

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services



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Implementation Date: April 3, 2017

## Network Fee Reduction for Acute Kidney Injury (AKI) Services Submitted on Type of Bill 72x

Note: This article was revised on December 7, 2016, to add a link to MLN Matters Article [MM9807](#) that provides additional information on the implementation of AKI services. All other information is unchanged

### Provider Types Affected

This MLN Matters® Article is intended for providers at End Stage Renal Disease (ESRD) facilities who submit claims to Part A Medicare Administrative Contractors (MACs) for services related to Acute Kidney Injury (AKI) provided to Medicare beneficiaries.

### Provider Action Needed

Change Request (CR) 9814, from which this article was developed, advises providers of the removal of the 50-cent ESRD network fee reduction from claims submitted by ESRD facilities for AKI services. Please make sure your billing staff is aware of this fee reduction removal.

### Background

On June 29, 2015, the Trade Preference Extension Act (TPEA) of 2015 was enacted. Section 808 of the TPEA 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 1861(b)(14) of the Act to beneficiaries with AKI, effective January 1, 2017.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents. CPT only copyright 2015 American Medical Association. All rights reserved.

## Policy

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Beginning January 1, 2017, ESRD facilities will be able to furnish dialysis to AKI patients. The AKI provision was signed into law on June 29, 2015. The pertinent section is available online at <https://www.congress.gov/bill/114th-congress/house-bill/1295/text#toc-HEE69B51CC87340E2B2AB6A4FA73D2A82>.

This provision provides Medicare payment beginning on dates of service from January 1, 2017, and after to ESRD facilities (hospital-based and freestanding), for renal dialysis services furnished to beneficiaries with AKI (both adult and pediatric). Medicare will reimburse ESRD facilities for the dialysis treatment using the ESRD Prospective Payment System (PPS) base rate adjusted by the applicable geographic adjustment factor (wage index). In addition to the dialysis treatment, the ESRD PPS base rate reimburses ESRD facilities for the items and services considered to be renal dialysis services as defined in 42 CFR Section 413.171 and there will be no separate payment for those services.

Renal dialysis services as defined in 42 CFR, Section 413.171 would be considered to be renal dialysis services for patients with AKI. As such, no separate payment would be made for renal dialysis drugs, biologicals, laboratory services, and supplies that are included in the ESRD PPS base rate when they are furnished by an ESRD facility to an individual with AKI. 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.

For payment under Medicare, ESRD facilities will report all items and services furnished to beneficiaries with AKI by submitting Type of Bill (TOB) 72X with Condition Code 84 (Dialysis for Acute Kidney Injury (AKI)) on a monthly basis. Since ESRD facilities bill Medicare for renal dialysis services by submitting TOB 72X for ESRD beneficiaries, Condition Code 84 will differentiate an ESRD PPS claim from an AKI claim.

AKI claims will require one of the following diagnosis codes:

1. N17.0 Acute kidney failure with tubular necrosis
2. N17.1 Acute kidney failure acute cortical necrosis
3. N17.2 Acute kidney failure with medullary necrosis
4. N17.8 Other acute kidney failure
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

In addition, ESRD facilities must include revenue code 082X, 083X, 084X, or 085X for the modality of dialysis furnished with the Current Procedural Terminology (CPT) code G0491:

- Long descriptor: Dialysis procedure at a Medicare certified ESRD facility for Acute Kidney Injury without ESRD

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- Short descriptor: dialysis Acu Kidney no ESRD

AKI claims will not have limits on how many treatments can be billed for the monthly billing cycle, however, there will only be payment for one treatment per day across settings, except in the instance of uncompleted treatments:

- If a dialysis treatment is started, that is, a patient is connected to the machine and a dialyzer and blood lines are used, but the treatment is not completed for some unforeseen, but valid, reason, for example, a medical emergency when the patient must be rushed to an emergency room, the facility is paid based on the full base rate. This is a rare occurrence and must be fully documented to the MAC's satisfaction.

[CR9598](#) implemented the majority of the claims processing changes for this policy; however, the 50-cent ESRD network fee reduction was not considered in the implementation of that CR. This CR implements the removal of that fee from AKI claims.

The content of this CR was finalized in the CY 2017 ESRD PPS Final Rule is available at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ESRDpayment/End-Stage-Renal-Disease-ESRD-Payment-Regulations-and-Notices-Items/CMS-1651-F.html>.

**Note:** MACs will adjust all 72X TOBs with AKI with dates of service from January 1, 2017, to March 31, 2017, within 45 days of implementation of CR9814.

## Additional Information

The official instruction, CR9814 issued to your MAC regarding this change is available at <http://www.cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R1738OTN.pdf>.

If you have any questions, please contact your MAC at their toll-free number. That number is available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map/>.

## Document History

Date	Description
December 7, 2016	The article was revised to add a link to MLN Matters Article <a href="#">MM9807</a> that provides additional information on the implementation of AKI services.
November 4, 2016	Initial issuance

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