

DOCUMENTATION REQUIREMENTS FOR TREATMENT OF END STAGE RENAL DISEASE

File Name: documentation_requirements_for_treatment_of_end_stage_renal_disease

Origination: 10/2015

Last Review: 4/2021

Next Review: 12/2021

Description

This policy describes the documentation that providers must submit (or have previously submitted) in order to be reimbursed for dialysis and transplant services supplied for the purpose of treating End Stage Renal Disease (ESRD).

Kidney disease affects thousands of Americans each year. Although preventive treatments and early disease recognition have improved clinical outcomes for many patients, a significant percentage of this population will require dialysis and/or kidney transplantation. When an individual develops ESRD and either begins a regular course of dialysis treatment or receives a kidney transplant, the Centers for Medicare and Medicaid Services (CMS) requires the completion and submission of a CMS form 2728.¹ This document provides medical evidence of ESRD and important information regarding Medicare eligibility and entitlement. The information on this form is highly confidential and is important in aiding caregivers and assuring quality for ESRD patients.

Receipt of CMS form 2728 provides Blue Cross Blue Shield North Carolina (BCBSNC) information necessary to assist affected members with their ESRD care and benefits coordination, as well as to provide individual health coaching, education, decision support, and assistance with their transition to Medicare.

¹ <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/CMS2728.pdf>

*****Note: This Reimbursement Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.**

Policy

Blue Cross Blue Shield North Carolina (Blue Cross NC) requires a CMS form 2728 for every member who undergoes a regular course of dialysis or receives a kidney transplant for the purpose of treating ESRD. Blue Cross NC requires providers of ESRD-related dialysis and transplant services to ensure that a CMS form 2728 is on file with Blue Cross NC for a member no later than sixty (60) days after an ESRD-related dialysis or transplant claim is submitted for reimbursement of dialysis or transplant services supplied to that member.

Reimbursement Guidelines

Providers who perform dialysis or kidney transplants for the purpose of treating ESRD must submit (or have previously submitted) a CMS form 2728 to Blue Cross NC no later than sixty (60) days after a dialysis or transplant claim is filed for that specific claim to be reimbursable. The CMS 2728 form may be submitted by fax utilizing the following number: **919-287-5411**.

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The CMS form 2728 must also be maintained by the provider as part of the member's healthcare documentation and updated as necessary.

Providers are not required to submit CMS form 2728 for any patients who are diagnosed with or treated for acute renal injury, and should only submit this form for patients receiving treatment for chronic ESRD.

Rationale

According to the CMS website, the CMS form 2728 is required by law to be completed on patients in the following categories:

Initial

- For all patients who receive a kidney transplant without a course of dialysis
- For patients for whom a regular course of dialysis has been prescribed by a physician

Re-entitlement

- For patients who return to dialysis three years following a transplant and ESRD Medicare benefits were terminated
- For patients who return to dialysis after stopping dialysis for more than 12 months and their benefits were terminated

Supplemental

- For patients who receive a transplant within the first three months of the date of first dialysis (to be completed by the transplant facility)
- For patients who train for self care dialysis within the first three months of the date of first dialysis

Billing and Coding

Applicable codes are for reference only and may not be all inclusive. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross NC web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

The following ICD-10 diagnosis codes are applicable for chronic ESRD: N18.1, N18.2, N18.3, N18.4, N18.5, N18.6, N18.9, N19

The following ICD-10 diagnosis codes are specific to acute kidney failure and are not applicable to this policy: N17.0, N17.1, N17.2, N17.8, N17.9, N17.8

CPT® / HCPCS Code	Description
90935	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription



90945	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional
90947	Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older
90967	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age
90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age
90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age
90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older
E1500-E1699	Dialysis Systems and Accessories
A4653- A4932	Dialysis Equipment and Supplies

Related policy

[Hemodialysis Treatment for ESRD](#)

[Renal \(Kidney\) Transplantation](#)

[Intradialytic Parenteral Nutrition](#)

References

American Association of Kidney Patients (AAKP). <https://www.aakp.org/>



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Centers for Medicare & Medicaid Services (CMS). Medicare Benefit Policy Manual, Chapter 11, End Stage Renal Disease (ESRD); <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c11.pdf>

United States Renal Data System (USRDS). <http://www.usrds.org/>

History

10/30/15	New payment policy regarding reimbursement guidelines for services for members with end stage renal disease. BCBSNC requires a CMS form 2728 for every member who undergoes a regular course of dialysis or receives a kidney transplant for the purpose of treating ESRD. BCBSNC requires providers of ESRD-related dialysis and transplant services to ensure that a CMS form 2728 is on file with BCBSNC for a member no later than sixty (60) days after an ESRD-related dialysis or transplant claim is submitted for reimbursement of dialysis or transplant services supplied to that member. Notification given 10/30/15 for effective date 12/30/15. (adn)
12/30/16	Routine review. Added cross reference to medical policy Hemodialysis Treatment for ESRD. (an)
12/29/17	Removed ICD-9 codes from Billing/Coding section. Routine annual policy review, no change to policy statement. (an)
2/23/18	Corrected dates in header. No change to policy. (an)
12/14/18	Routine annual policy review. No change to current policy. (an)
1/14/20	Routine policy review. Senior medical director approved 12/2019. No changes to policy statement. (an)
2/25/20	Corrected review dates in header. (an)
12/31/20	Routine policy review. Medical director approved 12/2020. No changes to policy statement. (eel)
4/20/2021	Policy format update. No changes to policy statement. (eel)

Application

These reimbursement requirements apply to all commercial, Administrative Services Only (ASO), and Blue Card Inter-Plan Program Host members (other Plans members who seek care from the NC service area). This policy does not apply to Blue Cross NC members who seek care in other states.

This policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this policy.

Legal

Reimbursement policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and Blue Cross NC reserves the right to review and revise its medical and reimbursement policies periodically.



Commercial Reimbursement Policy

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