End-Stage Renal Disease

Dialysis Adequacy, Infection, and Vascular Access Reporting for ESRD
Today’s Presenters

• Jean Roberts, RN, BSN, CPC – Part A Provider Outreach and Education Consultant
Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the Centers for Medicare & Medicaid Services (CMS) Web site at http://www.cms.gov.
CPT Disclaimer

CPT codes, descriptions, and material only are Copyright 2007 American Medical Association. All Rights Reserved. No fee schedules, basic units, relative values, or related listings are included in CPT. The AMA assumes no liability for the data contained herein. Applicable FARS/DFARS restrictions apply to government use.
# Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMA</td>
<td>American Medical Association</td>
</tr>
<tr>
<td>AMCC</td>
<td>Automated multi-channel chemistry code</td>
</tr>
<tr>
<td>CAP</td>
<td>Competitive Acquisition Program</td>
</tr>
<tr>
<td>CAPD</td>
<td>Continuous ambulatory peritoneal dialysis</td>
</tr>
<tr>
<td>CCPD</td>
<td>Continuous cycling peritoneal dialysis</td>
</tr>
<tr>
<td>CERT</td>
<td>Comprehensive Error Rate Testing</td>
</tr>
<tr>
<td>CKD</td>
<td>Chronic kidney disease</td>
</tr>
<tr>
<td>CMS</td>
<td>Centers for Medicare &amp; Medicaid Services</td>
</tr>
<tr>
<td>CPT</td>
<td>Current procedural terminology</td>
</tr>
<tr>
<td>CR</td>
<td>Change request</td>
</tr>
<tr>
<td>CY</td>
<td>Calendar year</td>
</tr>
</tbody>
</table>
## Acronyms (cont.)

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CWF</td>
<td>Common Working File</td>
</tr>
<tr>
<td>DOS</td>
<td>Date of service</td>
</tr>
<tr>
<td>EPO</td>
<td>Epoetin alfa</td>
</tr>
<tr>
<td>ESA</td>
<td>Erythropoiesis stimulating agent</td>
</tr>
<tr>
<td>ESRD</td>
<td>End-stage renal disease</td>
</tr>
<tr>
<td>FI</td>
<td>Fiscal intermediary</td>
</tr>
<tr>
<td>FISS</td>
<td>Fiscal Intermediary Standard System</td>
</tr>
<tr>
<td>FL</td>
<td>Form locator</td>
</tr>
<tr>
<td>HICN</td>
<td>Health Insurance Claim Number</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability &amp; Accountability Act of 1996</td>
</tr>
<tr>
<td>HCPCS</td>
<td>Healthcare Common Procedural Coding System</td>
</tr>
</tbody>
</table>
## Acronyms (cont.)

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-9-CM</td>
<td>International Classification of Diseases-9th Revision-Clinical Modification</td>
</tr>
<tr>
<td>IOM</td>
<td>Internet-Only Manual</td>
</tr>
<tr>
<td>IP</td>
<td>Inpatient</td>
</tr>
<tr>
<td>IPD</td>
<td>Intermittent peritoneal dialysis</td>
</tr>
<tr>
<td>IUR</td>
<td>Informational unsolicited response</td>
</tr>
<tr>
<td>LIDOS</td>
<td>Line-Item dates of service</td>
</tr>
<tr>
<td>MAO</td>
<td>Medicare Advantage organization</td>
</tr>
<tr>
<td>MAC</td>
<td>Medicare administrative contractor</td>
</tr>
<tr>
<td>MIPPA</td>
<td>Medicare Improvements for Patients and Providers Act of 2008</td>
</tr>
<tr>
<td>Acronyms</td>
<td>Description</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------------------------------</td>
</tr>
<tr>
<td>MSP</td>
<td>Medicare Secondary Payer</td>
</tr>
<tr>
<td>MUE</td>
<td>Medically unlikely edit</td>
</tr>
<tr>
<td>OP</td>
<td>Outpatient</td>
</tr>
<tr>
<td>OSC</td>
<td>Occurrence span code</td>
</tr>
<tr>
<td>PFFS</td>
<td>Private fee-for-service</td>
</tr>
<tr>
<td>RDF</td>
<td>Renal dialysis facility</td>
</tr>
<tr>
<td>RTP</td>
<td>Return to provider</td>
</tr>
<tr>
<td>TOB</td>
<td>Type of bill</td>
</tr>
<tr>
<td>URR</td>
<td>Urea reduction ratio</td>
</tr>
<tr>
<td>VC</td>
<td>Value code</td>
</tr>
</tbody>
</table>
Objective

• Educate end-stage renal disease (ESRD) providers on recent CMS changes related to dialysis adequacy, infection, and vascular access reporting requirements specific to ESRD services.
Agenda

• Current ESRD Quality Measures
  – Anemia management
  – Hemodialysis adequacy
• ESRD Quality Measures effective July 1, 2010
  – Dialysis adequacy
  – Infection
  – Vascular access reporting requirements
• Additional Updates
Current ESRD Quality Measures

References:
• CMS IOM 100-04, Chapter 8, Section 50.3, 50.9, 60.4, and 60.7
• Change Request 5039, Transmittal 1084, issued 10/27/2006, effective 04/01/2007
• Change Request 5545, Transmittal 1285, issued 7/13/2007, effective 1/1/2008
Current Quality Measures

• Require two monthly quality of care measures:
  1. Anemia management - Measured by hemoglobin or hematocrit
  2. Hemodialysis adequacy - Measured by urea reduction ratio (URR)
Current Quality Measures

1. Anemia management - Measured by hemoglobin or hematocrit
   - **Value codes 48** - patient’s most recent hemoglobin reading taken before the start of the billing period
   - **Value code 49** - patient’s most recent hematocrit reading taken before the start of the billing period.
Current Quality Measures

2. Hemodialysis adequacy - Measured by urea reduction ratio (URR)
   • Report current month’s urea reduction ratio (URR) lab value
     – HCPCS modifiers G1 through G6
       » Revenue code 082x
       » HCPCS code 90999
Current Quality Measures

- Seven (7) or more hemodialysis treatments per month
  - G1 Most recent URR of less than 60%
  - G2 Most recent URR of 60% to 64.9%
  - G3 Most recent URR of 65% to 69.9%
  - G4 Most recent URR of 70% to 74.9%
  - G5 Most recent URR of 75% or greater

- Less than seven (7) hemodialysis treatments per month
  - G6 ESRD patient - less than 7 hemodialysis sessions provided in one month
Current Quality Measures

• Problem:
  – URR only measures dialysis adequacy monthly for in facility patients
  • Home dialysis patients URR is measured less frequently
  – Does not provide data for the entire ESRD dialysis population.
ESRD Quality Measures Effective July 1, 2010

Dialysis Adequacy, Infection and Vascular Access Reporting requirements effective July 1, 2010

New Quality Measures

• MIPPA 153C requires the use of quality measures endorsed by a consensus organization
• New Reporting required for dates of service on/after 7/1/2010
• Allows CMS to implement accurate quality incentive payment for dialysis providers by 1/1/2012
New Quality Measures

- CMS received national quality forum (NQF) endorsement for ESRD measures
  - Dialysis adequacy is best measured by Kt/V for both hemodialysis and peritoneal dialysis patients
  - Time limited endorsement of URR
New Quality Measures

• New CMS Requirement
  – Report on ESRD claims with DOS on/after July 1, 2010
  • Kt/V reading and date of reading
  • Vascular access
  • Infection data
New Quality Measures

• What is Kt/V?
  – A method of measuring dialysis adequacy
  – Kt/V is a mathematical formula:
    \[ K \text{ (clearance)} \times t \text{ (time)} \div V \text{ (volume)}, \text{ where:} \]
    – \( K \) = clearance—the amount of urea the dialyzer can remove (liters/minute)
    – \( t \) = time—the duration of treatment (minutes)
    – \( V \) = volume—the amount of body fluid (liters)
**New Quality Measures**

- Kt/V reading and date of reading
  - Value Code D5 – Result of last Kt/V reading
    - In-center dialysis patient = last reading taken during billing period
    - Home dialysis patients = may be before the current billing period but should be within 4 months of the claim DOS
New Quality Measures

• Kt/V reading and date of reading
  – Occurrence Code 51 – Date of last Kt/V reading
    • In-center dialysis patient = date of last reading taken during billing period
    • Home dialysis patients = may be date before the current billing period but should be within 4 months of the claim DOS
  – Note: Date must be a valid date and not later than the through date on the claim
New Quality Measures

- Kt/V reading and date of reading
  - Note: If no Kt/V test performed – provider attestation by billing:
    - Value code D5 = 9.99 value
    - Do not report occurrence code 51 date
New Quality Measures

- Vascular access for ESRD Hemodialysis patients
  - Modifier reported on last hemodialysis revenue code line (0821) for the month:
    - V5 = Vascular Catheter
      - alone or with any other vascular access
    - V6 = Arteriovenous Graft
      - or other vascular access not including a vascular catheter
    - V7 = Arteriovenous Fistula
      - in use with two needles
New Quality Measures

- Mandatory Infection Data Reporting
  - Modifier reported on each dialysis revenue code line (0821, 0831, 0841, 0851):
    - V8 = Dialysis access-related infection present (documented and treated) during billing month
      - Limited to:
        » Peritonitis for peritoneal dialysis patients
        » Bacteremia for hemodialysis patients
        » Note: If received different modalities during the month an infection is identified – V8 reported only for primary dialysis mode at time infection first suspected
        » Do not report V8 for non-access related infection
    - V9 = No dialysis access-related infection present
New Quality Measures

• Clarification of Effective Dates
  • **Voluntary** reporting DOS on/after 1/1/2010
    – Modifiers V5 through V9
  • **Mandatory** reporting DOS on/after 7/1/2010
    – Modifiers V5 through V9
    – Value Code D5
    – Occurrence Code 51
New Quality Measures

• Effective DOS on/after July 1, 2010, contractors shall RTP ESRD (72X) TOB when submitted without
  – Value Code D5
  – Occurrence Code 51
    • Except when Value Code D5 = 9.99
  – One Modifier V5 through V7 on Last line item DOS for revenue code 0821
  – One modifier V8 or V9 per every dialysis revenue code line (0821, 0831, 0841, 0851)
New Quality Measures

• What about the current reporting requirements?
  – CMS requires ESRD providers to continue reporting as per current requirements:
    • URR via existing G1 – G6 modifiers
    • Value Code 48/49
Additional ESRD Updates
Additional Updates

- Change Request 6679, effective 1/1/2010: Implementation of Changes in End-stage renal disease (ESRD) payment for calendar year (CY) 2010
  - Affected Providers
    - Hospital-based and independent dialysis facilities submitting claims to Medicare for ESRD services must be paid same ESRD composite rate
  - Note: Slide 31 and 32 present updates only. Additional information continues to be used in the calculation of the provider/provider-specific rates!
    - For example, the facility’s location continues to be a factor
Additional Updates

• For CY 2010:
  – Update to base composite payment rate with a one percent increase resulting in a base rate of $135.15 for both hospital-based and independent renal dialysis facilities
  – Reduction to drug add-on adjustment for CY 2010 to the composite payment rate of 15.0 percent
  – Update to wage index adjustments to reflect the current wage data
  – Reduction in wage index floor from 0.7000 to 0.6500
Resources

• MIPPA

• Additional information and examples of calculating Kt/V

• The Outpatient Maintenance Dialysis - End-Stage Renal Disease Fact Sheet (January 2010)
Resources

• National Government Services ESRD Manual, June 2008

• ESRD Module Standardization published in “What’s New” article (7/1/2009) and MMR

• Recent Article - Addition to ESRD Module Standardization What’s New article (4/26/2010) and MMR
  – End-Stage Renal Disease Module Standardization Update: Appropriate Code for Blood Administration Set and Filter
    • http://www.ngsmedicare.com/Content.aspx?CatID=1&DOCID=22110
Resources

• National Government Services Medicare University (MU) computer-based training (CBT) modules:
  – ESRD Laboratory Services Coverage and Billing
    • MU Catalog Number PTA-C-0015
  – End-stage renal disease: erythropoietin stimulating agents
    • MU Catalog Number PTA-C-0017
  – ESRD Eligibility – coming soon!

• Visit the National Government Services Medicare University Web site at www.MedicareUniversity.com
Medicare University Self-Reporting Instructions

- Event Number = 10161TAJMR2
- Topic = ESRD Quality Reporting
- Medicare University Credits (MUCs) = 1
- # of Sessions = 1
- Catalog Number = AA-C-00303
Medicare University
Self-Reporting Instructions

To earn MUCs, you must self-report your attendance after this training event has ended:

– Go to www.MedicareUniversity.com or
– Go to www.NGSMedicare.com, select your business type and region, then select Go

• On the upper-right side of the page, select the Medicare University logo
• You will be redirected to an informational page about Medicare University
• Look toward the middle of the page (just above the Click & Learn; Come & Learn; and About MU sections) for Enter the Medicare University CBT Online System and link; Select this link and you will be redirected to the Medicare University log on screen
Medicare University Self-Reporting Instructions

• Log on to the National Government Services Medicare University site via the log on screen at www.MedicareUniversity.com
  – **Note:** You will be prompted to enter your Medicare University log on ID and password. If you don’t already have one, you may obtain one at this point
• Select **Course Catalog** from the left side menu
• Select the **Details** button for the course entitled “**ESRD Quality Reporting**”
  – To locate and self-report today’s training event either look for the name of the event or look for the **Catalog ID** number (**AA-C-00303**) provided for this event
  – A new window will open providing the event description and information; select the **Enroll** button (the screen will then refresh)
Medicare University
Self-Reporting Instructions

– Next, select **Curriculum List** from the left side menu; locate the self-reporting course you just enrolled in and select the **Go** button next to it
– A new page will open; select the **Launch** button on the new page and the course will load in a new window
– Enter the training event number (**10161TAJMR2**) and select the **Submit** button
Thank You!

• Training Assessment available online: https://www.surveymonkey.com/s/F39P9V

• If you have any questions that were not answered during this call please email your question to National Government Services:
  – Subject Line of Email: “ESRD”
  – Be sure to include your name, facility, and telephone number
  – E-mail to: Part.A.Provider.Training@anthem.com