box below:**

X-Ref Requirement Number	Recommendations or other supporting information:
7476.2	Attachments 4 and 5 of CR7064 are rescinded and replaced by the attached lists of Healthcare Common Procedure Coding System (HCPCS) codes. Contractors shall use the updated lists to determine the items that may be billed separately by DMEPOS suppliers under the guidelines established in CR 7064.

**Section B: For all other recommendations and supporting information, use this space:** N/A

#### V. CONTACTS

**Pre-Implementation Contact(s):** For ESRD PPS payment policy questions, please contact Michelle Cruse at [Michelle.Cruse@cms.hhs.gov](mailto:Michelle.Cruse@cms.hhs.gov). For institutional claims processing questions, please contact Wendy Tucker at [Wendy.Tucker@cms.hhs.gov](mailto:Wendy.Tucker@cms.hhs.gov). For DME claims processing questions, please contact Bobbett Plummer at [bobbett.plummer@cms.hhs.gov](mailto:bobbett.plummer@cms.hhs.gov). For DME payment policy questions, please contact Hafsa Bora at [Hafsa.Bora@cms.hhs.gov](mailto:Hafsa.Bora@cms.hhs.gov).

**Post-Implementation Contact(s):** Contact your Contracting Officer's Technical Representative (COTR) or Contractor Manager, as applicable.

#### VI. FUNDING

**Section A: For *Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), and/or Carrier:***  
No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

**Section B: For *Medicare Administrative Contractors (MACs), include the following statement:***

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.

Attachment

**Attachment 4: DME ESRD Supply HCPCS for ESRD PPS  
Consolidated Billing Edits**

<b>HCPC</b>	<b>Long Description</b>
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
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING
E0210	ELECTRIC HEAT PAD, STANDARD

## Attachment 5: 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 CYCLER DIALYSIS 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 10 ML

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 RECIRCULAT- ING, 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 DELIVERY AND/OR INSTALLATION CHARGES FOR HEMODIALYSIS EQUIPMENT
E1600	REVERSE OSMOSIS WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS
E1610	DEIONIZER WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS
E1615	BLOOD PUMP FOR HEMODIALYSIS, REPLACEMENT
E1620	WATER SOFTENING SYSTEM, FOR HEMODIALYSIS
E1625	RECIPROCATING PERITONEAL DIALYSIS SYSTEM
E1630	WEARABLE ARTIFICIAL KIDNEY, EACH
E1632	PERITONEAL DIALYSIS CLAMPS, EACH
E1634	COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM
E1635	SORBENT CARTRIDGES, FOR HEMODIALYSIS, PER 10
E1636	HEMOSTATS, EACH
E1637	SCALE, EACH
E1639	DIALYSIS EQUIPMENT, NOT OTHERWISE SPECIFIED
E1699	