
CHAPTER 17: END STAGE RENAL DISEASE

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CLAIMS FILING

Claims for End Stage Renal Disease (ESRD) services must be filed by electronic claims submission 837I or on the UB 04 claim form.

There are limits placed on the number of line items that are allowed when filing claims. ESRD claims must include National Drug Code (NDC) information for all physician administered drugs identified with an alphanumeric Healthcare Common Procedure Coding System (HCPCS) code and billed with a revenue code. Two page claims are acceptable for ESRD services.

Epoetin Alfa (EPO)

Payment made to providers billing the Epogen treatments individually is based on the total units of EPO as indicated in value code 40A. The total payment for EPO is indicated on the first treatment claim line for the first service date, and the remainder of the EPO treatment dates will appear on the RA with zero (0 dollar) payments and edit code 978 (payment adjusted to zero, call help desk).

Special documentation is not required with the claim for Medicaid only recipients requiring 10,000 units or more of EPO per administration; however, documentation should be maintained with the recipient's records.

When claims for Epogen services are billed with HR634 or HR635, payment is indicated on the first line and all other lines are paid at zero. This does not allow providers to submit adjustments if the claims are paid incorrectly. Therefore, providers must submit a void and allow the successfully voided claim to process and appear on the remittance advice before re-submitting the corrected claim for processing. In order to void more than one claim line, a separate UB04 form is required for each claim line as each claim line as a different Internal Control Number.

Epogen must be reported using procedure code Q4081. No other HCPCS code will be accepted for Epogen.

The units of service field for EPO must be reported based on the HCPCS code dosage description as is done with all other physician administered drugs. For example: The HCPCS code description for Q4081 is Injection, Epoetin Alfa, 100 units (for ESRD on dialysis). If the provider administers 12,400 units of EPO on that date of service, then 124 should be entered as the service units in FL 46.

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Instructions for Completing the UB04 Form

Locator #	Description	Instructions	Alerts
1	Provider Name, Address, Telephone #	Required. Enter the name and address of the facility.	
2	Pay to Name/Address/ID	Situational. Enter the name, address, and Louisiana Medicaid ID of the provider if different from the provider data in Field 1.	
3a	Patient Control No.	Optional. Enter the patient control number. It may consist of letters and/or numbers and may be a maximum of 20 characters.	
3b	Medical Record #	Optional. Enter patient's medical record number (up to 24 characters)	
4	Type of Bill	<p>Required. Enter the appropriate 3-digit code as follows:</p> <p><u>1st Digit - Type of Facility</u> 7</p> <p><u>2nd Digit - Classification</u> 2 = Inpatient Medicaid and Medicare Part B only</p> <p><u>3rd Digit – Frequency Definition</u> 1 = Admit Through Discharge Claim. Use this code for a claim encompassing an entire course of treatment for which you expect payment, i.e., no further claims will be submitted for this patient. 7 = Adjustment/ Replacement of Prior Claim. Use this code to correct a previously submitted and paid claim. 8 = Void/Cancel of a Prior Claim. Use this code to void a previously submitted and paid claim. That is 721 for claims, 727 for adjustments, or 728 for voids</p>	
5	Federal Tax No.	Optional.	
6	Statement Covers Period (From & Through Dates) dates of the period covered by this bill.	Required. Enter the beginning and ending service dates of the period covered by this claim (MMDDYY).	

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Locator #	Description	Instructions	Alerts
7	Unlabeled	Leave blank.	
8	Patient's Name	Required. Enter the recipient's name exactly as shown on the recipient's Medicaid eligibility card: Last name, first name, middle initial.	
9a-e	Patient's Address (Street, City, State, Zip)	Required. Enter patient's permanent address appropriately in Form Locator 9a-e. 9a = Street address 9b = City 9c = State 9d = Zip Code 9e = Zip Plus	
10	Patient's Birth Date	Required. Enter the recipient's date of birth using 8 digits (MMDDYY). If only one digit appears in a field, enter a leading zero.	
11	Patient's Sex	Required. Enter sex of the recipient as: M = Male F = Female U = Unknown	
12	Admission Date	Required. Enter the date on which care began (MMDDYY). If there is only one digit in a field, enter a leading zero.	
13	Admission Hour	Leave blank.	
14	Type Admission	Leave blank.	
15	Source of Admission	Leave blank.	
16	Discharge Hour	Leave blank.	
17	Patient Status	Leave blank.	
18-28	Condition Codes	Leave blank.	
29	Accident State	Leave blank.	
30	Unlabeled Field	Leave blank.	
31-34	Occurrence Codes/Dates	Leave blank.	
35-36	Occurrence Spans (Code and Dates)	Leave blank.	

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Locator #	Description	Instructions	Alerts
37	Unlabeled	Leave blank.	
38	Responsible Party Name and Address	Optional.	
39-41	Value Codes and Amounts	<p>Required. Enter the following Value Code (listed below) when billing for Epogen (EPO):</p> <p>49 = Hematocrit Reading – Enter the patient's hematocrit reading to justify administering more than 10,000 units of EPO. Enter 49 in the "Code" field. Enter the hematocrit reading in the "Amount" field, right justified to the left of the dollar/cents delimiter. Enter "00" in the "Cents" portion of the "Amount" section of the field.</p> <p>68 = EPO Drug – Enter the total number of units of EPO administered and/or supplied relating to the billing period. Enter 68 in the "Code" field. Enter the total number of EPO units administered in the "Amount" field. Report amount in whole units right-justified to the left of the dollar/cents delimiter. Enter "00" in the "Cents" portion of the "Amount" section of the field.</p> <p>No other value codes are required for processing ESRD claims; if optional codes are entered, they must be entered after 49 and 68, above.</p>	<p>EPO billing: providers must enter Value Codes 49 and 68 first in the Value Code fields; other Value Codes are optional, and if they are entered, they must be entered below 49 and 68.</p> <p>Covered days are not required but are now reported with Value Code 80, which if entered must be AFTER Value Codes 49 and 68. If your system is programmed to enter Covered Days, Value Code 80 must be entered in the Code portion of the field, and the Number of Days in the "Dollar" portion of the "Amount" section of the field. Enter "00" in the "Cents" portion of the "Amount" section of the field.</p>
42	Revenue Code	<p>Required. Enter the applicable revenue code(s) which identifies the service provided.</p> <p>Codes must be valid. Revenue Code 001 must be entered in Form Locator 42 line 23 with corresponding total charges entered in Form Locator 47 line 23.</p>	

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Locator #	Description	Instructions	Alerts
43	Revenue Description	<p>Required for services other than physician-administered drugs. Enter the narrative description of the corresponding Revenue Code in Form Locator 42.</p> <p>Required for physician-administered drugs. ESRD Claims reporting Epogen or other physician-administered drugs must contain the following:</p> <p>Report the N4 qualifier in the first two positions, left-justified.</p> <p>Immediately following the N4 qualifier, report the 11 character National Drug Code number in the 5-4-2 format (no hyphens).</p> <p>Immediately following the last digit of the NDC (no delimiter), report the Unit of Measurement Qualifier. The Unit of Measurement Qualifier codes are as follows:</p> <p style="padding-left: 40px;">F2 -International Unit GR-Gram ML-Milliliter UN- Unit</p> <p>Immediately following the Unit of Measurement Qualifier, report the unit quantity in NDC UNITS with a floating decimal for fractional units limited to 3 digits (to the right of the decimal).</p> <p>Any spaces unused for the quantity are left blank.</p> <p>Note that the decision to make all data elements left-justified was made to accommodate the largest quantity possible.</p> <p>The Description Field on the UB-04 is 24 characters in length. An example of the methodology is illustrated below.</p> <p>N 4 1 2 3 4 5 6 7 8 9 0 1 U N 1 2 3 4 . 5 6 7</p> <p>Two page claims are accepted for ESRD claims. Use "Page ____ of ____" on line 23 as needed for two-page claims. Enter "Page <u>1</u> of <u>2</u>" or "Page <u>2</u> of <u>2</u>" as appropriate.</p>	<p>ESRD claims must include NDC information for all physician-administered drugs identified with an alphanumeric HCPCS code and billed with Revenue Codes 634, 635, and 636. The NDC data must be entered in FL 43 as indicated in the adjacent "Instructions" field.</p> <p>With this change, a narrative revenue description will no longer be entered in FL 43 for physician-administered drugs. Additionally, when billing for Epogen, the total number of EPO units will no longer be placed to the right of the description in FL 43.</p> <p>Please refer to the NDC Q&A information posted on lamedicaid.com for more details concerning NDC units versus service units.</p> <p>Two-page claims are now acceptable for ESRD services.</p>

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Locator #	Description	Instructions	Alerts
44	HCPCS/Rates HIPPS Code	<p>Required. Enter the appropriate 5-digit Procedure Code.</p> <p>For physician-administered drug services: Claims reporting Physician Administered Drugs identified with alphanumeric HCPCS codes must contain the following:</p> <p>Enter the corresponding HCPCS Code for the NDC reported in FL 43.</p>	<p>It is necessary for ESRD claims to include NDC information for all physician-administered drugs identified with an alphanumeric HCPCS code and billed with Revenue Codes 634, 635, and 636. The HCPCS code that corresponds with the NDC entered in FL 43 must be entered in FL 44.</p> <p>Epogen must be reported using procedure code Q4081. No other HCPC codes will be accepted for Epogen.</p>
45	Service Date	<p>Required. Enter the appropriate service date (MMDDYY) for each service.</p> <p>Required. Enter the date the claim is submitted for payment in the block just to the right of the CREATION DATE label on line 23. Must be a valid date in the format MMDDYY. Must be later than the through date in Form Locator 6.</p>	

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Locator #	Description	Instructions	Alerts
46	Units of Service	Required. Enter the appropriate unit(s) for the procedure code entered on the same line in FL 44.	<p>Providers should no longer enter "1" in the units of service field (FL 46) for EPO. The units of service for EPO (Q4081) must now be reported based on the HCPC code dosage description as is done with all other physician-administered drugs.</p> <p><u>For example:</u> The HCPC code description for Q4081 is: Injection, Epoetin Alfa, 100 units (for ESRD on dialysis).</p> <p>If a provider administers 12,400 units of EPO on that date of service, then 124 should be entered as the service units in FL 46.</p> <p>Please refer to the NDC Q&A information posted on lamedicaid.com for more details concerning NDC units versus service units.</p>
47	Total Charges	<p>Required. Enter the charges pertaining to the related Revenue Codes.</p> <p>(Enter total charges on Line 23 of Form Locator 47 corresponding with Revenue Code 001 in Form Locator 42.)</p>	

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Locator #	Description	Instructions	Alerts
48	Non-Covered Charges	Leave Blank.	
49	Unlabeled Field (National)	Leave Blank.	
50-A,B,C	Payer Name	<p>Situational. Enter insurance plans other than Medicaid on Lines "A", "B" and/or "C". If another insurance company is primary payer, entry of the name of the insurer is required.</p> <p>The Medically Needy Spend down form (110-MNP) must be attached if the date of service falls on the first day of the spend-down eligibility period.</p>	
51-A,B,C	Health Plan ID	<p>Situational. Enter the corresponding Health Plan ID number for other plans listed in Form Locator 50 A, B, and C.</p> <p>If other insurance companies are listed, then entry of their Health Plan ID numbers is required.</p>	
52-A,B,C	Release of Information	Optional.	
53-A,B,C	Assignment of Benefits Cert. Ind.	Optional.	
54-A,B,C	Prior Payments	<p>Situational. Enter the amount the facility has received toward payment of this bill from private insurance carrier noted in Form Locator 50 A, B and C.</p> <p>If private insurance was available, but no private insurance payment was made, then enter '0' or '0.00' in this field.</p>	
55-A,B,C	Estimated Amt. Due	Optional.	
56	NPI	Required. Enter the provider's National Provider Identifier (NPI)	The 10-digit NPI must be entered here.

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Locator #	Description	Instructions	Alerts
57	Other Provider ID	Required. Enter the 7-digit numeric provider identification number which was assigned by the Medicaid Program in 57a.	The 7-digit Medicaid Provider Number MUST be entered here.
58-A,B,C	Insured's Name	<p>Required. Enter the recipient's name as it appears on the Medicaid ID card in 58A.</p> <p>Situational: If insurance coverage other than Medicaid applies, enter the name of the insured as it appears on the identification card or policy of the other carrier (or carriers) in 58B and/or 58C, as appropriate.</p>	
59-A,B,C	Pt's. Relationship Insured	<p>Situational. If insurance coverage other than Medicaid applies, enter the recipient's relationship to insured from Form Locator 50 that relates to the insured's name in Form Locator 58 B and C.</p> <p>Acceptable codes are as follows:</p> <ul style="list-style-type: none"> 01 = Patient is insured 02 = Spouse 03 = Natural child/Insured has financial responsibility 04 = Natural child/ Insured does not have financial responsibility 05 = Step child 06 = Foster child 07 = Ward of the court 08 = Employee 09 = Unknown 10 = Handicapped dependent 11 = Organ donor 13 = Grandchild 14 = Niece/Nephew 15 = Injured Plaintiff 16 = Sponsored dependent 17 = Minor dependent of minor dependent 18 = Parent 19 = Grandparent 	

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Locator #	Description	Instructions	Alerts
60-A,B,C	Insured's Unique ID	<p>Required. Enter the recipient's 13-digit Medicaid Identification Number as it appears on the Medicaid ID card in 60A.</p> <p>Situational. If insurance coverage other than Medicaid applies, enter the insured's identification number as assigned by the other carrier or carriers in 60B and 60C as appropriate.</p>	
61-A,B,C	Insured's Group Name (Medicaid not Primary)	<p>Situational. If insurance coverage other than Medicaid applies, enter the Medicaid TPL carrier code of the insurance company indicated in Form Locator 50, on the corresponding line of 61A, 61B, and/or 61C, as appropriate.</p>	
62-A,B,C	Insured's Group No. (Medicaid not Primary)	<p>Situational. If insurance coverage other than Medicaid applies, enter on lines 62A, 62B and/or 62C, as appropriate, the insured's number or code assigned by the carrier or carriers to identify the group under which the individual is covered.</p>	
63-A,B,C	Treatment Auth. Code	Leave blank.	
64-A,B,C	Document Control Number	<p>Situational. If filing an adjustment or void, enter an "A" for an adjustment or a "V" for a void as appropriate in 64A.</p> <p>Enter the internal control number from the paid claim line as it appears on the remittance advice in 64B.</p> <p>Enter one of the appropriate reason codes for the adjustment or void in 64C. Appropriate codes follow:</p> <p><u>Adjustments</u></p> <p>01 = Third Party Liability Recovery 02 = Provider Correction 03 = Fiscal Agent Error 90 = State Office Use Only – Recovery 99 = Other</p> <p><u>VOIDs</u></p> <p>10 = Claim Paid for Wrong Recipient 11 = Claim Paid for Wrong Provider 00 = Other</p>	<p>To adjust or void more than one claim line, a separate UB-04 form is required for each claim line since each line has a different internal control number.</p>

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Locator #	Description	Instructions	Alerts
65-A,B,C	Employer Name	Situational. If insurance coverage other than Medicaid applies and is provided through employment, enter the name of the employer on the appropriate line.	
66	DX Version Qualifier	Leave blank.	
67	Principal Diagnosis Codes	Required. Enter the ICD-9-CM code for the principal diagnosis.	
67 A-Q	Other Diagnosis code	Situational. Enter the ICD-9-CM code or codes for all other applicable diagnoses for this claim. Note: Use the most specific and accurate ICD-9-CM Diagnosis Code. A three-digit Diagnosis Code is to be used only if it is not further subdivided. Where fourth-digit subcategories and/or fifth-digit sub-classifications are provided, they must be assigned. A code is invalid if it has not been coded to the full number of digits required for that code. Diagnosis Codes beginning with "E" or "M" are not acceptable for any Diagnosis Code.	
68	Unlabeled	Leave blank.	
69	Admitting Diagnosis	Optional. Enter the admitting Diagnosis Code.	
70	Patient Reason for Visit	Leave blank.	
71	PPS Code	Leave blank.	
72- A B C	ECI (External Cause of Injury)	Leave blank.	
73	Unlabeled.	Leave blank.	
74	Principal Procedure Code / Date	Leave blank.	
74 a – e	Other Procedure Code / Date		
75	Unlabeled	Leave blank.	
76	Attending	Leave blank.	

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Locator #	Description	Instructions	Alerts
77	Operating	Leave blank.	
78	Other	Leave blank.	
79	Other	Leave blank.	
80	Remarks	Situational. Enter explanations for special handling of claims.	
81 a - d	Code-Code – QUAL / CODE / VALUE	Leave blank.	

Signature is not required on the UB-04

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BMA OF YOUR TOWN 12397 Bush Street Happy Town, LA 79999										3 PAT CNTL # 694512369 b MED REC # 11223344L 5 FED. TAX NO. 999999999 6 STATEMENT COVERS PERIOD FROM 10/01/11 THROUGH 10/18/11 7 4 TYPE OF BILL 721									
8 PATIENT NAME a May, Rita										9 PATIENT ADDRESS a 12345 Cool Road									
b Laughing,										c LA d 70893 e									
10 BIRTHDATE 08/30/1960 11 SEX F 12 DATE 01/25/11 13 HR 14 TYPE 15 SRC 16 DHR 17 STAT 18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE 30										CONDITION CODES									
31 OCCURRENCE DATE 32 CODE 33 OCCURRENCE DATE 34 CODE 35 OCCURRENCE SPAN FROM THROUGH 36 CODE 37 OCCURRENCE SPAN FROM THROUGH																			
38 May, Rita 12345 Cool Road Laughing, LA 70893										39 CODE 40 CODE 41 CODE a 49 30.00 68 49600.00 b c d									
42 REV. CD. 43 DESCRIPTION 44 HCPCS / RATE / HIPPS CODE 45 SERV. DATE 46 SERV. UNITS 47 TOTAL CHARGES 48 NON-COVERED CHARGES 49																			
270 ADMIN SUPPLY - IV A4913 10/01/11 4 15.40																			
304 IRON 83540 10/01/11 1 9.12																			
634 N412345678901UN12345.567 Q4081 10/01/11 124 124.00																			
634 N412345678901UN12345.567 Q4081 10/04/11 124 124.00																			
634 N412345678901UN12345.567 Q4081 10/16/11 124 124.00																			
634 N412345678901UN12345.567 Q4081 10/18/11 124 124.00																			
636 HEPARIN - PORK 1000 UNITS J1644 10/01/11 16 793.60																			
821 TMT HIGH FLUX HEMODIALYSIS 90935 10/01/11 1 130.00																			
821 TMT HIGH FLUX HEMODIALYSIS 90935 10/04/11 1 130.00																			
821 TMT HIGH FLUX HEMODIALYSIS 90935 10/16/11 1 130.00																			
821 TMT HIGH FLUX HEMODIALYSIS 90935 10/18/11 1 130.00																			
SAMPLE CLAIM FORM																			
END STAGE RENAL DISEASE																			
PAGE 1 OF 1										CREATION DATE 11/01/11 TOTALS 1834.12									
50 PAYER NAME MEDICAID 51 HEALTH PLAN ID 52 REL INFO 53 ASO BEN 54 PRIOR PAYMENTS TPL Payment if applicable 55 EST. AMOUNT DUE 56 NPI 122222222 57 OTHER 1332211 58 INSURED'S NAME May, Rita 59 PREL 60 INSURED'S UNIQUE ID 0123456789012 61 GROUP NAME TPL Carrier Code if applicable 62 INSURANCE GROUP NO. 63 TREATMENT AUTHORIZATION CODES 64 DOCUMENT CONTROL NUMBER 65 EMPLOYER NAME																			
30 5856 31 2869 32 B 33 C 34 D 35 E 36 F 37 G 38 H 39 I 40 J 41 K 42 L 43 M 44 N 45 O 46 P 47 Q 48 R 49 S 50 T 51 U 52 V 53 W 54 X 55 Y 56 Z 57 58 59 60																			
66 ADMIT DX 67 PRINCIPAL PROCEDURE CODE 68 OTHER PROCEDURE CODE 69 OTHER PROCEDURE CODE 70 OTHER PROCEDURE CODE 71 FPS CODE 72 ECI 73 74 ATTENDING NPI 1987132333 75 LAST Adam, MD 76 QUAL 1555554 77 OPERATING NPI 78 OTHER NPI 79 OTHER NPI 80 REMARKS 81 CC a b c d 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100																			
101 CMS-1450 102 CMS APPROVAL PENDING 103 CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF																			

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Adjustments/Voids for Free Standing ESRD Facilities

Only a paid claim can be adjusted or voided. When completing the UB04 for adjustments or voids, only one previously paid claim line can be adjusted or voided per UB 04. Providers should enter bill type 727 for an adjustment or bill type 728 for a void.

The following three items are required in block 84 for an adjustment:

- Enter “A” for adjustment,
- Enter the previously paid Internal Control Number (ICN) found on the paid RA for the line item,
- Enter one of the following reason codes:
 - 01 – TPL Recovery
 - 02 – Provider Correction
 - 03 – Fiscal Agency Error
 - 99 – Other

The following three items are required in block 84 for a void:

- Enter “V” for void,
- Enter the previously paid Internal Control Number (ICN) found on the paid RA for the line item,
- Enter one of the following reason codes:
 - 10 – Claim Paid for Wrong Patient
 - 11 – Claim Paid to Wrong Provider
 - 00 – Other

Note: For a Medicare adjustment/void, there will be only one Internal Control Number (ICN). Only one adjustment/void claim form will be completed. For straight Medicaid claims, providers should file adjustment/void claims by line

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