

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)-

<u>CRs for Dialysis Facility Payments:</u>	<u>RCCs for Hemodialysis:</u>	<u>RCCs for Intermittent Peritoneal Dialysis (IPD):</u>	<u>RCCs for Continuous Ambulatory Peritoneal Dialysis (CAPD):</u>	<u>RCCs for Continuous Cycling Peritoneal Dialysis (CCPD):</u>
<u>Maintenance Dialysis Treatment CR</u>	<u>0821; Limited to one per day and three per week</u>	<u>0831; Limited to one per day and three per week</u>	<u>0841; Limited to one per day and three per week</u>	<u>0851; Limited to one per day</u>
<u>Dialysis Support Services ("Method II") CR</u>	<u>0825; Limited to one per 30 days Does not include services, equipment, or supplies</u>	<u>0835; Limited to one per 30 days Does not include services, equipment, or supplies</u>	<u>0845; Limited to one per 30 days Does not include services, equipment, or supplies</u>	<u>0855; Limited to one per 30 days Does not include services, equipment, or supplies</u>
<u>Dialysis Treatment with Self-care Training CR</u>	<u>0829; Limited to 15 per 91 days</u>	<u>0839; Limited to 12 per 28 days</u>	<u>0849; Limited to 15</u>	<u>0859; Limited to 15</u>
<u>Services Not Included In Composite Rates for Dialysis Facility Payments:</u>	<u>RCCs below require use of procedure codes:</u>	<u>RCCs below require use of procedure codes:</u>	<u>RCCs below require use of procedure codes:</u>	<u>RCCs below require use of procedure codes:</u>
<u>Specific Drug: Epoetin</u>	<u>0634</u>	<u>0634</u>	<u>0634</u>	<u>0634</u>
<u>Specific Drug: Epoetin</u>	<u>0635</u>	<u>0635</u>	<u>0635</u>	<u>0635</u>
<u>Specific Drug: Other</u>	<u>0636</u>	<u>0636</u>	<u>0636</u>	<u>0636</u>
<u>Specific Laboratory Services</u>	<u>0304, 0310</u>	<u>0304, 0310</u>	<u>0304, 0310</u>	<u>0304, 0310</u>
<u>Diagnostic Services</u>	<u>0730</u>	<u>0730</u>	<u>0730</u>	<u>0730</u>

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)-

<u>artificial kidney</u>
<u>automated peritoneal dialysis machines</u>
<u>support equipment</u>
<u>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</u>
<u>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)</u>

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>
<u>forceps</u>
<u>sphygmomanometer with cuff and stethoscope</u>
<u>scales</u>
<u>scissors</u>
<u>syringes</u>
<u>alcohol wipes</u>
<u>sterile drapes</u>
<u>needles</u>
<u>topical anesthetics</u>
<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-

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

<u>OR automated battery of tests (SMA 12)</u>	<u>once per 30 days</u>	<u>once per 30 days</u>	<u>once per 30 days</u>	<u>once per 30 days</u>
<u>dialysate protein</u>	<u>no</u>	<u>no</u>	<u>once per 30 days</u>	<u>no</u>
<u>sodium</u>	<u>no</u>	<u>no</u>	<u>once per 30 days</u>	<u>no</u>
<u>magnesium</u>	<u>no</u>	<u>no</u>	<u>once per 30 days</u>	<u>no</u>
<u>carbon dioxide</u>	<u>no</u>	<u>no</u>	<u>once per 30 days</u>	<u>no</u>
<u>WBC</u>	<u>no</u>	<u>no</u>	<u>once per 91 days</u>	<u>no</u>
<u>RBC</u>	<u>no</u>	<u>no</u>	<u>once per 91 days</u>	<u>no</u>
<u>platelet count</u>	<u>no</u>	<u>no</u>	<u>once per 91 days</u>	<u>no</u>
<u>24 hour uvrrf</u>	<u>no</u>	<u>no</u>	<u>once per 183 days</u>	<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>
<u>glucose</u>
<u>saline</u>
<u>heparin antagonists antidotes</u>
<u>local anesthetics</u>
<u>mannitol</u>
<u>antiarrhythmics</u>
<u>antihypertensives</u>
<u>pressor drugs</u>
<u>antihistamines</u>
<u>dextrose</u>
<u>protamine</u>
<u>hydralazine</u>
<u>benedryl</u>
<u>Inderal</u>
<u>Dopamine</u>
<u>leviphed</u>
<u>Insulin</u>
<u>Lanoxin</u>
<u>Verapamil</u>
<u>Lidocaine</u>
<u>Sou-cortef</u>
<u>Antibiotics</u>