SECTION 5: BILLING AND REIMBURSEMENT GUIDELINES

of the Professional Provider Office Manual

5.11 DIALYSIS

DIALYSIS

Dialysis providers should adhere to the following billing guidelines when filing claims:

- Providers must file dialysis claims under the appropriate revenue code for the type treatment provided as a single line item.
- The service units field must be used to indicate the number of treatments provided within the dates of service that appear on the claim.
- All other billed charges for services or products rendered must be itemized and the appropriate HCPCS code should be included on the claim.
- Providers should use one of the following revenue codes for the dialysis procedure when submitting a UB-04 claim form. CPT codes are not required when billing for dialysis services.

Revenue Codes	Type of Dialysis
821	Hemodialysis
831	Intermittent Peritoneal Dialysis
841	Continuous Ambulatory Peritoneal Dialysis
851	Continuous Cycling Peritoneal Dialysis

Providers should use one of the following revenue codes, along with the appropriate HCPCS code, for Epogen when submitting a UB-04 claim form:

Codes	Type of Dialysis
634	EPO, less than 10,000 units
635	EPO, 10,000 or more units
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)

For Example: Epogen will be reimbursed at $1.20 per 100 units for Q4081. Providers should use revenue code 634 or 635 and HCPCS code Q4081 when billing for Epogen. The per diem will only be applicable to the day(s) that the treatment is provided. Any services related to dialysis treatments, but rendered on dates of service other than the date of service for dialysis treatment is included in the per diem and is not separately reimbursable.

The service units field (Block 46 of the UB-04 claim form) should include the appropriate units per the HCPCS code description for the total units provided. For example, if billing code Q4081 and 5,000 units are provided, enter "50" on Block 46.

- The per diem reimbursement only applies to the day(s) that the treatment is provided.
- Any services related to dialysis treatments, but rendered on dates of service other than the date of service for dialysis treatment, are included in the per diem and are not separately reimbursable.

Please Note: Blue Cross may expand and/or modify the reimbursement schedule for new, deleted or modified codes developed subsequent to the effective date of your Allied Health Professional Agreement. Blue Cross will notify providers 30 days prior to the effective date of the schedule change.