



Provider Type 45 and Provider Type 81 Billing Guide

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 of 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 [Electronic Verification System \(EVS\) Chapter 3 Claims](#) on the [EVS 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).



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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 National Drug Code (NDC). All services (e.g., drugs and labs) administered 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.

The rates for PT 45 and PT 81 can be found on the [DHCFP Rates Unit](#) webpage.

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 attached to the initial claim for outpatient emergency dialysis services for all new FES recipients covered under the FES program.
- 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.

Claims for emergency dialysis services will deny if FA-100 is not submitted with the initial claim and/or FA-101 is not completed and placed in the FES recipient's file.

If the FES recipient goes to multiple facilities for treatment, each facility must include the FA-100 with their initial claim 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.