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CLAIMS PROCESSING

ESRD Claims Processing

ESRD Claims Processing Considerations

Objective

This chapter will provide any ESRD claims processing issues directly stated or implied implicitly in the final rule so that FIs can prepare for claim processing. This will ensure that ESRD facilities submit claims correctly and that FIs will pay claims correctly.

Participants will learn the following information during the course of this chapter:

- Shared system changes

- Provider file requirements

Claims Processing

Fiscal Intermediary Standard System (FISS) must pass the following Claim Data to the ESRD PRICER:

- Through Date
- Date of Birth
- Condition Code 73
- Condition Code 74
- Value Code A8 Amount
- Value Code A9 Amount
- Line Revenue Code

FISS must install the ESRD PRICER software by April 1, 2005, and use the rate returned by the ESRD PRICER as the "Payment Rate" in the FISS ESRD Pricing Module.

All 72X Types of Bill (TOBs) not populated with Value Code A8 (weight in kilograms) and A9 (height in centimeters) will be returned to the provider (RTP).

FIs must instruct renal dialysis facilities (RDFs) to split all ESRD claims using the following criteria:

- If Through Date is on or after April 1, 2005, the From Date must also be on or after April 1, 2005

Shared Systems Changes for Medicare Part B Drugs for ESRD Independent Dialysis Facilities

For calendar year 2005, the payment limits for Medicare Part B drugs will change:

- The top 10 separately billable ESRD drugs will be paid at acquisition cost updated by the Producer Price Index (PPI)

- The other separately billable ESRD drugs will be paid at Average Sales Price (ASP) plus 6 percent

- The payment limits for Medicare Part B drugs will be updated on a quarterly basis

- The payment allowance limits for influenza, pneumococcal and hepatitis B vaccines will be paid at 95 percent of Average Wholesale Price (AWP)

📁 **QUICK FACT**

ESRD claims not using value codes A8 and A9 by April 1, 2005 will be returned to the provider. However, these codes should be included on all 75X TOBs as soon as possible.

- FISS and FIs must load all MMA drug pricing files and accommodate a minimum of two payment limits per calendar quarter per HCPCS code, beginning with dates of service on or after January 1, 2005.

Fiscal Intermediary Responsibilities

FIs are required to do the following:

- Load the facility-specific wage/drug add-on adjusted composite rate table file furnished by CMS Central Office.
- Notify each renal facility in writing (within 30 days) of its new composite payment rate.
- For any renal facility that has an approved exception rate that exceeds the new composite payment rate for its area, the FI notice must state that the facility will continue to receive the exception rate.
- Send copies of the written notifications to CMS, Division of Chronic Care Management.
- Post the Medlearn Matters article, or a direct link of any issued Medlearn Matters articles, on their website 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 must be included in your next regularly scheduled bulletin. Contractors are free to supplement Medlearn Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.

Provider File Requirements

FIs must:

- Enter a new dialysis rate(s) for April 1, 2005 on FISS Maps 1105, 105A, and 105B
- Enter an exception rate in the new entry for providers that have an exception rate
- Enter zeroes in the new entry for exception rate for providers that do not have an exception rate
- Populate an OPPS Provider Specific File for each ESRD Facility with the following fields (Fields that are specified "for future FI use" should be populated with zeroes or left blank.):
  - NPI (for future FI use)
  - Oscar Provider number
  - Actual MSA
  - Actual CBSA (for future FI use)

- ○ Special Wage Index (for future FI use) and Special Payment Indicator (for future FI use)
- ○ Provider Type (2 new types will be added to the OPPS PSF, e.g., 40 - Hospital-Based ESRD Facility and 41 - Independent ESRD Facility)
- ○ ESRD Rate from FISS Map 1105, 105A, and 105B

FISS Must:

- Adjust any editing appropriately to allow for provider type 40 (Hospital-Based ESRD Facility) and 41 (Independent ESRD Facility)
- Pass the following provider data to the ESRD PRICER: Actual MSA, Actual CBSA (for future FI use), Special Wage Index (for future FI use), Special Payment Indicator (for future FI use), Provider Type and the appropriate dialysis rate for the line being priced