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Agenda

- Medicare Eligibility and Enrollment
- Medicare Coverage
- Billing Codes and Regulations
- Resources
- Questions
Objective

• To understand the End Stage Renal Disease (ESRD) provision
• Gain better understanding on billing process and documentation required to support medical necessity
<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>CERT</td>
<td>Comprehensive Error Rate Testing</td>
</tr>
<tr>
<td>COBC</td>
<td>Coordination of Benefits Contractor</td>
</tr>
<tr>
<td>CWF</td>
<td>Common Working File</td>
</tr>
<tr>
<td>IOM</td>
<td>Internet Only Manual</td>
</tr>
<tr>
<td>MCP</td>
<td>Monthly Capitation Payment</td>
</tr>
<tr>
<td>PPS</td>
<td>Perspective Payment System</td>
</tr>
</tbody>
</table>
End Stage Renal Disease (ESRD)

- ESRD is irreversible and permanent kidney failure
  - Stage V chronic kidney disease
    - Requires regular course of dialysis, or
    - Kidney transplant to sustain and improve quality of life
# 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>
<tr>
<td>V</td>
<td>15-0</td>
<td>Kidney Failure&lt;br&gt;Stage 5 – Medicare eligibility based on ESRD</td>
</tr>
</tbody>
</table>

*Glomerular Filtration Rate

Source: National Kidney Foundation
Eligibility and Enrollment
Eligibility

• Medicare coverage if kidneys no longer work, need regular kidney dialysis or had kidney transplant, and one of the following applies:
  – Worked required amount of time under Social Security (SSA), Railroad Retirement Board (RRB), or as government employee
  – Already getting or are eligible for SSA or RRB benefits
  – Spouse or dependent child of person who meets either of requirements above
Eligibility

• Entitlement based on ESRD, not disability
• If beneficiary is eligible for Medicare because of ESRD, may enroll in Medicare Part A and Part B
  – Need both A/B for complete coverage
  – Part B penalties apply if chose to delay enrolling in Part B
Enrollment

- Enroll at local Social Security office
- Doctor/dialysis facility can fill out Form CMS-2728-U3
- Can delay enrolling in Medicare until after 30 month coordination period
ESRD Calculator

- ESRD 30-month calculator provides coordination period end date

![ESRD 30 Month Coordination Period Calculator](image)

Enter ESRD benefit start date (mm/dd/yyyy):

01/03/2018

Check  Clear

The coordination period ends on 07/02/2020

Beneficiaries are required to complete a 30 month coordination period prior to Medicare becoming their primary insurance.
Form CMS-2728

ESRD Medical Evidence Report for Medicare Entitlement and/or Patient Registration

Coverage
## Medicare Coverage Begins

<table>
<thead>
<tr>
<th>Month</th>
<th>Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; day of 4&lt;sup&gt;th&lt;/sup&gt; month</td>
<td>Regular course of hemodialysis in facility</td>
</tr>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; day of month</td>
<td>Regular course of dialysis begins if home dialysis or self-dialysis training program is initiated (with expectation of completion)</td>
</tr>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; day of month</td>
<td>Patient receives kidney transplant</td>
</tr>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; day of month</td>
<td>Patient admitted to Medicare approved transplant facility for kidney transplant or procedures preliminary to kidney transplant if transplant takes place in same month or within following 2 months</td>
</tr>
<tr>
<td>2 months before month of transplant</td>
<td>If transplant is delayed more than 2 months after being admitted to hospital for transplant or for health care services, need for transplant</td>
</tr>
</tbody>
</table>
### When Coverage for ESRD Ends, Continues, or Resumes

<table>
<thead>
<tr>
<th>When Coverage Ends</th>
<th>When Coverage Continues</th>
<th>When Coverage Resumes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entitlement based solely on ESRD</td>
<td>• No interruption in coverage if patient started regular course of dialysis again within 12 months after regular dialysis stopped, or</td>
<td>Must file new application. No waiting period if:</td>
</tr>
<tr>
<td>• Coverage ends 12 months after month patient no longer requires regular course of dialysis, or</td>
<td>• Patient has kidney transplant, or</td>
<td>• Patient starts regular course of dialysis again or gets kidney transplant more than 12 months after stopped getting regular course of dialysis</td>
</tr>
<tr>
<td>• 36 months after month of kidney transplant</td>
<td>• Regular course of dialysis starts within 36 months after transplant, or</td>
<td>• Patient has another kidney transplant more than 36 months later</td>
</tr>
<tr>
<td></td>
<td>• Patient receives another kidney transplant within 36 months</td>
<td></td>
</tr>
</tbody>
</table>
What’s 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:
  – Patient already has 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
Dialysis Services & Supplies Covered

• Part A
  – Inpatient dialysis treatments

• Part B
  – Outpatient dialysis treatments
  – Outpatient physician services
  – Home dialysis training
  – Home dialysis equipment & supplies
  – Certain home support services
  – Most drugs for home and in-facility dialysis
  – Other services & supplies that are part of dialysis
Self Dialysis Training
Self Dialysis Training

• Administrative services
  – Supervision of staff
  – Staff training
  – Participation in staff conferences
  – Participation in management of 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 90989
  – Reimbursed upon completion of course
  – Usually consist of 25 training sessions

• Incomplete training
  – CPT 90993
  – Number of sessions completed

• Additional training
  – Use Evaluation and Management codes
Home Dialysis
Home Dialysis Options

• Two treatment options:
  – Hemodialysis
    • Uses special filter (dialyzer) connects to machine to clean patient’s blood
  – Peritoneal dialysis
    • Uses special solution (dialysate) that flows through a tube into abdomen
Home Dialysis Training

- Home dialysis training
  - Doctor approval for self dialysis
  - Training given by Medicare certified facility to perform home dialysis
  - Training occurs at same time patient receiving dialysis treatment
Home Dialysis Services & Supplies Covered

- Self-dialysis training
- Home dialysis equipment
- Supplies
- Lab tests
- Certain home support services
- Home dialysis drugs
Home Dialysis Services & Supplies
NOT Covered

• Paid dialysis aides
• Lost pay
• Place to stay during their treatment
• Blood for home dialysis (some exceptions)
• Non-treatment related medicines
• Transportation to dialysis facility
  – Except in special cases
Billing Codes & Regulations

Monthly Capitation Payment (MCP)
MCP Overview

• Physicians and practitioners managing patient on dialysis are paid monthly capitation agreement
• Paid single monthly rate based on age of ESRD beneficiary
• MCP is reported once per month for services performed that are related to patients’ ESRD
Services Included in MCP

- Assessment and diagnosis
- Prescription management
- Coordination of care
- Maintenance therapy
Services Excluded from MCP

• 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
Services Excluded from MCP

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

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

- Residents, interns and fellows
  - Enrolled in approved Medicare graduate medical education (GME) program
    - MCP visits can be counted
    - Teaching MCP physician must be present during visit
Complete Assessment

• Assessment for:
  – Need for specified diet and nutritional supplements
  – Mode of chronic dialysis
  – Type of dialysis access
  – Renal transplant candidate
  – Prescription of parameters of intradialytic management
  – Renal failure related anemia
Complete Assessment

- Hyperparathyroidism and/or renal osteodystrophy
- Dialysis related arthropathy or neuropathy
- Fluid overload
- Determining need for antihypertensive medications
Complete Assessment

- Visit 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 month
• Only one MCP in a month
• Can bill for less than a month for home dialysis patients
• If patient hospitalized during month, okay to bill both
Monthly Capitation

• Who can submit MCP claim
  – Physician or non physician practitioner
  – Person that provided
    • Complete assessment
    • Establishes patient’s plan of care
    • Provides ongoing management
CMS-1500 Claim Submission

• Bill at end of month
• Use last date of month as date of service
• Number of days in month is not a factor
• Use appropriate code based on patient’s age and number of visits in that month
Visit Counting

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

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

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

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>CPT Description</th>
</tr>
</thead>
</table>
| 90951    | • For patients younger than 2 years of age  
          | • Four or more face-to-face visits         |
| 90952    | Two to three face-to-face visits            |
| 90953    | One face-to-face visit                      |
| 90954    | • For patients 2 - 11 years of age          
          | • Four or more face-to-face visits          |
| 90955    | Two to three face-to-face visits            |
| 90956    | One face-to-face visit                       |
## Monthly Capitation Codes
### Center-Based Patient 2

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>CPT Description</th>
</tr>
</thead>
</table>
| 90957    | • For patients 12-19 years of age  
           | • Four or more face-to-face visits |
| 90958    | Two to three face-to-face visit |
| 90959    | One face-to-face visit |
| 90960    | • For patients 20 years of age and older  
           | • Four or more face-to-face visits |
| 90961    | Two or three face-to-face visits |
| 90962    | One face-to-face visit |
# Monthly Capitation Codes
## Home-Based Patient

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>CPT Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90963</td>
<td>Patients younger than 2 years of age</td>
</tr>
<tr>
<td>90964</td>
<td>Patients 2 - 11 years of age</td>
</tr>
<tr>
<td>90965</td>
<td>Patients 12-19 years of age</td>
</tr>
<tr>
<td>90966</td>
<td>Patients 20 years of age or older</td>
</tr>
</tbody>
</table>
Partial Month Home/Center MCP

- ESRD services for less than 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

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>CPT Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90967</td>
<td>• Per day</td>
</tr>
<tr>
<td></td>
<td>• Patient younger than 2 years of age</td>
</tr>
<tr>
<td>90968</td>
<td>Patients 2-11 years of age</td>
</tr>
<tr>
<td>90969</td>
<td>Patients 12-19 years of age</td>
</tr>
<tr>
<td>90970</td>
<td>Patients 20 years of age and older</td>
</tr>
</tbody>
</table>
Outpatient Acute Hemodialysis

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>CPT Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90935 and 90937</td>
<td>• Inpatient and outpatient Patients with acute renal failure</td>
</tr>
<tr>
<td>90945 and 90947</td>
<td>All non hemodialysis procedures</td>
</tr>
</tbody>
</table>
Transplant Services
Live Kidney Donor Services

- Claim filed under kidney recipient’s Medicare number
- 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:
  – Claims are billed under recipient’s Medicare number
  – Primary diagnosis - ICD-10 code Z52.4
  – Modifier - Q3
  – Item 19 of CMS-1500 or electronic equivalent - Name and address of donor

• Medical documentation in recipient’s medical record should reflect donor’s information
Cadaver Kidney Services

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

• Transplantation
  – Recipient nephrectomy
    • CPT 50340
  – Renal allotransplantation
    • CPT 50360
Transplant Patient Coverage - Part A

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

• Doctor’s services for patient and donor
  – No deductible for donor

• Immunosuppressive drug therapy
  – Under certain conditions
Transportation To/From Dialysis Facility

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

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

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

• Services not related to treatment of ESRD
  – Must use modifier AY

• https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ESRDpayment/Consolidated_Billing.html
Outlier Adjustments

• ESRD outlier services included in ESRD PPS
  – ESRD related drugs and biologicals
  – ESRD laboratory tests
  – Medical/surgical supplies, including syringes
    • Separately billable under Medicare Part B prior to 2011

• Services excluded from ESRD PPS
  – Blood and blood processing
  – Preventive vaccines
  – Telehealth services
    • Remain separately payable
Outlier Adjustments

- Items and services with AY modifier
- Items and services included in composite rate

• Oral and other equivalent forms of injectable drugs list
Documentation
Documentation Requirements

• Signature Logs and Attestations
  – Used to establish signature legibility throughout medical record documentation
  – Typed listing of provider names followed by handwritten signature

• Providers encouraged to include professional credentials/titles
Documentation Requirements

- Physician intent
  - Notations in patient’s record may demonstrate the need for ESRD
- Verbal/telephone order documented at treating physician’s office
- Email from physician to be verified
  - May need physician signature attestation
Documentation Requirements

• For a signature to be valid, the following criteria must be met
  – Services that are provided or ordered must be authenticated by ordering practitioner;
  – Signatures are handwritten or electronic; and
  – Signatures are legible
Documentation Requirements

- Physician/clinics progress report
- Dialysis flow sheet
- Medication Administration Record (MAR)
  - If separate from flow sheets
- Laboratory tests results
- Evidence of syringes used/given to patient
Insufficient Documentation

Recoupment Solutions

• Avoid recoupment submit medical records
  – Detailed written order for dialysis, medications and laboratory tests signed by the treating physician
  – Medication administration records (MAR) with dates of service, dose and route
    • Clinician name and credentials
Reasonable and Necessary Services

• Support medical necessity and reason for dialysis provided
  – Initial comprehensive assessment within 30 days after admission to dialysis facility or 13 outpatient hemodialysis sessions
  – Comprehensive plan of care signed by team and patient or representative

• Medicare records of patient’s condition before, during and after the billing period
  – Nurses notes
  – Physician progress notes
Comprehensive Error Rate Testing (CERT) Errors

• 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
# ESRD Documentation Requirements

**Dialysis**

They shall include:

<table>
<thead>
<tr>
<th>Check</th>
<th>Brief Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Correct Beneficiary and Date of Service</td>
</tr>
<tr>
<td></td>
<td>Dialysis Flow Sheets</td>
</tr>
<tr>
<td></td>
<td>Medication Administration Record(s)</td>
</tr>
<tr>
<td></td>
<td>Physician Order and/or Intent (<em>Note intent (i.e., progress notes) should be properly authenticated by ordering physician</em>)</td>
</tr>
<tr>
<td></td>
<td>Documentation contains valid signature of every attendant and Physician (legible and complete)</td>
</tr>
<tr>
<td></td>
<td>Advance Beneficiary Notice of Noncoverage (ABN), if applicable</td>
</tr>
<tr>
<td></td>
<td>Completed Noridian Part B Signature Attestation Statement [PDF] or Signature Log for illegible signature, if applicable</td>
</tr>
</tbody>
</table>
Resources
Noridian ESRD Webpage

BROWSE BY SPECIALTY
- Ambulance
- Ambulatory Surgical Center (ASC)
- Anesthesia & Pain Management
- Cardiology
- Chiropractic
- Dental
- Diabetic, Diabetes Self-Management Training (DSMT) and Medical Nutrition Therapy (MNT)
- End Stage Renal Disease (ESRD)
  - Evaluation and Management (E/M)
  - Independent Diagnostic Testing Facility (IDTF)
  - Laboratory
  - Locum Tenens and Reciprocal Billing
  - Mental Health
  - Nephrology
  - Nonphysician Practitioners
  - Oncology / Hematology
  - Otolaryngology / Ophthalmology

Attend a Webinar • End Stage Renal Disease (ESRD)

End Stage Renal Disease (ESRD) Services

End-stage renal disease is the almost complete or complete failure of the kidneys. Individuals will have already received a diagnosis of Chronic Kidney Disease. Individuals with ESRD typically are on dialysis or have had a kidney transplant since there are two ways to manage the disease.

Access the below ESRD related information from this page.

- Ambulance Services
- ESRD 30 Month Coordination Period Calculator
- Hemodialysis In-Facility or Home Setting
- Related Latest Updates Articles

Resources
- CMS Dialysis - Survey & Certification - Guidance to Laws & Regulations
- CMS ESRD and Clinical Laboratories Open Door Forum
- CMS ESRD Center
- CMS ESRD - General Information
- CMS Final Rule: ESRD Conditions
- CMS ESRD Network Organizations
- CMS ESRD Payment Regulations and Notices
- CMS ESRD Quality Initiative
Resources

• Social Security Administration (SSA)
  • Phone: 1-800-772-1213
  • Website: https://www.ssa.gov/

• ESRD National Coordinating Center
  • https://www.esrdncc.org/

• Medical Evidence Form (CMS 2728)

• CMS ESRD Center
  – https://www.cms.gov/Center/Special-Topic/End-Stage-Renal-Disease-ESRD-Center.html
Questions?
Thank you!