

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-20 One-Time Notification	Centers for Medicare & Medicaid Services (CMS)
Transmittal 2157	Date: October 26, 2018
	Change Request 10985

SUBJECT: Systems Changes to Address Acute Kidney Injury (AKI) Claims and Outlier Payments

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to make the system changes to discontinue an outlier payment amount from being displayed via payer only value code 79 for AKI Claims.

EFFECTIVE DATE: April 1, 2019

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

IMPLEMENTATION DATE: April 1, 2019

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

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SUBJECT: Systems Changes to Address Acute Kidney Injury (AKI) Claims and Outlier Payments

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I. GENERAL INFORMATION

A. Background: CMS Transmittal 2134, CR 7064 “End Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Consolidated Billing for Limited Part B Services,” instructed the Shared System Maintainer (SSM) to send the total number of eligible dialysis sessions and a calculated payment amount for any services eligible for outlier consideration to the End Stage Renal Disease (ESRD) Pricer. The eligible payment amount is reflected on the claim with the use of payer only value code 79.

B. Policy: CMS Transmittal 1759, CR 9598, “Changes to the End-Stage Renal Disease (ESRD) Facility Claim (Type of Bill 72X) to Accommodate Dialysis Furnished to Beneficiaries with AKI” which implemented the AKI policy, did not include changes for the data sent to and returned from the ESRD PPS that will be applied to AKI claims. As a result, payer only value code 79 is being applied to the claim record. The ESRD Pricer then identifies the claim as “AKI” and does not return an outlier payment amount. The policy regarding outlier payment does not apply to AKI claims; therefore, value code 79 should not be captured.

II. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility							
		A/B MAC			D M E	Shared- System Maintainers			Other
		A	B	H H H		F I C M V C	M S S	V M S	
10985.1	<p>Medicare contractors shall ensure value code 79 is not captured on an AKI claim.</p> <p>AKI claim = Type of Bill 72x with condition code 84, Current Procedural Terminology (CPT) code G0491 and one of the following International Classification of Disease, Tenth Edition (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 with acute cortical necrosis 3. N17.2 Acute kidney failure with medullary necrosis 4. N17.8 Other acute kidney failure 					X			

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
	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										

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility									
		A/B MAC		H H H	D M E M A C	Shared- System Maintainers				Other	
		A	B			F I S S	M C S	V M S	C W F		
	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:

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