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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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<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
Table of Contents – Chapter II 200 – 250.16	-----	2-A – 2-C (3 pp.) 2-1– 2-45 (45 pp.)
Table of Contents – Chapter III 300 – 322	-----	3-1 – 3-2 (2 pp.) 3-2.1 – 3-52 (79 pp.)
Table of Contents – Chapter IV 402 – 402.2	-----	1-A – 1-B (1 p.) 4-3 – 4-5 (3 pp.)

**NEW/REVISED MATERIAL--*EFFECTIVE DATE: Not Applicable***

Chapter II, Coverage of Services; Chapter III, ESRD Billing Procedures; and Chapter IV, Reimbursement for Facility Dialysis Services; are being deleted and the related instructions are issued in the CMS Manual System in the Medicare Benefit Policy Manual, CMS Pub. 100-2, the Medicare Claims Processing Manual, CMS Pub. 100-4, and the Medicare Secondary Payer Manual, CMS Pub. 100-5. The tables of contents are replaced with a crosswalk from the old RDF Manual to the related instruction in the Internet-only manuals (IOM). If the material from the old RDF Manual is no longer applicable, we indicate that it was not moved to the IOM by entering “deleted” in the crosswalk. For each included cross-reference, we provide the old manual number and the IOM number (e.g., CMS Pub. 100-2 for the Medicare Benefit Policy Manual), and the IOM chapter and section (§) numbers.

The CMS Manual System can be found at <http://www.cms.hhs.gov/manuals>

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

## CHAPTER II - COVERAGE OF SERVICES

**NOTE:** Chapter II has been moved to the new CMS Manual System, in the Medicare Benefit Policy Manual, CMS Pub. 100-2, the Medicare Claims Processing Manual, CMS Pub. 100-4, and the Medicare Secondary Payer Manual, CMS Pub. 100-5. The new manuals can be found at <http://www.cms.hhs.gov/manuals>. A crosswalk from the deleted manual sections to the new manual sections follows.

	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
Health Insurance Coverage of Persons Needing Kidney Transplantation or Dialysis - General	RDF-200	100-2, 11-§20
Specific Medicare Approvals Required by Renal Dialysis Facilities	RDF-202	100-2, 1-§30.3
Discrimination Prohibited	RDF-204	100-2, 1-§20.2
Coverage of Dialysis Services - General	RDF-206	100-2, 11-§20
Specific Coverage Issues Relating to Dialysis Treatments	RDF-207	100-2, 11-§30
Laboratory Services Included Under Composite Rate	RDF-207.1	100-2, 11-§30.2
Laboratory Tests for Hemodialysis, Intermittent Peritoneal Dialysis (IPD) and Continuous Cycling Peritoneal Dialysis (CCPD)	RDF-207.3	100-2, 11-§30.2.1
Patient Transportation Costs	RDF-207.4	100-4, 8-§10.8
Epoetin (EPO)	RDF-207.5	100-2, 11-§90
<b>Coverage of Medical Equipment and Supplies for Home Dialysis Patients</b>		
General	RDF-208	100-2, 11-§50
Coverage of Durable Medical Equipment	RDF-209	100-2, 11-§50.1 – 50.4
Definition of Durable Medical Equipment	RDF-209.1	100-2, 15-§110
Necessary and Reasonable	RDF-209.2	100-2, 11-§50.3
Current Use of Equipment	RDF-210	100-2, 11-§50.2
Installation and Delivery	RDF-211	100-2, 11-§50.1
Replacement	RDF-212	100-2, 11-§50
Repairs	RDF-213	100-2, 11-§50
Supplies for Patients Dialyzing at Home	RDF-215	100-2, 11-§50.5
Covered and Noncovered Home Dialysis Equipment and Supplies	RDF-216	100-2, 11-§50, 100-2, 15-§§110
Covered Home Dialysis Equipment	RDF-216.1	100-2, 11-§50.1
Noncovered Home Dialysis Equipment (Except in Initial Set Up)	RDF-216.2	100-2, 11-§50.2 – 50.3
Covered Home Dialysis Supplies	RDF-216.3	100-2, 11-§50.5
Noncovered Home Dialysis Supplies	RDF-216.4	100-2, 11-§50.5
Home Dialysis Supply Packages (Kits)	RDF-216.5	100-2, 11-§50.5

	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
General Exclusions from Coverage		
General Exclusions	RDF-217	100-2, 16-§10
Services Not Reasonable and Necessary	RDF-218	100-2, 16-§20
No Obligation To Pay For or Provide Services	RDF-219	100-2, 16-§40
Indigence	RDF-219.1	100-2, 16-§40.1
Provider Bills Only Insured Patients	RDF-219.2	100-2, 16-§40.2
Medicare Patient Has Other Insurance	RDF-219.3	100-2, 16-§40.3
Third Person Liability	RDF-219.4	100-2, 16-§160
Members of Religious Orders	RDF-219.5	100-2, 16-§40.5
Items and Services Furnished or Paid for by Government Instrumentalities	RDF-220	100-2, 16-§50
Items and Services Furnished by a Federal Provider of Services	RDF-220.1	100-2, 16-§50.2
Items and Services Which the Provider or Supplier Is Obligated to Furnish Under a Federal Government Contract or Law	RDF-220.2	100-2, 16-§50
Items and Services Which are Paid for Directly or Indirectly by a Government Entity	RDF-220.3	100-2, 16-§50.3
Illustrations of Exclusions of Services Covered by Various Governmental Programs	RDF-220.4	100-2, 16-§50.3.3
Services Not Provided Within the United States	RDF-221	100-2, 16-§60
Services Resulting From War	RDF-222	100-2, 16-§70
Items and Services Covered Under a Workers' Compensation Law	RDF-223	100-2, 16-§150
Routine Services and Appliances	RDF-224	100-2, 16-§90
Charges Imposed by Immediate Relatives of the Patient or Members of His Household	RDF-225	100-2, 16-§130
Personal Comfort Items	RDF-226	100-2, 16-§80
Limitation On Payment For Services Reimbursable Under Automobile Medical, No Fault Or Any Liability Insurance	RDF-227	100-2, 16-§160

Coverage of Transplantation (Limited to Participating Hospitals)

Coverage - General	RDF-230	100-2, 11-§140
Coverage of Services Involving Living Donor Transplants	RDF-231	100-2, 11-§140.1
Coverage of Services Involving Cadaveric Transplants	RDF-232	100-2, 11-§140.11
Coverage of Pre-Transplant Inpatient Services	RDF-233	100-2, 11-§140.3 and 140.4
Living Donor Evaluation	RDF-233.1	100-2, 11-§140.5
Kidney Recipient Admitted for Transplant Evaluation	RDF-233.2	100-2, 11-§140.6
Kidney Recipient Evaluated for Transplant During an Inpatient Stay	RDF-233.3	100-2, 11-§140.7

	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
Kidney Recipient Admitted for Transplantation and Evaluation	RDF-233.4	100-2, 11-§140.8
<b>Continuous Ambulatory Peritoneal Dialysis</b>		
Continuous Ambulatory Peritoneal Dialysis	RDF-240	100-2, 11-§70
Certification of Facilities Furnishing CAPD Services	RDF-240.1	100-2, 11-§70.1
Institutional Dialysis Services Furnished to CAPD Patients	RDF-240.2	100-2, 11-§70.2
Support Services and Supplies Furnished to Home CAPD Patients	RDF-240.3	100-2, 11-§70.3
<b>Target Rate Reimbursement for Home Dialysis</b>		
Coverage of Home Dialysis Under Target Rate Reimbursement	RDF-245	100-4, 8-§10.1
Definitions	RDF-245.1	100-4, 8-§10.1
Coverage	RDF-245.2	100-4, 8-§10.1
<b>Limitation on Payment for Services to ESRD Beneficiaries</b>		
Limitation on Payment For Services to Individuals Entitled to Benefits Solely on the Basis of End Stage Renal Disease Who are Covered by Employer Group Health Plans	RDF-250	100-5, 1-§10.2, 2-§20, 3-§30.1, 7-§30.2
General	RDF-250.1	100-5, 1-§10.2, 2-§20, 3-§30.1, 7-§30.2
Definitions	RDF-250.2	100-5, 1-§20
Retroactive Application	RDF-250.3	100-5, 7-§30.1.1
Determining the Months During Which Medicare May Be Secondary Payer	RDF-250.4	100-5, 2-§20.1
Effect of Changed Basis for Medicare Entitlement	RDF-250.5	100-5, 2-§20.2
Subsequent Periods of ESRD Entitlement	RDF-250.6	100-5, 2-§20.1.2
Identification of Cases in Which Medicare May be Secondary to Employer Group Health Plans	RDF-250.7	100-5, 2-§20.1.1
Billing	RDF-250.9	100-5, 5-§30.8, 40.1, 40.8, 40.3.1, 40.6, 40.6.2, 7-§10, 10.1.1, 10.2.3, 30.1, 30.3, 30.4
Amount of Secondary Medicare Payments Where Employer Group Health Plan Pays in Part for Items and Services	RDF-250.10	100-5, 2-§50.1A
Employer Group Health Plan Pays In Full	RDF-250.11	100-5, 2-§50.1
Effect of EGHP Payment on Deductible and Coinsurance	RDF-250.13	100-5, 1-§40

	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
Limitation on Right of Facility to Charge a Beneficiary	RDF-250.14	100-5, 3-§10.2
EGHP Erroneously Pays Primary Benefits	RDF-250.15	100-5, 5-§40.4.3
Claimant's Right to Take Legal Action Against an EGHP	RDF-250.16	100-5, 1-§30

## CHAPTER III - ESRD BILLING PROCEDURES

**NOTE:** Chapter III has been moved to the new CMS Manual System, mainly in the Medicare General Information, Eligibility, and Entitlement Manual, CMS Pub. 100-1, the Medicare Claims Processing Manual, CMS Pub. 100-4, the Medicare Secondary Payer Manual, CMS Pub. 100-5, and the Medicare Financial Management Manual, CMS Pub. 100-6. The new manual can be found at <http://www.cms.hhs.gov/manuals>. A crosswalk from the deleted manual sections to the new manual sections follows.

	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
<b>Identifying Medicare Beneficiaries</b>		
Health Insurance Card and Other Evidence of Medicare Entitlement	RDF-300	100-4, 2-§30
Identifying Health Insurance (HI) Claim Numbers	RDF-304	100-4, 2-§10.1
HICNs Assigned by the Railroad Retirement Board	RDF-304.1	100-1, 2-§50.4
All-Inclusive List of Potentially Valid RRB HICN	RDF-304.2	100-1, 2-§50.4.2
Change in Health Insurance Claim Numbers	RDF-304.3	100-4, 2-§10.1.1
Reduction in Payment Due to P.L. 99-177	RDF-305	Deleted- obsolete
Part B Deductible	RDF-306	100-1, 3-§20.2
Part B Coinsurance	RDF-308	100-1, 3-§20.3
Determining How Much to Charge Patient Before Billing is Submitted for Part B Payment	RDF-310	100-4, 10-§40.4
<b>Beneficiary Request for Payment</b>		
Filing a Request for Payment	RDF-312	100-4, 25-§50.2
Request for Payment on Facility Record	RDF-312.2	100-4, 1-§50.1.2
Time Limitation of Filing Claims for Dialysis Services	RDF-312.3	100-4, 1-§70
Execution of the Request for Payment	RDF-314	100-4, 25-§60
Scope of Waiver of Liability Provision	RDF-315	100-4, 30-§
Form HCFA-1483, Provider Billing for Medical and Other Health Services	RDF-317	Deleted-obsolete
General Information Concerning the Composite Rate	RDF-317.1	100-4, 8-§80
Beneficiary Selection, Form HCFA-382, for Home Dialysis Patients	RDF-318	100-4, 8-§70.1
Epoetin(EPO)	RDF-319	100-4, 8-§90
Payment for Drugs	RDF-319.1	100-4, 8-§60.2
Blood and Blood Services Furnished in Independent Dialysis Facilities	RDF-319.2	100-4, 8-§60.3
Coding for Adequacy of Hemodialysis	RDF-319.3	100-4, 8-§50.9
Billing for Intravenous Iron Therapy	RDF-319.4	100-4, 8-§60.2.3.4

	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
<b>Uniform Billing</b>		
Completion of Form HCFA-1450 by Independent Facilities for Home Dialysis Items and Services Billed Under the Composite Rate (Method I.)	RDF-320	100-4, 8-§50.3
Submitting Corrected Bills	RDF-320.1	100-4, 8-§50.3.1
Completion of Form HCFA-1450, by Independent Facilities for Support Services for Method II Beneficiaries	RDF-321	100-4, 8-§90.5.1
Clinical Laboratory Improvement Amendments (CLIA)	RDF-322	100-4, 8-§60.1
<b>Billing in Situations Where Medicare is Secondary Payer</b>		
Bill Preparation Where Medicare Benefits are Secondary to Employer Group Health Plans When Individuals are Entitled To Benefits Solely on the Basis of ESRD	RDF-323	100-5, 2-§20
Frequency of Billing	RDF-323.1	100-4, 1-§50.2
<b>Refunds</b>		
Refund of Monies Incorrectly Collected	RDF-324	100-4, 1-§30.1.2
Return or Other Disposition of Monies Incorrectly Collected	RDF-324.1	100-4, 1-§30.1.2
Appropriate Time Limits Within Which Facility Must Dispose of Sums Incorrectly Collected Former Facility	RDF-324.2	100-4, 3-§30.1
Credit Balance Reporting Requirements	RDF-324.3	100-6, 3-§60.2
Submitting the HCFA-838	RDF-325	To be added after adjustments in 100-4, c1 §140
Completing the HCFA-838	RDF-325.1	To be added after adjustments in 100-4, c1 §140
Payment of Amount Owed Medicare	RDF-325.2	To be added after adjustments in 100-4, c1 §140
Records Supporting HCFA-838 Data	RDF-325.3	To be added after adjustments in 100-4, c1 §140
Provider-Based Home Health Agencies	RDF-325.4	To be added after adjustments in 100-4, c1 §140
Compliance with MSP Regulations	RDF-325.5	To be added after adjustments in 100-4, c1 §140
Exhibit I Medicare Credit Balance Report Certification	RDF-325.7	To be added after adjustments in 100-4, c1 §140
	-	To be added after adjustments in 100-4, c1 §140

	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
Exhibit II Medicare Credit Balance Report (HCFA-838)	-	To be added after adjustments in 100-4, c1 §140
Protests and Appeals		
Facility Protests of Payment Determination	RDF-326	100-4, 29-§40.1.2 – 40.1.3
Beneficiary Appeals (Part B)	RDF-328	100-4, 29-§40.1.1
Reopening and Revision of Medicare Claims Decision	RDF-330	100-4, 29-§60.27
Retention of Records		
Retention of Health Insurance Records	RDF-332	100-4, 1-§110
Destruction of Health Insurance Records	RDF-332.1	100-4, 1-§110.4
Claims Processing Timeliness Requirements		
Claims Processing Timeliness	RDF-333	100-4, 1-§70
Pneumococcal Pneumonia, Influenza Virus and Hepatitis B Vaccines	RDF-334	100-4, 18-§10



## CHAPTER IV - REIMBURSEMENT FOR FACILITY DIALYSIS SERVICES

**NOTE:** Chapter IV has been moved to the new CMS Manual System, in the Medicare Claims Processing Manual, CMS Pub. 100-4. The new manuals can be found at <http://www.cms.hhs.gov/manuals>. A crosswalk from the deleted manual sections to the new manual sections follows.

	<b>Old §</b>	<b>Pub, Chapter, &amp; §</b>
Reimbursement for Facility Dialysis Services		
Reimbursement for Facility Dialysis Services	RDF-402	100-4, 8-§10.1
Exceptions to the Reimbursement Rate	RDF-402.1	100-4, 8-§40
Facility Dialysis Payment Screens	RDF-402.2	100-4, 8§30