

Specialty Billing Training

Dialysis

Health First Colorado
(Colorado's Medicaid Program)



Navigating This Presentation

- Underlined words or phrases often will link viewers to more information, such as web pages. If you are viewing this presentation in normal mode (not slideshow mode), you may need to press the Ctrl key while you click on the link in order to open it.
- Use color-coded table of contents slides to navigate to specific areas of interest in the presentation.
 - Use back arrows provided in the bottom right corner of some slides to return to table of contents slides.



Agenda

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Introduction

Introduction

Dialysis

- **Dialysis** = Medical treatment that removes waste products and excess fluid from the blood when the kidneys are unable to do so.
- Health First Colorado provides the following benefits:
 - Hemodialysis
 - Peritoneal Dialysis
- Available in outpatient, state-approved freestanding dialysis treatment centers and in home setting
- Services are billed on the UB-04 institutional paper claim form or as 837 Institutional (8371) electronic transaction

Introduction

Dialysis

- State-approved, non-routine services provided outside routine dialysis treatment should be billed and reimbursed separately
 - Billed as professional claims (CMS-1500) or as 837 Professional (837P) electronic transaction
 - Using dialysis center National Provider Identifier (NPI) number
- Dialysis may also be provided as part of inpatient hospital treatment
 - Billed as part of hospital inpatient claim

Provider Enrollment

Provider Enrollment

Provider Type: 33

Specialty: Dialysis Center

Specialty Code: 375

Enrollment Type: Facility

- Each service location must complete a separate application and pay a separate application fee
- Must enroll using the organization's federal Employer Identification Number (EIN)

Provider Enrollment

Enrollment Requirements

Required Attachments:

- License
- W9 (signed and dated within the last six [6] months)
- Voided business check (no temporary checks or deposit slips) or bank letter (dated within the last six [6] months)
- Malpractice/Liability insurance information must be entered in the application, proof of insurance is not a required attachment

Risk Level	Limited	Fee Required	Yes	NPI Required	Yes
Medicare Required	Yes	Out of State Allowed	No	Border Town Allowed	Yes

Dialysis Benefits

Dialysis Benefits

Inpatient Hospital

Inpatient hemodialysis is a benefit when:

- Hospitalization is required for acute medical condition requiring hemodialysis
- Hospitalization is required for a covered medical condition and the member receives regular maintenance outpatient hemodialysis treatment
- Hospitalization is required for placement or repair of hemodialysis route (shunt or cannula)
- Inpatient payment is included as part of the Diagnosis Related Group (DRG)

Hospital admissions solely for hemodialysis are not a covered benefit

Dialysis Benefits

Outpatient: State-Approved Dialysis Treatment Center

Dialysis treatment center - an independent, free-standing center or a department of a licensed hospital enrolled as a dialysis center that is planned, organized, operated and maintained to provide outpatient hemodialysis treatment and/or training for home use of hemodialysis or peritoneal equipment

- Other conditions for participation are those specifically entered into the agreement with the Department of Health Care Policy & Financing (the Department)



Dialysis Benefits

Outpatient: State-Approved Dialysis Treatment Center

Continued **outpatient hemodialysis** is a benefit when:

- Training of the eligible recipient to perform self-treatment in the home environment is contraindicated
- The eligible member is not a proper candidate for self-treatment in a home environment
- The home environment of the eligible member contraindicates self-treatment
- The eligible member is awaiting a kidney transplant

Dialysis Benefits

Home Dialysis

- Health First Colorado members must be considered for the most cost-efficient method of dialysis based upon individual medical diagnosis and condition
- Participating dialysis centers are responsible for provision and maintenance of equipment and necessary fixtures required for **home dialysis** and supplies
 - Must provide and install quality hemodialysis equipment or peritoneal equipment to be used by the member at home
 - Must provide routine medical surveillance of the member's adaptation and adjustment to the self-treatment

Dialysis Benefits

Home Dialysis

- Eligible members approved for self-treatment must be trained on dialysis equipment while undergoing outpatient treatments
- Training must be provided by qualified personnel of a hospital with separate dialysis center or by qualified personnel of an independent, free-standing dialysis treatment center

Dialysis Benefits

Home Dialysis

- Facilities that provide outpatient dialysis on a regular schedule or bill for home dialysis supplies must have separate Health First Colorado ID
- Provider ID exists solely for claims submission for dialysis services
- Use Condition Code 74 for appropriate reimbursement

Dialysis Benefits

Emergency Medicaid and End-Stage Renal Disease

- Effective February 1, 2019, End-Stage Renal Disease (ESRD) is considered an emergency medical condition for purposes of coverage under Emergency Medicaid Services (EMS)
 - Recipients of EMS can receive care and services related to the treatment of ESRD, including but not limited to scheduled dialysis at a free-standing facility, home dialysis, and vascular access procedures
- An emergency medical condition is defined as "a medical condition (including emergency labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could reasonably be expected to result in:
 - A. Placing the patient's health in serious jeopardy
 - B. Serious impairment to bodily function
 - C. Serious dysfunction of any bodily organ or part

Dialysis Benefits

Emergency Medicaid and End-Stage Renal Disease

- Recipients of EMS can receive care and services related to the treatment of ESRD at independent, free-standing dialysis centers.
- Benefits for vascular access procedures and pre-surgery imaging are considered to be necessary in the treatment of ESRD
- Dialysis is not a covered benefit in the outpatient hospital setting.
- As of January 1, 2022, home dialysis is a covered benefit for recipients of Emergency Medicaid.

Billing & Payment

Claims Submission

The image shows the UB-04 Institutional Claims Form, a complex document used for billing services. It includes sections for patient information, provider information, service details, and financial data. The form is divided into multiple columns and rows, with various codes and fields for data entry. The top section includes patient name, address, and birth date. The middle section contains service codes, dates, and amounts. The bottom section includes provider information, treatment authorization codes, and a section for additional remarks.

Dialysis services are billed using the UB-04 institutional claims form (left)

Claims should be submitted to the Fiscal Agent (Gainwell Technologies)

Institutional providers must submit [Institutional Provider Certification](#) form (right)



Health First Colorado

Institutional Provider Certification

This is to certify that the foregoing information is true, accurate and complete.

This is to certify that I understand that payment of this claim will be from Federal and State funds and that any falsification, or concealment of material fact, may be prosecuted under Federal and State Laws.

Signature: _____ Date: _____

Note: This document is an addendum to the UB-04 claim form and is required per 42 C.F.R. § 455.18(a)(1-2) to be attached to paper claims submitted on the UB-04.

Revised November 2021

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COLORADO
Department of Health Care
Policy & Financing

Reimbursement

- The amount of payment for outpatient dialysis or necessary supplies for home dialysis treatments, when provided by a separate dialysis center within a hospital or an independent, free-standing dialysis treatment center approved for participation by the Department, shall be the lesser of the dialysis center's charges or the currently posted Health First Colorado rate

Reimbursement

- The following dialysis services are reimbursed at the lower of the composite Medicare rate ceiling or the individual center's Medicare facility rate:
 - Outpatient hemodialysis
 - Outpatient peritoneal dialysis
 - Continuous Ambulatory Peritoneal Dialysis (CAPD)
 - Continuous Cycling Peritoneal Dialysis (CCPD)
- There is no reimbursement for home dialysis, except for necessary equipment and supplies

Routine Services

- Routine services performed with the dialysis treatment shall be considered part of the composite rate and billed on the UB-04 claim form or electronically on the 837I transaction.
- Report routine services with appropriate revenue codes. Refer to Appendix Q on the [Billing Manuals web page](#) under the Appendices drop-down for valid dialysis revenue codes.
- Charges by a dialysis facility for routine drugs and laboratory services, electrocardiograms (EKGs) and X-rays are considered part of the dialysis treatment.

Non-Routine Services

- Non-routine services performed in addition to the dialysis treatment shall be reimbursed separately and billed on the CMS 1500 professional claim form or electronically as an 837P transaction.
- This requires that the provider use the appropriate Healthcare Common Procedure Coding System (HCPCS) codes designated for the service provided.
- Only non-routine services performed in addition to the dialysis treatment may be included on the professional claim.

Non-Routine Services

- The amount of payment for non-routine outpatient dialysis treatments, when provided by a separate dialysis center within a hospital or an independent, free-standing dialysis treatment center, shall be based upon the Health First Colorado fee schedule
 - Non-routine drugs must be billed on the CMS 1500 professional paper claim form or as an 837 Professional (837P) electronic transaction using the dialysis center NPI number
 - Drugs not dispensed by the dialysis provider are billed by and reimbursed to the dispensing pharmacy
 - Physician's charges for EKG or X-ray services must be billed by the physician
 - A physician must supervise the process when blood is furnished and may bill for any professionally rendered covered service using their NPI number

Laboratory Services

- Routine laboratory services are included as part of the dialysis service reimbursement
- Non-routine laboratory services are reimbursed as laboratory services separate from the dialysis treatment
 - Hospitals having separate dialysis units must submit services according to outpatient hospital laboratory regulations and UB-04 institutional billing instructions

Laboratory Services

- A freestanding dialysis center that performs its own laboratory tests must be licensed as an independent clinical laboratory and enrolled in Health First Colorado as an independent laboratory. The non-routine laboratory services must be billed under the independent laboratory's NPI number on the CMS 1500 professional claim form or electronically as an 837P transaction.
- If an outside laboratory provides the service, that laboratory must bill for the service. All routine laboratory services performed by a dialysis treatment facility, with the designation as a certified clinical laboratory, or as a certified independent laboratory are included as part of the dialysis treatment reimbursement. All routine tests must be performed by the facility, with designation as a certified clinical laboratory, and reimbursed as part of the composite rate or performed by a certified independent outside laboratory and billed to the facility performing the dialysis treatment.

Billing Laboratory Services

The following procedures and drugs constitute routine services. These services are included as part of the dialysis center's composite rate.

Routine Labs / Procedures		
Alkaline Phosphatase	All Hematocrit and Clotting time tests	Aspartate Aminotransferase (AST) or Serum Glutamic-Oxaloacetic Transaminase
Assay of Parathormone	Automated battery of tests (SMA-12)	Bicarbonate Dialysate
Blood Urea Nitrogen (BUN)	Complete Blood Count (CBC)	Carbon Dioxide (CO2)
Dialysate Protein	Electrolyte panel	Hematocrit
Hemoglobin	Hepatic function panel	Iron
Lactate Dehydrogenase (LDH)	Magnesium	Metabolic panel
Platelet Count	Red Blood Count	Renal function panel
Reticulocyte	Saline Flush	Serum Albumin
Serum Aluminum	Serum Bicarbonate	Serum Calcium
Serum Chloride	Serum Creatinine	Serum Ferritin
Serum Phosphorous	Serum Potassium	Serum Sodium
Specimen Collection	Total Protein	Transferrin
Vitamin D	White Blood Count	
Routine Drugs		
Calcitriol	Darbepoetin alfa, Epoetin alfa, or Epogen	Doxercalciferol
Hematinics	Heparin	Iron dextran, Iron sucrose, Sodium ferric gluconate complex in sucrose injection, or Ferumoxylol
Oxygen	Paricalcitol	Parsabiv (etelcalcetide)

- Nonparenteral items may not be billed separately by the dialysis center but may be billed directly to Health First Colorado by the supplier.
- Nonparenteral items administered during the dialysis treatment are reimbursed as part of the composite rate.

Resources

Resources

For Our Providers web pages: <https://hcpf.colorado.gov/our-providers>

The General Provider Information Manual is an overview of the program, including billing and policy information

The Dialysis Billing Manual provides specific guidance for the benefit

Provider Rates and Fee Schedule web page

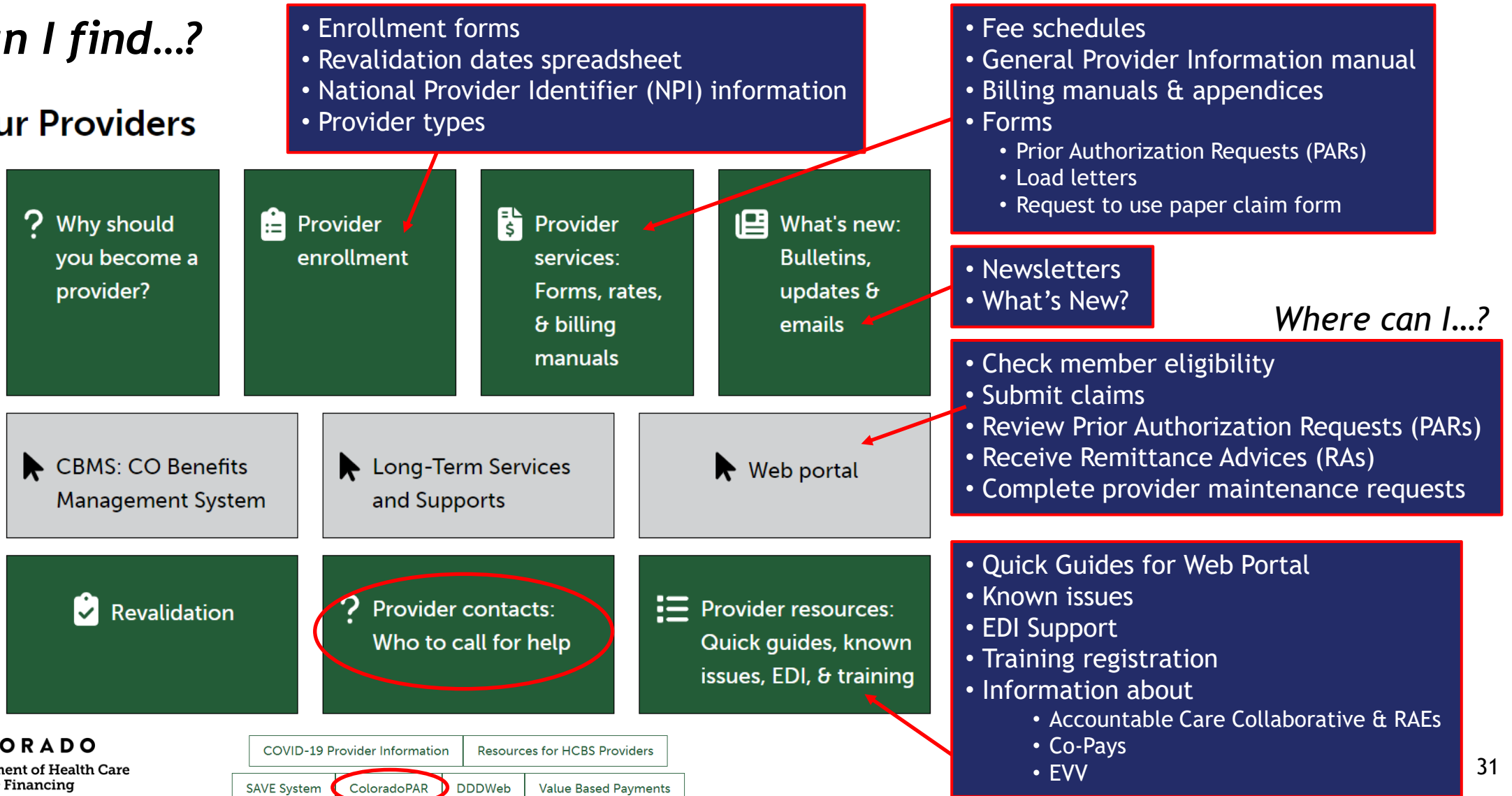
Provider Contacts web page



hcpf.colorado.gov/our-providers

Where can I find...?

For Our Providers



Thank you!

