

Acute Kidney Injury Fact Sheet

Financial/Payment/Billing Issues

Overview

Since January 1, 2017, end stage renal disease (ESRD) facilities have been able to provide dialysis to patients with acute kidney injury (AKI). The AKI provision was signed into law on June 29, 2015 (American Hospital Association [AHA] 2018; American Medical Association, 2017) (see Sec. 808 Public Law 114-27). The provision provides Medicare payment beginning on dates of service of January 1, 2017, and after, to hospital-based and free-standing ESRD facilities for renal dialysis services furnished to adult and pediatric beneficiaries with AKI.

Administrative/Operations Issues for Patients with AKI in ESRD Facilities

What is Paid (AHA, 2017)

- The provision provides Medicare coverage and payment to both hospital-based and freestanding ESRD facilities for renal dialysis services furnished to beneficiaries with AKI.
- Medicare will pay ESRD facilities for the dialysis treatment using the ESRD Prospective Payment System (PPS) base rate adjusted by the wage index.
- In addition to the dialysis treatment, the ESRD PPS base rate pays ESRD facilities for items and services that are renal dialysis services, and there will be no separate payment for those services. Specifically, this includes renal dialysis drugs, biologicals, laboratory services, and supplies included in the ESRD PPS base rate when furnished by an ESRD facility to an individual with AKI.

Types of Treatments Covered for Patients with AKI

- In-center hemodialysis (most common treatment).
- In-center peritoneal dialysis.
- No home dialysis coverage at this time (based on level of care required for these beneficiaries).

No CROWNWeb Reporting Required

(CROWNWeb is currently part of the End Stage Disease Quality Reporting System [EQRS].)

- Patients with AKI are not entered into the CROWNWeb data system.
- Do not fill out a 2728 Form. (The 2728 form certifies that a patient has ESRD, not AKI.)

ESRD Quality Incentive Program (QIP)

- Not applicable for beneficiaries with AKI at this time.

NHSN Dialysis Event Surveillance Population

The criteria for identification of AKI population must include all three listed below:

- No diagnosis of “End Stage Renal Disease” or ESRD in the patient medical record or a completed CMS-2728 Form.
- Physician diagnosis of “Acute Kidney Injury” or AKI listed in the patient medical record.
- The event date is not more than 6 months after patient began outpatient hemodialysis.

NHSN: AKI Patient Infections Are Reported

- An “AKI Location” needs to be added under the ESRD facility for this reporting.
- Data will not be used for the ESRD facility’s QIP score.

Medicaid-Only Payment Sources

- Medicaid may cover outpatient dialysis for patients with AKI who are treated in an ESRD outpatient facility, but this coverage varies from state to state.
- You must clarify whether Medicaid will pay ESRD outpatient facilities for dialysis treatment of patients with AKI in your state.

Dual Insurance Coverage (Medicare and Medicaid)

If Medicare is the primary insurance, then outpatient dialysis for a patient with AKI in an ESRD facility is covered.

ESRD Network Fee

The ESRD Network Fee reduction is not applicable to claims for beneficiaries with AKI.

Sequestration Adjustments

The 2% sequestration adjustment is applicable to claims for beneficiaries with AKI. This is a global CMS adjustment, and as such, applies to AKI claims.

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ESRD Conditions for Coverage (CfCs) Apply

ESRD CfCs at 42 CFR part 494 are health and safety standards that all Medicare-participating dialysis facilities must meet. These standards set baseline requirements for patient safety, infection control, care planning, staff qualifications, record keeping, and other matters to ensure all patients, including patients with ESRD and patients with AKI, receive safe and appropriate care.

Low Volume Payment Adjustment (LVPA) – Patients with AKI Count

Patients with AKI dialysis treatments count toward the LVPA threshold when determining total number of treatments provided when a facility prepares the low volume attestation to determine eligibility for the LVPA; however, claims for patients with AKI will not receive the adjustment.

Payment for Erythropoietin Stimulating Agents (ESAs) and the ESA Monitoring Policy for Patients with AKI

- ESAs are included in the bundled payment amount for treatments administered to patients with AKI.
- The Non-ESRD Healthcare Common Procedure Coding System (HCPCS) should be used (J0881, J0883, J0885, J0887, and Q0138).
- The ESA monitoring policy has not yet been extended to patients with AKI receiving treatment in an ESRD facility.
- Because this policy is not applicable to these treatments, value codes used to report hemoglobin and hematocrit levels are not required when billing for ESAs.

Transitional Drug Add-on Payment Adjustment (TDAPA) for Patients with AKI (CR10065)

- ESRD facilities will not be responsible for furnishing calcimimetics to individuals with AKI.
- Sensipar® (HCPCS code J0604) remains payable under Part D for AKI beneficiaries until the utilization is rolled into the bundle, at which point it will transition to the bundled payment amount.
- Parsabiv® (HCPCS code J0606) is not indicated for AKI, and, therefore, no bills should be submitted for Parsabiv in the AKI population.
- Medicare Administrative Contractors (MACs) will return to the provider any AKI claim billed with modifier AX on type of bill 72x (AKI) with condition code 84, CPT code G0491, and one of the acceptable AKI ICD-10 diagnostic codes (see below).

Medicare Billing Process

AKI Claim Criteria

For payment under Medicare, ESRD facilities shall report all items and services furnished to be beneficiaries with AKI by submitting the 72x type of bill with condition code 84 – Dialysis for Acute Kidney Injury (AKI) on a monthly basis.

Type of Bill: 72x

- 721: Admit through Discharge Claim. For incorrect provider numbers or Medicare beneficiary identifier, a corrected bill is also submitted using code 721.
- 722: Interim – First Claim.
- 723: Interim – Continuing Claim.
- 724: Interim – Last Claim.
- 727: Replacement of Prior Claim (to correct billing errors).
- 728: Void/Cancel of a Prior Claim.

Revenue Codes: 08x

- 0821 (Hemodialysis/Composite or other rate).
- 0831 (Peritoneal Dialysis/Composite or other rate).
- 0841 (Continuous Ambulatory Peritoneal Dialysis [CAPD]/Composite or other rate). Cannot be home dialysis – Must be in-center.
- 0851 (Continuous Cycling Peritoneal Dialysis [CCPD]/Composite or other rate). Cannot be home dialysis – Must be in-center.
- The HCPCS 90999 (ESRD dialysis procedure code) will not be accepted on claims with AKI services (normally entered on the line reporting revenue code 82x for ESRD claims).

Condition Code 84

Differentiates from ESRD PPS.

Current Procedural Terminology (CPT) Code G0491

(All AKI claims must include HCPCS G0491.)

Dialysis procedure at a Medicare-certified ESRD facility for AKI without ESRD.

Must Have One of the Following Diagnosis Codes:

- N17.0 – Acute kidney failure with tubular necrosis.
- N17.1 – Acute kidney failure acute cortical necrosis.
- N17.2 – Acute kidney failure with medullary necrosis.
- N17.8 – Other acute kidney failure.
- N17.9 – Acute kidney failure, unspecified.
- T79.5XXA – Traumatic anuria, initial encounter.

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- T79.5XXD – Traumatic anuria, subsequent encounter.
- T79.5XXS – Traumatic anuria, sequela.
- N99.0 – Post-procedural (acute, chronic) renal failure.

HCPCS Not on Consolidated Billing List and Not Paid Separately

J0881, J0883, J0885, J0888, Q0138

No Billing Limits for Treatments During a Monthly Billing Cycle

- There will only be payment for one treatment per day except in the instance of uncompleted treatments.
- If a dialysis treatment is started (a patient is connected to the machine and a dialyzer and blood lines are used), or the in-center peritoneal dialysis exchange is attempted but the treatment is not completed for some unforeseen (but valid) reason, the facility is paid based on the full base rate. An example includes medical emergencies such as rushing a patient on dialysis to an emergency room mid-treatment. This is a rare occurrence and must be fully documented to your MAC's satisfaction.

ESRD Codes NOT Reported for Payment on AKI Claims

- Value Code 48 – Hemoglobin.
- Value Code 49 – Hematocrit.
- A8 – Weight of patient.
- A9 – Height of patient.
- D5 – Result of last Kt/V reading.
- Occurrence Code 51 – Date of last Kt/V reading.
- Modifiers G1-G6.

Separately Payable Items

- Non-renal (non-AKI) dialysis items and services are payable separately.
 - Drugs, biologicals, laboratory services, and supplies that ESRD facilities are certified to furnish, but that are neither ESRD renal dialysis services nor AKI-related dialysis services, may be paid for separately when furnished to individuals with AKI.
 - Items and services that are not considered to be renal dialysis services but are a result of AKI are payable separately.
 - Must include diagnosis codes to cover billed items.
- Vaccines: ESRD facilities may provide vaccines to beneficiaries with AKI and seek reimbursement under the applicable CMS vaccination policies discussed in Chapter 18 of the Medicare Claims Processing Manual.

- Modifier AY (non-renal-related) should not be reported on AKI claims.
- To avoid claims processing errors, ESRD facilities must perform all items and services necessary to treat patients with AKI.
- Items and services not considered to be renal dialysis services but are related to AKI are payable separately.

Billing for Physicians' Services for Patients with AKI

- Physicians can bill separately for services provided to patients with AKI. CMS expects providers to follow correct coding guidelines and use the appropriate HCPCS or CPT codes for items and services provided to the patient.
- The following CPT codes are available for ESRD facilities and physicians' offices to use when billing for physicians' services provided in either an ESRD facility (place of service 65) or a physician's office (place of service 11):
 - 90935 – Hemodialysis procedure with single evaluation by a physician or other qualified healthcare professional.
 - 90937 – Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription.
 - 90945 – Dialysis procedure other than hemodialysis (e.g., peritoneal dialysis, hemofiltration, or other continuous replacement therapies), with single evaluation by a physician or other qualified healthcare professional.
 - 90947 – Dialysis procedure other than hemodialysis (e.g., peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription.

Please note: This is not an exhaustive list. As indicated previously, CMS expects facilities and physicians' offices to bill the appropriate codes.

Medicare Billing

Medicare billing is executed through a network composed of 10 regional contractors called Medicare Administrative Contractors (MACs).

- Each of these MACs does the following:
 - Process Medicare claims.
 - Enroll healthcare providers in the Medicare program.
 - Educate providers on Medicare billing requirements.

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- Handle claim appeals and answer beneficiary and provider inquiries.
- Find information on your local MAC.
 - Visit the CMS.gov website (<https://www.cms.gov/Medicare/Medicare-Contracting/Medicare-Administrative-Contractors/Who-are-the-MACs>).
 - If you have any questions, contact your MAC at their toll-free number. That number is available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Review-Contractor-Directory-Interactive-Map#wyoming>
 - We encourage you to write to the medical directors of your local MAC to advocate for resolution of any problems in the management of patients with AKI.
 - We encourage you to write to the medical directors of your local MAC to advocate for resolution of any problems in the management of patients with AKI.

References

- American Hospital Association (AHA). (2017). Transitional drug add-on payment adjustment (TDAPA) for patients with acute kidney injury (AKI). *MLN Matters*®, MM10281. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9598.pdf>
- American Hospital Association (AHA). (2018). Changes to the end-stage renal disease (ESRD) facility claim (type of bill 72x) to accommodate dialysis furnished to beneficiaries with acute kidney injury (AKI). *MLN Matters*®, MM9598 Revised. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9598.pdf>

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NHSN. (2010). *Updated surveillance definition for identifying acute kidney injury (AKI) patients*. <https://www.cdc.gov/nhsn/pdfs/dialysis/aki-definition-508.pdf>

Additional Resources

- Centers for Medicare & Medicaid Services (CMS). (2021). *Medicare claims processing manual*. <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c18pdf.pdf>
- Centers for Medicare & Medicaid Services (CMS). (2017). *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) 2018*. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2017Downloads/R237BP.pdf>
- Holding, G. (2015). H.R. 1295 - Trade preferences extension act of 2015. (Sec. 808 Public Law 114-27). <https://www.congress.gov/bill/114th-congress/house-bill/1295/text#tocHEE69B51CC87340E2B2AB6A4FA73D2A82>
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ANNA Mission Statement

ANNA improves members' lives through education, advocacy, networking, and science.

Additional Information:

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