

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12157	Date: July 27, 2023
	Change Request 13275

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

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to (1) provide instructions for implementing the Transitional Drug Add-on Payment Adjustment (TDAPA) effective October 1, 2023 for a new Healthcare Common Procedure Coding System (HCPCS) code; (2) update the diagnosis codes eligible for the ESRD PPS comorbidity payment adjustment effective October 1, 2023 and add three diagnosis codes effective October 1, 2020; and (3) add two new diagnosis codes to the list of AKI diagnosis codes.

EFFECTIVE DATE: October 1, 2023

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

IMPLEMENTATION DATE: October 2, 2023

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. 100-04	Transmittal: 12157	Date: July 27, 2023	Change Request: 13275
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SUBJECT: Quarterly Update to the End-Stage Renal Disease Prospective Payment System (ESRD PPS)

EFFECTIVE DATE: October 1, 2023

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

IMPLEMENTATION DATE: October 2, 2023

I. GENERAL INFORMATION

A. Background: Transitional Drug Add-on Payment Adjustment (TDAPA): The TDAPA is a payment adjustment under the ESRD PPS for certain new renal dialysis drugs and biological products. As discussed in the CY 2019 and CY 2020 ESRD PPS final rules, for new renal dialysis drugs and biological products that fall into an existing ESRD PPS functional category, the TDAPA helps ESRD facilities to incorporate new drugs and biological products and make appropriate changes in their businesses to adopt such products, provides additional payments for such associated costs, and promotes competition among the products within the ESRD PPS functional categories, while focusing Medicare resources on products that are innovative (83 FR 56935; 84 FR 60654). For new renal dialysis drugs and biological products that do not fall within an existing ESRD PPS functional category, the TDAPA is a pathway toward a potential base rate modification (83 FR 56935). The TDAPA requirements are set forth in the ESRD PPS regulations at 42 C.F.R. § 413.234. CMS bases the TDAPA on 100 percent of average sales price (ASP). If ASP is not available, the TDAPA is based on 100 percent of wholesale acquisition cost (WAC) and, when WAC is not available, the payment is based on the drug manufacturer's invoice.

The TDAPA for a new renal dialysis drug or biological product that is used to treat or manage a condition for which there is an existing ESRD PPS functional category is paid for a period of 2 years. Following payment of the TDAPA, the ESRD PPS base rate will not be modified. While the TDAPA applies to a new renal dialysis drug or biological product, the drug or biological product is not considered an ESRD outlier service. 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.

CMS reviews and issues TDAPA payment determinations on a quarterly basis for new renal dialysis drugs or biological products that fit within an existing ESRD PPS functional category.

ESRD PPS Comorbidity Coding Update: 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 take into account patient comorbidities. A comorbidity is a specific patient condition that is secondary to the patient's principal diagnosis that necessitates renal dialysis, yet has a significant, direct effect on resource use during dialysis (74 FR 49952; 75 FR 49095). In accordance with the Act, CMS established the comorbidity payment adjustment, which recognizes the increased costs associated with renal dialysis patients who have comorbidities, effective January 1, 2011 (75 FR 49085 through 49108).

This change request updates the diagnosis codes eligible for the ESRD PPS comorbidity payment adjustment effective October 1, 2023, and it adds three diagnosis codes effective October 1, 2020. 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 part of the changes to the Hospital Inpatient Prospective Payment Systems as stated in Pub. 100-04, Chapter 23, Section 10.2. The updates to Table 6A.-New Diagnosis Codes, Table 6C. – Invalid Diagnosis Codes, and Table 6E. – Revised Diagnosis Code Titles are made available on the CMS website at: <https://www.cms.gov/medicare/medicare-fee-for-service-payment/acuteinpatientpps>. These updates are effective each October 1, unless otherwise specified.

Acute Kidney Injury (AKI) Coding Update: In accordance with section 1834(r) of the Act, CMS pays ESRD facilities for furnishing renal dialysis services to Medicare beneficiaries with AKI. CMS implemented the payment policies for AKI renal dialysis services through rulemaking (81 FR 77866 through 77872) and provided detailed guidance regarding those policies in CR 9598.

B. Policy: TDAPA: Effective October 1, 2023, daprodustat, an oral hypoxia-inducible factor prolyl hydroxylase (HIF PH) inhibitor that stimulates erythropoietin production and is indicated to treat anemia in adults with chronic kidney disease who have been on dialysis for four months, qualifies for the TDAPA as a drug or biological product used to treat or manage a condition for which there is an existing ESRD PPS functional category - specifically, the anemia management category. ESRD facilities should report the AX modifier (item furnished in conjunction with dialysis services) with the HCPCS code to get payment for the TDAPA-eligible drug. While this drug is eligible for the TDAPA, it does not qualify toward outlier calculation. We note that ESRD facilities should only use the AX modifier for a drug or biological product that qualifies for payment using the TDAPA.

J0889, daprodustat, oral, 1 mg, (for esrd on dialysis)

Because daprodustat falls within the existing ESRD PPS functional category of anemia management and is only used for treating renal dialysis patients, it is considered to be a drug that is always used for the treatment of ESRD. ESRD facilities will not receive separate payment for J0889 with or without the AY modifier, and the claims shall process the line item as covered with no separate payment under the ESRD PPS. The ESRD PPS CB requirements will be updated to include J0889. The payer-only value code Q8 – Total TDAPA Amount is used to capture the add-on payment adjustment.

For an example calculation, please refer to CR 10065, titled “Implementation of the Transitional Drug Add-On Payment Adjustment.”

ESRD PPS Comorbidity Coding Update: Effective for dates of service on and after October 1, 2023, there are new ICD-10-CM diagnosis codes eligible under the hereditary hemolytic and sickle cell anemia comorbidity category. These ICD-10-CM codes are eligible for a comorbidity payment adjustment, effective October 1, 2023.

Specifically, in the chronic comorbidity condition under the hereditary hemolytic and sickle cell anemia category, the six (6) new ICD-10-CM codes added are as follows:

ICD-10-CM Diagnosis Code: Descriptor

D57.04: Hb-SS disease with dactylitis

D57.214: Sickle-cell/Hb-C disease with dactylitis

D57.414: Sickle-cell thalassemia, unspecified, with dactylitis

D57.434: Sickle-cell thalassemia beta zero with dactylitis

D57.454: Sickle-cell thalassemia beta plus with dactylitis

D57.814: Other sickle-cell disorders with dactylitis

Additionally, effective for dates of service on and after October 1, 2020, there are ICD-10-CM diagnosis codes added to the gastrointestinal bleeding comorbidity category. These ICD-10-CM codes are eligible for a comorbidity payment adjustment, effective October 1, 2020.

Specifically, in the acute comorbidity condition under the gastrointestinal bleeding category, three (3) ICD-10-CM codes added are as follows:

ICD-10-CM Diagnosis Code: Descriptor

K20.81: Other esophagitis with bleeding

K20.91: Esophagitis, unspecified with bleeding

K21.01: Gastro-esophageal reflux disease with esophagitis, with bleeding

Note: In this change request, CMS is not adding or changing any comorbidity categories. The updated comorbidity payment adjustment list is available at the following website:

<https://www.cms.gov/medicare/medicare-fee-for-service-payment/esrdpayment/patient-level-adjustments>.

AKI Coding Update: For payment under Medicare, ESRD facilities are required to report all items and services furnished to beneficiaries with AKI by submitting the 72x type of bill with condition code 84 - Dialysis for AKI on a monthly basis. Since ESRD facilities bill Medicare for renal dialysis services by submitting the 72x type of bill for ESRD beneficiaries, condition code 84 differentiates an ESRD PPS claim from an AKI claim. AKI claims require one of a specific list of diagnosis codes for payment.

Effective for dates of service on and after October 1, 2023, there are ICD-10-CM diagnosis codes added to the list of AKI diagnosis codes. Specifically, under the AKI diagnosis code list, the two (2) ICD-10-CM codes added are as follows:

ICD-10-CM Diagnosis Code: Descriptor

O08.4: Renal failure following ectopic and molar pregnancy

O90.49: Other postpartum acute kidney failure

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility							
		A/B MAC			D M E M A C	Shared- System Maintainers			
A	B	H H H	F I S S	M C S		V M S	C W F		

Number	Requirement	Responsibility								Other
		A/B MAC			D M E M A C	Shared- System Maintainers				
		A	B	H H H		F I S S	M C S	V M S	C W F	
13275.1	Medicare systems shall add J0889 daprodustat, oral, 1 mg, (for esrd on dialysis) to the list of ESRD TDAPA Drugs, effective October 1, 2023.					X				
13275.2	Medicare systems shall add J0889 daprodustat, oral, 1 mg, (for esrd on dialysis) to the ESRD Consolidated Billing Codes List, effective October 1, 2023 (see Attachment B for revised list).					X			X	
13275.3	Medicare systems shall update the ESRD PPS comorbidity category for Hereditary Hemolytic and Sickle Cell Anemia (payer only condition code ME) to include the following allowable diagnosis codes: D57.04: Hb-SS disease with dactylitis D57.214: Sickle-cell/Hb-C disease with dactylitis D57.414: Sickle-cell thalassemia, unspecified, with dactylitis D57.434: Sickle-cell thalassemia beta zero with dactylitis D57.454: Sickle-cell thalassemia beta plus with dactylitis D57.814: Other sickle-cell disorders with dactylitis (See revised list in Attachment A).					X				
13275.4	Effective October 1, 2020, Medicare systems shall update the ESRD PPS comorbidity category for Gastrointestinal Bleeding (payer only condition code MA) to include the following allowable diagnosis codes: K20.81: Other esophagitis with bleeding K20.91: Esophagitis, unspecified with bleeding K21.01: Gastro-esophageal reflux disease with esophagitis, with bleeding					X				

Number	Requirement	Responsibility								
		A/B MAC			D M E M A C	Shared-System Maintainers				Other
		A	B	H H H		F I S S	M C S	V M S	C W F	
	(See revised list in Attachment A).									
13275.5	<p>Medicare systems shall update the allowable diagnosis codes for Acute Kidney Injury (AKI) claims (type of bill 72X with condition code 84) to include the following:</p> <p>O08.4: Renal failure following ectopic and molar pregnancy</p> <p>O90.49: Other postpartum acute kidney failure</p> <p>(See revised list in Attachment C).</p>					X				

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E M A C	C E D I
		A	B	H H H		
13275.6	<p>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.</p>	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:
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Section B: All other recommendations and supporting information: N/A

V. CONTACTS

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: 3

Attachment A: ESRD PPS Comorbidity Categories and Diagnosis Codes

Acute Comorbidity Categories

Gastrointestinal Bleeding

ICD_10_CM DIAGNOSIS	DESCRIPTOR
<i>K20.81¹</i>	<i>Other esophagitis with bleeding</i>
<i>K20.91¹</i>	<i>Esophagitis, unspecified with bleeding</i>
<i>K21.01¹</i>	<i>Gastro-esophageal reflux disease with esophagitis, with bleeding</i>
K22.11	Ulcer of esophagus with bleeding
K25.0	Acute gastric ulcer with hemorrhage
K25.2	Acute gastric ulcer with both hemorrhage and perforation
K25.4	Chronic or unspecified gastric ulcer with hemorrhage
K25.6	Chronic or unspecified gastric ulcer with both hemorrhage and perforation
K26.0	Acute duodenal ulcer with hemorrhage
K26.2	Acute duodenal ulcer with both hemorrhage and perforation
K26.4	Chronic or unspecified duodenal ulcer with hemorrhage
K26.6	Chronic or unspecified duodenal ulcer with both hemorrhage and perforation
K27.0	Acute peptic ulcer, site unspecified, with hemorrhage
K27.2	Acute peptic ulcer, site unspecified, with both hemorrhage and perforation
K27.4	Chronic or unspecified peptic ulcer, site unspecified, with hemorrhage
K27.6	Chronic or unspecified peptic ulcer, site unspecified, with both hemorrhage and perforation
K28.0	Acute gastrojejunal ulcer with hemorrhage
K28.2	Acute gastrojejunal ulcer with both hemorrhage and perforation
K28.4	Chronic or unspecified gastrojejunal ulcer with hemorrhage
K28.6	Chronic or unspecified gastrojejunal ulcer with both hemorrhage and perforation
K31.811	Angiodysplasia of stomach and duodenum with bleeding
K55.21	Angiodysplasia of colon with hemorrhage
K57.01	Diverticulitis of small intestine with perforation and abscess with bleeding
K57.11	Diverticulosis of small intestine without perforation or abscess with bleeding
K57.13	Diverticulitis of small intestine without perforation or abscess with bleeding
K57.21	Diverticulitis of large intestine with perforation and abscess with bleeding
K57.31	Diverticulosis of large intestine without perforation or abscess with bleeding
K57.33	Diverticulitis of large intestine without perforation or abscess with bleeding
K57.41	Diverticulitis of both small and large intestine with perforation and abscess with bleeding
K57.51	Diverticulosis of both small and large intestine without perforation or abscess with bleeding
K57.53	Diverticulitis of both small and large intestine without perforation or abscess with bleeding
K57.81	Diverticulitis of intestine, part unspecified, with perforation and abscess with bleeding
K57.91	Diverticulosis of intestine, part unspecified, without perforation or abscess with bleeding

K57.93	Diverticulitis of intestine, part unspecified, without perforation or abscess with bleeding
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Pericarditis

ICD_10_CM DIAGNOSIS	DESCRIPTOR
A18.84	Tuberculosis of heart
I30.0	Acute nonspecific idiopathic pericarditis
I30.1	Infective pericarditis
I30.8	Other forms of acute pericarditis
I30.9	Acute pericarditis, unspecified
I32	Pericarditis in diseases classified elsewhere
M32.12	Pericarditis in systemic lupus erythematosus

Chronic Comorbidity Categories

Hereditary Hemolytic and Sickle Cell Anemia

ICD_10_CM DIAGNOSIS	DESCRIPTOR
D55.0	Anemia due to glucose-6-phosphate dehydrogenase [G6PD] deficiency
D55.1	Anemia due to other disorders of glutathione metabolism
D55.21	Anemia due to pyruvate kinase deficiency
D55.29	Anemia due to other disorders of glycolytic enzymes
D55.3	Anemia due to disorders of nucleotide metabolism
D55.8	Other anemias due to enzyme disorders
D55.9	Anemia due to enzyme disorder, unspecified
D56.0	Alpha thalassemia
D56.1	Beta thalassemia
D56.2	Delta-beta thalassemia
D56.3	Thalassemia minor
D56.5	Hemoglobin E-beta thalassemia
D56.8	Other thalassemias
D57.00	Hb-SS disease with crisis, unspecified
D57.01	Hb-SS disease with acute chest syndrome
D57.02	Hb-SS disease with splenic sequestration
D57.03	Hb-SS disease with cerebral vascular involvement
<i>D57.04²</i>	<i>Hb-SS disease with dactylitis</i>

D57.09	Hb-SS disease with crisis with other specified complication
D57.1	Sickle-cell disease without crisis
D57.20	Sickle-cell/Hb-C disease without crisis
D57.211	Sickle-cell/Hb-C disease with acute chest syndrome
D57.212	Sickle-cell/Hb-C disease with splenic sequestration
D57.213	Sickle-cell/Hb-C disease with cerebral vascular involvement
<i>D57.214²</i>	<i>Sickle-cell/Hb-C disease with dactylitis</i>
D57.218	Sickle-cell/Hb-C disease with crisis with other specified complication
D57.219	Sickle-cell/Hb-C disease with crisis, unspecified
D57.40	Sickle-cell thalassemia without crisis
D57.411	Sickle-cell thalassemia, unspecified, with acute chest syndrome
D57.412	Sickle-cell thalassemia, unspecified, with splenic sequestration
D57.413	Sickle-cell thalassemia, unspecified, with cerebral vascular involvement
<i>D57.414²</i>	<i>Sickle-cell thalassemia, unspecified, with dactylitis</i>
D57.418	Sickle-cell thalassemia, unspecified, with crisis with other specified complication
D57.419	Sickle-cell thalassemia, unspecified, with crisis
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
<i>D57.434²</i>	<i>Sickle-cell thalassemia beta zero with dactylitis</i>
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
<i>D57.454²</i>	<i>Sickle-cell thalassemia beta plus with dactylitis</i>
D57.458	Sickle-cell thalassemia beta plus with crisis with other specified complication
D57.459	Sickle-cell thalassemia beta plus with crisis, unspecified
D57.80	Other sickle-cell disorders without crisis
D57.811	Other sickle-cell disorders with acute chest syndrome
D57.812	Other sickle-cell disorders with splenic sequestration
D57.813	Other sickle-cell disorders with cerebral vascular involvement
<i>D57.814²</i>	<i>Other sickle-cell disorders with dactylitis</i>
D57.818	Other sickle-cell disorders with crisis with other specified complication
D57.819	Other sickle-cell disorders with crisis, unspecified
D58.0	Hereditary spherocytosis
D58.1	Hereditary elliptocytosis

Myelodysplastic Syndrome

ICD_10_CM DIAGNOSIS	DESCRIPTOR
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.1	Refractory anemia with ring sideroblasts
D46.20	Refractory anemia with excess of blasts, unspecified
D46.21	Refractory anemia with excess of blasts 1
D46.22	Refractory anemia with excess of blasts 2
D46.4	Refractory anemia, unspecified
D46.9	Myelodysplastic syndrome, unspecified
D46.A	Refractory cytopenia with multilineage dysplasia
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts
D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality
D46.Z	Other myelodysplastic syndromes
D47.1	Chronic myeloproliferative disease
D47.3	Essential (hemorrhagic) thrombocythemia

¹Effective October 1, 2020, this diagnosis is eligible for a comorbidity payment adjustment under the ESRD PPS.

²Effective October 1, 2023, this diagnosis is eligible for a comorbidity payment adjustment under the ESRD PPS.

ATTACHMENT B

CY 2023 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	LEPIRIDUN
	J2993	RETEPLASE INJECTION
	J2997	ALTEPLASE RECOMBINANT
	J3364	UROKINA SE 5000 IU INJECTION
	J3365	UROKINA SE 250,000 IU INJ
	J0884	INJ ARGATROBAN
	J0899 ¹	ARGATROBAN DIALYSIS, AUROMED
Anemia Management	J0882	DARBEPOETIN
	J0887	INJ. EPOETIN BETA (FOR ESRD ON DIALYSIS), 1 MCG
	J0889 ²	DAPRODUSTAT, ORAL, 1MG, (FOR ESRD ON DIALYSIS)
	J1439	INJ FERRIC CARBOXY MALTOSE, 1MG
	J1444 ³	FE PYRO CIT POW 0.1 MG IRON
	J1750	IRON DEXTRAN
	J1443	INJ. FERRIC PYRO PHOSPHATE CIT
	J1756	IRON SUCROSE INJECTION
	J2916	NA FERRIC GLUCONATE COMPLEX
	J3420	VITAMIN B12 INJECTION
	Q0139	FERUMOXYTOL
	Q4081	EPO
Bone and Mineral Metabolism	Q5105	INJECTION, EPOETIN ALFA , BIOSIMILAR
	J0604 ⁴	CINACALCET, ORAL, 1 MG, (FOR ESRD ON DIALYSIS)
	J0606	INJECTION, ETELCALCETIDE, 0.1 MG
	J0612 ⁵	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	ZOLEDRONIC ACID
Cellular Management	J1955	INJ LEVOCARNITINE PER 1 GM

Anti-Infectives	J0878	DAPTOMYCIN
	J3370	VANCOMYCIN HCL INJECTION
Composite Rate Drugs and Biologicals	A4802	INJ PROTAMINE SULFATE
	J0670	INJ MEPIVACAINE HYDROCHLORIDE
	J0879 ⁶	INJECTION, DIFELIKEFALIN, 0.1 MICROGRAM, (FOR ESRD ON DIALYSIS)
	J0945	BROMPHE NIRAMINE MALEATE
	J1200	INJ DIPHEN HYDRAMINE HCL
	J1205	INJ CHLOROTHIAZIDE SODIUM
	J1240	INJ DIMENHYDRINATE
	J1940	INJ FUROSEMIDE
	J2001	INJ LIDOCAINE HCL FOR INTRAVENOUS 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	DIPHENHYDRAMINE HYDROCHLORIDE
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¹ Effective January 1, 2022.

² Effective October 1, 2023.

³ Effective July 1, 2019.

⁴ For outlier consideration, the NDC should be reported. For more information, please see the [MLN Connects Article](#) published on September 23, 2021.

⁵ Effective April 1, 2023 J0612 replaced J0610.

⁶ Effective April 1, 2022.

Attachment C: AKI Diagnosis Codes

ICD_10_CM_DIAGNOSIS	DESCRIPTOR
N17.0	Acute kidney failure with tubular necrosis
N17.1	Acute kidney failure with acute cortical necrosis
N17.2	Acute kidney failure with medullary necrosis
N17.8	Other acute kidney failure
N17.9	Acute kidney failure, unspecified
N99.0	Postprocedural (acute) (chronic) kidney failure
<i>O08.4¹</i>	<i>Renal failure following ectopic and molar pregnancy</i>
<i>O90.49¹</i>	<i>Other postpartum acute kidney failure</i>
T79.5XXA	Traumatic anuria, initial encounter
T79.5XXD	Traumatic anuria, subsequent encounter
T79.5XXS	Traumatic anuria, sequela

¹ Effective October 1, 2023, this diagnosis is added to the list of diagnosis codes recognized for AKI claims.