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## Dialysis: End Stage Renal Disease Services

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This section describes policy and billing procedures to bill for End Stage Renal Disease Services.

«For chronic dialysis information, refer to the *Dialysis: Chronic Dialysis Services* section in the appropriate Part 2 manual. Billing examples for *UB-04* and *CMS-1500* claim forms are found in the [Dialysis Examples: UB-04](#) and [Dialysis Example: CMS-1500](#) sections of this manual. For additional information about *UB-04* claim completion, including “By Report” claims attachments and “from-through” billing, refer to the [UB-04 Special Billing Instructions for Outpatients](#) section of the appropriate Part 2 manual.»

### **Treatment Modalities**

Treatment modalities for End Stage Renal Disease (ESRD) include hemodialysis, Continuous Ambulatory Peritoneal Dialysis (CAPD), Continuous Cycling Peritoneal Dialysis (CCPD), Intermittent Peritoneal Dialysis (IPD) or renal transplant.

### **Home Dialysis**

«ESRD patients may be considered candidates for hemodialysis or peritoneal dialysis that is performed at home.

For many patients, home dialysis is more convenient, easier to tolerate, and allows for a better quality of life. Home dialysis is less expensive in general than the cost of in-center dialysis plus the cost of related services such as providing transportation to and from the center.

### **“From-Through” Billing for Home Dialysis Services**

Report HCPCS codes S9335 or S9339 on a single monthly claim by using the “from-through” billing method on the *UB-04* form. Refer to the [Dialysis Examples: UB-04](#) manual section for further details on claim completion.

Claims must be submitted with clinical documentation, such as but not limited to a daily dialysis procedure report, a treatment log or a dialysis record for each date of service rendered.»

## **Authorization**

The following End Stage Renal Dialysis (ESRD) treatment codes do not require authorization:

| <b>HCPCS Code</b> | <b>Description</b>  |
|-------------------|---|
| «S9335            | Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem      |
| S9339             | Home therapy; peritoneal dialysis, administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem» |
| Z6004             | Maintenance dialysis including routine laboratory charges   |
| Z6006             | Maintenance dialysis only   |

## **Centers for Medicare & Medicaid Services Exception Codes**

| <b>HCPCS Code</b> | <b>Description</b>  |
|-------------------|---|
| Z6020             | Maintenance dialysis including routine laboratory services (CMS approved) |

## **Professional Reimbursement Method: Less than Full-Month**

The following CPT® codes are used:

| <b>CPT Code</b> | <b>Description</b>   |
|-----------------|--|
| 90967           | End stage renal disease (ESRD) related services (less than full month), per day; for patients under 2 years of age           |
| 90968           | End stage renal disease (ESRD) related services (less than full month), per day; for patients between 2 and 11 years of age  |
| 90969           | End stage renal disease (ESRD) related services (less than full month), per day; for patients between 12 and 19 years of age |
| 90970           | End stage renal disease (ESRD) related services (less than full month), per day; for patients 20 years of age and over       |
| 90989           | Dialysis training, completed   |
| 90993           | Dialysis training, per session   |
| <<90997         | Hemoperfusion (eg, with activated charcoal or resin)>>   |
| <<90999         | Unlisted dialysis procedure, inpatient or outpatient>>   |

## **“From-Through” Billing: Exceptions and Restrictions**

Only code 90989 must be billed using the “from-through” method. Codes 90967 thru 90970 must not be billed using the “from-through” method.

## **Professional Reimbursement Method: Per Full-Month**

The following ESRD-related professional services are reimbursable per full month and should be billed using the “from-through” method.

| <b>CPT Code</b> | <b>Description</b>   |
|-----------------|--|
| 90951           | End-stage renal disease (ESRD) related services monthly, for patients under 2 years of age; with 4 or more physician visits per month                |
| 90952           | End-stage renal disease (ESRD) related services monthly, for patients under 2 years of age; with 2 to 3 face-to-face physician visits per month      |
| 90953           | End-stage renal disease (ESRD) related services monthly, for patients under 2 years of age; with 1 face-to-face physician visit per month            |
| 90954           | End stage renal disease (ESRD) related services monthly, for patients 2 thru 11 years of age; with 4 or more physician visits per month              |
| 90955           | End stage renal disease (ESRD) related services monthly, for patients 2 thru 11 years of age; with 2 to 3 face-to-face physician visits per month    |
| 90956           | End stage renal disease (ESRD) related services monthly, for patients 2 thru 11 years of age; with 1 face-to-face physician visit per month          |
| 90957           | End-stage renal disease (ESRD) related services monthly, for patients 12 thru 19 years of age; with 4 or more physician visits per month             |
| 90958           | End-stage renal disease (ESRD) related services monthly, for patients 12 thru 19 years of age; with 2 to 3 face-to-face physician visits per month   |
| 90959           | End-stage renal disease (ESRD) related services monthly, for patients 12 thru 19 years of age; with 1 face-to-face physician visit per month         |
| 90960           | End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more physician visits per month           |
| 90961           | End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2 to 3 face-to-face physician visits per month |
| 90962           | End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face physician visit per month       |

| <b>CPT Code</b> | <b>Description</b>   |
|-----------------|--|
| 90963           | End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age |
| 90964           | End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2 thru 11 years of age      |
| 90965           | End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12 thru 19 years of age     |
| 90966           | End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older   |

## **Inpatient Physician Services**

The physician should use the following CPT dialysis procedure codes for renal-related services:

| <b>CPT Code</b> | <b>Description</b>  |
|-----------------|---|
| 90935           | Hemodialysis procedure with single physician evaluation   |
| 90937           | Hemodialysis procedure requiring repeated evaluations   |
| <<90940         | Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method>>          |
| 90945           | Dialysis procedure other than hemodialysis (for example, peritoneal, hemofiltration), with single physician evaluation        |
| 90947           | Dialysis procedure other than hemodialysis (for example, peritoneal, hemofiltration) requiring repeated physician evaluations |

## **Billing Requirements**

To be paid for CPT codes 90935, 90937, 90945 and 90947:

- The physician must be physically present with the patient during the dialysis procedure, and the medical record must document this. If the physician visits the dialysis patient on a dialysis day, but not during the dialysis treatment, reimbursement will be denied if one of these codes is billed. In these cases, the same hospital visit codes that apply to any other physician treating hospital inpatients (CPT codes 99221 thru 99233) are to be used.
- When billing for physician inpatient hemodialysis and peritoneal dialysis services, these codes must be limited to three times per week. Claims billing these codes for more than three inpatient dialysis procedures per week will suspend for medical review. Medical documentation must accompany the claim to justify the additional inpatient dialysis services.

## **Legend**

Symbols used in the document above are explained in the following table.

| <b>Symbol</b> | <b>Description</b>  |
|---------------|---|
| «             | This is a change mark symbol. It is used to indicate where on the page the most recent change begins. |
| »             | This is a change mark symbol. It is used to indicate where on the page the most recent change ends.   |