

|                                              |                                                           |
|----------------------------------------------|-----------------------------------------------------------|
| <b>CMS Manual System</b>                     | <b>Department of Health &amp; Human Services (DHHS)</b>   |
| <b>Pub 100-04 Medicare Claims Processing</b> | <b>Centers for Medicare &amp; Medicaid Services (CMS)</b> |
| <b>Transmittal 13319</b>                     | <b>Date: July 24, 2025</b>                                |
|                                              | <b>Change Request 14159</b>                               |

**SUBJECT: Allowing Additional Revenue Codes for Payment for Renal Dialysis Services Furnished to Individuals with Acute Kidney Injury (AKI) beginning in Calendar Year (CY) 2025**

**I. SUMMARY OF CHANGES:** The purpose of this Change Request (CR) is to revise the applicable revenue codes allowed for AKI dialysis billing in Original Medicare systems and to update billing instructions to include those revenue codes.

**EFFECTIVE DATE: January 1, 2025**

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

**IMPLEMENTATION DATE: January 5, 2026**

*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.

| <b>R/N/D</b> | <b>CHAPTER / SECTION / SUBSECTION / TITLE</b> |
|--------------|-----------------------------------------------|
| R            | 8/40/Acute Kidney Injury (AKI) Claims         |

### **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:**

**Business Requirements  
Manual Instruction**

# Attachment - Business Requirements

|             |                    |                     |                       |
|-------------|--------------------|---------------------|-----------------------|
| Pub. 100-04 | Transmittal: 13319 | Date: July 24, 2025 | Change Request: 14159 |
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## **II. GENERAL INFORMATION**

**A. Background:** On June 29, 2015, the Trade Preferences Extension Act of 2015 was enacted in which section 808 amended Section 1861(s)(2)(F) of the Social Security Act (the Act) (42 U.S.C. 1395x(s)(2)(F)) by extending renal dialysis services paid under section 1881(b)(14) of the Act to beneficiaries with Acute Kidney Injury (AKI) effective January 1, 2017. Originally, payment for renal dialysis services furnished to beneficiaries with AKI was only allowed for in-center treatments. However, payment for home dialysis was allowed for AKI beneficiaries effective January 1, 2025.

### **B. Policy: Payment for Acute Kidney Injury (AKI) home dialysis**

When payment for renal dialysis services furnished to beneficiaries with AKI was only allowed in-center, CMS published CR 10574, which disallowed the use of revenue codes 084X and 085X for AKI dialysis claims. In this CR, we clarified that these revenue codes corresponded to Continuous Ambulatory Peritoneal Dialysis (CAPD) and Continuous Cycling Peritoneal Dialysis (CCPD), respectively, and that these were home dialysis modalities, which should not be billed for in-center AKI beneficiaries. In CR 13865 we stated that, beginning January 1, 2025, payment will be made for renal dialysis services provided to AKI beneficiaries who dialyze at home. As home dialysis is allowed for beneficiaries with AKI beginning January 1, 2025, the instruction originally provided in business requirement 10574.1 needs to be revised to allow revenue codes 084X or 085X billed with condition code 84.

End-Stage Renal Disease (ESRD) facilities billing for AKI dialysis treatments will be required to include both condition codes 74 and 84 on home AKI dialysis claims. In addition, CMS will permit ESRD facilities to bill Medicare for the home and self-dialysis training add-on payment adjustment for beneficiaries with AKI.

ESRD facilities billing for training or re-training for AKI home and self-dialysis will be required to include condition code 84 as well as either 73 or 87 as appropriate. When billing for CAPD or CCPD in the home setting for AKI patients, payment will be made at the daily rate based on hemodialysis-equivalent treatments.

This CR does not make any changes to the use of revenue codes 082X, 083X or 881 for AKI beneficiaries. As such, any of revenue codes 082X, 083X, 084X, 085X or 881 may be used when billing for AKI beneficiaries. These codes should be billed with condition code 84, to indicate AKI, and the appropriate second condition code to indicate site of care of 73, 74 or 87, when relevant.

### III. BUSINESS REQUIREMENTS TABLE

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

| Number  | Requirement                                                                                                                                                                                                                                                                            | Responsibility |   |     |            |                           |     |     |     |       |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---|-----|------------|---------------------------|-----|-----|-----|-------|
|         |                                                                                                                                                                                                                                                                                        | A/B MAC        |   |     | DME<br>MAC | Shared-System Maintainers |     |     |     | Other |
|         |                                                                                                                                                                                                                                                                                        | A              | B | HHH |            | FISS                      | MCS | VMS | CWF |       |
| 14159.1 | The contractor shall revise enforcement of coding requirements for AKI claims to allow the following revenue codes to be reported with Current Procedural Terminology (CPT) code G0491 effective for dates of service on or after January 1, 2025:<br><br>• 084X<br><br>• 085X         |                |   |     |            | X                         |     |     |     |       |
| 14159.2 | The contractor shall bypass the timely filing requirement as necessary for claims with:<br><br>• Type of Bill 072x,<br><br>• Condition code 84,<br><br>• Revenue codes 084X or 085X,<br><br>• Dates of service in calendar year 2025, and<br><br>• A receipt date before July 1, 2026. | X              |   |     |            |                           |     |     |     |       |

### IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

**Impacted Contractors:** A/B MAC Part A

## V. SUPPORTING INFORMATION

### Section A: Recommendations and supporting information associated with listed requirements:

*"Should" denotes a recommendation.*

| X-Ref Requirement Number | Recommendations or other supporting information:                                                                                                               |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| .1                       | This is performed by FISS reason code 31425.                                                                                                                   |
| .2                       | Providers' inability to submit claims for these services in 2025 was the result of an administrative error by CMS. See Pub. 100-04, chapter 1, section 70.7.1. |

**Section B: All other recommendations and supporting information:** N/A

## VI. CONTACTS

**Post-Implementation Contact(s):** Contact your Contracting Officer's Representative (COR).

## VII. FUNDING

### Section A: For Medicare Administrative Contractors (MACs):

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**ATTACHMENTS: 0**

# **Medicare Claims Processing Manual**

## **Chapter 8 - Outpatient ESRD Hospital, Independent Facility, and Physician/Supplier Claims**

**Table of Contents**  
*(Rev. 13319; Issued: 07-24-25)*

## **40 - Acute Kidney Injury (AKI) Claims**

***(Rev. 13319; Issued: 07-24-25; Effective: 01-01-26; Implementation: 01-05-26 )***

Effective January 1, 2017, ESRD facilities, both hospital based and freestanding are able to furnish dialysis to AKI patients and receive payment under the ESRD PPS.

Medicare will pay ESRD facilities for the dialysis treatment using the ESRD PPS base rate adjusted by the applicable ESRD PPS wage index. In addition to the dialysis treatment, the ESRD PPS base rate pays ESRD facilities for other items and services considered to be renal dialysis services as defined in 42 CFR §413.171. No separate payment is made for those services considered to be renal dialysis services as payment is included in the ESRD PPS base rate.

Other items and services that are furnished to beneficiaries with AKI that are not considered to be renal dialysis services but are related to their dialysis as a result of their AKI, would be separately payable, this includes drugs, biologicals, laboratory services, and supplies that ESRD facilities are certified to furnish and that would otherwise be furnished to a beneficiary with AKI in a hospital outpatient setting.

AKI claims are billed on the 072X type of bill with condition code 84. ESRD facilities are required to include revenue code 082X, 083X, **084X**, **085X**, or 088**I** for the modality of dialysis furnished with the Current Procedural Terminology (CPT) code G0491 (Dialysis procedure at a Medicare certified ESRD facility for Acute Kidney Injury without ESRD).

Note: AKI claims for dialysis in the home setting effective January 1, 2025 must also include condition code 74.

AKI claims do not receive payment adjustments for comorbidities, TDAPA, TPNIES or outlier. When applicable, AKI claims receive the home dialysis training add-on payment adjustment (see section 50.8). The ESRD network reduction is not applicable to AKI claims.

More information on dialysis provided for AKI patients including the required diagnosis codes for billing AKI is available on the CMS website at:

<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ESRDpayment/AKI-and-ESRD-Facilities>.