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# Medicare

## Intermediary Manual

### Part 3 - Claims Process

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Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
Medicaid Services (CMS)

Transmittal 1859

Date: JULY 31, 2002

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CHANGE REQUEST 1767

**HEADER SECTION NUMBERS**

3644.4 (Cont.) – 3644.5

**PAGES TO INSERT**

6-285.10 – 6.285.11 (2 pp.)

**PAGES TO DELETE**

6-285.10 – 6-285.11 (2 pp.)

**NEW/REVISED MATERIAL--*EFFECTIVE DATE: January 1, 2003***  
***IMPLEMENTATION DATE: January 1, 2003***

Section 3644.5, Coding for Adequacy of Hemodialysis, is revised to edit to require a modifier to indicate the Urea Reduction Ratio (URR) for End Stage Renal Disease hemodialysis claims.

This section also clarifies what URR facilities are to report for home hemodialysis patients that are not monitored monthly.

Claims need not be reopened for the above instruction. However, process claims brought to your attention in accordance with this instruction.

**DISCLAIMER:** The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

**These instructions should be implemented within your current operating budget.**

b.	Option Year	2	9	3-4	YY
c.	Select Date	6	9	5-10	MMDDYY-Date HCFA-382 Signed
d.	Method	1	9	11	1 = Beneficiary pays ded/coins to facility 2 = Beneficiary pays ded/coins directly to supplier
e.	Type of Dialysis	1	9	12	1 = Hemodialysis 2 = Continuous Ambulatory Peritoneal Dialysis (CAPD) 3 = Continuous Cycling Peritoneal Dialysis (CCPPD) 4 = Peritoneal Dialysis
f.	Provider Number	6	X	13-18	Provider number from HCFA-382
g.	Add Date6	9		19-24	MMDDYY - Date this selection was added to CWF beneficiary database
h.	Original Contractor	5	X	25-29	Contractor who originally added this occurrence
i.	Maintenance Date	6	9	30-35	MMDDYY-Date of last maintenance to this occurrence
j.	Maintenance	5	X	36-40	Contractor who last applied maintenance to this occurrence

This Trailer may occur 1-3 times depending on the mask. If the mask is zero, no trailer occurs. This Trailer is returned for Outpatient and Part B (Carrier) Claims only.

3644.5 Coding for Adequacy of Hemodialysis -- General Billing Information.--

A. Background.--Recommendations set forth by the National Institute on Health Consensus conference and the Renal Physician Association in concert with Presidential concerns for reducing burdens of government, have paved the way for the development of an accountable means for providing acceptable levels of dialysis to End Stage Renal Disease (ESRD) patients. ESRD facilities are required to provide comprehensive data that will be used in quality improvement programs.

B. Coding For Adequacy of Hemodialysis.--Section 4558 of the Balance Budget Act of 1997 requires that CMS develop and implement a method to measure and report on the quality of dialysis services. ESRD facilities are now required to provide comprehensive data that will be used in quality improvement programs. All hemodialysis session claims must have the most recent Urea Reduction Ratio (URR). This requirement is a part of the composite rate reimbursement. ESRD facilities must monitor hemodialysis adequacy monthly for all facilities patients. Home hemodialysis patients may be monitored less frequently, but not less than quarterly. **If a home hemodialysis patient is not monitored during a month, the last, most recent URR for the dialysis patient must be reported.**

C. Billing.--The billing format is similar to that for a claim that includes hemodialysis. The method of capturing information on the adequacy of hemodialysis patients is measured by the patients URR. Renal facilities must report the appropriate G-modifier in field location 44 (HCPCS/RATES) for each renal patient on each monthly bill.

- G1 Most recent URR of less than 60%
- G2 Most recent URR of 60% to 64.9%
- G3 Most recent URR of 65% to 69.9%
- G4 Most recent URR of 70% to 74.9%
- G5 Most recent URR of 75% to greater
- G6 ESRD patient for whom less than seven dialysis sessions have been provided in a month

**For services beginning January 1, 2003 and after, if the modifier is not present, return the claim to the provider for the appropriate modifier.**

**In addition to the G-modifier, HCPCS code 90999 (unlisted dialysis procedure) must be on all claims furnished to hemodialysis patients in field location 44. ESRD facilities billing with forms HCFA-1450 or UB-92 to begin reporting HCPCS codes and modifiers in location 44 of the claim paper form for all hemodialysis patients. (Modifiers are not required for peritoneal dialysis patients at this time. CMS expects to develop appropriate modifiers for peritoneal dialysis patients in the near future.) Report CPT code and modifier on the line item for dialysis services (revenue code 820, 821, 825, or 829).**