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Agenda

• Medicare eligibility and enrollment rules
• Medicare coverage
• Billing codes and regulations
Objectives

• To understand the End Stage Renal Disease Provision
• Get a better incite on the changes
• Billing process and the documentation needed
### Helpful Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ESRD</td>
<td>End Stage Renal Disease</td>
</tr>
<tr>
<td>BCRC</td>
<td>Benefits Coordination and Recovery Center</td>
</tr>
<tr>
<td>CWF</td>
<td>Common Working File</td>
</tr>
<tr>
<td>EGHP</td>
<td>Employer Group Health Plan</td>
</tr>
<tr>
<td>ERA</td>
<td>Electronic Remittance Advice</td>
</tr>
<tr>
<td>IOM</td>
<td>Internet Only Manual</td>
</tr>
<tr>
<td>CKD</td>
<td>Chronic Kidney Disease</td>
</tr>
<tr>
<td>PPS</td>
<td>Prospective Payment System</td>
</tr>
<tr>
<td>PECOS</td>
<td>Provider Enrollment Chain &amp; Ownership System</td>
</tr>
<tr>
<td>TPA</td>
<td>Third Party Administrator</td>
</tr>
</tbody>
</table>
End Stage Renal Disease (ESRD)

• ESRD is irreversible and permanent kidney failure
  – Stage V chronic kidney disease
    • Requires a regular course of dialysis or
    • Kidney transplant to sustain and improve quality of life

• Coverage under Medicare began in 1973
• Over 1 million Americans treated since 1973
# 5 Stages of Chronic Kidney Disease

<table>
<thead>
<tr>
<th>Stage</th>
<th>GFR*</th>
<th>Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>130-90</td>
<td>Kidney Damage with Normal or Increased Kidney Function</td>
</tr>
<tr>
<td>II</td>
<td>90-60</td>
<td>Kidney Damage with Mildly Reduced Kidney Function</td>
</tr>
<tr>
<td>III</td>
<td>60-30</td>
<td>Moderately Reduced Kidney Function</td>
</tr>
<tr>
<td>IV</td>
<td>30-15</td>
<td>Severely Reduced Kidney Function</td>
</tr>
</tbody>
</table>
| V     | 15-0   | **Kidney Failure**  
Stage 5 – Medicare eligibility based on ESRD |

*Glomerular Filtration Rate  
Source: National Kidney Foundation
Eligibility under Medicare Part A

• Eligibility requirements
  – Any age
  – Kidneys no longer functioning
  – Must have worked the required amount of time, or
  – Getting or eligible for Social Security, Railroad Retirement or Federal retirement benefits, or
    • An eligible spouse or child
  – Entitlement based on ESRD, not disability
Enrollment under Medicare Part B

- Enrollment under Part B if enrolled under Part A
  - Pay monthly Part B premiums
  - Penalty applies if refusal of Part B
  - Need both parts for complete coverage

- For information
  - Contact Social Security at 1-800-772-1213

October 2016
Enrolling in Medicare Part B

- Coverage under Part B due to age or disability
  - ESRD enrollment may eliminate the Part B penalty
- Covered under Medicare due to ESRD and reach age 65
  - Continuous coverage
  - If not enrolled in Part B can be enrolled
  - Those enrolled, can eliminate Part B penalty
Delaying Medicare Part B

- If you enroll in Part A and wait to enroll in Part B
  - Need to wait for the General Enrollment period
  - May have to pay higher premium as long as you have Part B
    - 10% for each 12 month period, eligible but not enrolled
Steps to Assist Patients in Enrolling in Medicare

- Enroll at your local Social Security Office
- Doctor/Dialysis facility can fill out Form CMS-2728
- Can delay enrolling in Medicare until after the 30 month coordination period
- Get facts before deciding
Group Health Plan Coverage and Coordination Period

• If enrollment is based solely on ESRD
  – GHP/employer is the only payer during the first 3 months
  – Medicare is secondary payer during the 30 month coordination period
    • Begins when first eligible for Medicare
  – Separate period each time re-enrolled based on ESRD
    • No 3 month waiting period
    • New 30 month coordination period if you have GHP
End Stage Renal Disease (ESRD)

- Entitled to Medicare based on ESRD
- Covered under an EGHP regardless of number of employees (FT/PT, retired) self or family member
- 30 month coordination period
- Includes those covered under Consolidated Omnibus Reconciliation Act (COBRA)
Consolidated Omnibus Budget Reconciliation Act (COBRA)

- COBRA law requires employers to continue health coverage for employees and dependents who no longer work sufficient hours to qualify for EGHP
- This coverage is “by virtue of the COBRA law rather than “by virtue of current employment”
COBRA

• Medicare is secondary payer to EGHP “by virtue of current employment”
• Patient covered by COBRA
  – Medicare is primary
• Exception: People entitled under ESRD in their 30 month coordination period
  – Medicare secondary
### Medicare Coverage for People with ESRD Begins

<table>
<thead>
<tr>
<th>Event</th>
<th>Coverage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1st day of the 4th month</strong></td>
<td>Of a regular course of hemodialysis in a facility.</td>
</tr>
<tr>
<td><strong>1st day of the month</strong></td>
<td>A regular course of dialysis begins if a home dialysis or a self-dialysis training program is initiated (with expectation of completion).</td>
</tr>
<tr>
<td><strong>1st day of the month</strong></td>
<td>You get a kidney transplant.</td>
</tr>
<tr>
<td><strong>1st day of the month</strong></td>
<td>You are admitted to a Medicare approved transplant facility for a kidney transplant or procedures preliminary to a kidney transplant if transplant takes place in the same month or within the following 2 months.</td>
</tr>
<tr>
<td><strong>2 months before the month of your transplant</strong></td>
<td>If your transplant is delayed more than 2 months after you’re admitted to the hospital for the transplant or for health care services you need for the transplant.</td>
</tr>
</tbody>
</table>
# ESRD Ends, Continues or Resumes

<table>
<thead>
<tr>
<th>When Coverage Ends</th>
<th>Entitlement based solely on ESRD, Coverage ends:</th>
<th>12 months after the month you no longer require a regular course of dialysis or 36 months after the month of your kidney transplant.</th>
</tr>
</thead>
<tbody>
<tr>
<td>When Coverage Continues</td>
<td>No interruption in coverage if you: Resume regular course of dialysis within 12 months after regular dialysis stopped or You have a kidney transplant or Regular course of dialysis starts within 36 months after transplant or You received another kidney transplant within 36 months after transplant</td>
<td></td>
</tr>
<tr>
<td>When Coverage Resumes</td>
<td>Resume regular course of dialysis more than 12 months after regular dialysis ends</td>
<td>Regular course of dialysis starts You have another kidney transplant &gt; 36 months later Must file new application No waiting period</td>
</tr>
</tbody>
</table>
What is Covered Under Medicare

- All services covered by Original Medicare
  - Medicare Part A (Hospital)
  - Medicare Part B (Medical)

- Special services for ESRD (dialysis and transplant patients)
  - Immunosuppressive drugs
    - Under certain conditions
  - Other special services
Medicare Education Benefit – Stage IV

• Kidney disease education services covered if
  – You already have Medicare (e.g., 65+ or disabled)
  – Have Stage IV chronic kidney disease
    • Advanced kidney damage
  – Covers up to 6 sessions if referred by your doctor
  – Covered by Medicare Part B
  – Provided to help delay need for dialysis or transplant
Covered Dialysis Services

• Paid under Part A
  – Inpatient dialysis treatments

• Paid under Part B
  – Facility dialysis treatments
  – Home dialysis training
  – Self-dialysis training
  – Home dialysis equipment & supplies
  – Some support services & drugs for home dialysis
Home Dialysis Training

- Home dialysis training
  - Doctor approval for self dialysis
  - Occurs at Medicare certified facility during dialysis

- Home dialysis equipment and supplies
  - Dialysis machine
  - Sterile drapes, gloves, scissors
  - Alcohol wipes
Home Dialysis

• Two types can be done at home
  – Hemodialysis
  – Peritoneal dialysis

• Most common drugs covered by Medicare
  – Heparin to slow blood clotting
  – Drug to help clotting when necessary
  – Topical anesthetics
  – Epoetin alfa for anemia management
Home Dialysis Services
NOT Covered Under Part B

- Paid dialysis aides
- Lost pay
- Place to stay during your treatment
- Blood for home dialysis (some exceptions)
- Non-treatment related medicines
- Transportation to dialysis facility
  – Except in special cases
Part A Transplant Patient Coverage

- Inpatient services
  - Must be in a Medicare-approved transplant center
- Transplant (living or cadaver donor)
  - Full cost of care for a living donor
- Preparation for transplant
- National Kidney Registry fee
- Laboratory tests
Medicare Part B Transplant Patient Coverage

• Doctor’s services for patient and donor
  – No deductible for donor
• Immunosuppressive drug therapy
  – Under certain conditions
# ESRD Resource Guide

## Resources

<table>
<thead>
<tr>
<th>Medicare.gov</th>
<th>State Health Insurance Assistance Programs (SHIPs)*</th>
</tr>
</thead>
<tbody>
<tr>
<td><a href="http://www.Medicare.gov/dialysis">www.Medicare.gov/dialysis</a></td>
<td>ESRD Network</td>
</tr>
<tr>
<td>Centers for Medicare &amp; Medicaid Services (CMS)</td>
<td>National Kidney Foundation</td>
</tr>
<tr>
<td>1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048)</td>
<td><a href="http://www.kidney.org">www.kidney.org</a></td>
</tr>
<tr>
<td>Social Security Administration</td>
<td>American Kidney Fund</td>
</tr>
<tr>
<td>1-800-772-1213 (TTY 1-800-325-778)</td>
<td><a href="http://www.kidneyfund.org">www.kidneyfund.org</a></td>
</tr>
<tr>
<td>Medicare Learning Network</td>
<td>United Network for Organ Sharing</td>
</tr>
</tbody>
</table>

*For telephone numbers call CMS 1-800-MEDICARE (1-800-633-4227) 1-877-486-2048 for TTY users

## Medicare Products

<table>
<thead>
<tr>
<th>Medicare Coverage of Kidney Dialysis and Kidney Transplant Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS Product No. 10128</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medicare for Children with End-Stage Renal Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS Product No. 11312</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Medicare &amp; You Handbook</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS Product No. 10050</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your Medicare Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMS Product No. 10116</td>
</tr>
</tbody>
</table>

## To access these products:

View and order single copies at [www.medicare.gov](http://www.medicare.gov)

Order multiple copies (partners only) at productordering.cms.hhs.gov. You must register your organization.

## ESRD Related Websites Job Aid at


October 2016
Billing Instructions

Monthly Capitation Billing
Monthly Capitation Payment (MCP) Inclusions

• Assessment and Diagnosis
• Prescription management
• Coordination of Care
• Maintenance Therapy
Monthly Capitation Payment (MCP) Exclusions

- Administration of hepatitis B vaccine
- Surgical services
- Interpretation of tests
- Complete evaluation for renal transplant
- Evaluation of potential living transplant donor
- Training for home dialysis
- Non-renal related physician’s services
Monthly Capitation Payment (MCP) Exclusions

- Covered physician services to inpatients
- All physician services prior to initiation of outpatient dialysis
- Covered physician services furnished by another physician (transient)
Submitting Claims

• Submission of claims
  – Wait until the end of the month
  – Use the last date of the month as the date of service
  – The number of days in the month is not a factor
  – Use the appropriate HCPCS code based on the patient’s age and number of visits in that month.
Submitting Claims

• Visits that are
  – Personally furnished by a physician to an individual patient
  – Contribute directly to the diagnosis and treatment of an individual patient
  – Must be performed by a physician
  – Some visits may be provided by a clinical nurse specialist (CNS), nurse practitioner (NP) or physician’s assistant (PA).
Submitting Claims

• Residents, interns and fellows
  – Enrolled in a Medicare graduate medical education (GME) program
    • MCP visits can be counted
    • Teaching MCP physician must be present during the visit
Visit Counting

- Face to face visit during the month
  - Hospital observation status
  - Skilled nursing facility residence
  - Telehealth services
Monthly Capitation

• Who can submit MCP claim
  – Physician or non physician practitioner
  – Person that provided
    • The complete assessment
    • Establishes the patient’s plan of care
    • Provides ongoing management
Complete Assessment

• Assessment for need for specified diet and nutritional supplements
• Assessment for mode of chronic dialysis
• Assessment on type of dialysis access
• Assessment for renal transplant candidate
• Prescription of parameters of intradialytic management
• Assessment for renal failure related anemia
Complete Assessment

- Assessment for hyperparathyroidism and/or renal osteodystrophy
- Assessment for dialysis related arthropathy or neuropathy
- Assessment for fluid overload
- Determining need for antihypertensive medications
Complete Assessment

• Review of records to check on prescribed amount of dialysis and order of indices
• Visit to see if patient (during dialysis) to see if dialysis is working well and tolerating
• Periodic physical assessment to determine alterations in prescription
• Interpretation of tests
Complete Assessment

• Periodic review with staff on short term and long term care plan
• Certification for need of durable medical equipment and home health services
Monthly Capitation Payments

• Payment is same regardless of number of days in a month
• Only one MCP in a month
• Can bill for less than a month for home dialysis patients
• If patient hospitalized during the month, okay to bill both
Monthly Capitation

• Center Based Patients
  – Based on age of patient
  – Number of face to face visits furnished each month, one of which is a complete assessment done by a physician or health care professional

• Home Based Patients
  – Based on age of patient
  – Furnish at least one face to face visit a month
Monthly Capitation Codes
Center Patients

• Code 90951
  – For patients younger than 2 years of age
  – Four or more face to face visits
• Code 90952
  – Two to three face to face visits
• Code 90953
  – One face to face visit
Monthly Capitation Codes Center Patients

• Code 90954
  – For patients 2-11 years of age
  – Four or more face to face visits

• Code 90955
  – Two to three face to face visits

• Code 90956
  – One face to face visit
Monthly Capitation Codes Center Patient

• Code 90957
  – For patients 12-19 years of age
  – Four or more face to face visits

• Code 90958
  – Two to three face to face visit

• Code 90959
  – One face to face visit
Monthly Capitation Codes Center Patient

• Code 90960
  – For patients 20 years of age and older
  – Four or more face to face visits

• Code 90961
  – Two or three face to face visits

• Code 90962
  – One face to face visit
Monthly Capitation Codes
Home Patients

- Code 90963
  - For patients younger than 2 years of age
- Code 90964
  - For patients 2-11 years of age
- Code 90965
  - For patients 12-19 years of age
- Code 90966
  - For patients 20 years of age and older
Partial Month Home/Center MCP

• ESRD services for less than a full month
  – Transient patient
  – Patient dies
  – Patient recovers
  – Patient undergoing kidney transplant
  – Patient is inpatient for part of month

• Billing on daily basis

• Not to be used when transitional care management (TCM) is provided
Partial Month Home/Center Dialysis

- Code 90967
  - Per day
  - Patient younger than 2 years of age
- Code 90968
  - Patients 2-11 years of age
- Code 90969
  - Patients 12-19 years of age
- Code 90970
  - Patients 20 years of age and older
Outpatient Acute Hemodialysis

• Code 90935 and 90937
  – Inpatient and outpatient
  – Patients with acute renal failure

• Code 90945 and 90947
  – All non hemodialysis procedures
Billing Instructions

Self Dialysis Training
Self Dialysis Training

• Administrative services
  – Supervision of staff
  – Staff training
  – Participation in staff conferences
  – Participation in management of the facility
  – Advising staff on procurement of supplies
  – Medical direction of staff in delivering services to patient
Self Dialysis Training

• Routine professional services
  – Direction and participation in training
  – Review of family home status and environment
  – Counseling and training of family members
  – Review of training process
  – Visits to patients during dialysis
  – Review of lab test results, nurses notes and other medical documentation
Self Dialysis Training

• Routine professional services
  – Adjustment of patient’s medications, diet or dialysis procedure
  – Prescription of medical supplies
  – Evaluation of patient’s psychosocial status and appropriateness of treatment modality
  – Pre dialysis and or post dialysis exam
  – Observation of complete and successful exchange
Self Dialysis Training

• Complete Dialysis Training
  – CPT code 90989
  – Reimbursed upon completion of course
  – Usually consist of 25 training sessions

• Incomplete Training
  – CPT code 90993
  – Number of sessions completed

• Additional training
  – Use Evaluation and Management codes
Billing Instructions

Transplant Service
Live Kidney and Cadaver Donor
Live Kidney Donor Services

- Claim filed under the kidney recipient’s Medicare account
- Payment made at 100%
- Donor services
  - Pre-operative surgical care
  - Kidney excision and inpatient stay
  - Post operative care
Live Kidney Donor Services

- Claims for Donor services must include
  - Name, address and Medicare number of recipient
  - ICD-9 code V59.4 as primary diagnosis
  - HCPCS modifier Q3
  - Name and address of donor in documentation record for EDI claims
    - Paper claims need separate attachment to the CMS 1500 claim form
Cadaver Kidney Services

• Claim filed under the kidney recipient’s Medicare account
• For nephrectomy
  – CPT code 50300
• Backbench preparation
  – CPT 50323
  – CPT 50327
• No modifiers needed
Cadaver Kidney Transplantation

• Transplantation
  – Recipient Nephrectomy
    • CPT Code 50340
  – Renal Allotransplantation
    • CPT 50360
Ambulance Transports
Ambulance Transport

• To and from dialysis facilities
  – Rarely covered
  – Only if other forms of transport would be harmful to health or endanger the patient’s life
  – Must have written order from physician
    • Physician Certification Statement
    • Covered only if there is a need for a medical vehicle or EMT action during transport
    • No guarantee of allowance
ESRD Prospective Payment System (PPS)

Medlearn Matters MM7064
ESRD PPS

• Provides a single payment to ESRD facilities that covers all the resources used in providing an outpatient dialysis treatment, including supplies and equipment used to administer dialysis in the facility or at a patient’s home included also drugs, biologicals, laboratory tests, training of a support services
Outlier Adjustments

• ESRD Outlier Services included in ESRD PPS
  – ESRD related drugs and biologicals
  – ESRD laboratory tests
  – Medical/surgical supplies
    • Syringes
• Services excluded
  – Blood and blood processing
  – Preventive vaccines
  – Telehealth services
Consolidated Billing Requirement

• Limited Part B services
  – Certain lab services
  – Limited drugs and supplies

• Services not related to the treatment of ESRD
  – Must use modifier AY
OTHER INFORMATION OF INTEREST
Top CERT Errors: ESRD

• Missing Valid Physician’s Orders
  – Missing authenticated order
  – Missing monthly order
  – Invalid Signature
  – Illegible Signature without authentication document
    • Individual attestation
    • Facility Signature Log

• Missing Valid Plan of Care

• Missing Physician’s progress notes
Comprehensive Error Rate Testing (CERT) Post Audit Checklists

  - Ambulance Documentation
  - Chiropractic Documentation
  - Dialysis Documentation
  - Evaluation and Management (E/M) Documentation
  - Laboratory Documentation
  - Physical, Occupational and Speech Therapies
  - Psychiatric-Mental Health Documentation
  - Radiation Oncology Documentation
  - Radiology Documentation
Questions?

Thank you!