



Quarterly Update to the End-Stage Renal Disease Prospective Payment System (ESRD PPS)

MLN Matters Number: MM11835

Related Change Request (CR) Number: 11835

Related CR Release Date: June 26, 2020

Effective Date: October 1, 2020

Related CR Transmittal Number: R10198CP

Implementation Date: October 5, 2020

PROVIDER TYPES AFFECTED

This MLN Matters Article is for End-Stage Renal Disease (ESRD) facilities that submit claims to Medicare Administrative Contractors (MACs) for ESRD services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

CR 11835 informs providers about new diagnosis codes eligible for the ESRD Prospective Payment System (PPS) comorbidity payment adjustment effective October 1, 2020. Make your billing staff aware of these additions.

BACKGROUND

Section 1881(b)(14)(D)(i) of the Social Security Act (the Act) requires that the ESRD PPS include a payment adjustment based on a case mix that may consider patient comorbidities. A comorbidity is a specific patient condition that is secondary to the patient's principal diagnosis that necessitates dialysis, yet has a significant, direct effect on resource use during dialysis. In accordance with the Act, the Centers for Medicare and Medicaid Services (CMS) established the comorbidity payment adjustment, which recognizes the increased costs associated with renal dialysis patients who have comorbidities, effective January 1, 2011.

The ESRD PPS provides payment adjustments for two chronic comorbidity categories and two acute comorbidity categories. When applicable, ESRD facilities can report specific diagnosis codes on ESRD facility claims to be eligible for a comorbidity payment adjustment. Diagnosis codes are updated annually as stated in the Medicare Claims Processing Manual, [Chapter 23, Section 10.2](#) and are published in the Federal Register each year as part of the changes to the Hospital Inpatient Prospective Payment Systems in Table 6 that go into effect each October 1.

Effective for dates of services on and after October 1, 2020, there are new ICD-10-CM diagnosis codes eligible under the hereditary hemolytic and sickle cell anemia comorbidity category.

In the chronic comorbidity conditions under the hereditary hemolytic and sickle cell anemia category, the new ICD-10-CM codes and descriptors added as of October 1, 2020, are as follows:

- D57.03: Hb-SS disease with cerebral vascular involvement
- D57.09: Hb-SS disease with crisis with other specified complication
- D57.213: Sickle-cell/Hb-C disease with cerebral vascular involvement
- D57.218: Sickle-cell/Hb-C disease with crisis with other specified complication
- D57.413: Sickle-cell thalassemia, unspecified, with cerebral vascular involvement
- D57.418: Sickle-cell thalassemia, unspecified, with crisis with other specified complication
- D57.42: Sickle-cell-thalassemia beta zero without crisis
- D57.431: Sickle-cell-thalassemia beta zero with acute chest syndrome
- D57.432: Sickle-cell thalassemia beta zero with splenic sequestration
- D57.433: Sickle cell-thalassemia beta zero with cerebral vascular involvement
- D57.438: Sickle cell-thalassemia beta zero with crisis with other specified complication
- D57.439: Sickle-cell thalassemia beta zero with crisis, unspecified
- D57.44: Sickle cell-thalassemia beta plus without crisis
- D57.451: Sickle cell-thalassemia beta plus with acute chest syndrome
- D57.452: Sickle-cell thalassemia beta plus with splenic sequestration
- D57.453: Sickle cell-thalassemia beta plus with cerebral vascular involvement
- D57.458: Sickle cell-thalassemia beta plus with crisis with other specified complication
- D57.459: Sickle-cell thalassemia beta plus with crisis, unspecified
- D57.813: Other sickle-cell disorders with cerebral vascular involvement
- D57.818: Other sickle-cell disorders with crisis with other specified complication

The updated co-morbidity payment adjustment list is available at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ESRDpayment/Patient-Level-Adjustments>. CR 11835 does not add or change any comorbidity categories.

ADDITIONAL INFORMATION

The official instruction, CR 11835, issued to your MAC regarding this change is available at <https://www.cms.gov/files/document/r10198CP.pdf>.

If you have questions, your MACs may have more information. Find their website at <http://go.cms.gov/MAC-website-list>.

DOCUMENT HISTORY

Date of Change	Description
June 29, 2020	Initial article released.

Disclaimer: Paid for by the Department of Health & Human Services. 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 2019 American Medical Association. All rights reserved.

Copyright © 2013-2020, the American Hospital Association, Chicago, Illinois. Reproduced by CMS with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816. You may also contact us at ub04@healthforum.com

The American Hospital Association (the "AHA") has not reviewed, and is not responsible for, the completeness or accuracy of any information contained in this material, nor was the AHA or any of its affiliates, involved in the preparation of this material, or the analysis of information provided in the material. The views and/or positions presented in the material do not necessarily represent the views of the AHA. CMS and its products and services are not endorsed by the AHA or any of its affiliates.