

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 12628	Date: May 9, 2024
	Change Request 13608

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 provide instructions for implementing the Transitional Drug Add-on Payment Adjustment (TDAPA) effective July 1, 2024 for a new Healthcare Common Procedure Coding System (HCPCS) code and to update the list of outlier services under the End Stage Renal Disease Prospective Payment System.

EFFECTIVE DATE: July 1, 2024

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

IMPLEMENTATION DATE: July 1, 2024

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/revise 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: 12628	Date: May 9, 2024	Change Request: 13608
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SUBJECT: Quarterly Update to the End-Stage Renal Disease Prospective Payment System (ESRD PPS)

EFFECTIVE DATE: July 1, 2024

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

IMPLEMENTATION DATE: July 1, 2024

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to provide instructions for implementing the Transitional Drug Add-on Payment Adjustment (TDAPA) effective July 1, 2024 for a new Healthcare Common Procedure Coding System (HCPCS) code and to update the list of outlier services under the End-Stage Renal Disease Prospective Payment System (ESRD PPS).

Section 1881(b)(14)(D)(ii) of the Act requires that the ESRD PPS include a payment adjustment for high cost outliers due to unusual variations in the type or amount of medically necessary care, including variability in the amount of erythropoiesis-stimulating agents (ESAs) necessary for anemia management.

The ESRD PPS recognizes high cost patients, and CMS has codified the outlier policy and the methodology for calculating outlier payments at § 413.237. The policy provides that the following ESRD outlier items and services are included in the ESRD PPS bundle: (1) renal dialysis drugs and biological products that were or would have been, prior to January 1, 2011, separately billable under Medicare Part B; (2) renal dialysis laboratory tests that were or would have been, prior to January 1, 2011, separately billable under Medicare Part B; (3) renal dialysis medical/surgical supplies, including syringes, used to administer renal dialysis drugs and biological products that were or would have been, prior to January 1, 2011, separately billable under Medicare Part B; (4) renal dialysis drugs and biological products that were or would have been, prior to January 1, 2011, covered under Medicare Part D, including renal dialysis oral-only drugs, effective January 1, 2025; and (5) renal dialysis equipment and supplies, except for capital-related assets that are home dialysis machines (as defined in § 413.236(a)(2)), that receive the transitional add-on payment adjustment as specified in § 413.236 after the payment period has ended.

In the Calendar Year (CY) 2011 ESRD PPS final rule (75 FR 49142), CMS stated that for purposes of determining whether an ESRD facility would be eligible for an outlier payment, it would be necessary for the facility to identify the actual ESRD outlier services furnished to the patient by line item (that is, date of service) on the monthly claim. Renal dialysis drugs, laboratory tests, and medical/surgical supplies that are recognized as outlier services were specified in Transmittal 2134, dated January 14, 2011. Furthermore, CMS uses administrative issuances to update the renal dialysis service items available for outlier payment via our quarterly update CMS Change Requests, when applicable. For example, we use these updates to identify renal dialysis service drugs that were or would have been covered under Medicare Part D for outlier eligibility purposes and items and services that have been incorrectly identified as eligible outlier services.

The Transitional Drug Add-on Payment Adjustment (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.

B. Policy: Effective July 1, 2024, CMS is making the following routine changes to the list of outlier services as shown in Attachment A:

- Updating the most recent mean unit cost for renal dialysis drugs that are oral equivalents to injectable drugs based on the most recent prices obtained from the Medicare Prescription Drug Plan Finder, effective July 1, 2024.
- Adding or removing any renal dialysis items and services from the list of outlier services, as necessary.
- Revising the mean dispensing fee of the National Drug Codes (NDCs) qualifying for outlier to \$0.35 per NDC per month for claims with dates of service on or after July 1, 2024.

For these updates, please see attachment A of this change request.

Effective July 1, 2024, taurolidine and heparin sodium, a catheter lock solution instilled into the central venous catheter (CVC) at the conclusion of each hemodialysis (HD) session, 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 anti-infectives category.

ESRD facilities should report the AX modifier (item furnished in conjunction with dialysis services) with the HCPCS code to receive payment for this 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. Catheter lumen sizes and the volume that they hold vary. The 3ml and 5ml single dose vials are designed for a single instillation in the CVC. Facilities should use the JZ modifier (zero drug amount discarded/not administered to any patient) on the 72x claim to report when there is no discarded amount of taurolidine and heparin sodium. To the extent that the patient's lumen require an amount of DefenCath that differs from the 3ml or 5ml single dose vial, facilities should use the JW modifier (drug amount discarded/not administered to any patient) on the 72x claim to report the amount of taurolidine and heparin sodium that is discarded and eligible for payment under the TDAPA. The AX modifier should be reported in the first modifier position and the JZ or JW modifier in the second modifier position.

J0911, Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis)

Because taurolidine and heparin sodium falls within the existing ESRD PPS functional category of anti-infectives and is only indicated to reduce the incidence of catheter-related bloodstream infections (CRBSI) in adult patients with kidney failure receiving chronic HD through a CVC, it is considered to be always used

for the treatment of ESRD. ESRD facilities will not receive separate payment for J0911 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 J0911. The payer only value code Q8 – Total TDAPA Amount is used to capture the add-on payment.

In addition, effective July 1, 2024, CMS is updating the Consolidated Billing list as shown in Attachment B to include J0911.

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				Other		
		A	B		H H H	F I S S	M C S	V M S		C W F	
13608.1	Medicare systems shall add J0911 Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis) to the list of ESRD TDAPA Drugs, effective July 1, 2024 through June 30, 2026.					X					IOCE
13608.2	Medicare systems shall add J0911 Instillation, taurolidine 1.35 mg and heparin sodium 100 units (central venous catheter lock for adult patients receiving chronic hemodialysis) to the ESRD Consolidated Billing Codes List, effective July 1, 2024 (see attachment for revised list).					X				X	IOCE
13608.3	Medicare contractors shall update the list of items and services that qualify as outlier services according to the updated list in Attachment A, effective July 1, 2024.					X					
13608.4	Medicare contractors shall update the NDC dispensing fee for ESRD outlier services to \$0.35 for claims with dates of service on or after July 1, 2024.					X					
13608.5	Medicare contractors shall update the list of items and services for consolidated billing according to Attachment B. Note: HCPCS J0911 is included effective July 1, 2024					X				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		
13608.6	Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.	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

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

VI. FUNDING

Section A: 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.

ATTACHMENTS: 2

CY 2024 Outlier Services (Effective July 1, 2024)

Attachment A

Oral and Other Equivalent Forms of Injectable Drugs ^{1,2}

NDC	Reference NDC RxNorm Description	Mean Unit Cost
00054312041	CALCITRIOL 0.001 MG/ML ORAL SOLUTION	\$5.95
63304024159	CALCITRIOL 0.001 MG/ML ORAL SOLUTION	\$5.95
64980044715	CALCITRIOL 0.001 MG/ML ORAL SOLUTION	\$5.95
00074903630	PARICALCITOL 0.001 MG ORAL CAPSULE [ZEMPLAR]	\$13.45
00074903730	PARICALCITOL 0.002 MG ORAL CAPSULE [ZEMPLAR]	\$26.94
00955172050	DOXERCALCIFEROL 0.0005 MG ORAL CAPSULE	\$5.23
23155053825	DOXERCALCIFEROL 0.0005 MG ORAL CAPSULE	\$5.23
62135045030	DOXERCALCIFEROL 0.0005 MG ORAL CAPSULE	\$5.23
00955172150	DOXERCALCIFEROL 0.001 MG ORAL CAPSULE	\$10.05
23155053925	DOXERCALCIFEROL 0.001 MG ORAL CAPSULE	\$10.05
62135045130	DOXERCALCIFEROL 0.001 MG ORAL CAPSULE	\$10.05
00955172250	DOXERCALCIFEROL 0.0025 MG ORAL CAPSULE	\$12.08
23155054025	DOXERCALCIFEROL 0.0025 MG ORAL CAPSULE	\$12.08
62135045230	DOXERCALCIFEROL 0.0025 MG ORAL CAPSULE	\$12.08
30698014301	CALCITRIOL 0.00025 MG ORAL CAPSULE [ROCALTROL]	\$1.73
30698014323	CALCITRIOL 0.00025 MG ORAL CAPSULE [ROCALTROL]	\$1.73
30698014401	CALCITRIOL 0.0005 MG ORAL CAPSULE [ROCALTROL]	\$2.76
30698091115	CALCITRIOL 0.001 MG/ML ORAL SOLUTION [ROCALTROL]	\$14.82
10888500102	PARICALCITOL 0.001 MG ORAL CAPSULE	\$2.69
49483068703	PARICALCITOL 0.001 MG ORAL CAPSULE	\$2.69
55111066330	PARICALCITOL 0.001 MG ORAL CAPSULE	\$2.69
60429048130	PARICALCITOL 0.001 MG ORAL CAPSULE	\$2.69
60429083630	PARICALCITOL 0.001 MG ORAL CAPSULE	\$2.69
63629245201	PARICALCITOL 0.001 MG ORAL CAPSULE	\$2.69
64980022503	PARICALCITOL 0.001 MG ORAL CAPSULE	\$2.69
65862093630	PARICALCITOL 0.001 MG ORAL CAPSULE	\$2.69
68382033006	PARICALCITOL 0.001 MG ORAL CAPSULE	\$2.69
69387010330	PARICALCITOL 0.001 MG ORAL CAPSULE	\$2.69
69452014513	PARICALCITOL 0.001 MG ORAL CAPSULE	\$2.69
72162191503	PARICALCITOL 0.001 MG ORAL CAPSULE	\$2.69
10888500302	PARICALCITOL 0.004 MG ORAL CAPSULE	\$10.81
49483068903	PARICALCITOL 0.004 MG ORAL CAPSULE	\$10.81
55111066530	PARICALCITOL 0.004 MG ORAL CAPSULE	\$10.81
60429048330	PARICALCITOL 0.004 MG ORAL CAPSULE	\$10.81
65862093830	PARICALCITOL 0.004 MG ORAL CAPSULE	\$10.81
69452014713	PARICALCITOL 0.004 MG ORAL CAPSULE	\$10.81
10888500202	PARICALCITOL 0.002 MG ORAL CAPSULE	\$8.87
49483068803	PARICALCITOL 0.002 MG ORAL CAPSULE	\$8.87
55111066430	PARICALCITOL 0.002 MG ORAL CAPSULE	\$8.87
60429048230	PARICALCITOL 0.002 MG ORAL CAPSULE	\$8.87
60429083730	PARICALCITOL 0.002 MG ORAL CAPSULE	\$8.87

63629245301	PARICALCITOL 0.002 MG ORAL CAPSULE	\$8.87
64980022603	PARICALCITOL 0.002 MG ORAL CAPSULE	\$8.87
65862093730	PARICALCITOL 0.002 MG ORAL CAPSULE	\$8.87
68382033106	PARICALCITOL 0.002 MG ORAL CAPSULE	\$8.87
69387010430	PARICALCITOL 0.002 MG ORAL CAPSULE	\$8.87
69452014613	PARICALCITOL 0.002 MG ORAL CAPSULE	\$8.87
72162191603	PARICALCITOL 0.002 MG ORAL CAPSULE	\$8.87
55513007330	CINACALCET 30 MG ORAL TABLET [SENSIPAR]	\$26.45
55513007430	CINACALCET 60 MG ORAL TABLET [SENSIPAR]	\$54.13
55513007530	CINACALCET 90 MG ORAL TABLET [SENSIPAR]	\$81.63
00054000713	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
00054000725	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
00093735201	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
23155011801	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
23155011803	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
23155066201	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
23155066203	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
43353003409	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
43353003430	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
43353003481	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
43353013809	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
43353013830	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
43353063309	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
43353063330	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
43353063381	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
43353099809	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
50090671100	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
51407016901	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
51407016930	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
60687034501	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
60687034511	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
62135061090	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
62756096783	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
62756096788	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
63304023901	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
63304023930	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
63629244501	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
63629874101	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
64380072304	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
64380072306	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
69452020713	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
69452020720	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
71610046809	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
71610046830	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
71610052109	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
72162192003	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
72789005801	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33

72789005830	CALCITRIOL 0.00025 MG ORAL CAPSULE	\$0.33
00093735301	CALCITRIOL 0.0005 MG ORAL CAPSULE	\$0.46
23155011901	CALCITRIOL 0.0005 MG ORAL CAPSULE	\$0.46
23155066301	CALCITRIOL 0.0005 MG ORAL CAPSULE	\$0.46
51407017001	CALCITRIOL 0.0005 MG ORAL CAPSULE	\$0.46
62135061190	CALCITRIOL 0.0005 MG ORAL CAPSULE	\$0.46
62756096888	CALCITRIOL 0.0005 MG ORAL CAPSULE	\$0.46
63304024001	CALCITRIOL 0.0005 MG ORAL CAPSULE	\$0.46
63629874201	CALCITRIOL 0.0005 MG ORAL CAPSULE	\$0.46
64380072406	CALCITRIOL 0.0005 MG ORAL CAPSULE	\$0.46
69452020820	CALCITRIOL 0.0005 MG ORAL CAPSULE	\$0.46
00378619793	CINACALCET 30 MG ORAL TABLET	\$6.11
00904706704	CINACALCET 30 MG ORAL TABLET	\$6.11
16714007801	CINACALCET 30 MG ORAL TABLET	\$6.11
16729044010	CINACALCET 30 MG ORAL TABLET	\$6.11
16729044015	CINACALCET 30 MG ORAL TABLET	\$6.11
31722010330	CINACALCET 30 MG ORAL TABLET	\$6.11
42291045930	CINACALCET 30 MG ORAL TABLET	\$6.11
42543096104	CINACALCET 30 MG ORAL TABLET	\$6.11
43598036730	CINACALCET 30 MG ORAL TABLET	\$6.11
47335037983	CINACALCET 30 MG ORAL TABLET	\$6.11
50268015311	CINACALCET 30 MG ORAL TABLET	\$6.11
50268015312	CINACALCET 30 MG ORAL TABLET	\$6.11
51407029530	CINACALCET 30 MG ORAL TABLET	\$6.11
60687052511	CINACALCET 30 MG ORAL TABLET	\$6.11
60687052521	CINACALCET 30 MG ORAL TABLET	\$6.11
63629876301	CINACALCET 30 MG ORAL TABLET	\$6.11
63629960801	CINACALCET 30 MG ORAL TABLET	\$6.11
64380088304	CINACALCET 30 MG ORAL TABLET	\$6.11
65862083105	CINACALCET 30 MG ORAL TABLET	\$6.11
65862083130	CINACALCET 30 MG ORAL TABLET	\$6.11
67877050330	CINACALCET 30 MG ORAL TABLET	\$6.11
69097041002	CINACALCET 30 MG ORAL TABLET	\$6.11
70436000704	CINACALCET 30 MG ORAL TABLET	\$6.11
71093015201	CINACALCET 30 MG ORAL TABLET	\$6.11
72865015030	CINACALCET 30 MG ORAL TABLET	\$6.11
76282067430	CINACALCET 30 MG ORAL TABLET	\$6.11
00378619693	CINACALCET 60 MG ORAL TABLET	\$12.44
16714007901	CINACALCET 60 MG ORAL TABLET	\$12.44
16729044110	CINACALCET 60 MG ORAL TABLET	\$12.44
16729044115	CINACALCET 60 MG ORAL TABLET	\$12.44
31722010430	CINACALCET 60 MG ORAL TABLET	\$12.44
42291046030	CINACALCET 60 MG ORAL TABLET	\$12.44
42543096204	CINACALCET 60 MG ORAL TABLET	\$12.44
43598036830	CINACALCET 60 MG ORAL TABLET	\$12.44
47335038083	CINACALCET 60 MG ORAL TABLET	\$12.44
51407029630	CINACALCET 60 MG ORAL TABLET	\$12.44

63629876401	CINACALCET 60 MG ORAL TABLET	\$12.44
63629960701	CINACALCET 60 MG ORAL TABLET	\$12.44
64380088404	CINACALCET 60 MG ORAL TABLET	\$12.44
65862083205	CINACALCET 60 MG ORAL TABLET	\$12.44
65862083230	CINACALCET 60 MG ORAL TABLET	\$12.44
67877050430	CINACALCET 60 MG ORAL TABLET	\$12.44
69097041102	CINACALCET 60 MG ORAL TABLET	\$12.44
70436000804	CINACALCET 60 MG ORAL TABLET	\$12.44
71093015301	CINACALCET 60 MG ORAL TABLET	\$12.44
72865015130	CINACALCET 60 MG ORAL TABLET	\$12.44
76282067530	CINACALCET 60 MG ORAL TABLET	\$12.44
00378619593	CINACALCET 90 MG ORAL TABLET	\$16.96
16714008001	CINACALCET 90 MG ORAL TABLET	\$16.96
16729044210	CINACALCET 90 MG ORAL TABLET	\$16.96
16729044215	CINACALCET 90 MG ORAL TABLET	\$16.96
31722010530	CINACALCET 90 MG ORAL TABLET	\$16.96
42291046130	CINACALCET 90 MG ORAL TABLET	\$16.96
42543096304	CINACALCET 90 MG ORAL TABLET	\$16.96
43598036930	CINACALCET 90 MG ORAL TABLET	\$16.96
47335060083	CINACALCET 90 MG ORAL TABLET	\$16.96
51407029730	CINACALCET 90 MG ORAL TABLET	\$16.96
63629876501	CINACALCET 90 MG ORAL TABLET	\$16.96
63629960601	CINACALCET 90 MG ORAL TABLET	\$16.96
64380088504	CINACALCET 90 MG ORAL TABLET	\$16.96
65862083305	CINACALCET 90 MG ORAL TABLET	\$16.96
65862083330	CINACALCET 90 MG ORAL TABLET	\$16.96
67877050530	CINACALCET 90 MG ORAL TABLET	\$16.96
69097041202	CINACALCET 90 MG ORAL TABLET	\$16.96
70436000904	CINACALCET 90 MG ORAL TABLET	\$16.96
71093015401	CINACALCET 90 MG ORAL TABLET	\$16.96
72865015230	CINACALCET 90 MG ORAL TABLET	\$16.96
76282067630	CINACALCET 90 MG ORAL TABLET	\$16.96

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

² The mean dispensing fee of the NDCs listed above is \$0.35. 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.

ATTACHMENT B

CY 2024 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
	Q5105	INJECTION, EPOETIN ALFA , BIOSIMILAR
Bone and Mineral Metabolism	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
	J0911 ⁶	INSTILLATION, TAUROLIDINE 1.35 MG AND HEPARIN SODIUM 100 UNITS (CENTRAL VENOUS CATHETER LOCK FOR ADULT PATIENTS RECEIVING CHRONIC HEMODIALYSIS)
	J3370	VANCOMYCIN HCL INJECTION
Composite Rate Drugs and Biologicals	A4802	INJ PROTAMINE SULFATE
	J0670	INJ MEPIVACAINE HYDROCHLORIDE
	J0879 ⁷	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

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 July 1, 2024.

⁷ Effective April 1, 2022.