End Stage Renal Disease (ESRD) Dialysis Procedure Payment and ESRD Facilities

Routine dialysis services, CPT code 90999, will be paid the lower of 1.) billed charges, or 2.) a fixed fee. Routine dialysis services are all services provided in conjunction with the dialysis treatment as defined in the Medicare ESRD Facility Composite Rate.

The fixed fee will be 85% of the Nevada Medicare ESRD Composite base rate for independent facilities and 85% of the Nevada Medicare ESRD Composite base rate for hospital-based facilities.

The agency’s rate was set as of August 1, 2011 and is effective for services on or after that date. All rates are published on the agency’s website at: www.dhcfp.nv.gov.

The Composite fixed fee and effective date will be set according to the most current Medicare ESRD Composite base rate. Medicare updates their composite rate as needed.

Other services billed by ESRD Facilities using Current Procedural Terminology (CPT) codes will be calculated using the unit values for the Nevada-specific resource based relative value scale (RBRVS) for the year that the specific CPT code was set in the system and the 2002 Medicare Physician Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amounts specified below:

- Surgical codes 10000 – 58999 and 60000 – 69999 will be reimbursed at 85% of the Medicare facility rate.
- Radiology codes 70000 – 79999 will be reimbursed at 85% of the Medicare facility rate.
- Medicine codes 90000 – 99199 and Evaluation and Management codes 99201 – 99499 will be reimbursed at 72.25% of the Medicare non-facility rate with the exception of the following: Immunization Administration Codes will be reimbursed at $7.80 and Vaccine Products will be reimbursed at 85% of the Medicare non-facility rate.

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Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of ESRD services.