

***Limited Data Set (LDS) for Renal Dialysis Center Services Paid Under the End Stage Renal Disease Prospective Payment System (ESRD PPS) Description, Fields, and Definitions***

***FILE DESCRIPTION***

This file contains select claim level data and is derived from 2021 claims for renal dialysis center services furnished on or after January 1, 2021 through December 31, 2021. The file contains claims with dates of service January 1, 2021 through December 31, 2021 that were received, processed, and passed to the National Claims History file by July 30, 2022. This file includes 3,333,364 claims for services furnished by renal dialysis centers that were paid under the ESRD PPS. This is a flat file available on DVD. The record length is 23,470 and blocksize is 32,760.

Requests for clarification of file description, layout, and definitions only can be accepted at (410) 786-0378.

***FILE NAME***

Y287.OPPS.FN23.ESRDLDS.T0221021

***FILE LAYOUT***

01 PUF-DATA.  
10 PUF-TYPE \$4.  
10 PUF-RATESETTING-ELIGIBLE \$1.  
10 PUF-PROVIDER-NUMBER \$6.  
10 WAGE-INDEX-FR-2023 6.4  
10 BILL-TYPE \$2.  
10 FROM-DATE \$7.  
10 ESRD-PRICER-RETURN-CODE \$2.  
10 PUF-RLT-COND-73 \$1.  
10 PUF-RLT-COND-74 \$1.  
10 PUF-RLT-COND-80 \$1.  
10 PUF-RLT-COND-84 \$1.  
10 PUF-RLT-COND-87 \$1.  
10 PUF-RLT-COND-MA \$1.  
10 PUF-RLT-COND-MC \$1.  
10 PUF-RLT-COND-MD \$1.  
10 PUF-RLT-COND-ME \$1.  
10 PUF-RLT-COND-H3 \$1.  
10 PUF-RLT-COND-H5 \$1.  
10 PUF-VAL-AMT-A8 12.2  
10 PUF-VAL-AMT-A9 12.2  
10 SERVICE-LINE-COUNT 3.  
10 SERVICE-LINE-GROUP.  
15 SERVICE-LINE  
OCCURS 0 TO 300 TIMES

DEPENDING ON SERVICE-LINE-COUNT.

25 SERVICE-REVENUE-CODE	\$4.	
25 SERVICE-HCPCS	\$5.	
25 SERVICE-HCPCS-INITL-MDFR-CD	\$2.	
25 SERVICE-HCPCS-2ND-MDFR-CD	\$2.	
25 SERVICE-HCPCS-3RD-MDFR-CD	\$2.	
25 SERVICE-HCPCS-4TH-MDFR-CD	\$2.	
25 SERVICE-HCPCS-5TH-MDFR-CD	\$2.	
25 SERVICE-DATE-OFFSET	4.	
25 SERVICE-UNIT-COUNT	8.	
25 SERVICE-NDC	\$11.	
25 SERVICE-NDC-UNIT-COUNT-FIXED		12.3
25 SERVICE-NON-COVERED-CHARGE	12.2	
25 SERVICE-REV-PAYMENT	12.2	

***CLAIM AND SERVICE LINE FIELD DEFINITIONS:  
CLAIM FIELD DEFINITIONS***

PUF-TYPE: The claim type, ESRD, indicates claims with type of bill 72X and without claim related condition code 84. The claim type, AKI, indicates claims with type of bill 72X and with related condition code 84.

PUF-RATESETTING-ELIGIBLE: Flag indicating whether the claim is used in ESRD PPS rate-setting and impact step calculations.

PUF-PROVIDER-NUMBER: The identification number of the institutional provider certified by Medicare to provide services to the beneficiary. This number is not the NPI.

WAGE-INDEX-FR-2023: The CBSA wage index that CMS used for CY 2023 final rate-setting to standardize claim service costs for geographic differences in labor costs for the provider.

BILL-TYPE: The code derived by CWF to indicate the type of claim submitted by an institutional provider.

FROM-DATE: The date of service in month/year (MM/YYYY) format.

ESRD-PRICER-RETURN-CODE: The payment return code, reflecting payment adjustments for the claim, generated by the ESRD PPS Pricer software.

PUF-RLT-COND-73: Flag indicating whether the claim was billed with claim related condition code 73. Condition code 73 specifies self-care training where billing is for special dialysis services where the patient and helper (if necessary) were learning to perform dialysis.

PUF-RLT-COND-74: Flag indicating whether the claim was billed with claim related condition code 74. Condition code 74 indicates dialysis furnished at home.

PUF-RLT-COND-80: Flag indicating whether the claim was billed with claim related condition code 80. Condition code 80 specifies home dialysis furnished in a SNF or nursing facility.

PUF-RLT-COND-84: Flag indicating whether the claim was billed with claim related condition code 84. Condition code 84 indicates that the claim was AKI.

PUF-RLT-COND-87: Flag indicating whether the claim was billed with claim related condition code 87. Condition code 87 indicates the billing is for special dialysis services retraining where the patient or caregiver has previously completed dialysis training.

PUF-RLT-COND-MA: Flag indicating whether the claim was billed with claim related condition code MA.

PUF-RLT-COND-MC: Flag indicating whether the claim was billed with claim related condition code MC.

PUF-RLT-COND-MD: Flag indicating whether the claim was billed with claim related condition code MD.

PUF-RLT-COND-ME: Flag indicating whether the claim was billed with claim related condition code ME.

PUF-RLT-COND-H3: Flag indicating whether the claim was billed with claim related condition code H3.

PUF-RLT-COND-H5: Flag indicating whether the claim was billed with claim related condition code H5.

PUF-VAL-AMT-A8: The value amount associated with value code A8 for the claim. If the claim has multiple values for value code A8, this field retains the maximum value.

PUF-VAL-AMT-A9: The value amount associated with value code A9 for the claim. If the claim has multiple values for value code A9, this field retains the maximum value.

SERVICE-LINE-COUNT: The number of revenue codes appearing on the claim.

### ***SERVICE LINE FIELD DEFINITIONS***

SERVICE-REVENUE-CODE: The provider-assigned revenue code for each cost center for which a separate charge is billed. A cost center is a division or unit within a hospital (e.g., radiology, emergency room, pathology). Revenue center code "0001" is used to identify the claim "totals" line.

EXCEPTION: Revenue center code 0001 represents the total of all revenue centers included on the claim.

SERVICE-HCPCS: Healthcare Common Procedure Coding System (HCPCS) code for an item or service is a collection of codes that represent procedures.

SERVICE-HCPCS-INITL-MDFR-CD: Revenue Center HCPCS Initial Modifier Code A first modifier to the HCPCS procedure code to enable a more specific procedure identification for the claim.

SERVICE-HCPCS-2ND-MDFR-CD: Revenue Center HCPCS Second Modifier Code A second modifier to the HCPCS further identifying the specific procedure for the claim.

SERVICE-HCPCS-3RD-MDFR-CD: Revenue Center HCPCS Third Modifier Code A third modifier to the HCPCS further identifying the specific procedure for the claim.

SERVICE-HCPCS-4TH-MDFR-CD: Revenue Center HCPCS Fourth Modifier Code A fourth modifier to the HCPCS further identifying the specific procedure for the claim.

SERVICE-HCPCS-5TH-MDFR-CD: Revenue Center HCPCS Fifth Modifier Code A fifth modifier to the HCPCS further identifying the specific procedure for the claim.

SERVICE-DATE-OFFSET: The number of days from the actual claim-from-date. The actual claim-from-date is not provided except in month/year format, and can be found in the "FROM-DATE" field. This "SERVICE-DATE-OFFSET" field can be used to determine when line items were provided in comparison to other line items on the claim. The value "-999" will be used to indicate that the original line date of service was missing from the data.

SERVICE-UNIT-COUNT: The number of units of the item or service delivered.

SERVICE-NDC: National Drug Code (NDC).

SERVICE-NDC-UNIT-COUNT-FIXED: The number of units of the NDC.<sup>1</sup>

SERVICE-NON-COVERED-CHARGE: Revenue center non-covered charge amount for the item or service delivered.

SERVICE-REV-PAYMENT: The computed total 2021 ESRD payment for a line item, including deductible, coinsurance, and program payment.

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<sup>1</sup> In 2021 type 72x claims, we identified a small number of claim lines that appeared to erroneously report extreme NDC units for oral calcimimetics, potentially due to confusion about the change in billing requirements that occurred at the termination of TDAPA payment for calcimimetics starting in January 2021. This field contains the corrected NDC units used in ratesetting analysis for ESRD PPS 2023 FR.