

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-02 Medicare Benefit Policy	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11120	Date: November 15, 2021
	Change Request 12499

Transmittal 11058, dated October 22, 2021, is being rescinded and replaced by Transmittal 11120, dated November 15, 2021, to replace code E1699 Dialysis equipment, not otherwise specified with code E1629 Tablo hemodialysis system for the billable dialysis service under the policy section of the business requirements form. This correction also revises business requirements 12499.6 and 12499.6.1. All other information remains the same.

NOTE: This Transmittal is no longer sensitive and is being re-communicated November 15, 2021 This instruction may now be posted to the Internet.

SUBJECT: Implementation of Changes in the End-Stage Renal Disease (ESRD) Prospective Payment System (PPS) and Payment for Dialysis Furnished for Acute Kidney Injury (AKI) in ESRD Facilities for Calendar Year (CY) 2022

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to implement the CY 2022 rate updates and policies for the ESRD PPS and implements the payment for renal dialysis services furnished to beneficiaries with AKI in ESRD facilities. This Recurring Update Notification applies to Publication 100-02, Medicare Benefit Policy Manual, Chapter 11, Section 50

EFFECTIVE DATE: January 1, 2022

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

IMPLEMENTATION DATE: January 3, 2022

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.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

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:

Recurring Update Notification

Attachment - Recurring Update Notification

Pub. 100-02	Transmittal: 11120	Date: November 15, 2021	Change Request: 12499
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I. GENERAL INFORMATION

A. Background: Calendar Year 2022 ESRD PPS, AKI Dialysis Payment Updates: Effective January 1, 2011, CMS implemented the ESRD PPS based on the requirements of section 1881(b)(14) of the Social Security Act (the Act). The ESRD PPS provides a single per treatment payment to ESRD facilities that covers all the resources used in furnishing an outpatient dialysis treatment. The ESRD PPS base rate is adjusted to reflect patient and facility characteristics that contribute to higher per treatment costs.

In accordance with section 1834(r) of the Act, as added by section 808(b) of the Trade Preferences Extension Act of 2015 (TPEA), CMS pays ESRD facilities for furnishing renal dialysis services to Medicare beneficiaries with Acute Kidney Injury (AKI). CR 9598 implemented the payment for renal dialysis services and provides detailed information regarding payment policies.

The ESRD PPS includes Consolidated Billing (CB) requirements for limited Part B services included in the ESRD facility's bundled payment. CMS periodically updates the lists of items and services that are subject to Part B consolidated billing and are therefore no longer separately payable when provided to ESRD beneficiaries by providers other than ESRD facilities.

Transitional Drug Add-on Payment Adjustment (TDAPA): Under the ESRD PPS drug designation process, the TDAPA is available for new renal dialysis drugs and biological products that qualify under 42 Code of Federal Regulations (CFR) § 413.234.

Transitional Add-on Payment Adjustment for New and Innovative Equipment and Supplies (TPNIES): Beginning January 1, 2020, the ESRD PPS provides the TPNIES for new and innovative renal dialysis equipment and supplies that qualify under § 413.236. The TPNIES payment is based on 65 percent of the Medicare Administrative Contractor (MAC) determined price. The TPNIES is paid for 2 calendar years, beginning on January 1 and ending on December 31. While the TPNIES applies to a new and innovative equipment or supply, the equipment or supply is not considered an outlier service. CR 11869 created the system changes necessary to implement the TPNIES.

Capital Related Assets Adjustment (CRA) for the Transitional Add-on Payment Adjustment for New and Innovative Equipment and Supplies (TPNIES): Beginning January 1, 2021, the TPNIES policy was expanded to include certain capital-related assets (CRA) that are home dialysis machines when used in the home for a single patient. The CRA for TPNIES is based on 65 percent of the Medicare Administrative

Contractor (MAC) determined price. The MACs, on behalf of CMS, establish prices for new and innovative renal dialysis equipment and supplies, including certain CRA that are home dialysis machines, that meet the TPNIES eligibility criteria using verifiable information from the following sources, if available: (1) the invoice amount, facility charges for the item, discounts, allowances, and rebates; (2) the price established for the item by other MACs and the sources of information used to establish that price; (3) payment amounts determined by other payers and the information used to establish those payment amounts; and (4) charges and payment amounts required for other equipment and supplies that may be comparable or otherwise relevant. The CRA for TPNIES is paid for 2 calendar years, beginning on January 1 and ending on December 31. Following payment of the CRA for TPNIES, the ESRD PPS base rate will not be modified and the new CRA that is a home dialysis machine will not be an eligible outlier service as provided in § 413.237. CR 12347 created the system changes necessary to implement the CRA for TPNIES under the ESRD PPS.

B. Policy: Calendar Year 2022 ESRD PPS, AKI Dialysis Payment Updates: Section 1881(b)(14)(F) of the Act requires an annual increase to the ESRD PPS base rate by an ESRD market basket increase factor, reduced by the productivity adjustment described in section 1886(b)(3)(B)(xi)(II) of the Act. That is, the ESRD bundled (ESRDB) market basket increase factor minus the productivity adjustment will update the ESRD PPS base rate.

ESRD PPS Base Rate:

- A wage index budget-neutrality adjustment factor of 0.99985.
- A productivity-adjusted market basket increase of 1.9 percent.
- The CY 2022 ESRD PPS base rate is \$ 257.90 ($(\$253.13 \times 0.99985) \times 1.019 = \257.90).

Labor-related share:

- The labor-related share is 52.3 percent.

Wage index:

- The CY 2022 ESRD PPS wage index is updated to reflect the latest available hospital wage data.
- The 2-year transition to the Office of Management and Budget (OMB) delineations is continuing for CY 2022.
- No cap will be applied to the reduction in the wage index for ESRD facilities for the second year of the 2-year transition, CY 2022.
- The wage index floor is 0.5000.

Outpatient Provider Specific File (OPSF) Changes

For CY 2021, a five percent cap was adopted and applied to any decrease to an ESRD facility's CY 2021 final wage index from that ESRD facility's final wage index of the prior CY (CY 2020). Effective CY 2022 there will be no cap applied to any decrease to an ESRD facility's CY 2022 final wage index. Medicare Administrative Contractors must update the following fields in the PSF for all ESRD facilities:

- **Supplemental Wage Index** - used for the prior calendar year wage index value
- **Supplemental Wage Index Indicator** - used to indicate the value in the "Supplemental Wage Index" field is the prior calendar year wage index.

Medicare Administrative Contractors must update the "Supplemental Wage Index" field value so that this field is **zero (0) for all ESRD facilities**, and must update the "Supplemental Wage Index Indicator" field values so that this field is **blank for all ESRD facilities**. Medicare Administrative Contractors must also ensure that new ESRD facilities or records added to the OPSF for CY 2022 contain a value of **zero (0)** in the "Supplemental Wage Index" field and a **blank value** in the "Supplemental Wage Index Indicator" field.

Outlier Policy:

- CMS made the following updates to the adjusted average outlier service Medicare Allowable Payment (MAP) amount per treatment:
 - The adjusted average outlier service MAP amount per treatment is \$42.75 for adult patients.
 - The adjusted average outlier service MAP amount per treatment is \$27.15 for pediatric patients.
- CMS made the following updates to the fixed dollar loss (FDL) amount that is added to the predicted MAP to determine the outlier threshold:
 - The fixed dollar loss amount is \$75.39 for adult patients.
 - The fixed dollar loss amount is \$26.02 for pediatric patients.
- CMS made the following changes to the list of outlier services:
 - Renal dialysis drugs that are oral equivalents to injectable drugs are based on the most recent prices obtained from the Medicare Prescription Drug Plan Finder, are updated to reflect the most recent mean unit cost. In addition, CMS will add or remove any renal dialysis items and services as necessary. See Attachment A.
 - The mean dispensing fee of the National Drug Codes (NDCs) qualifying for outlier consideration is revised to \$0.58 per NDC per month for claims with dates of service on or after January 1, 2022. See Attachment A.

Consolidated Billing Requirements:

- For CY 2022, no codes are being added or removed from the consolidated billing list. CMS is adding a clarifying footnote to Healthcare Common Procedure Coding System (HCPCS) code J0604 to explain that ESRD facilities should bill using the NDC and not the J code for outlier consideration. See Attachment B.

AKI Dialysis Payment Rate Updates:

- The AKI dialysis payment rate for CY 2022 is \$257.90, which is the same as the base rate under the ESRD PPS for CY 2022.
- The labor-related share is 52.3 percent.
- The AKI dialysis payment rate is adjusted for wages using the same wage index that is used under the ESRD PPS.
- The AKI dialysis payment rate is not reduced for the ESRD Quality Incentive Program (QIP).
- The TDAPA does not apply to AKI claims.
- The TPNIES does not apply to AKI claims.

TDAPA: There are no eligible TDAPA drugs.

TPNIES: There are no eligible TPNIES technologies for CY 2022.

CRA for TPNIES:

There is one eligible CRA for TPNIES that is a home dialysis machine for hemodialysis; the Tablo® System.

- ESRD facilities will be paid the CRA for TPNIES for the Tablo® System beginning January 1, 2022 through December 31, 2023.
- The CRA for TPNIES for the Tablo® System will be calculated as described in CR 12347.
- The CY 2022 average per treatment CRA for TPNIES offset amount is \$9.50.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
12499.3.1	Medicare contractors shall update the Supplemental Wage Index fields to zeroes and the Supplemental Wage flags to blank for CY 2022 for all ESRD facilities.	X								
12499.4	Medicare contractors shall update the NDC dispensing fee for ESRD outlier services to \$0.58 for claims with dates of service on or after January 1, 2022.					X				
12499.5	Medicare contractors shall update the list of items and services that qualify as outlier services according to the updated list in Attachment A, effective January 1, 2022.					X				
12499.6	<p>Medicare contractors shall update the TPNIES CRA codes list to include the following HCPCS:</p> <ul style="list-style-type: none"> E1629 Tablo hemodialysis system for the billable dialysis service <p>NOTE: There are no changes to the following code lists for CY 2022:</p> <p>TDAPA – no approved codes</p> <p>TPNIES – no approved codes</p> <p>Consolidated billing: HCPCS subject to the ESRD PPS consolidated billing requirements remain the same for CY 2022.</p>					X				
12499.6.1	Medicare contractors shall manually price HCPCS E1629 with modifier AX appended for TPNIES CRA	X								

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CFW	
	when billed with the revenue code 0823.									

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
12499.7	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the “MLN Connects” listserv to get MLN content notifications. You don’t need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.	X				

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

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

V. CONTACTS

Pre-Implementation Contact(s): Simone Dennis, 410-786-6041 or Simone.Dennis@cms.hhs.gov , Wendy Jones, Wendy.Jones@cms.hhs.gov , Brenda Hudson, 443-743-9299 or brenda.hudson@cms.hhs.gov

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

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 2

NDC²	Drug Product	Mean Unit Cost	NDC Status
00093735301 23155011901 23155066301 51407017001 <i>62756096888</i> 63304024001 <i>63629874201</i> <i>64380072406</i> 64380072406 69452020820	Calcitriol 0.5 mcg capsules	<i>\$0.74</i>	Active Active Active Active Active Active Active Active Active
00054312041 63304024159 64980044715	Calcitriol 1 mcg/mL oral solution (15ml/bottle)	<i>\$7.13</i>	Active Active Active
00074903630	Zemplar (paricalcitol) 1 mcg capsule	<i>\$14.04</i>	Active
00074903730	Zemplar (paricalcitol) 2 mcg capsule	<i>\$28.04</i>	Active
10888500102 49483068703 55111066330 60429048130 60429083630 <i>63629245201</i> 64980022503 65862093630 <i>68382026606</i> 68382033006 69387010330 69452014513	Paricalcitol 1 mcg capsule	<i>\$4.75</i>	Active Active Active Inactive Inactive Active Active Active Inactive Active Active Active
10888500202 49483068803 55111066430 60429048230 60429083730 <i>63629245301</i> 64980022603 65862093730 <i>68382026706</i> 68382033106 69387010430 69452014613	Paricalcitol 2 mcg capsule	<i>\$9.24</i>	Active Active Active Inactive Inactive Active Active Active Inactive Active Active Active
10888500302 49483068903 55111066530 60429048330 <i>60429083830</i> 65862093830 <i>69452014713</i>	Paricalcitol 4 mcg capsule	<i>\$14.74</i>	Active Active Active Inactive Inactive Active Inactive
00054033819	Doxercalciferol 0.5 mcg capsule	<i>\$5.39</i>	Inactive

NDC ²	Drug Product	Mean Unit Cost	NDC Status
31722010430			Active
42291046030			Active
42543096204			Active
43598036830			Active
47335038083			Active
51407029630			Active
63629876401			Active
64380088404			Active
65862083230			Active
67877050430			Active
69097041102			Active
70436000804			Active
71093015301			Active
72865015130			Active
76282067530			Active
00378619593	CINACALCET 90 MG ORAL TABLET	\$35.47	Inactive
00591241830			Inactive
16714008001			Active
16729044210			Active
16729044215			Active
31722010530			Active
42291046130			Active
42543096304			Active
43598036930			Active
47335060083			Active
51407029730			Active
63629876501			Active
64380088504			Active
65862083330			Active
67877050530			Active
69097041202			Active
70436000904			Active
71093015401			Active
72865015230			Active
76282067630			Active

¹ Outlier services imputed payment amounts. Oral or other equivalent forms of Part B injectable drugs included in the ESRD PPS bundle (notwithstanding the delayed implementation of ESRD-related oral-only drugs effective 1/1/2025).

² The mean dispensing fee of the NDCs listed above is **\$0.58**. This amount will be applied to each NDC included fee on the monthly claim. We will limit 1 dispensing per NDC per month. Providers should report the quantity in the smallest available unit. This is necessary because Medicare is using the mean per unit cost in calculating the outlier. For example, if the provider reports NDC 00054312041 Calcitriol 1 mcg/ml oral solution (15/ml/bottle) reported and uses the full 15 ml bottle, the quantity is as 15, not 1. This allows for the most accurate calculation for the outlier.

Laboratory Tests

CPT/HCPCS	Short Description
82108	Assay of aluminum
82306	Vitamin d, 25 hydroxy
82379	Assay of carnitine
82570	Assay of urine creatinine
82575	Creatinine clearance test
82607	Vitamin B-12
82652	Vit d 1, 25-dihydroxy
82668	Assay of erythropoietin
82728	Assay of ferritin
82746	Blood folic acid serum
83540	Assay of iron
83550	Iron binding test
83970	Assay of parathormone
84134	Assay of prealbumin
84466	Assay of transferrin
84540	Assay of urine/urea-n
84545	Urea-N clearance test
85041	Automated rbc count
85044	Manual reticulocyte count
85045	Automated reticulocyte count
85046	Reticyte/hgb concentrate
85048	Automated leukocyte count
86704	Hep b core antibody, total
86705	Hep b core antibody, igm
86706	Hep b surface antibody
87040	Blood culture for bacteria
87070	Culture, bacteria, other
87071	Culture bacteri aerobic othr
87073	Culture bacteria anaerobic
87075	Cultr bacteria, except blood
87076	Culture anaerobe ident, each
87077	Culture aerobic identify
87081	Culture screen only
87340	Hepatitis b surface ag, eia
87341	Hepatitis b surface ag, eia
G0499	Hepb screen high risk indiv

Equipment and Supplies

HCPCS	Short Description
A4657	Syringes with or with needle, each
A4913	Miscellaneous dialysis supplies, not otherwise specified

ATTACHMENT B

CY 2022 ESRD PPS CONSOLIDATED BILLING LIST

This is not an all-inclusive list. All injectable drugs and biologicals and their oral or other form of administration, laboratory tests, supplies, and services provided for the treatment of ESRD are included in the ESRD PPS.

DME ESRD SUPPLY HCPCS FOR ESRD PPS CONSOLIDATED BILLING EDITS

HCPCS Code	Long Description
A4216	STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML
A4217	STERILE WATER/SALINE, 500 ML
A4218	STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML
A4450	TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES
A4452	TAPE, WATERPROOF, PER 18 SQUARE INCHES
A6215	FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING
E0210	ELECTRIC HEAT PAD, STANDARD

DME ESRD SUPPLY HCPCS NOT PAYABLE TO DME SUPPLIERS

HCPCS Code	Long Description
A4215	NEEDLE, STERILE, ANY SIZE, EACH
A4244	ALCOHOL OR PEROXIDE, PER PINT
A4245	ALCOHOL WIPES, PER BOX
A4246	BETADINE OR PHISOHEX SOLUTION, PER PINT
A4247	BETADINE OR IODINE SWABS/WIPES, PER BOX
A4248	CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML
A4651	CALIBRATED MICROCAPILLARY TUBE, EACH
A4652	MICROCAPILLARY TUBE SEALANT
A4653	PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH
A4657	SYRINGE, WITH OR WITHOUT NEEDLE, EACH
A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE

HCPCS Code	Long Description
A4663	BLOOD PRESSURE CUFF ONLY
A4670	AUTOMATIC BLOOD PRESSURE MONITOR
A4671	DISPOSABLE CYCLER SET USED WITH CYCLER DIALYSIS MACHINE, EACH
A4672	DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH
A4673	EXTENSION LINE WITH EASY LOCK CONNECTORS, USED WITH DIALYSIS
A4674	CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILIZE DIALYSIS EQUIPMENT, PER 8 OZ
A4680	ACTIVATED CARBON FILTER FOR HEMODIALYSIS, EACH
A4690	DIALYZER (ARTIFICIAL KIDNEYS), ALL TYPES, ALL SIZES, FOR HEMODIALYSIS, EACH
A4706	BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON
A4707	BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET
A4708	ACETATE CONCENTRATE SOLUTION, FOR HEMODIALYSIS, PER GALLON
A4709	ACID CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON
A4714	TREATED WATER (DEIONIZED, DISTILLED, OR REVERSE OSMOSIS) FOR PERITONEAL DIALYSIS, PER GALLON
A4719	"Y SET" TUBING FOR PERITONEAL DIALYSIS
A4720	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 249CC, BUT LESS THAN OR EQUAL TO 999CC, FOR PERITONEAL DIALYSIS
A4721	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 999CC BUT LESS THAN OR EQUAL TO 1999CC, FOR PERITONEAL DIALYSIS
A4722	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 1999CC BUT LESS THAN OR EQUAL TO 2999CC, FOR PERITONEAL DIALYSIS
A4723	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 2999CC BUT LESS THAN OR EQUAL TO 3999CC, FOR PERITONEAL DIALYSIS
A4724	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 3999CC BUT LESS THAN OR EQUAL TO 4999CC, FOR PERITONEAL DIALYSIS

HCPCS Code	Long Description
A4725	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 4999CC BUT LESS THAN OR EQUAL TO 5999CC, FOR PERITONEAL DIALYSIS
A4726	DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 5999CC, FOR PERITONEAL DIALYSIS
A4728	DIALYSATE SOLUTION, NON-DEXTROSE CONTAINING, 500 ML
A4730	FISTULA CANNULATION SET FOR HEMODIALYSIS, EACH
A4736	TOPICAL ANESTHETIC, FOR DIALYSIS, PER GRAM
A4737	INJECTABLE ANESTHETIC, FOR DIALYSIS, PER 10 ML
A4740	SHUNT ACCESSORY, FOR HEMODIALYSIS, ANY TYPE, EACH
A4750	BLOOD TUBING, ARTERIAL OR VENOUS, FOR HEMODIALYSIS, EACH
A4755	BLOOD TUBING, ARTERIAL AND VENOUS COMBINED, FOR HEMODIALYSIS, EACH
A4760	DIALYSATE SOLUTION TEST KIT, FOR PERITONEAL DIALYSIS, ANY TYPE, EACH
A4765	DIALYSATE CONCENTRATE, POWDER, ADDITIVE FOR PERITONEAL DIALYSIS, PER PACKET
A4766	DIALYSATE CONCENTRATE, SOLUTION, ADDITIVE FOR PERITONEAL DIALYSIS, PER 10 ML
A4770	BLOOD COLLECTION TUBE, VACUUM, FOR DIALYSIS, PER 50
A4771	SERUM CLOTTING TIME TUBE, FOR DIALYSIS, PER 50
A4772	BLOOD GLUCOSE TEST STRIPS, FOR DIALYSIS, PER 50
A4773	OCCULT BLOOD TEST STRIPS, FOR DIALYSIS, PER 50
A4774	AMMONIA TEST STRIPS, FOR DIALYSIS, PER 50
A4802	PROTAMINE SULFATE, FOR HEMODIALYSIS, PER 50 MG
A4860	DISPOSABLE CATHETER TIPS FOR PERITONEAL DIALYSIS, PER 10
A4870	PLUMBING AND/OR ELECTRICAL WORK FOR HOME HEMODIALYSIS EQUIPMENT
A4890	CONTRACTS, REPAIR, AND MAINTENANCE, FOR HEMODIALYSIS EQUIPMENT
A4911	DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH
A4913	MISCELLANEOUS DIALYSIS SUPPLIES, NOT OTHERWISE SPECIFIED
A4918	VENOUS PRESSURE CLAMP, FOR HEMODIALYSIS, EACH
A4927	GLOVES, NON-STERILE, PER 100
A4928	SURGICAL MASK, PER 20

HCPCS Code	Long Description
A4929	TOURNIQUET FOR DIALYSIS, EACH
A4930	GLOVES, STERILE, PER PAIR
A4931	ORAL THERMOMETER, REUSABLE, ANY TYPE, EACH
A6204	SURGICAL DRESSING
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE
A6260	WOUND CLEANSERS, STERILE, ANY TYPE, ANY SIZE
E1500	CENTRIFUGE, FOR DIALYSIS
E1510	KIDNEY, DIALYSATE DELIVERY SYST. KIDNEY MACHINE, PUMP RECIRCULATING, AIR REMOVAL SYST, FLOWRATE METER, POWER OFF, HEATER AND TEMPERATURE CONTROL WITH ALARM, I.V. POLES, PRESSURE GAUGE, CONCENTRATE CONTAINER
E1520	HEPARIN INFUSION PUMP FOR HEMODIALYSIS
E1530	AIR BUBBLE DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT
E1540	PRESSURE ALARM FOR HEMODIALYSIS, EACH, REPLACEMENT
E1550	BATH CONDUCTIVITY METER FOR HEMODIALYSIS, EACH
E1560	BLOOD LEAK DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT
E1570	ADJUSTABLE CHAIR, FOR ESRD PATIENTS
E1575	TRANSDUCER PROTECTORS/FLUID BARRIERS, FOR HEMODIALYSIS, ANY SIZE, PER 10
E1580	UNIPUNCTURE CONTROL SYSTEM FOR HEMODIALYSIS
E1590	HEMODIALYSIS MACHINE
E1592	AUTOMATIC INTERMITTENT PERITONEAL DIALYSIS SYSTEM
E1594	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS
E1600	DELIVERY AND/OR INSTALLATION CHARGES FOR HEMODIALYSIS EQUIPMENT
E1610	REVERSE OSMOSIS WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS
E1615	DEIONIZER WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS
E1620	BLOOD PUMP FOR HEMODIALYSIS, REPLACEMENT
E1625	WATER SOFTENING SYSTEM, FOR HEMODIALYSIS
E1630	RECIPROCATING PERITONEAL DIALYSIS SYSTEM
E1632	WEARABLE ARTIFICIAL KIDNEY, EACH
E1634	PERITONEAL DIALYSIS CLAMPS, EACH
E1635	COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM
E1636	SORBENT CARTRIDGES, FOR HEMODIALYSIS, PER 10

HCPCS Code	Long Description
E1637	HEMOSTATS, EACH
E1639	SCALE, EACH
E1699	DIALYSIS EQUIPMENT, NOT OTHERWISE SPECIFIED

LABS SUBJECT TO ESRD CONSOLIDATED BILLING

CPT/ HCPCS Code	Short Description
80047	Basic Metabolic Panel (Calcium, ionized)
80048	Basic Metabolic Panel (Calcium, total)
80051	Electrolyte Panel
80053	Comprehensive Metabolic Panel
80069	Renal Function Panel
80076	Hepatic Function Panel
82040	Assay of serum albumin
82108	Assay of aluminum
82306	Vitamin d, 25 hydroxy
82310	Assay of calcium
82330	Assay of calcium, Ionized
82374	Assay, blood carbon dioxide
82379	Assay of carnitine
82435	Assay of blood chloride
82565	Assay of creatinine
82570	Assay of urine creatinine
82575	Creatinine clearance test
82607	Vitamin B-12
82652	Vit d 1, 25-dihydroxy
82668	Assay of erythropoietin
82728	Assay of ferritin
82746	Blood folic acid serum
83540	Assay of iron
83550	Iron binding test
83735	Assay of magnesium
83970	Assay of parathormone
84075	Assay alkaline phosphatase
84100	Assay of phosphorus
84132	Assay of serum potassium
84134	Assay of prealbumin

CPT/ HCPCS Code	Short Description
84155	Assay of protein, serum
84157	Assay of protein by other source
84295	Assay of serum sodium
84466	Assay of transferrin
84520	Assay of urea nitrogen
84540	Assay of urine/urea-n
84545	Urea-N clearance test
85014	Hematocrit
85018	Hemoglobin
85025	Complete (cbc), automated (Hgb, Hct, RBC, WBC, and Platelet count) and automated differential WBC count.
85027	Complete (cbc), automated (Hgb, Hct, RBC, WBC, and Platelet count)
85041	Automated rbc count
85044	Manual reticulocyte count
85045	Automated reticulocyte count
85046	Reticyte/hgb concentrate
85048	Automated leukocyte count
86704	Hep b core antibody, total
86705	Hep b core antibody, igm
86706	Hep b surface antibody
87040	Blood culture for bacteria
87070	Culture, bacteria, other
87071	Culture bacteri aerobic othr
87073	Culture bacteria anaerobic
87075	Cultr bacteria, except blood
87076	Culture anaerobe ident, each
87077	Culture aerobic identify
87081	Culture screen only
87340	Hepatitis b surface ag, eia
87341	Hepatitis b surface ag eia
G0499	Hepb screen high risk indiv
G0306	CBC/diff wbc w/o platelet
G0307	CBC without platelet

DRUGS SUBJECT TO ESRD CONSOLIDATED BILLING

Category	HCPCS	Title
Access Management	J1642	INJ HEPARIN SODIUM PER 10 U
	J1644	INJ HEPARIN SODIUM PER 1000U
	J1945	LEPIDUN
	J2993	RETEPLASE INJECTION
	J2997	ALTEPLASE RECOMBINANT
	J3364	UROKINASE 5000 IU INJECTION
	J3365	UROKINASE 250,000 IU INJ
	J0884	INJ ARGATROBAN
Anemia Management	J0882	DARBEPOETIN
	J0887	INJ. EPOETIN BETA (FOR ESRD ON DIALYSIS), 1 MCG
	J1439	INJ FERRIC CARBOXYMALTOSE, 1MG
	J1750	IRON DEXTRAN
	J1443	INJ. FERRIC PYROPHOSPHATE CIT
	J1756	IRON SUCROSE INJECTION
	J2916	NA FERRIC GLUCONATE COMPLEX
	J3420	VITAMIN B12 INJECTION
	Q0139	FERUMOXYTOL
	Q4081	EPO
	Q5105	INJECTION, EPOETIN ALFA, BIOSIMILAR
Bone and Mineral Metabolism	J0604 ¹	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)
	J0606	INJECTION, ETELCALCETIDE, 0.1 MG
	J0610	CALCIUM GLUCONATE INJECTION
	J0620	CALCIUM GLYCER & LA CT/10 ML
	J0630	CALCITONIN SALMON INJECTION
	J0636	INJ CALCITRIOL PER 0.1 MCG
	J0895	DEFEROXAMINE MESYLATE INJ
	J1270	INJECTION, DOXERCALCIFEROL
	J1740	IBANDRONATE SODIUM
	J2430	PAMIDRONATE DISODIUM /30 MG
	J2501	PARICALCITOL
	J3489	ZOLEDRONICACID
	Cellular Management	J1955
Anti-Infectives	J0878	DAPTOMYCIN
	J3370	VANCOMYCIN HCL INJECTION

Composite Rate Drugs and Biologicals	A 4802	INJ PROTA MINE SULFA TE
	J0670	INJ MEPIVA CA INE HY DROCHL ORIDE
	J0945	BROMPHE NIRA MINE MA LEATE
	J1200	INJ DIPHEN HYDRA MIN E HCL
	J1205	INJ CHLOROTHIAZ IDE SODIUM
	J1240	INJ DIMENHY DRIN AT E
	J1940	INJ FUROS EMID E
	J2001	INJ LIDOCA INE HCL FOR INTRA V ENOUS INFUSION, 10 MG
	J2150	INJ MANNITOL
	J2360	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG
	J2720	INJ PROTAMINE SULFATE
	J2795	INJ ROPIVACAINE HYDROCHLORIDE
	J3265	INJ TORSEMIDE
	J3410	INJ HYDROXYZINE HCL
	J3480	INJ. POTASSIUM CHLORIDE, PER 2 MEQ.
	J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC
	J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML = 1 UNIT)
	J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)
	J7050	INFUSION, NORMAL SALINE SOLUTION, 250 CC
	J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)
	J7070	INFUSION, D5W, 1000 CC
	J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC
	J7131	HYPERTONIC SALINE SOL
	Q0163	DIPHENHYDRA MINE HYDROCHLORIDE

¹ For outlier consideration, the NDC should be reported. For more information, please see the [MLN Connects Article](#) published on September 23, 2021.