Medicare
Renal Dialysis Facility Manual (Non-Hospital Operated)

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

Transmittal 93 **Date: JULY 31, 2002**

HEADER SECTION NUMBERS	PAGES TO INSERT	PAGES TO DELETE
319.4 - 319.4 (Cont.)	3-15.18 - 3-15.19 (2 pp.)	3-15.18 - 3-15.19 (2 pp.)

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

Section 319.3, 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 instructs facilities to report the last, most recent URR for home hemodialysis patients that are not monitored monthly.

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.

If these codes are sufficient to describe the services provided by blood banks in your area, use the codes in billing. However, if these codes do not describe the services you are billing for, ask your intermediary to furnish the appropriate codes.

For supplies, use revenue code 270. Your intermediary establishes local codes for blood administration sets and filters and determines reasonable charge amounts for you.

319.3 Coding for Adequacy of Hemodialysis.--

A. General.--All hemodialysis claims must indicate the most recent Urea Reduction Ratio (URR) for the dialysis patient. Code all claims using HCPCS code 90999 along with the appropriate G modifier listed in section B. For services beginning January 1, 2003 and after, if the modifier is not present, the claim will be returned to you for the appropriate modifier.

B. Billing Requirements.--Claims for dialysis treatments must include the adequacy of dialysis data as measured by URR. Dialysis facilities must monitor the adequacy of dialysis treatments monthly for facility patients. Home hemodialysis and peritoneal dialysis patients may be monitored less frequently, but not less than quarterly.

HCPCS code 90999 (unlisted dialysis procedure, inpatient or outpatient) must be reported in field location 44 for bill type 72X. Attach the appropriate G-modifier in field location 44 (HCPCS/RATES), for patients that received seven or more dialysis treatments in a month. Continue to report revenue codes 820, 821, 825, or 829 in field location 42.

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% or greater

For patients that have received dialysis 6 days or less in a month, use the following modifier:

G6 ESRD patient for whom less than seven dialysis sessions have been provided in a month.

The techniques to be used to draw the pre- and post-dialysis blood urea Nitrogen samples are listed in the National Kidney Foundation Dialysis Outcomes Quality Initiative Clinical Practice Guidelines for Hemodialysis Adequacy, Guideline 8, Acceptable Methods for BUN sampling, New York, National Kidney Foundation, 1997, pp. 53 - 60.

319.4 Billing for Intravenous Iron Therapy.--

A. General.--Iron deficiency is a common condition in end stage renal disease (ESRD) patients undergoing hemodialysis. Iron is a critical structural component of hemoglobin, a key protein found in normal red blood cells (RBCs) which transports oxygen. Without this important building block, anemic patients experience difficulty in restoring adequate, healthy RBC (hematocrit) levels. Clinical management of iron deficiency involves treating patients with iron replacement products while they undergo hemodialysis.

B. Billing Requirements.--For claims with dates of service on or after December 1, 2000, sodium ferric gluconate complex in sucrose injection is covered by Medicare for first line treatment of iron deficiency anemia in patients undergoing chronic hemodialysis who are receiving supplemental erythropoeitin therapy. Payment is made on a reasonable cost basis for claims with dates of service on or after December 1, 2000. Payment is made pursuant to 42 CFR 405.517 for claims with dates of service on or after January 1, 2001.

For claims with dates of service on or after October 1, 2001, Medicare also covers iron sucrose injection as a first line treatment of iron deficiency anemia when furnished intravenously to patients undergoing chronic hemodialysis who are receiving supplemental erythropoeitin therapy. Payment is made on a reasonable cost basis. Deductible and coinsurance apply.

Bill on Form HCFA-1450 or electronic equivalent.

C. Applicable Bill Types.--The appropriate bill types are 13X, 72X, and 85X.

When utilizing the UB-92 flat file use record type 40 to report bill type. Record type (Field No. 1), sequence number (Field No. 2), patient control number (Field No. 3), and type of bill (Field No. 4) are required. When utilizing the hard copy UB-92 (Form-1450) report the applicable bill type in Form Locator (FL) 4 "Type of Bill." When utilizing the Medicare A 837 Health Care Claim version 3051 implementations 3A.01 and 1A.C1, report the applicable bill type in 2-130-CLM01, CLM05-01, and CLM05-03.

D. Revenue Code Reporting.--Report revenue code 636. When utilizing the UB-92 flat file use record type 61, Revenue Code (Field No. 5). When utilizing the hard copy UB-92, report the revenue code in FL 42 "Revenue Code." When utilizing the Medicare A 837 Health Care Claim version 3051 implementations 3A.01 and 1A.C1, report the applicable revenue code in 2-395-SV201.

E. HCPCS Reporting.—For claims with dates of service on or after December 1, 2000, report HCPCS code J3490 (Unclassified drugs) for sodium ferric gluconate complex in sucrose injection. For claims with dates of service on or after January 1, 2001, report HCPCS code J2915 for sodium ferric gluconate complex in sucrose injection. Until a specific code is developed for iron sucrose injection, report HCPCS code J3490 (Unclassified drugs). When utilizing the UB-92 flat file use record type 61, HCPCS code (Field No. 6) to report HCPCS code. When utilizing the hard copy UB-92 report the HCPCS code in FL 44 "HCPCS/Rates." When utilizing the Medicare A 837 Health Care Claim version 3041 implementations 3A.01 and 1A.C1, report the HCPCS/CPT in 2-395-SV202-02.