

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2062	Date: April 27, 2018
	Change Request 10574

SUBJECT: Updates to Peritoneal Dialysis Claims Processing, Provider Statistical and Reimbursement Report (PSR) and Payment for Ultrafiltration for Beneficiaries with Acute Kidney Injury (AKI)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update instructions for the Shared System Maintainer for Acute Kidney Injury claims.

EFFECTIVE DATE: October 1, 2018

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: October 1, 2018

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

One Time Notification

Attachment - One-Time Notification

Pub. 100-20	Transmittal: 2062	Date: April 27, 2018	Change Request: 10574
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SUBJECT: Updates to Peritoneal Dialysis Claims Processing, Provider Statistical and Reimbursement Report (PSR) and Payment for Ultrafiltration for Beneficiaries with Acute Kidney Injury (AKI)

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I. GENERAL INFORMATION

A. Background: On June 29, 2015, the Trade Preferences Extension Act of 2015 was enacted in which section 808 amended Section 1861(s)(2)(F) of the Social Security Act (the Act) (42 U.S.C. 1395x(s)(2)(F)) by extending renal dialysis services paid under section 1881(b)(14) of the Act to beneficiaries with Acute Kidney Injury (AKI) effective January 1, 2017.

B. Policy: Update to Peritoneal Dialysis Claims Processing for Beneficiaries with Acute Kidney Injury

Medicare beneficiaries can receive dialysis to treat an acute kidney injury (AKI) via the most clinically appropriate in-facility modality. In Change Request 9598, we included continuous cycling peritoneal dialysis (CCPD) and continuous ambulatory peritoneal dialysis (CAPD) as payable modalities. Since AKI payment policy is limited to in-facility dialysis and CCPD and CAPD are home modalities, the instruction originally provided in business requirement 9598.2.1 needs to be revised to include only revenue codes 082X or 083X billed with condition code 84.

Update to Provider Statistical & Reimbursement Report (PS&R) for Acute Kidney Injury

Additionally, this Change Request will also ensure that condition code 84 is displayed on the PS&R for acute kidney injury claims.

Payment for Ultrafiltration for Beneficiaries with AKI

We continue to evaluate the AKI population to determine the applicability of ESRD policies that should extend to AKI patients. One such policy is ultrafiltration. CMS recognizes the importance of ultrafiltration in the treatment of AKI patients and is updating the AKI payment policy to include ultrafiltration.

Ultrafiltration (revenue code 881) is a process for removing excess fluid from the blood through the dialysis membrane by means of pressure. Ultrafiltration is used in cases where excess fluid cannot be removed easily during the regular course of hemodialysis. It is commonly done during the first hour or two of hemodialysis on patients who, for example, have refractory edema.

Pre-dialysis Ultrafiltration - While the need for pre-dialysis ultrafiltration varies from patient to patient, the AKI payment rate covers the full range of complicated and uncomplicated dialysis treatments. Therefore, there is no additional payment for pre-dialysis ultrafiltration.

Separate Ultrafiltration - Occasionally, medical complications require that ultrafiltration be performed at a time other than when a dialysis treatment is given, and in these cases an additional payment may be made. However, the need for separate ultrafiltration must be documented in the medical record and a supporting diagnosis must be included on the claim. Payment is made at the AKI payment rate. Claims for separate

ultrafiltration should be submitted separately in order to receive payment.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared- System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
10574.1	<p>Medicare contractors shall not accept revenue codes 84X and 85X on AKI claims.</p> <p>AKI claim:</p> <p>Type of bill = 72X;</p> <p>Condition code = 84;</p> <p>Current Procedural Terminology code= G0491; and one of the following ICD-10 diagnosis codes:</p> <ol style="list-style-type: none"> 1. N17.0 Acute kidney failure with tubular necrosis 2. N17.1 Acute kidney failure acute cortical necrosis 3. N17.2 Acute kidney failure with medullary necrosis 4. N17.8 Other acute kidney failure 5. N17.9 Acute kidney failure, unspecified 6. T79.5XXA Traumatic anuria, initial encounter 7. T79.5XXD Traumatic anuria, subsequent encounter 8. T79.5XXS Traumatic anuria, sequela 9. N99.0 Post-procedural (acute)(chronic) renal failure 					X				
10574.2	Medicare contractors shall pass condition code 84 to the PS&R for AKI claims.								PS&R	
10574.3	Medicare contractors shall accept revenue code 881 with condition code 84.					X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility
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		A/B MAC			D M E	C E D I
		A	B	H H H	M A C	
	None					

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Tracey Mackey, Tracey.Mackey@cms.hhs.gov , Shauntari Cheely, Shauntari.Cheely@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 0