

END-STAGE RENAL DISEASE (ESRD) / 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		DESCRIPTION	RATE
The following requires revenue and procedure codes under 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	0250	J Codes	List of J codes included in the composite rate are listed in the ESRD Clinical Medical Coverage Policy: https://files.nc.gov/ncdma/documents/files/1A-34.pdf See https://medicaid.ncdhhs.gov/physician-administered-drug-program-fee-schedule	
LABS	0300 0301 0302 0303 0305		List of CPT codes included in the composite rate or separately billable are listed in the ESRD Clinical Medical Coverage Policy: https://files.nc.gov/ncdma/documents/files/1A-34.pdf See https://medicaid.ncdhhs.gov/providers/fee-schedule/laboratory-fee-schedules	
Drugs	0634 0635	Q4081	See https://medicaid.ncdhhs.gov/physician-administered-drug-program-fee-schedule	
Blood Storage	391	36430	See https://medicaid.ncdhhs.gov/providers/fee-schedule/physician-services-fee-schedule	

The following procedure codes require the taxonomy of the rendering provider under professional claim - CMS-1500 billing form:				
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 service reimbursement - not ESRD Taxonomy but physician taxonomy. 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 service 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
		90993	Training - Not completed course. Per session amount (Not to exceed 25 sessions) The dates / units must be the number of trianing dates.	\$20.00
Other Procedures		93040 93041 93042	See https://medicaid.ncdhhs.gov/providers/fee-schedule/physician-services-fee-schedule	