

5101:3-13-01.9**APPENDIX A**

Revenue Center Codes (RCCs) for Composite Rates (CRs) must be used by Dialysis Facilities for Payment of ESRD Treatment Services (must use 837I or UB-92 with bill type 721)-

<u>CRs for Dialysis Facility Payments:</u>	<u>RCCs for Hemodialysis:</u>	<u>RCCs for Intermittent Peritoneal Dialysis (IPD):</u>	<u>RCCs for Continuous Ambulatory Peritoneal Dialysis (CAPD):</u>	<u>RCCs for Continuous Cycling Peritoneal Dialysis (CCPD):</u>
<u>Maintenance Dialysis Treatment CR</u>	<u>0821; Limited to one per day and three per week</u>	<u>0831; Limited to one per day and three per week</u>	<u>0841; Limited to one per day and three per week</u>	<u>0851; Limited to one per day</u>
<u>Dialysis Support Services ("Method II") CR</u>	<u>0825; Limited to one per 30 days Does not include services, equipment, or supplies</u>	<u>0835; Limited to one per 30 days Does not include services, equipment, or supplies</u>	<u>0845; Limited to one per 30 days Does not include services, equipment, or supplies</u>	<u>0855; Limited to one per 30 days Does not include services, equipment, or supplies</u>
<u>Dialysis Treatment with Self-care Training CR</u>	<u>0829; Limited to 15 per 91 days</u>	<u>0839; Limited to 12 per 28 days</u>	<u>0849; Limited to 15</u>	<u>0859; Limited to 15</u>
<u>Services Not Included In Composite Rates for Dialysis Facility Payments:</u>	<u>RCCs below require use of procedure codes:</u>			
<u>Specific Drug: Epoetin</u>	<u>0634</u>	<u>0634</u>	<u>0634</u>	<u>0634</u>
<u>Specific Drug: Epoetin</u>	<u>0635</u>	<u>0635</u>	<u>0635</u>	<u>0635</u>
<u>Specific Drug: Other</u>	<u>0636</u>	<u>0636</u>	<u>0636</u>	<u>0636</u>
<u>Specific Laboratory Services</u>	<u>0304, 0310</u>	<u>0304, 0310</u>	<u>0304, 0310</u>	<u>0304, 0310</u>
<u>Diagnostic Services</u>	<u>0730</u>	<u>0730</u>	<u>0730</u>	<u>0730</u>

Equipment included in composite rates for Maintenance Dialysis Treatment and Dialysis Treatment with Self-care Training (Dialysis Support Services ("Method II") does not include equipment)-

<u>artificial kidney</u>
<u>automated peritoneal dialysis machines</u>
<u>support equipment</u>
<u>installation, which includes: identification, ordering, performing of any minor plumbing and electrical changes required to accommodate the equipment (no rewiring or new plumbing installed); delivery and installation (hookup) and necessary testing for proper installation and function</u>
<u>Maintenance, which includes: travel to patients home to repair or transport of equipment to repair site; actual repair; parts; water purification equipment maintenance includes; replacing a filter on a reverse osmosis device; regenerating the resin tanks on deionizing device; chemicals in water softener; periodic water testing; (patient performed maintenance is not covered)</u>

All durable and disposable items and medical supplies necessary for the effective performance of a patient's dialysis are included in composite rates for Maintenance Dialysis Treatment and Dialysis Treatment with Self-care Training (Dialysis Support Services ("Method II") does not include supplies)-

<u>dializers</u>
<u>forceps</u>
<u>sphygmomanometer with cuff and stethoscope</u>
<u>scales</u>
<u>scissors</u>
<u>syringes</u>
<u>alcohol wipes</u>
<u>sterile drapes</u>
<u>needles</u>
<u>topical anesthetics</u>
<u>rubber gloves</u>

Laboratory tests included in composite rates for Maintenance Dialysis Treatment, Dialysis Support Services ("Method II"), and Dialysis Treatment with Self-care Training-

<u>Tests:</u>	<u>Hemodialysis</u>	<u>IPD</u>	<u>CAPD</u>	<u>CCPD</u>
<u>hematocrit (HCT)</u>	<u>once per date of service</u>	<u>once per date of service</u>	<u>no</u>	<u>once per date of service</u>
<u>hemoglobin (HGB)</u>	<u>once per date of service</u>	<u>once per date of service</u>	<u>no</u>	<u>once per date of service</u>
<u>clotting time</u>	<u>once per date of service</u>	<u>once per date of service</u>	<u>no</u>	<u>once per date of service</u>
<u>prothrombin time</u>	<u>once per 7 days/only if on anticoagulants</u>	<u>once per 7 days/only if on anticoagulants</u>	<u>no</u>	<u>once per 7 days/only if on anticoagulants</u>
<u>serum creatinine</u>	<u>once per 7 days</u>	<u>once per 7 days</u>	<u>once per 30 days</u>	<u>once per 7 days</u>
<u>blood urea nitrogen (BUN)</u>	<u>once per 7 days</u>	<u>once per 7 days</u>	<u>once per 30 days</u>	<u>once per 7 days</u>
<u>serum calcium</u>	<u>once per 30 days</u>	<u>once per 30 days</u>	<u>once per 30 days</u>	<u>once per 30 days</u>
<u>serum potassium</u>	<u>once per 30 days</u>	<u>once per 30 days</u>	<u>once per 30 days</u>	<u>once per 30 days</u>
<u>serum chloride</u>	<u>once per 30 days</u>	<u>once per 30 days</u>	<u>no</u>	<u>once per 30 days</u>
<u>serum albumin</u>	<u>once per 30 days</u>	<u>once per 30 days</u>	<u>once per 30 days</u>	<u>once per 30 days</u>
<u>serum bicarbonate</u>	<u>once per 30 days</u>	<u>once per 30 days</u>	<u>once per 30 days</u>	<u>once per 30 days</u>
<u>serum phosphorus</u>	<u>once per 30 days</u>	<u>once per 30 days</u>	<u>once per 30 days</u>	<u>once per 30 days</u>
<u>lactic acid dehydrogenase (LDH)</u>	<u>once per 30 days</u>	<u>once per 30 days</u>	<u>once per 30 days</u>	<u>once per 30 days</u>
<u>total protein</u>	<u>once per 30 days</u>	<u>once per 30 days</u>	<u>once per 30 days</u>	<u>once per 30 days</u>
<u>alkaline phosphatase</u>	<u>once per 30 days</u>	<u>once per 30 days</u>	<u>once per 30 days</u>	<u>once per 30 days</u>
<u>complete blood count (CBC)</u>	<u>once per 30 days</u>	<u>once per 30 days</u>	<u>no</u>	<u>once per 30 days</u>
<u>serum aspartate amino transferase/glutamic oxaloacetic transaminase (AST/SGOT)</u>	<u>once per 30 days</u>	<u>once per 30 days</u>	<u>once per 30 days</u>	<u>once per 30 days</u>

OR automated battery of tests (SMA 12)	once per 30 days	once per 30 days	once per 30 days	once per 30 days
dialysate protein	no	no	once per 30 days	no
sodium	no	no	once per 30 days	no
magnesium	no	no	once per 30 days	no
carbon dioxide	no	no	once per 30 days	no
WBC	no	no	once per 91 days	no
RBC	no	no	once per 91 days	no
platelet count	no	no	once per 91 days	no
24 hour uvrrf	no	no	once per 183 days	no

Pharmaceuticals (drugs) included in composite rates for Maintenance Dialysis Treatment, Dialysis Support Services ("Method II"), and Dialysis Treatment with Self-care Training-

<u>heparin</u>
<u>glucose</u>
<u>saline</u>
<u>heparin antagonists antidotes</u>
<u>local anesthetics</u>
<u>mannitol</u>
<u>antiarrhythmics</u>
<u>antihypertensives</u>
<u>pressor drugs</u>
<u>antihistamines</u>
<u>dextrose</u>
<u>protamine</u>
<u>hydralazine</u>
<u>benedryl</u>
<u>Inderal</u>
<u>Dopamine</u>
<u>leviphed</u>
<u>Insulin</u>
<u>Lanoxin</u>
<u>Verapamil</u>
<u>Lidocaine</u>
<u>Sou-cortef</u>
<u>Antibiotics</u>