

RENAL DIALYSIS SERVICES
Taxonomy 261QE0700X / Pricing Specialty 087
Fee Schedule Effective Date 01/01/2022

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the NC Medicaid Web Site. Providers should always The inclusion of a rate on this table does not guarantee that a service is covered.

NC Medicaid will end date the temporary COVID-19 increases associated with Session Law 2020-4 (House Bill 1043), effective 01/01/2022.

ACCOMMODATION CODE	Code (RC)	CPT/HCPCS Codes	COVID-19 MODIFIER	DESCRIPTION	RATES	EFFECTIVE DATE	END DATE
<i>The following requires revenue and procedure codes on a facility claim - UB-04 billing form:</i>							
70	0821			Hemodialysis	#####	1/1/2022	#####
70	0831			Peritoneal Dialysis	#####	1/1/2022	#####
71	0841			Continuous Ambulatory Peritoneal Dialysis (CAPD)	\$ 60.25	1/1/2022	#####
71	0851			Continuous Cycling Peritoneal Dialysis (CCPD)	\$ 60.25	1/1/2022	#####
Drugs	Shall apply applicable RC, examples: 0250 0634 0635 0636			Drug codes included in the composite rates or separately billable are listed in the Dialysis Clinical Medical Coverage Policy: https://files.nc.gov/ncdma/documents/files/1A-34_0.pdf For separately billable drug rates see Physician Administered Drug Program Fee Schedule.			
Labs	Shall apply applicable RC, examples: 0300 0301 0302 0303 0305			Lab codes included in the composite rate or separately billable are listed in the Dialysis Clinical Medical Coverage Policy: https://files.nc.gov/ncdma/documents/files/1A-34_0.pdf For separately billable lab rates see Lab Fee Schedule.			
Blood Storage	0391	36430		See Physician Services Fee Schedule.			
<i>The following procedure codes require the taxonomy of the rendering provider on a professional claim - CMS-1500 billing form: (Do not use ESRD Taxonomy)</i>							
	Monthly Capitation Telemedicine	90951* 90952* 90953* 90954* ** 90955* ** 90956* ** 90957* ** 90958* ** 90959* ** 90960* 90961* 90962* 90967*	GT-CR	For a full month of physician services reimbursement - See Physician Services, Physician Assistant and Nurse Practitioner Fee Schedules.			
	Daily Capitation Telehealth	90968* ** 90969* ** 90970*	GT-CR	For a partial month of physician services reimbursement - See Physician Services, Physician Assistant and Nurse Practitioner Fee Schedules.			
	Dialysis Training Telemedicine	90989* 90993*	GT-CR	Training - Complete course - Allowed once per beneficiary's lifetime (25 sessions) For Training see Physician Assistant and Nurse Practitioner Fee Schedules Training - Not completed course. Per session amount (Not to exceed 25 sessions) The dates / units must be the number of training dates.	\$500.00 \$20.00	1/1/2022 1/1/2022	##### #####
	Other Procedures	93040* ** 93041* **		See Physician Services Fee Schedule.			
	Lab	87635* **		Infection Agent Detection - SARS-COV-2 COVID-19 AMP PRB See Lab Fee Schedule.			
	OnLine Digital Evaluation & Management Telemedicine	99421* ** 99422* ** 99423* ** 99446* ** 99447* **		See Physician Services, Physician Assistant and Nurse Practitioner Fee Schedules			
	Telephone Evaluation & Management Telemedicine	99441* ** 99442* ** 99443*		See Physician Services, Physician Assistant and Nurse Practitioner Fee Schedules			

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CR Modifier CR (Catastrophe /disaster related) must be appended to all claims for CPT codes outlined as GT-CR.
 GT Modifier GT (Via interactive audio and video telecommunication systems) must be appended to the CPT or HCPCS codes
 Telemedicine <https://medicaid.ncdhhs.gov/blog/2020/05/01/special-bulletin-covid-19-79-telehealth-and-virtual-patient-communications-clinical>
<https://files.nc.gov/ncdma/covid-19/COVID19-Beneficiary-Telehealth-Flyer.pdf>

Physician Service Fee Schedule: <https://medicaid.ncdhhs.gov/providers/fee-schedules/physician-services-fee-schedules>
 Physician Assistant Fee Schedule: <https://medicaid.ncdhhs.gov/providers/fee-schedules/physician-assistant-fee-schedules>
 Nurse Practitioner Fee Schedule: <https://medicaid.ncdhhs.gov/providers/fee-schedules/nurse-practitioner-fee-schedules>
 Physician Admin. Drug Program Fee Schedule: <https://medicaid.ncdhhs.gov/providers/fee-schedules/physician-administered-drug-program-fee-schedule>
 LAB Fee Schedule: <https://medicaid.ncdhhs.gov/providers/fee-schedule/laboratory-fee-schedules>

Notes:
 * Last Updated 12/2021
 Please note: Colored coded text changes (if any) in bold - Additions (BLUE), End Dated (RED) for this period
 DMA Provider Reimbursement