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# Medicare Hospital Manual

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Department of Health &  
Human Services (DHHS)  
Centers for Medicare &  
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REFER TO CHANGE REQUEST 1767

**HEADER SECTION NUMBERS**

E422.8

**PAGES TO INSERT**

(1 p.)

**PAGES TO DELETE**

(1 p.)

**NEW/REVISED MATERIAL--*EFFECTIVE DATE: January 1, 2003***

Section E422.8, Coding for Adequacy of Hemodialysis, is revised to edit to require a modifier to indicate the Urea Reduction Ratio (URR) for End Stage Renal Disease hemodialysis claims.

This section also instructs facilities to report the last, most recent URR for home hemodialysis patients that are not monitored monthly.

**DISCLAIMER:** The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

Laboratory Codes (Cont.)

86685 Anti-ACHR (acetylcholine receptor) antibody titer

86687 HTLV I, antibody detection; immunoassay

86689 Confirmatory test

86800 Thyroglobulin and antibody, RIA

If these codes are sufficient to describe the services provided by blood banks in your area, use the codes in billing. However, if these codes do not describe the services you are billing for, ask your intermediary to furnish the appropriate codes.

For supplies, use revenue code 270. Your intermediary establishes local codes for blood administration sets and filters.

E422.8. Coding for Adequacy of Hemodialysis.--

A. General--All hemodialysis claims must indicate the most recent Urea Reduction Ratio (URR) for the dialysis patient. You are required to code all claims using HCPCS code 90999 along with the appropriate G modifier listed in section B. For services beginning **January 1, 2003** and after, if the modifier is not present, the claim will be returned to you for the appropriate modifier.

B. Billing Requirements--Claims for dialysis treatments must include the adequacy of dialysis data as measured by URR. Dialysis facilities must monitor the adequacy of dialysis treatments monthly for facility patients. Home hemodialysis and peritoneal dialysis patients may be monitored less frequently, but not less than quarterly. **If a home hemodialysis patient is not monitored during a month, report the last, most recent URR for the dialysis patient.**

HCPCS code 90999 (unlisted dialysis procedure) must be reported in field location 44 for bill type 72X. Attach the appropriate G-modifier in field location 44 (HCPCS/RATES), for patients that received seven or more dialysis treatments in a month. Continue to report revenue codes 820, 821, 825, **or** 829 in field location 42.

- 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

For patients that have received dialysis 6 days or less in a month, use the following modifier:

- G6 ESRD patient for whom less than seven dialysis sessions have been provided in a month.

The techniques to be used to draw the pre- and post-dialysis blood urea Nitrogen samples are listed in the National Kidney Foundation Dialysis Outcomes Quality Initiative Clinical Practice Guidelines for Hemodialysis Adequacy, Guideline 8, Acceptable Methods for BUN sampling, New York, National Kidney Foundation, 1997, pp 53 - 60.