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# Medicare

## Renal Dialysis Facility Manual (Non-Hospital Operated)

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

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Refer to CHANGE REQUEST 2589

**HEADER SECTION NUMBERS**

323.1

**PAGES TO INSERT**

3-16.5 (1 p.)

**PAGES TO DELETE**

3-16.5 (1 p.)

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

***IMPLEMENTATION DATE:*** October 1, 2003

Section 323.1, Frequency of Billing, has been amended to include more information specific to the frequency of bill acceptance and will assist providers in billing other insurers more timely. Common Working File (CWF) edits regarding outpatient services and inpatient hospital and Skilled Nursing Facility (SNF) stays are being modified.

**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.

### 323.1. FREQUENCY OF BILLING

Your intermediary will inform you about the frequency with which it can accept billing records and the frequency with which you may bill on individual cases.

In its requirements, your intermediary considers your systems operation, intermediary systems requirements, and Medicare program and administrative requirements.

**Outpatient Billing.**--Bill repetitive Part B services to a single individual monthly (or at the conclusion of treatment). This avoids Medicare processing costs in holding such bills for monthly review and reduces bill processing costs for relatively small claims. **The only repetitive service billed for outpatient billing is kidney dialysis treatments which are reported under revenue codes 820-859.**

Where there is an inpatient stay, ~~or~~ outpatient surgery, or **hospital outpatient services subject to Outpatient PPS** during a period of repetitive outpatient services, you may submit one bill for the entire month if you use an occurrence span code 74 to encompass the inpatient stay. This permits you to submit a single bill for the month, and simplifies the review of these bills. **If you do not elect to use the occurrence span code 74, you must submit one** outpatient bill for services prior to admission, outpatient surgery, **or hospital outpatient services subject to Outpatient PPS** and another for those following discharge. This is in addition to the bill for the inpatient stay or outpatient surgery.

Other one time Part B services must be billed upon completion of the service.

Bills for outpatient surgery **or hospital outpatient services subject to Outpatient PPS** must contain, on a single bill, all services provided on the **same** day except for kidney dialysis services, which are billed on a 72X bill type. These services normally include:

- o Dialysis or related services
- o Nursing services, services of technical personnel, and other related services;
- o The patient's use of the hospital's facilities;
- o Drugs, biologicals, surgical dressings, supplies, splints, casts, appliances, and equipment;
- o Diagnostic or therapeutic items and services (except lab services);
- o Blood, blood plasma, platelets, etc.; and
- o Materials for anesthesia.

See Addendum C for list of applicable revenue codes.