

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 1715	Date: September 16, 2016
	Change Request 9609

SUBJECT: Updates to the 72X Type of Bill for Home and Self-Dialysis Training, Retraining, and Nocturnal Hemodialysis

I. SUMMARY OF CHANGES: This change request implements training treatment limits, billing requirements for retraining, and reporting for nocturnal hemodialysis.

EFFECTIVE DATE: January 1, 2017 - BR 8; April 1, 2017 - BRs 1 and 2; July 1, 2017 - BRs 3 through 7

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

IMPLEMENTATION DATE: January 3, 2017 - BR 8; April 3, 2017 - BRs 1 and 2; July 3, 2017 - BRs 3 through 7

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/revise 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	

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: 1715	Date: September 16, 2016	Change Request: 9609
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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: Nocturnal Hemodialysis - Effective January 1, 2017

Nocturnal hemodialysis is performed either at home or in a dialysis facility while the patient is sleeping. It is a longer and slower form of hemodialysis that can be >5 hours per treatment, 3 to 7 days a week.

Currently under the ESRD PPS, there is no mechanism for ESRD facilities to recognize that an ESRD beneficiary is receiving nocturnal hemodialysis. This change request implements the UJ modifier – services provided at night, for ESRD facilities to append on the dialysis line to indicate that the treatment furnished is nocturnal hemodialysis, that is, longer and slower hemodialysis that can be performed at home or in-facility for >5 hours per treatment, 3-7 days a week.

Home and Self-Dialysis Training Add-on Payment Adjustment - Effective April 1, 2017

There are no changes to the home and self-dialysis training policy discussed in Pub. 100-02, chapter 11, section 30.2. This change request implements a treatment cap for the number of training treatments furnished to ESRD beneficiaries. ESRD beneficiaries that receive training for hemodialysis should not receive more than 25 training treatments. ESRD beneficiaries that receive training for continuous cycling peritoneal dialysis and continuous ambulatory peritoneal dialysis should not receive more than 15 training treatments.

Home and Self-Dialysis Retraining - Effective July 1, 2017

There are no changes to the home and self-dialysis retraining policy discussed in Pub. 100-02, chapter 11, section 30.2.E. This change request implements condition code 87 that can be used on the 72X type of bill for ESRD facilities to indicate that the ESRD beneficiary is receiving a retraining treatment.

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	Shared- System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
9609.1	<p>Medicare Contractors shall update their logic to edit based on the total number of hemodialysis training treatments from the ESRD parameter file for dates of service on or after April 1, 2017.</p> <p>NOTE: The edit should no longer assign based on the monthly total for claims with dates of service on or after April 1, 2017. Tracking for these claims should be based on the total number of training sessions.</p>					X				
9609.1.1	Medicare Contractors shall modify the ESRD parameter screen to indicate "total" (not months) to capture hemodialysis training treatments.					X				
9609.1.1.1	Medicare Contractors shall track months for date of service prior to 4/1/2017 and total for dates of service 4/1/2017 and after.					X				
9609.1.2	Medicare Contractors shall update the ESRD parameter screen to indicate no more than 25 hemodialysis training treatments.	X								
9609.2	Medicare Contractors shall update the ESRD parameter screen to indicate no more than 15 peritoneal dialysis training treatments in the CAPD and CCPD fields.	X								
9609.3	Medicare Contractors shall add condition code 87 to the list of acceptable condition codes for dialysis treatments submitted on ESRD claims type of bill					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	
	(TOB) 72x. 87-ESRD Self Care Retraining Code indicates the billing is for special dialysis services retraining where the patient or caregiver has previously completed dialysis training.									
9609.4	Medicare Contractors shall accept condition code 87 on ESRD claims, TOB 72x to indicate retraining treatment. Condition code 87 should be sent to the BCRC.					X			BCRC	
9609.5	Medicare Contractors shall create a reason code to return the claim to the provider when condition code 87 and condition code 71, 72, 73, 74, or 76 are submitted on the same ESRD claim type of bill (TOB) 72x.	X				X				
9609.6	Contractors shall pass condition code 87 to the ESRD Pricer.					X			ESRD Pricer	
9609.7	Medicare Contractors shall create a reason code to return the claim to the provider when condition code 87 is submitted on an ESRD claim type of bill (TOB) 72x and it is not within the providers training certificate dates.	X				X				
9609.8	Medicare Contractors shall accept modifier UJ to ESRD claims on type of bill (TOB) 72x to indicate patient is receiving nocturnal hemodialysis.					X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility		
		A/B MAC	D M E	C W F

		A	B	H H H	M A C	I
9609.9	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.	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): Shauntari Cheely, 410-786-1818 or shauntari.cheely@cms.hhs.gov (Claims Processing) , Michelle Cruse, 410-786-7540 or michelle.cruse@cms.hhs.gov (ESRD PPS Payment Policy) , Janae James, 410-786-0801 or janae.james@cms.hhs.gov (ESRD PPS Payment Policy)

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