

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)	CPT/HCPCS Codes	COVID-19 MODIFIER	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 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.	

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

COVID-19	Monthly Capitation Telemedicine	90951* 90952* 90953* 90954* ** 90955* ** 90956* ** 90957* ** 90958* ** 90959* ** 90960* 90961* 90962* 90963* 90964* ** 90965* ** 90966*	GT-CR	For a full month of physician services reimbursement - See Physician Services, Physician Assistant and Nurse Practitioner Fee Schedules. (*, ** COVID-19 Effective 03-10-2020)	
COVID-19	Daily Capitation Telehealth	90967* 90968* ** 90969* ** 90970*	GT-CR	For a partial month of physician services reimbursement - See Physician Services, Physician Assistant and Nurse Practitioner Fee Schedules. (*, ** COVID-19 Effective 03-10-2020)	
COVID-19	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. (*, ** COVID-19 Effective 03-10-2020) Training - Not completed course. Per session amount (Not to exceed 25 sessions) The dates / units must be the number of trianing dates.	\$500.00 \$20.00
	Other Procedures	93040* ** 93041* ** 93042* **		See Physician Services Fee Schedule.	
COVID-19 DMA Provider	Lab Reimbursement	87635* **		Infection Agent Detection - SARS-COV-2 COVID-19 AMP PRB See Lab Fee Schedule. (COVID-19 Effective 03-13-2020)	\$66.72

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ACCOMODATION CODE	Revenue Code (RC)	CPT/HCPCS Codes	COVID-19 MODIFIER	DESCRIPTION	RATE
COVID-19	OnLine Digital Evaluation & Management Telemedicine	99421* ** 99422* ** 99423* ** 99446* ** 99447* ** 99448* ** 99449* **		See Physician Services, Physician Assistant and Nurse Practitioner Fee Schedules (COVID-19 Effective 03-10-2020)	
COVID-19	Telephone Evaluation & Management Telemedicine	99441* ** 99442* ** 99443* **		See Physician Services, Physician Assistant and Nurse Practitioner Fee Schedules (COVID-19 Effective 02-01-2020)	

Medicaid *
HealthChoice **

Modifier CR

Modifier CR (Catastrophe /disaster related) must be appended to all claims for CPT codes outlined as GT-CR.

Covered during the spread of the novel coronavirus (COVID-19)

Telemedicine

Modifier GT

Modifier GT (Via interactive audio and video telecommunication systems) must be appended to the CPT or HCPCS codes outlined as GT-CR.

<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>

Fee Schedules