

# Local Coverage Article: Billing and Coding: Frequency of Hemodialysis (A55675)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	American Samoa Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	American Samoa California - Entire State Guam Hawaii Nevada Northern Mariana Islands

## Article Information

### General Information

Article ID

Original Effective Date

A55675

02/18/2019

**Article Title**

Billing and Coding: Frequency of Hemodialysis

**Revision Effective Date**

07/01/2019

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**Revision Ending Date**

N/A

**Retirement Date**

N/A

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**Article Guidance**

**Article Text:**

Refer to the Noridian Healthcare Solutions Local Coverage Determination (LCD) L37502, Frequency of Hemodialysis, for reasonable and necessary requirements and frequency limitations.

The Current Procedural Terminology (CPT/Healthcare Common Procedure Coding System (HCPCS) code(s) may be subject to National Correct Coding Initiative (NCCI) edits. This information does not take precedence over NCCI edits. Please refer to NCCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

This article outlines billing line item dialysis sessions of End Stage Renal Disease (ESRD) patients. This does not address sessions associated with training or other modalities such as peritoneal dialysis. This article does not change any other billing requirements for dialysis claims.

CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 8 requires line item billing for all ESRD claims with dates of service (DOS) on or after April 1, 2007. Each dialysis session performed should be reported on a separate line.

For monthly claims submitted with Bill Type 72X and Revenue Codes 0821 and 0881, three approaches of billing **per line** are available. Based on the dialysis prescription in the Patient's Plan of Care (POC) or other available medical documentation, the following scheme for billing should be followed:

**1. For all dialysis sessions outlined in the dialysis prescription**, each line should be 90999 without any modifiers appended. For example, should the hemodialysis prescription outline 3 times (3X) per week, all of these sessions should be billed as 90999 (no modifier appended) and will be paid as routine conventional dialysis up to 13/14 per month. It would be inappropriate to apply a modifier. For those prescriptions for more than 13/14 per month at otherwise normal parameters (i.e., 4 times [4X] per week or more), each line should be billed as 90999 without a modifier as well. All will be paid as per the limits of 13/14 per month found in the IOM 100-02, *Medicare Benefit Policy Manual*, Chapter 11, Section 50.

**2. For dialysis sessions considered not to meet the medical justification for payment**, any given line for these sessions should be billed as 90999 CG. For example, the dialysis prescription includes those treatments based on known inadequate treatments, planned short treatments, more frequent treatments for convenience of the patient or staff, etc. These treatments do not meet medical justification for additional payment. The CG modifier should be applied on the lines indicating the extra sessions did not meet medical justification for payment. These specific lines will be denied as not medically justified. Please refer to CR 9989, Implementation of Modifier CG for Type of Bill 72X, dated May 12, 2017.

**3. For dialysis sessions reasonable and necessary outside the usual 3 times per week dialysis prescription**, i.e., for medical conditions that may be appropriate for additional payments on an acute or short term basis, the lines billed for these DOS should be billed as 90999 KX. These would include those medical conditions outlined in the L37502. These sessions are felt to be reasonable and necessary for additional payment based on

clinical conditions. On these claims, the 90999 lines without a modifier will be paid as 3X per week and those lines with 90999 KX will be considered for additional payments. However, omission of the KX modifier will have all sessions paid as conventional dialysis as 3X per week. For diagnoses not listed in this article but felt to be reasonable and necessary, the KX modifier should be appended as well. A denial will occur on these lines, but the redetermination process (an appeal) will be available to submit supportive documentation for review.

The expectation is that these three scenarios will be seen on monthly claims, i.e., claims with 90999 lines only, or those with lines of 90999 mixed with 90999 CG or KX modifier appended. Ongoing data analysis may trigger provider specific requests for documentation should unusual patterns occur, i.e., claims with only lines of 90999 KX submitted.

Please note medical documentation to justify any of these events will be most important and may be requested.

Please see L37502 for instructions when clinical conditions outside those listed in the available diagnosis should occur.

Please see L37502 for Documentation Requirements and Utilization Guidelines.

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## Coding Information

### Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

CODE	DESCRIPTION
072x	Clinic - Hospital Based or Independent Renal Dialysis Center

### Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to

apply equally to all Revenue Codes.

**Note:** The contractor has identified the Bill Type and Revenue Codes applicable for use with the CPT/HCPCS codes included in this article. Providers are reminded that not all CPT/HCPCS codes listed can be billed with all Bill Type and/or Revenue Codes listed. CPT/HCPCS codes are required to be billed with specific Bill Type and Revenue Codes. Providers are encouraged to refer to the CMS Internet-Only Manual (IOM) Pub. 100-04, Medicare *Claims Processing Manual*, for further guidance.

CODE	DESCRIPTION
0821	Hemodialysis - Outpatient or Home - Hemodialysis Composite or Other Rate
0881	Miscellaneous Dialysis - Ultrafiltration

#### CPT/HCPCS Codes

##### Group 1 Paragraph:

Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

##### Group 1 Codes:

CODE	DESCRIPTION
90999	UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT

#### ICD-10 Codes that are Covered

##### Group 1 Paragraph:

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM book appropriate to the year in which the service is rendered for the claim(s) submitted.

Medicare is establishing the following limited coverage for CPT/HCPCS code: **90999 (when reported to represent an extra dialysis session):**

##### Group 1 Codes:

ICD-10 CODE	DESCRIPTION
E83.30	Disorder of phosphorus metabolism, unspecified
E83.39	Other disorders of phosphorus metabolism
E87.2	Acidosis

ICD-10 CODE	DESCRIPTION
E87.5	Hyperkalemia
E87.70	Fluid overload, unspecified
E87.71	Transfusion associated circulatory overload
E87.79	Other fluid overload
I30.0	Acute nonspecific idiopathic pericarditis
I30.1	Infective pericarditis
I30.8	Other forms of acute pericarditis
I30.9	Acute pericarditis, unspecified
I32	Pericarditis in diseases classified elsewhere
I50.1	Left ventricular failure, unspecified
I50.20	Unspecified systolic (congestive) heart failure
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.30	Unspecified diastolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.810	Right heart failure, unspecified
I50.811	Acute right heart failure
I50.812	Chronic right heart failure
I50.813	Acute on chronic right heart failure
I50.814	Right heart failure due to left heart failure
I50.82	Biventricular heart failure
I50.83	High output heart failure
I50.84	End stage heart failure
I50.89	Other heart failure

ICD-10 CODE	DESCRIPTION
I50.9	Heart failure, unspecified
I77.0	Arteriovenous fistula, acquired
I95.3	Hypotension of hemodialysis
J81.0	Acute pulmonary edema
M32.12	Pericarditis in systemic lupus erythematosus
N25.81	Secondary hyperparathyroidism of renal origin
O09.211	Supervision of pregnancy with history of pre-term labor, first trimester
O09.212	Supervision of pregnancy with history of pre-term labor, second trimester
O09.213	Supervision of pregnancy with history of pre-term labor, third trimester
O09.219	Supervision of pregnancy with history of pre-term labor, unspecified trimester
O09.891	Supervision of other high risk pregnancies, first trimester
O09.892	Supervision of other high risk pregnancies, second trimester
O09.893	Supervision of other high risk pregnancies, third trimester
O09.899	Supervision of other high risk pregnancies, unspecified trimester
R60.1	Generalized edema
R63.5	Abnormal weight gain
T82.898A	Other specified complication of vascular prosthetic devices, implants and grafts, initial encounter
T82.898D	Other specified complication of vascular prosthetic devices, implants and grafts, subsequent encounter
T82.898S	Other specified complication of vascular prosthetic devices, implants and grafts, sequela

### ICD-10 Codes that are Not Covered

#### Group 1 Paragraph:

All those not listed under the "Covered ICD-10 Codes" section of this article.

#### Group 1 Codes:

ICD-10 CODE	DESCRIPTION
XX000	Not Applicable

## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
07/01/2019	R2	Article revised and published on 07/04/2019 effective for dates of service on and after 07/01/2019. Consistent with CMS Change Request (CR) 10901, the CPT and ICD-10 codes have been removed from the related LCD and added to the article. In response to an inquiry, language in Article Text item #1 has been modified for clarification regarding the hemodialysis prescription.
03/01/2019	R1	This article is revised to change the effective date of the article from 2/18/19 to 3/1/2019. The effective date applies to dates of service, not to claim submission dates.

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## Associated Documents

### Related Local Coverage Document(s)

Article(s)

A56240 - Response to Comments: Frequency of Hemodialysis

LCD(s)

DL37502 - Frequency of Hemodialysis

L37502 - Frequency of Hemodialysis

### Related National Coverage Document(s)

N/A

### Statutory Requirements URL(s)

N/A

### Rules and Regulations URL(s)

N/A

### CMS Manual Explanations URL(s)

N/A

### Other URL(s)

N/A

### Public Version(s)

Updated on 06/28/2019 with effective dates 07/01/2019 - N/A

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## Keywords

- Hemodialysis
- ESRD



- End Stage Renal
- dialysis
- 90999
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