

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 10920	Date: August 10, 2021
	Change Request 12307

NOTE: This Transmittal is no longer sensitive and is being re-communicated September 24, 2021. The Transmittal Number, date of Transmittal and all other information remains the same. This instruction may now be posted to the Internet.

SUBJECT: Quarterly Update to the End-Stage Renal Disease Prospective Payment System (ESRD PPS)

I. SUMMARY OF CHANGES: This change request updates the diagnosis codes eligible for the ESRD PPS co-morbidity payment adjustment, effective October 1, 2021.

EFFECTIVE DATE: October 1, 2021

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

IMPLEMENTATION DATE: October 4, 2021

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:

Recurring Update Notification

Attachment - Recurring Update Notification

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SUBJECT: Quarterly Update to the End-Stage Renal Disease Prospective Payment System (ESRD PPS)

EFFECTIVE DATE: October 1, 2021

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

IMPLEMENTATION DATE: October 4, 2021

I. GENERAL INFORMATION

A. Background: Section 1881(b)(14)(D)(i) of the Social Security Act (the Act) requires that the End Stage Renal Disease Prospective Payment System (ESRD PPS) include a payment adjustment based on a case-mix that may take into account patient comorbidities. A comorbidity is a specific patient condition that is secondary to the patient's principal diagnosis that necessitates dialysis, yet has a significant, direct effect on resource use during dialysis. In accordance with the Act, CMS established the comorbidity payment adjustment, which recognizes the increased costs associated with renal dialysis patients who have comorbidities, effective January 1, 2011.

This change request updates the diagnosis codes eligible for the ESRD PPS comorbidity payment adjustment effective October 1, 2021. The ESRD PPS provides payment adjustments for two chronic comorbidity categories and two acute comorbidity categories. When applicable, ESRD facilities can report specific diagnosis codes on ESRD facility claims to be eligible for a comorbidity payment adjustment. Diagnosis codes are updated annually as part of the changes to the Hospital Inpatient Prospective Payment Systems as stated in Pub. 100-04, Chapter 23, Section 10.2. The updates to Table 6A.-New Diagnosis Codes, Table 6C. – Invalid Diagnosis Codes, and Table 6E. – Revised Diagnosis Code Titles are made available through the internet on the CMS website at: <https://www.cms.gov/medicare/medicare-fee-for-service-payment/acuteinpatientpps>. These updates are effective each October 1, unless otherwise specified.

B. Policy: Effective for dates of service on and after October 1, 2021, there are new ICD-10-CM diagnosis codes eligible under the hereditary hemolytic and sickle cell anemia comorbidity category. These ICD-10-CM codes are eligible for a comorbidity payment adjustment, effective October 1, 2021.

Specifically, in the chronic comorbidity condition under the hereditary hemolytic and sickle cell anemia category, the two (2) new ICD-10-CM codes added are as follows:

ICD-10-CM Diagnosis Code: Descriptor

D55.21: Anemia due to pyruvate kinase deficiency

D55.29: Anemia due to other disorders of glycolytic enzymes

Effective for dates of service on and after October 1, 2021, there are ICD-10-CM diagnosis codes that are no longer eligible under the hereditary hemolytic and sickle cell anemia comorbidity category. These ICD-10-

CM codes are no longer eligible for a co-morbidity payment adjustment, effective October 1, 2021.

Specifically, in the chronic comorbidity condition under the hereditary hemolytic and sickle cell anemia category, one (1) ICD-10-CM code has been removed as it is no longer a valid code:

ICD-10-CM Diagnosis Code: Descriptor

D55.2: Anemia due to disorders of glycolytic enzymes

Note: In this change request, CMS is not adding or changing any comorbidity categories. The updated comorbidity payment adjustment list is available at the following website:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ESRDpayment/Patient-Level-Adjustments>.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12307.1	<p>Contractors shall add the new ICD-10-CM codes to the list of ICD-10-CM codes eligible for the ESRD PPS comorbidity payment adjustment for the chronic comorbid condition hereditary hemolytic sickle cell anemia category (payer only condition code ME):</p> <p>D55.21: Anemia due to pyruvate kinase deficiency</p> <p>D55.29: Anemia due to other disorders of glycolytic enzymes</p> <p>Note: A revised ESRD PRICER is not needed for updating or testing the list of allowable comorbid conditions; therefore, a testing PRICER will not be issued by CMS for this CR.</p>					X				
12307.2	<p>Contractors shall remove the following ICD-10-CM codes from the list of ICD-10-CM codes eligible for the ESRD PPS comorbidity payment adjustment for the chronic comorbid condition hereditary</p>					X				

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	hemolytic sickle cell anemia category (payer only condition code ME): D55.2: Anemia due to disorders of glycolytic enzymes									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
12307.3	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the “MLN Matters” listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.	X				

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): Simone Dennis, 202-631-2971 or simone.dennis@cms.hhs.gov , Katherine Cooney, 410-786-1000 or Katherine.Cooney@cms.hhs.gov , Wendy Jones, 410-786-3004 or Wendy.Jones@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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