



Network Notification

Date: July 19, 2010

Number: MI-P-2010-09

To: Michigan Providers

From: CareSource

Subject: Dialysis Billing & Reimbursement Policy

CareSource is adopting the Michigan Department of Community Health (MDCH) dialysis guideline which includes:

- Reimbursement is an inclusive rate for maintenance dialysis services for Hemodialysis or peritoneal dialysis. Individual services may not be billed separately.
- The rate is the same whether the services are provided in a facility or at home and includes all necessary dialysis maintenance services, supplies, equipment such as oxygen, filters, dec clotting of shunts, administration of blood or oxygen, Heparin, Protamine, Mannitol, saline, glucose, dextrose, topical anesthetics and arrhythmics.

Payment for laboratory services related to maintenance dialysis is included in the composite rate regardless if the tests are performed in the facility or an independent lab.

- Injections, Q codes, which are included with less than 10,000 units, should be reported with Revenue Code 0634. Each date of service should be reported on separate claim lines.
- Injections, Q codes, which are included with greater than 10,000 units, should be reported with Revenue Code 0635. Each date of service should be reported on separate claim lines.
- Injections, J codes, should be reported with Revenue code 0636 with each date of service reported on separate claim lines.
- Report Dialysis with Revenue Code 082X through 085X reflecting the total number of treatments as the quantity for the month. A supported Healthcare Common Procedure Coding System (HCPCS) code is not required. Each date of service should be reported on separate claim lines.

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This policy is not a guarantee of payment. Benefits may be subject to limitations and/or qualifications and will be determined when the claim is received for processing.

- Revenue Code 0270 is included with dialysis and will not be reimbursed separately. Each date of service should be reported on separate claim lines.

Revenue Codes 0634 through 0636 must be billed with a HCPCS code and will be reimbursed off the MDCH Independent End State Renal Disease Facility fee schedule for Biological Drugs.

Example:

<u>Rev Code</u>	<u>CPT/HCPC</u>	<u>Billed Amount</u>	<u>Allowed Amount</u>
0821	90999	\$18,057.00	\$1,852.37
0270	A4657	\$2,373.20	\$0.00
0636	J1200	\$162.50	\$10.40
0634	Q4081	\$2,504.70	\$190.08
0635	Q4081	\$18,367.80	\$959.04