End Stage Renal Disease (ESRD) Facility and Hospital Based ESRD Provider

End Stage Renal Disease (ESRD) facilities (provider type 45) and Hospital Based ESRD Providers (provider type 81) may provide services to Medicaid recipients with kidney impairment that appears irreversible and permanent and requires a regular course of dialysis or kidney transplantation to maintain life.

Covered Services

Medicaid covers/reimburses ESRD services (e.g., hemodialysis, peritoneal dialysis) provided in an outpatient hospital or independently operated, Medicare certified ESRD facility.

Medicaid also covers/reimburses Intradialytic Parenteral Nutrition (IDPN) and Intraperitoneal Nutrition (IPN) for hemodialysis and Continuous Ambulatory Peritoneal Dialysis (CAPD) recipients who meet all the requirements for parenteral and enteral nutrition coverage. The recipient must have a permanently inoperative internal body organ or function. Provider documentation must indicate that the impairment will be of long and indefinite duration. Reference Medicaid Services Manual (MSM) Chapter 600, Policy #6-09 End Stage Renal Disease services regarding criteria for instituting IDPN/IPN.

Prior Authorization Requirements

Covered ESRD services do not require prior authorization except for out-of-state services. If an established recipient in Nevada needs to travel out of state, the provider or the facility must initiate contact and make financial arrangements with the out-of-state facility before submitting a prior authorization request to Nevada Medicaid.

If travel services are necessary, contact Logisticare at (800) 486-7647 ext. 461 to make a reservation for transportation. Prior authorization requests must include the dates of service and the rate negotiated with the out- of-state facility not to exceed Medicare's reimbursement amount for that facility.

Authorization does not guarantee payment of a claim. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program.

Billing

ESRD claims must be submitted via Direct Data Entry (DDE) on the Provider Portal or via the 837I electronic transaction. See Provider Web Portal (PWP) Chapter 3 Claims on the PWP User Manual webpage or the 837I Companion Guide on the Electronic Claims/EDI webpage for billing instructions.

Submit claims to Nevada Medicaid monthly. A separate claim must be submitted for each recipient.

Effective with claims with dates of service on or after April 6, 2015, **hospital providers** must bill outpatient ESRD services under provider type 81. Any hospital based ESRD services not billed with provider type 81 will be denied. Provider type 12 will no longer be reimbursed for hospital-based outpatient ESRD services.

Provider types 45 and 81 must bill the following codes for ESRD services:

- CPT code 90945 (Dialysis procedure other than hemodialysis, with single evaluation by a physician or other qualified health care professional)
- CPT code 90999 (Unlisted dialysis procedure), which will include all treatment associated with ESRD services

In addition, provider type 45 and 81 may bill CPT code 90688 (Influenza virus vaccine). Providers must bill the appropriate vaccine administration CPT, along with the appropriate National Drug Code (NDC) to get reimbursed for the cost of the actual vaccine itself. The vaccine administration fee will not be reimbursed separately as this service is covered in the facility rate.

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Ordering, Prescribing or Referring (OPR) Provider Requirements

The Patient Protection and Affordable Care Act and the Centers for Medicare & Medicaid Services (CMS) require all ordering, prescribing and referring physicians to be enrolled in the state Medicaid program (§455.410 Enrollment and Screening of Providers). The Affordable Care Act (ACA) requires physicians or other eligible practitioners to enroll in the Medicaid program to order, prescribe and refer items or services for Medicaid recipients, even when they do not submit claims to Medicaid. Physicians or other eligible professionals who are already enrolled in Medicaid as participating providers and who submit claims to Medicaid are not required to enroll separately as OPR providers.

For any services or supplies that are ordered, prescribed or referred, the National Provider Identifier (NPI) of the Nevada Medicaid-enrolled Ordering, Prescribing or Referring (OPR) provider must be included on Nevada Medicaid/Nevada Check Up claims or those claims will be denied. To prevent claim denials for this reason, please confirm that the OPR provider is enrolled with Nevada Medicaid; this can be done on the Provider Web Portal by using the Search Providers feature: medicaid.nv.gov/hcp/provider/Resources/SearchProviders/tabid/220/Default.aspx

Reminders for providers who submit institutional claims:

- If your provider type requires the attending physician to be listed on the Institutional claim, that attending physician must be enrolled with Nevada Medicaid.
- If the service was ordered, prescribed or referred by another provider, the NPI of the OPR provider is required to be listed on the claim form. The OPR provider must be enrolled in Nevada Medicaid.
- If the attending physician is the same as the OPR provider, leave the OPR field blank.
- The attending and OPR NPI must be for an individual provider (not an organization or group).
- For detailed claim completion information, refer to the 837I FFS Companion Guide and the PWP User Manual Chapter 3.

Prospective Payment System:

- Per the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), effective May 12, 2014, Medicaid changed its reimbursement to ESRD facilities and outpatient hospitals from a composite rate to a bundled prospective payment system (PPS). The PPS will include all resources used in providing outpatient dialysis treatment, including biological, drugs, and laboratory services.
- Drugs administered must be billed by NDC. All services (e.g., drugs and labs) rendered should be billed regardless of the global (PPS) methodology. Services that are billed and included in this rate will not be paid separately but will deny as included in the global rate.
- For a list of drugs and laboratory services included in the PPS, refer to the CMS Manual System, Pub 100- 04 Medicare Claims Processing, Transmittal 2134. For more information regarding the new reimbursement system, please refer to Section 153(b) of the MIPPA and the Code of Federal Regulations Title 42 Part 413.171.
- Unlike Medicare, the implementation of the PPS does not change the claim information or how claim forms are submitted to Nevada Medicaid.
- CPT codes 90945 and 90999 are reimbursed per the bundled PPS. CPT code 90688 is not considered part of the bundled PPS. Providers must include the appropriate vaccine administration CPT and the appropriate NDC to receive the separate reimbursement for the actual vaccine itself. The vaccine administration fee will not be reimbursed separately as this service is covered in the facility rate.

The rates for PT 45 and PT 81 can be found on the Nevada Medicaid Rates webpage.

Please refer to MSM Chapter 1200, Prescribed Drugs, for more information regarding the PPS.

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Federal Emergency Services (FES) Program

Emergency medical coverage is available for emergency dialysis services for certain non-United States citizens, who otherwise meet the requirements for Nevada Medicaid eligibility. Nevada Medicaid ESRD providers must complete and sign Emergency Dialysis Case Certification forms to certify that a non-U.S. citizen has met the medical conditions to be eligible to receive outpatient emergency ESRD services through the Federal Emergency Services (FES) program.

- The Initial Emergency Dialysis Case Certification (form FA-100) must be completed and placed in the FES recipient's file.
- The Monthly Emergency Dialysis Case Certification (form FA-101) must be completed and signed at the beginning of each month and placed in the FES recipient's file.

If the FES recipient goes to multiple facilities for treatment, each facility must complete the FA-100 and place it in the FES recipient's file and must complete and file an FA-101 at the beginning of each month.

The forms are available on the Providers Forms webpage.

FES program policy is detailed in MSM Chapter 200 Attachment A.