**ACTION:** Final

ENACTED Appendix 5101:3-13-01.9

DATE: 12/21/2007 12:25 PM

5101:3-13-01.9

## APPENDIX A

Revenue Center Codes (RCCs) for Composite Rates (CRs) must be used by Dialysis Facilities for Payment of ESRD Treatment Services (must use 837I or UB-92 with bill type 721)-

Dialysis   Facility   Payments:   Hemodialysis:   Intermittent   Peritoneal   Dialysis (IPD):   Peritoneal   Dialysis   (CAPD): (CCPD):	CRs for	RCCs for	RCCs for	RCCs for	RCCs for
Payments:    Dialysis (IPD):   Dialysis (IPD):   Dialysis (CAPD):   Dialysis (CAPD):   (CCPD):   (CAPD):   (CCPD):	<u>Dialysis</u>	Hemodialysis:	<u>Intermittent</u>	Continuous	Continuous
Maintenance Dialysis (CAPD):  Maintenance Dialysis (CAPD):  Maintenance Dialysis (CAPD):  Maintenance Dialysis (CAPD):  O881; Limited Dialysis Treatment CR  and three per week  Dialysis Services Dialysis Services ("Method II") CR Services. Services. Sequipment, or supplies Dialysis Dialysis Dialysis Dialysis Dialysis O825; Limited Done per 30 Dialysis Does not include D855; Limited D845; Limited D855; Limited D855; Limited D848; Limited D855; Limited D849; Does not D849; Does not D849; Limited D859; L	<u>Facility</u>		<u>Peritoneal</u>	<b>Ambulatory</b>	Cycling
Maintenance Dialysis Treatment CR  Dialysis  Dialysis  Dialysis  Services  CR  Dialysis  Dialysis  Dialysis  Services  CR  Dialysis  Dialysis  Services  CR  Dialysis  CR  Dialysis  Services  CR  Dialysis  Dialysis  CR  Dialysis  Treatment with  Self-care  Training CR  Services Not Included In  Composite  Rates for Dialysis Facilty Payments:  Specific Drug: Dialysis Facilty Payments:  Specific Drug: Dialysis  Specific Drug: Dialysis  Specific Drug: Dialysis Dia	Payments:		Dialysis (IPD):	Peritoneal	Peritoneal
Maintenance Dialysis Treatment CR0821; Limited to one per day and three per week0831; Limited to one per day and three per week0831; Limited to one per day and three per week0831; Limited to one per day and three per week0835; Limited to one per 30 days Does not include0835; Limited to one per 30 days Does not include0841; Limited to one per day and three per week0841; Limited to one per day and three per weekDialysis CR0825; Limited include services, equipment, or supplies0849; Limited services, equipment, or supplies0849; Dees not include services, equipment, or supplies0849; Limited to 150849; Limited to 150859; Limited to 15Dialysis Corrices Not Included In Composite Procedure procedure codes:RCCs below require use of procedure codes:RCCs below require use of procedure codes:RCCs below require use of procedure codes:06340634Specific Drug: Other0635063506350635Specific Drug: Other0636063606360636Specific Laboratory0304, 03100304, 03100304, 03100304, 0310				Dialysis	Dialysis
Dialysis Treatment CR United Support Services CRto one per day and three per weekto one per day and three per weekDialysis CR0825; Limited to one per 30 days Does not ("Method II") include services, equipment, or suppliesto one per 30 days Does not include services, equipment, or suppliesservices, equipment, or suppliesservices, equipment, or suppliesservices, equipment, or suppliesDialysis Treatment with Self-care Training CR0829; Limited to 15 per 91 days0839; Limited to 12 per 28 days0849; Limited to 150859; Limited to 15Services Not Included In Composite Rates for Dialysis Facilty Payments:RCCs below require use of procedure codes:RCCs below require use of procedure codes:RCCs below require use of procedure codes:RCCs below require use of procedure codes:Specific Drug: Epoetin0634063406340634Specific Drug: Epoetin0636063506350635Specific Drug: Drug: Epoetin0636063606360636Other0304, 03100304, 03100304, 03100304, 03100304, 0310				(CAPD):	(CCPD):
Treatment CRand three per weekand three per weekand three per weekand three per weekDialysis0825; Limited to one per 30 days Does not include0835; Limited to one per 30 days Does not include0845; Limited to one per 30 days Does not include0845; Limited to one per 30 days Does not includeCRservices, equipment, or suppliesservices, equipment, or suppliesservices, equipment, or suppliesservices, equipment, or suppliesDialysis0829; Limited Treatment with Self-care Training CR0839; Limited to 12 per 28 days0849; Limited to 15 to 12 per 28 days0849; Limited to 15Services Not Included In Composite Rates for Dialysis Facilty Payments:RCCs below require use of procedure codes:RCCs below require use of procedure codes:RCCs below require use of procedure codes:RCCs below require use of procedure codes:Specific Drug: Epoetin0634063406340634Specific Drug: Epoetin0636063606360636Specific Drug: Dotter0636063606360636Other0304, 03100304, 03100304, 03100304, 03100304, 0310	Maintenance	0821; Limited	0831; Limited	0841; Limited	0851; Limited
Dialysis   O825; Limited   to one per 30   days Does not   days Does not   include   services,   equipment, or   supplies   O839; Limited   to 15 per 91   days   Des 28 to 15   days   Des 28 to 15   days   Des 30 to one per 30   days Does not   include   services,   equipment, or   supplies   Services,   equipment, or   supplies   Services,   equipment, or   supplies   Dialysis   O829; Limited   to 15 per 91   days   Des 28 to 15   days   Does not   include   services,   equipment, or   supplies   Services,   Se	<u>Dialysis</u>	to one per day	to one per day	to one per day	to one per day
Dialysis Support to one per 30 to one per 30 to one per 30 days Does not include services, equipment, or supplies supplies supplies supplies days  Dialysis O829; Limited to one per 30 days Does not include services, equipment, or supplies supplies of to 12 per 28 days  Services Not Include In Composite Rates for Dialysis Facilty Payments:  Specific Drug: Epoetin Specific Drug: Epoetin Specific Drug: Epoetin Specific Drug: Specific Drug: Epoetin Specific Drug: Specific Drug: Specific Drug: Specific Drug: O636 Other  Dialysis O829; Limited to 0829; Limited to 12 per 28 days  RCCs below require use of procedure codes:  RCCs below require use of procedure codes:  Services Not RCCs below require use of procedure codes:  Specific Drug: O635 O635 O635 O635 O635 O636 O636 O636	Treatment CR	and three per	and three per	and three per	
Support Services ("Method II") CR  CR  Bialysis Dialysis Treatment with Self-care Training CR Services Not Included In Composite Rates for Dialysis Facilty Payments: Specific Drug: Specific Drug: Specific Drug: Specific		<u>week</u>		week	
Services ("Method II") CR services, equipment, or supplies  Dialysis Treatment with Self-care Training CR Services Not Include In Composite Rates for Dialysis Facilty Payments:  Specific Drug: Epoetin Specific Drug:	<u>Dialysis</u>	<u>0825; Limited</u>	0835; Limited	0845; Limited	0855; Limited
("Method II") CRinclude services, equipment, or suppliesinclude services, equipment, or suppliesinclude services, equipment, or suppliesinclude services, equipment, or suppliesDialysis Treatment with Self-care Training CR0829; Limited to 15 per 91 days0839; Limited to 12 per 28 days0849; Limited to 150859; Limited to 15Services Not Included In Composite Rates for Dialysis Facilty Payments:RCCs below require use of procedure codes:RCCs below require use of procedure codes:RCCs below require use of procedure codes:Specific Drug: Epoetin063406340634Specific Drug: Epoetin063506350635Specific Drug: Other063606360636Specific Laboratory0304, 03100304, 03100304, 03100304, 0310	Support	to one per 30	to one per 30	to one per 30	to one per 30
CR services, equipment, or supplies  Dialysis Treatment with Self-care Training CR  Services Not Included In Composite Rates for Dialysis Facilty Payments:  Specific Drug: Specific Drug: Specific Cother Specific Cother Specific Specific Laboratory  Services, equipment, or supplies Services, equipment, or supplies Services, equipment, or supplies Services, equipment, or supplies Specific Supplies Supplies Specific Specific Codes: Services, equipment, or supplies Specific D849; Limited to 15 to 15  To 15  RCCs below require use of procedure procedure procedure codes:  Codes:  Codes:  Codes:  Services, equipment, or supplies Specific D12 per 28 days  RCCs below require use of procedure codes:  Co	Services	days Does not	days Does not	days Does not	days Does not
Dialysis   Dialysis   Dialysis   Treatment with   Self-care   Training CR   Composite   Rates for Dialysis Facilty Payments:   Specific Drug:   Specific Drug:   Dialysis Facilty Office   Drug:   Specific Drug:   Specific Drug:   Office   Specific Drug:   Office	("Method II")		<u>include</u>	include	<u>include</u>
Dialysis Dialysis Dialysis Oscific Drug: Epoetin Specific Drug: Specific Oscitation Specific Drug: Specific Drug: Specific Oscitation Specific Drug: Specific Drug: Specific Drug: Specific Other Specific Drug: Specific Drug: Specific Drug: Specific Drug: Specific Drug: Specific Drug: Specific Other Specific Drug: Specific Drug: Specific Drug: Specific Other Specific Drug: Specifi	<u>CR</u>	services,	services,	services,	services,
Dialysis         0829; Limited to 15 per 91         0839; Limited to 12 per 28         0849; Limited to 15         0859; Limited to 15           Self-care Training CR         RCCs below require use of Dialysis Facilty Payments:         RCCs below require use of procedure codes:           Specific Drug: Epoetin         0634         0634         0634         0634           Specific Drug: Other         0636         0636         0636         0636           Specific Drug: Other         0304, 0310         0304, 0310         0304, 0310         0304, 0310           Specific Laboratory         0304, 0310         0304, 0310         0304, 0310         0304, 0310		equipment, or	equipment, or	equipment, or	equipment, or
Treatment with Self-care Training CR         to 15 per 91 days         to 12 per 28 days         to 15         to 15           Services Not Included In Composite Rates for Dialysis Facilty Payments:         RCCs below require use of procedure codes:         RCCs below require use of procedure codes:         RCCs below require use of procedure procedure codes:         RCCs below require use of procedure codes:           Specific Drug: Epoetin         0634         0634         0634         0634           Specific Drug: Epoetin         0635         0635         0635         0635           Specific Drug: Other         0636         0636         0636         0636           Specific Laboratory         0304, 0310         0304, 0310         0304, 0310         0304, 0310			supplies	supplies	supplies
Self-care Training CR         days         days           Services Not Included In Composite Rates for Dialysis Facilty Payments:         RCCs below require use of procedure codes:         RCCs below require use of procedure codes:         RCCs below require use of procedure procedure codes:           Specific Drug: Epoetin         0634         0634         0634           Specific Drug: Epoetin         0635         0635         0635           Specific Drug: Other         0636         0636         0636           Specific Drug: Other         0304, 0310         0304, 0310         0304, 0310           Outher Specific Drug: Other         0304, 0310         0304, 0310         0304, 0310	<u>Dialysis</u>	0829; Limited	0839; Limited	0849; Limited	0859; Limited
Training CR         RCCs below         require use of procedure use of procedure         require use of procedure         require use of procedure         procedure         procedure         codes:         codes:         codes:         codes:         description         codes:	Treatment with	to 15 per 91	to 12 per 28	to 15	<u>to 15</u>
Services Not Included In Included In Composite         RCCs below require use of procedure           Bates for Dialysis Facilty Payments:         0634         0634         0634         0634           Specific Drug: Epoetin         0635         0635         0635         0635           Specific Drug: Other         0636         0636         0636         0636           Other Specific Laboratory         0304, 0310         0304, 0310         0304, 0310         0304, 0310	Self-care	days	days		
Included In Composite         require use of procedure codes:         require use of procedure procedure codes:           Specific Drug:         0634         0634         0634         0634         0634           Specific Drug:         0635         0635         0635         0635         0636           Other         0304, 0310         0304, 0310         0304, 0310         0304, 0310         0304, 0310	Training CR				
Composite         procedure         procedure         procedure         procedure           Rates for         codes:         codes:         codes:         codes:           Dialysis Facilty         Payments:         0634         0634         0634           Specific Drug:         0635         0635         0635           Epoetin         0636         0636         0636           Other         0304, 0310         0304, 0310         0304, 0310           Specific Laboratory         0304, 0310         0304, 0310         0304, 0310	Services Not	RCCs below	RCCs below	RCCs below	RCCs below
Rates for Dialysis Facilty Payments:         codes:         codes:         codes:           Specific Drug: Epoetin         0634         0634         0634           Specific Drug: Epoetin         0635         0635         0635           Specific Drug: Other         0636         0636         0636           Specific Drug: Other         0304, 0310         0304, 0310         0304, 0310           Specific Drug: Other         0304, 0310         0304, 0310         0304, 0310	<u>Included In</u>	require use of	require use of	require use of	require use of
Dialysis Facilty Payments:         0634         0634         0634         0634           Specific Drug: Epoetin         0635         0635         0635         0635           Specific Drug: Other         0636         0636         0636         0636           Specific Drug: Other         0304, 0310         0304, 0310         0304, 0310         0304, 0310           Specific Laboratory         0304, 0310         0304, 0310         0304, 0310	Composite	procedure	procedure	procedure	procedure
Payments:         0634         0634         0634           Epoetin         0635         0635         0635           Epoetin         0636         0636         0636           Specific Drug:         0636         0636         0636           Other         0304, 0310         0304, 0310         0304, 0310           Laboratory         0304, 0310         0304, 0310         0304, 0310	Rates for	codes:	codes:	codes:	codes:
Specific Drug:         0634         0634         0634           Epoetin         0635         0635         0635           Specific Drug:         0636         0636         0636           Other         0304, 0310         0304, 0310         0304, 0310           Laboratory         0304, 0310         0304, 0310         0304, 0310	<b>Dialysis Facilty</b>				
Epoetin         0635         0635         0635           Epoetin         0636         0636         0636           Specific Drug: Other         0636         0636         0636           Specific Laboratory         0304, 0310         0304, 0310         0304, 0310	Payments:				
Specific Drug:         0635         0635         0635           Epoetin         0636         0636         0636           Specific Drug:         0636         0636         0636           Other         0304, 0310         0304, 0310         0304, 0310           Laboratory         0304, 0310         0304, 0310         0304, 0310	Specific Drug:	<u>0634</u>	<u>0634</u>	<u>0634</u>	<u>0634</u>
Epoetin	<u>Epoetin</u>				
Specific Drug:         0636         0636         0636           Other         0304, 0310         0304, 0310         0304, 0310           Laboratory         0304, 0310         0304, 0310         0304, 0310	Specific Drug:	0635	0635	0635	0635
Other         Other           Specific         0304, 0310           Laboratory         0304, 0310           0304, 0310           0304, 0310	<u>Epoetin</u>				
Specific         0304, 0310         0304, 0310         0304, 0310         0304, 0310           Laboratory         0304, 0310         0304, 0310         0304, 0310	Specific Drug:	0636	0636	0636	0636
<u>Laboratory</u>	<u>Other</u>				
	Specific	0304, 0310	0304, 0310	0304, 0310	0304, 0310
Services	<u>Laboratory</u>				
<u>Diagnostic</u> <u>0730</u> <u>0730</u> <u>0730</u> <u>0730</u>	Diagnostic	0730	<u>0730</u>	<u>0730</u>	<u>0730</u>
Services	Services				

Equipment included in composite rates for Maintenance Dialysis Treatment and Dialysis Treatment with Self-care Training (Dialysis Support Services ("Method II") does not include equipment)-

## artificial kidney

automated peritoneal dialysis machines

## support equipment

installation, which includes: identification, ordering, performing of any minor plumbing and electrical changes required to accommodate the equipment (no rewiring or new plumbing installed); delivery and installation (hookup) and necessary testing for proper installation and function

Maintenance, which includes: travel to patients home to repair or transport of equipment to repair site; actual repair; parts; water purification equipment maintenance includes; replacing a filter on a reverse osmosis device; regenerating the resin tanks on deionizing device; chemicals in water softener; periodic water testing; (patient performed maintenance is not covered)

All durable and disposable items and medical supplies necessary for the effective performance of a patient's dialysis are included in composite rates for Maintenance Dialysis Treatment and Dialysis Treatment with Self-care Training (Dialysis Support Services ("Method II") does not include supplies)-

<u>dializers</u>
forcepts
sphygmanometer with cuff and stethoscope
<u>scales</u>
scissors
syringes
alcohol wipes
sterile drapes
<u>needles</u>
topical anesthetics
<u>rubber gloves</u>

## Laboratory tests included in composite rates for Maintenance Dialysis Treatment, Dialysis Support Services ("Method II"), and Dialysis Treatment with Self-care Training-

Tests:	Hemodialysis	<u>IPD</u>	CAPD	CCPD
hematocrit	once per date of	once per date of	no	once per date of
(HCT)	service	service		service
hemoglobin	once per date of	once per date of	no	once per date of
(HGB)	service	service		<u>service</u>
clotting time	once per date of	once per date of	<u>no</u>	once per date of
	service	service		<u>service</u>
prothrombin	once per 7	once per 7	<u>no</u>	once per 7
<u>time</u>	days/only if on	days/only if on		days/only if on
	<u>anticoagulants</u>	<u>anticoagulants</u>		<u>anticoagulants</u>
<u>serum</u>	once per 7 days	once per 7 days	once per 30	once per 7 days
<u>creatinine</u>			<u>days</u>	
blood urea	once per 7 days	once per 7 days	once per 30	once per 7 days
nitrogen (BUN)			<u>days</u>	
serum calcium	once per 30	once per 30	once per 30	once per 30
	days	<u>days</u>	days	<u>days</u>
serum	once per 30	once per 30	once per 30	once per 30
potassium	<u>days</u>	<u>days</u>	<u>days</u>	<u>days</u>
serum chloride	once per 30	once per 30	<u>no</u>	once per 30
	days	days		<u>days</u>
serum albumin	once per 30	once per 30	once per 30	once per 30
	<u>days</u>	<u>days</u>	<u>days</u>	<u>days</u>
<u>serum</u>	once per 30	once per 30	once per 30	once per 30
<u>bicarbonate</u>	days	days	days	<u>days</u>
serum	once per 30	once per 30	once per 30	once per 30
<u>phosphorus</u>	<u>days</u>	<u>days</u>	<u>days</u>	<u>days</u>
lactic acid	once per 30	once per 30	once per 30	once per 30
dehydrogenase	days	days	days	days
(LDH)				
total protein	once per 30	once per 30	once per 30	once per 30
	<u>days</u>	<u>days</u>	<u>days</u>	<u>days</u>
<u>alkaline</u>	once per 30	once per 30	once per 30	once per 30
<u>phosphatase</u>	<u>days</u>	<u>days</u>	<u>days</u>	<u>days</u>
complete blood	once per 30	once per 30	<u>no</u>	once per 30
count (CBC)	<u>days</u>	<u>days</u>		<u>days</u>
serum aspartate	once per 30	once per 30	once per 30	once per 30
<u>amino</u>	<u>days</u>	<u>days</u>	<u>days</u>	<u>days</u>
transferase/glut				
<u>amic</u>				
<u>oxaloacetic</u>				
<u>transminase</u>				
(AST/SGOT)				

OR automated batery of tests (SMA 12)	once per 30 days	once per 30 days	once per 30 days	once per 30 days
<u>dialysate</u> <u>protein</u>	<u>no</u>	<u>no</u>	once per 30 days	<u>no</u>
sodium	<u>no</u>	<u>no</u>	once per 30 days	<u>no</u>
magnesium	<u>no</u>	<u>no</u>	once per 30 days	<u>no</u>
carbon dioxide	no	no	once per 30 days	<u>no</u>
WBC	no	<u>no</u>	once per 91 days	<u>no</u>
RBC	no	<u>no</u>	once per 91 days	<u>no</u>
platelet count	no	<u>no</u>	once per 91 days	<u>no</u>
24 hour uvrrf	<u>no</u>	<u>no</u>	once per 183 days	<u>no</u>

Pharmaceuticals (drugs) included in composite rates for Maintenance Dialysis Treatment, Dialysis Support Services ("Method II"), and Dialysis Treatment with Self-care Training-

<u>heparin</u>
glucose
saline
heparin antagonists antidotes
local anesthetics
mannitol  ontionwithmics
antiarrythmics
antihypertensives
<u>pressor drugs</u>
<u>antihistimines</u>
<u>dextrose</u>
protamine
<u>hydralazine</u>
<u>benedryl</u>
<u>Inderal</u>
Dopamine
leviphed
Insulin
Lanoxin
Verapamil
Lidocaine
Sou-cortef
Antibiotics