

Memorandum

March 2, 2021

Novitas Solutions is aware that because of the recent winter storm in Texas, there are currently shortages in medical supplies as well as access to clean and filtered water and at times, electricity. These shortages have significantly impacted the ESRD community by limiting access to critical health care services. The Centers for Medicare & Medicaid Services (CMS) has initiated the following activities to help ESRD facilities during this difficult time:

- For dialysis care, CMS has activated the ESRD Network: Network 14 – Texas and the Kidney Community Emergency Response (KCER) program to assess the critical needs of dialysis facilities and patients impacted by the storm. A [website](#) has been developed to host these resources. Beneficiaries are encouraged to call the dialysis hotlines established for many dialysis facilities for interim instructions and availability of services.
- CMS indicated that many of the waivers issued under the COVID-19 Public Health Emergency (PHE) would apply to health care providers impacted in the state of Texas. Click [here](#) to view a copy of those waivers.
 - ESRD-specific waivers begin on page 25 of the document.
- Review the recent CMS press release, [“CMS Offers Comprehensive Support to the State of Texas to Combat Winter Storm,”](#) to view a full listing of comprehensive support activities.

In conjunction with the activities activated by the CMS, Novitas Solutions is also taking strides to ensure there are no costly impacts to Medicare revenue by reinforcing accurate and timely billing of ESRD-related services.

- ESRD facility services are subject to the monthly billing requirements for repetitive services. To accommodate gaps in dialysis services due to the storm, providers need to accurately bill for the service timeframes provided to each beneficiary by accurately listing the individualized service dates on the line items of the monthly claim. The detailing of those service dates is imperative to allow other facilities or hospitals the ability to submit claims for any services rendered to those beneficiaries who sought out emergency dialysis services while the ESRD facility was temporarily closed.
 - **Billing reminder:** The beginning and ending service dates of the period should be included on one bill. The statement covers 'from' and 'through' dates must reflect the 1st day dialysis began in the billing month through the last day of dialysis in the billing month.

Example: 3/03/20-3/27/20, not 3/01/20-3/31/20

- **Billing reminder:** Line item detail billing is required for each service ESRD claims with the appropriate line item date of service.

Memorandum

March 2, 2021

- ESRD facilities furnishing services in excess of the 3 treatments per week must supply medical justification for more than 3 weekly treatments. If more than three sessions per week are furnished, such as 4-6 sessions per week, Medicare will pay the 3X per week amount unless there is a covered indication, appropriate use of the KX modifier occurs, and it is supported by medical documentation. Refer to the [Local Coverage Determination \(LCD\): Frequency of Hemodialysis \(L35014\)](#) and [Local Coverage Article A55723, Billing and Coding: Frequency of Hemodialysis](#) for more information on the appropriate use of the KX modifier, service frequency, clinical conditions and diagnosis codes, documentation requirements and utilization guidelines.
 - Regardless of dialysis modality or treatment setting, payments for additional treatments may be made when they are medically justified. Novitas reviews the medical justification and is responsible for making the decision on the appropriateness of the extra treatment.

Visit our ESRD Specialty page for additional resources ([JL](#)) ([JH](#)).