

CAUTION: Read the [ICD-9 Policy Holding Library](#) page about policy in this document.

Dialysis: Chronic Dialysis Services

Dialysis facilities with a Category of Service Code 21 (Chronic Dialysis Services) must use the HCPCS codes referenced in this section to bill for maintenance dialysis or home dialysis.

MAINTENANCE DIALYSIS

HCPCS Codes

The following HCPCS codes are used to bill for maintenance dialysis.

<u>HCPCS Code</u>	<u>Description</u>
Professional Charges and Routine Laboratory Services	<p>Z6000 Maintenance dialysis including professional charges and routine laboratory services.</p> <p>Z6002 Maintenance dialysis including professional charges.</p> <p>Routine laboratory services are billed separately.</p> <p>If routine laboratory services are not included in the composite rate for dialysis maintenance and training codes, they should be billed separately by either:</p> <p>(1) The dialysis facility on the <i>UB-04</i> claim, if the facility has a category of service to bill for laboratory services; or</p> <p>(2) An outside clinical laboratory on the <i>CMS-1500</i> claim.</p> <p>Z6004 Maintenance dialysis including routine laboratory services. Professional fee is billed separately on the <i>CMS-1500</i> claim.</p> <p>Z6006 Maintenance dialysis only. Routine laboratory services are billed separately.</p>
Laboratory Services for Maintenance Dialysis and Training Codes	<p>If routine laboratory services are not included in the composite rate for dialysis maintenance and training codes, they should be billed separately by either:</p> <p>(1) The dialysis facility itself on the <i>UB-04</i> claim if the facility has a category of service to bill for laboratory services; or</p> <p>(2) An outside clinical laboratory on the <i>CMS-1500</i> claim.</p> <p>The professional fee is billed on the <i>CMS-1500</i> claim.</p>

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Home Training Dialysis

The following HCPCS codes are used to bill for home training dialysis.

HCPCS

Code Description

Z6008 Home training dialysis including professional charges and routine laboratory charges.

Z6010 Home training dialysis including professional charges. Routine laboratory services are billed separately.

If routine laboratory services are not included in the composite rate for dialysis maintenance and training codes, they should be billed separately by either:

(1) The dialysis facility on the *UB-04* claim, if the facility has a category of service to bill for laboratory services; or

(2) An outside clinical laboratory on the *CMS-1500* claim.

Z6012 Home training dialysis including routine laboratory charges. Professional fee is billed separately on the *CMS-1500* claim.

Z6014 Home training dialysis only. Routine laboratory services are billed separately.

Laboratory Services for Maintenance Dialysis and Training Codes

If routine laboratory services are not included in the composite rate for dialysis maintenance and training codes, they should be billed separately by either:

(1) The dialysis facility itself on the *UB-04* claim, if the facility has a category of service to bill for laboratory services; or

(2) An outside clinical laboratory on the *CMS-1500* claim.

The professional fee is billed on the *CMS-1500* claim.

Dialysis Maintenance and
Training: Same Day Billing
Restrictions

Medi-Cal maintenance dialysis (HCPCS codes Z6000 – Z6006) will not be reimbursed if billed by the same provider for the same recipient on the same date of service as Centers for Medicare & Medicaid Services (CMS)-approved dialysis exception rates (HCPCS codes Z6016 – Z6022). Medi-Cal training for home dialysis (HCPCS codes Z6008 – Z6014) will not be reimbursed if billed by the same provider for the same recipient on the same date of service as CMS-approved dialysis exception rates (HCPCS codes Z6036 – Z6042).

HOME DIALYSIS

Dialysis Training

The appropriate training for home dialysis code (HCPCS codes Z6008 – Z6014 or exception codes Z6036 – Z6042) must be used instead of the facility's routine maintenance hemodialysis code. A maximum of 15 training sessions are authorized routinely for each patient. Additional training sessions beyond 15, but not more than 18, may be authorized if there is a documented medical necessity. The dates of the training sessions must be listed on the claim.

HCPCS Codes

The following HCPCS codes are used to bill for home dialysis.

<u>HCPCS Code</u>	<u>Description</u>	<u>Billing Procedure</u>
Z6030	Home dialysis (CAPD, CCPD or hemodialysis), including routine laboratory services, support services, routine injections and home dialysis supplies, on monthly basis	See HCPCS Code Z6030 below
Z6032	Installation charge for home dialysis	By Report
Z6034	Repair and services for hemodialysis	By Report

HCPCS Code Z6030

Medi-Cal covers dialysis performed at home, whether by home hemodialysis, Continuous Ambulatory Peritoneal Dialysis (CAPD), Continuous Cycling Peritoneal Dialysis (CCPD) or Intermittent Peritoneal Dialysis (IPD). HCPCS code Z6030 is used when billing for these services.

<u>HCPCS Code</u>	<u>Description</u>
Z6030	Home dialysis (peritoneal or hemodialysis), including laboratory services, support services, routine injections and home dialysis supplies on a monthly basis.

Maximum Allowable Reimbursement

The maximum allowable reimbursement per month for HCPCS code Z6030 does not exceed the composite rate for HCPCS code Z6004 (maintenance hemodialysis with routine laboratory charges included) multiplied by 13.

Composite Rates

Composite rates include laboratory services (monthly testing), support services and dialysis equipment.

Laboratory Services

The following laboratory services (monthly testing) are included in the composite rate for home dialysis:

- BUN
- Creatinine
- Sodium
- Potassium
- Bicarbonate
- Calcium
- Magnesium
- Phosphate
- Total Protein and Albumin
- Alkaline Phosphatase
- LDH
- SGOT
- HCT and Hgb
- Dialysate Protein

**Support Services
Under the Composite Rate**

The following support services are included in the composite rate for home dialysis:

- Periodic monitoring of patient's adaptation to home dialysis and performance of dialysis.
- Visits by trained technical personnel made in accordance with a plan prepared and periodically reviewed by a professional team that includes a physician.
- For CAPD patients: changing the connecting tube (also referred to as administration set), watching the patient perform CAPD and assuring that it is done correctly, instruct the patient to avoid or detect peritonitis and inspect the catheter site.

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Support Services
Separately Billed

The following support services are not included in the composite rate and therefore are separately billed:

HCPCS

Code Description

Z6032 Installation charge for home dialysis

Z6034 Repair and services for home dialysis

Equipment Not Covered
for CAPD Patients

The provision of any dialysis equipment is included in the composite rate. However, it should be noted that CAPD does not require the use of any equipment or water testing because the dialysate is prepared and delivered by the manufacturer. Therefore, a dialysis machine, water testing and water treatment are not covered for CAPD patients.

OTHER POLICIES

Miscellaneous Codes

The following HCPCS codes are used for the miscellaneous services listed.

<u>HCPCS Code</u>	<u>Description</u>	<u>Billing Procedure</u>
Z6024	Blood and blood derivatives + processing fee	By Report
Z6026	Radiology	By Report
Z6028	Limited Care – Shunt cleaning, etc.	By Report

CMS-Approved Dialysis Exception Codes

Some dialysis facilities have higher reimbursement rates approved by the Centers for Medicare & Medicaid Services (CMS). These exception codes are:

<u>HCPCS Code</u>	<u>Description</u>
Z6016 Z6018 Z6020 Z6022	Maintenance dialysis
Z6036 Z6038 Z6040 Z6042	Training for home dialysis

The exception code definitions correspond to the definitions for the maintenance dialysis codes (Z6000 – Z6006) and the training for home dialysis codes (Z6008 – Z6014) respectively.

Dialysis Maintenance and Training: Same Day Billing Restrictions

Medi-Cal maintenance dialysis (HCPCS codes Z6000 – Z6006) will not be reimbursed if billed by the same provider for the same recipient on the same date of service as CMS-approved dialysis exception rates (HCPCS codes Z6016 – Z6022). Medi-Cal training for home dialysis (HCPCS codes Z6008 – Z6014) will not be reimbursed if billed by the same provider for the same recipient on the same date of service as CMS-approved dialysis exception rates (HCPCS codes Z6036 – Z6042).

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Exception Code
Rate Changes

Providers with exception code rates approved by CMS must notify the Department of Health Care Services (DHCS) when their rates change. Send the procedure codes affected, the rate approved by CMS, and the effective date of the rate to:

Department of Health Care Services
Rate Development Branch
MSC 4600
1501 Capitol Avenue, Suite 71.4001
P.O. Box 997413
Sacramento, CA 95899-7413

LABORATORY TESTS

Laboratory tests for hemodialysis, continuous ambulatory peritoneal dialysis (CAPD), intermittent peritoneal dialysis (IPD) and continuous cycling peritoneal dialysis (CCPD) are billed as routine tests or separately billable items based on the type of test.

Routine Tests

Hemodialysis, CAPD, IPD and CCPD routine tests are conducted as listed below.

Hemodialysis

Hemodialysis routine tests can be conducted per treatment, weekly or monthly:

- Per Treatment Hematocrit, clotting time (13 per month)
- Weekly Prothrombin time for patients on anticoagulant therapy, serum creatinine, BUN (4 per month)
- Monthly Serum calcium, potassium, chloride, bicarbonate, phosphorus, total protein, serum albumin, alkaline phosphatase, SGOT, LDH (1 per month)

CAPD, IPD and CCPD

CAPD, IPD and CCPD routine tests are conducted on a monthly basis (1 per month) for BUN, serum creatinine, sodium, potassium, bicarbonate, calcium, magnesium, phosphate, total protein, albumin, alkaline phosphatase, LDH, SGOT, HCT, Hgb and dialysate protein.

Routine Test Exceeded

Routine laboratory services that exceed the frequency in the dialysis composite rate, may be reimbursed if medical justification is included in the *Remarks* field of the claim.

Medical Justification

A diagnosis of End State Renal Disease (ESRD) alone is not sufficient medical evidence to warrant coverage of the additional test.

Separately Billable Tests *

Separately billable tests for hemodialysis are as follows:

- Once per year Bone survey
- Once every six months Chest X-ray, nerve conduction velocity
- Once every three months EKG, serum ferritin

Separately billable tests for CAPD, IPD, CCPD are as follows:

- Once every three months WBC, RBC, platelet count
- Once every six months Residual renal function, 24-hour urine volume, chest X-ray, nerve conduction velocity, EKG

Separately billable tests for Hepatitis B testing are as follows:

- For dialysis patients with unknown hepatitis status, test for all markers of HBV infection (HBsAg, anti-HBc, and anti-HBs).
- Serologic testing 1–2 months after administration of the final dose of the primary vaccine series to determine the need for revaccination.
- Annual testing for antibody to Hepatitis B surface antigen (anti-HBs) to assess the need for Hepatitis B vaccine booster doses.
- Test vaccine non-responders monthly for HBsAg.

These services may be billed using ICD-9 code V05.3.

* **Note:** Chronic dialysis facilities, with Provider Type 42 and Category of Service code 21, will not be reimbursed separately for laboratory tests. These tests must be referred to the appropriate outside clinical laboratory for processing.

From-Through Billing

Facilities must bill HCPCS codes Z6000 – Z6022, Z6028, or Z6036 – Z6042 in the “from-through” format if more than one date of service is billed. The dates for the dialysis treatment must be listed in the *Description* field (Box 43) of the claim.

HCPCS code Z6030 is also billed with the “from-through” format. However, the provider is not required to list the dates of service on the claim. HCPCS codes Z6024, Z6026, Z6032 and Z6034 cannot be billed in the “from-through” format.

When more than 14 dialysis treatments are provided in one calendar month, the dates on which the physician saw the patient must be indicated in the *Remarks* field on the claim. (Refer to the *Dialysis Examples: UB-04* section of this manual for an example of “from-through” billing.)

INJECTIONS AND SUPPLIES

Chronic Outpatient Hemodialysis

Laboratory services necessary for chronic outpatient hemodialysis in renal dialysis centers and community hemodialysis units are payable only when billed by the renal dialysis center or community hemodialysis.

Alteplase

Alteplase is indicated for the restoration of function to the central venous access devices as assessed by the inability to withdraw blood and is separately reimbursable to dialysis centers. It is not included in the composite rates for dialysis maintenance and training codes billed by dialysis centers.

Dosage

The recommended dose is 2 mg in 2ml instilled into the dysfunctional catheter. If catheter function is not restored at 120 minutes, a second dose may be instilled.

Billing

HCPCS code
J2997 (injection, alteplase recombinant, 1mg)

Supplies

Supply items other than those included in the composite rate may be billed by the clinic using CPT-4 code 99070. Dialysis facilities must bill this code with ICD-9-CM codes 585 – 586 (chronic renal failure). HCPCS code Z7610 must not be used to bill for dialysis supplies.

**Composite Rates:
Supplies and Drugs**

The composite rate for dialysis covers:

- All durable and disposable items and medical supplies necessary for the effective performance of a patient's dialysis.
- Supplies including, but not limited to:
 - Forceps
 - Sphygmomanometer with cuff and stethoscope
 - Syringes
 - Alcohol wipes
 - Sterile drapes
 - Needles
 - Topical anesthetics
 - Rubber gloves
 - Dialysate heaters
 - Dialysate
 - Connecting tubes
- Certain parenteral items used in the dialysis procedure. These items may not be billed separately. Drugs used as a substitute for any of these items, or to accomplish the same effect, also are covered under the composite rate. The following drugs are included under the composite rate:
 - Heparin
 - Protamine
 - Mannitol
 - Saline
 - Pressor drugs
 - Glucose
 - Dextrose
 - Antihistamines
 - Antiarrhythmics
 - Antihypertensives

Drugs Separately Billed

Drugs that must be billed separately include antibiotics, anabolics, analgesics, tranquilizers, hematinics, muscle relaxants and sedatives.

Injections

Separately reimbursable injections must be billed with the appropriate HCPCS injection code. (Refer to the *Injections: Code List* section of this manual.) If no specific injection code exists, use CPT-4 codes 96372 (therapeutic, prophylactic or diagnostic injection [specify substance or drug]; subcutaneous or intramuscular) or 96379 (unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion).

Note: CPT-4 code 96379 requires an approved TAR for reimbursement.

Epoetin Alfa

Epoetin alfa can be used to treat anemia due to:

- Chronic Kidney Disease (CKD) in patients on dialysis and not on dialysis.
- Anti-retroviral therapy in HIV-infected patients.
- The effects of myelosuppressive chemotherapy in patients with non-myeloid malignancies and upon initiation, there is a minimum of two additional months of planned chemotherapy.
- Reduction of allogeneic RBC transfusion in patients undergoing elective, noncardiac, nonvascular surgery.
- Myelodysplastic syndromes.

Refer to the *Injections: Drugs E-H Policy* section of this manual for more information.

Blood Products

HCPCS code Z6024 must be used for all blood products given to dialysis patients. This code must be billed "By Report." All claims must contain a description of blood (for example, packed red cells, whole blood, etc.) and quantity in units of blood supplied, either as an attachment or listed in the *Remarks* field (Box 80) of the claim.

**Dialysis HCPCS
Codes Rates**

The following HCPCS code rates became effective on August 1, 2001:

<u>HCPCS Code</u>	<u>Description</u>	<u>Reimbursement Rate</u>
Z6000	Maintenance dialysis including professional charges and routine laboratory services.	\$ 153.60
Z6002	Maintenance dialysis including professional charges.	148.48
Z6004	Maintenance dialysis including routine laboratory services. Professional fee is billed separately on the CMS-1500 claim.	141.31
Z6006	Maintenance dialysis only. Routine laboratory services are billed separately.	136.19
Z6008	Home training dialysis including professional charges and routine laboratory charges.	174.08
Z6010	Home training dialysis including professional charges. Routine laboratory services are billed separately.	168.96
Z6012	Home training dialysis including routine laboratory charges. Professional fee is billed separately on the CMS-1500 claim.	161.79
Z6014	Home training dialysis only. Routine laboratory services are billed separately.	156.67
Z6030	Home dialysis (peritoneal or hemodialysis), including laboratory services, support services, routine injections and home dialysis supplies on a monthly basis.	1,837.06