

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 3737	Date: March 17, 2017
	Change Request 10037

SUBJECT: Quarterly Updates to ESRD PRICER

I. SUMMARY OF CHANGES: This Change Request implements quarterly updates to the ESRD PRICER.

EFFECTIVE DATE: July 1, 2017

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

IMPLEMENTATION DATE: July 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:

Recurring Update Notification

Attachment - Recurring Update Notification

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SUBJECT: Quarterly Updates to ESRD PRICER

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IMPLEMENTATION DATE: July 3, 2017

I. GENERAL INFORMATION

A. Background: Effective January 1, 2011, The Centers for Medicare & Medicaid Services (CMS) implemented the End Stage Renal Disease (ESRD) Prospective Payment System (PPS) based on the requirements of section 1881(b)(14) of the Social Security Act (the Act) as amended by section 153(b) of the Medicare Improvements for Patients and Providers Act (MIPPA). The ESRD PPS provides a single per treatment payment to ESRD facilities that covers all of the resources used in furnishing an outpatient dialysis treatment. Under the ESRD PPS, facilities have the flexibility to offer modalities to beneficiaries that meet both their lifestyle and clinical needs.

The ESRD PPS provides a home and self-dialysis training add-on payment adjustment when the beneficiary is training for home or self-dialysis. The training add-on payment adjustment is applied to a limit of 25 treatments for hemodialysis and 15 treatments for peritoneal dialysis. After the initial training is completed, ESRD facilities can receive the training add-on payment adjustment when ESRD beneficiaries are retraining. Currently, ESRD facilities report the 73 condition code for both training and retraining.

B. Policy: Change Request (CR) 9609 implemented the use of condition code 87 to be used on the 72X type of bill for ESRD facilities to indicate that the ESRD beneficiary is receiving a retraining treatment.

This CR implements the associated changes to the ESRD PRICER to accept condition code 87 and price claims accordingly.

II. BUSINESS REQUIREMENTS TABLE

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

[illegible]

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	None					

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, 410-786-0801 or janae.james@cms.hhs.gov , Michelle Cruse, michelle.cruse@cms.hhs.gov , Shauntari Cheely, shauntari.cheely@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