

RENAL DIALYSIS SERVICES
Taxonomy 261QE0700X / Pricing Specialty 087
Fee Schedule Effective Date 07/01/2012

The inclusion of a rate on this table does not guarantee that a service is covered.

Please refer to the Medicaid Billing Guide and the Medicaid and Health Choice Clinical Policies on the NC Medicaid Web Site.

Providers should always bill their usual and customary charges. Please refer to the monthly NC Medicaid Bulletins for additions, changes and deletion to this schedule.

ACCOMODATION CODE	Revenue Code (RC)		DESCRIPTION	RATE
The following requires revenue and procedure codes on a facility claim - UB-04 billing form:				
70	0821		Hemodialysis	\$ 140.58
70	0831		Peritoneal Dialysis	\$ 140.58
71	0841		Continuous Ambulatory Peritoneal Dialysis (CAPD)	\$ 60.25
71	0851		Continuous Cycling Peritoneal Dialysis (CCPD)	\$ 60.25
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 https://medicaid.ncdhhs.gov/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 https://medicaid.ncdhhs.gov/providers/fee-schedule/laboratory-fee-schedules	
Blood Storage	0391	36430	See https://medicaid.ncdhhs.gov/providers/fee-schedule/physician-services-fee-schedule	

The following procedure codes require the taxonomy of the rendering provider on a professional claim - CMS-1500 billing form:
(Do not use ESRD Taxonomy)

Physician Service	Monthly Capitation	90951 90952 90953 90954 90955 90956 90957 90958 90959 90960 90961 90962 90963 90964 90965 90966	For a full month of physician services reimbursement - See https://medicaid.ncdhhs.gov/providers/fee-schedule/physician-services-fee-schedule	
Physician Service	Daily Capitation	90967 90968 90969 90970	For a partial month of physician services reimbursement - See https://medicaid.ncdhhs.gov/providers/fee-schedule/physician-services-fee-schedule	
	Dialysis Training	90989	Training - Complete course - Allowed once per beneficiary's lifetime (25 sessions)	\$500.00
DMA Provider Reimbursement		90993	Training - Not completed course. Per session amount (Not to exceed 25 sessions) The dates / units must be the number of training dates.	\$20.00

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	Other Procedures	93040 93041 93042	See https://medicaid.ncdhhs.gov/providers/fee-schedule/physician-services-fee-schedule	
COVID-19	Lab	87635	Infection Agent Detection - SARS-COV-2 COVID-19 AMP PRB See https://medicaid.ncdhhs.gov/providers/fee-schedule/laboratory-fee-schedules . (COVID-19 Effective 03-13-2020)	\$66.72
COVID-19	OnLine Digital Evaluation & Management	99421 99422 99423 99446 99447 99448 99449	See https://medicaid.ncdhhs.gov/providers/fee-schedule/physician-services-fee-schedule . (COVID-19 Effective 03-10-2020)	
COVID-19	Telephone Evaluation & Management	99441 99442 99443	See https://medicaid.ncdhhs.gov/providers/fee-schedule/physician-services-fee-schedule . (COVID-19 Effective 02-01-2020)	