



## PROVIDER COMMUNICATION: ESRD at Home Dialysis

Physicians and practitioners managing Medicare beneficiaries with ESRD who dialyze at home are paid a single monthly rate based on the age of the beneficiary. Currently, the Centers for Medicare & Medicaid Services (CMS) do not require a frequency of required visits for the home dialysis monthly capitation payment (MCP) service. Effective January 1, 2011 CMS; and therefore Care Improvement Plus, will require that at least one face-to-face patient visit per month for the home dialysis MCP service be completed. In addition, documentation by the MCP physician (or practitioner) should support at least one face-to-face encounter per month with the home dialysis patient. The procedure codes affected by the new policy include 90963, 90964, 90965, and 90966. The code directly related to Care Improvement Plus patients is 90966 based on the plan's membership.

Medicare contractors may waive the requirement for a monthly face-to-face visit for the home dialysis MCP service on a case by case basis when the nephrologists' notes indicate that the physician actively and adequately managed the care of the home dialysis patient throughout the month. Therefore, the face-to-face patient visit will be waived on a case by case basis. The physician or practitioner will continue to follow the patient's status and document it in the medical record for patients performing dialysis at home.

The official instruction, CR 7003, issued to your carrier and A/B MAC regarding this change may be viewed at <http://www.cms.gov/Transmittals/downloads/R1999CP.pdf>

### Key Things to Remember When Billing for ESRD Home Dialysis

- The claim must indicate the correct age of the patient receiving home dialysis.
- The waived face-to-face visit in the month may be later required in the future as determined by Care Improvement Plus on a case by case basis.