#### ESRD BUNDLED PPS RATE

|       | SUPPLIES  |  |  |  |
|-------|---|--|--|--|
| НСРС  | LONG DESCRIPTION  |  |  |  |
| A4216 | STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML   |  |  |  |
| A4217 | STERILE WATER/SALINE, 500 ML  |  |  |  |
| A4218 | STERILE SALINE OR WATER, METERED DOSE DISPENSER, 10 ML  |  |  |  |
| A4450 | TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES  |  |  |  |
| A4452 | TAPE, WATERPROOF, PER 18 SQUARE INCHES  |  |  |  |
| A6215 | FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM  |  |  |  |
| A6216 | GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT<br>ADHESIVE BORDER, EACH DRESSING |  |  |  |
| A6402 | GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE<br>BORDER, EACH DRESSING     |  |  |  |
| E0210 | ELECTRIC HEAT PAD, STANDARD   |  |  |  |
| A4215 | NEEDLE, STERILE, ANY SIZE, EACH   |  |  |  |
| A4244 | ALCOHOL OR PEROXIDE, PER PINT   |  |  |  |
| A4245 | ALCOHOL WIPES, PER BOX  |  |  |  |
| A4246 | BETADINE OR PHISOHEX SOLUTION, PER PINT   |  |  |  |
| A4247 | BETADINE OR IODINE SWABS/WIPES, PER BOX   |  |  |  |
| A4248 | CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML   |  |  |  |
| A4651 | CALIBRATED MICROCAPILLARY TUBE, EACH  |  |  |  |
| A4652 | MICROCAPILLARY TUBE SEALANT   |  |  |  |
| A4653 | PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH   |  |  |  |
| A4657 | SYRINGE, WITH OR WITHOUT NEEDLE, EACH   |  |  |  |
| A4660 | SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE   |  |  |  |
| A4663 | BLOOD PRESSURE CUFF ONLY  |  |  |  |
| A4670 | AUTOMATIC BLOOD PRESSURE MONITOR  |  |  |  |
| A4671 | DISPOSABLE CYCLER SET USED WITH CYCLER DIALYSIS MACHINE, EACH   |  |  |  |
| A4672 | DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH  |  |  |  |
| A4673 | EXTENSION LINE WITH EASY LOCK CONNECTORS, USED WITH DIALYSIS  |  |  |  |
| A4674 | CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILIZE DIALYSIS EQUIPMENT,<br>PER 8 OZ                      |  |  |  |
| A4680 | ACTIVATED CARBON FILTER FOR HEMODIALYSIS, EACH  |  |  |  |
|       |   |  |  |  |

| A4690 | DIALYZER (ARTIFICIAL KIDNEYS), ALL TYPES, ALL SIZES, FOR HEMODIALYSIS, EACH  |  |  |
|-------|--|--|--|
|       |  |  |  |
| A4706 | BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON  |  |  |
| A4707 | BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET  |  |  |
| A4708 | ACETATE CONCENTRATE SOLUTION, FOR HEMODIALYSIS, PER GALLON   |  |  |
| A4709 | ACID CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON   |  |  |
| A4714 | TREATED WATER (DEIONIZED, DISTILLED, OR REVERSE OSMOSIS) FOR PERITONEAL DIALYSIS, PER GALLON   |  |  |
| A4719 | "Y SET" TUBING FOR PERITONEAL DIALYSIS   |  |  |
| A4720 | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER<br>THAN 249CC, BUT LESS THAN OR EQUAL TO 999CC, FOR PERITONEAL DIALYSIS  |  |  |
| A4721 | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER<br>THAN 999CC BUT LESS THAN OR EQUAL TO 1999CC, FOR PERITONEAL DIALYSIS  |  |  |
| A4722 | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER<br>THAN 1999CC BUT LESS THAN OR EQUAL TO 2999CC, FOR PERITONEAL DIALYSIS |  |  |
| A4723 | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER<br>THAN 2999CC BUT LESS THAN OR EQUAL TO 3999CC, FOR PERITONEAL DIALYSIS |  |  |
| A4724 | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER<br>THAN 3999CC BUT LESS THAN OR EQUAL TO 4999CC, FOR PERITONEAL DIALYSIS |  |  |
| A4725 | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER<br>THAN 4999CC BUT LESS THAN OR EQUAL TO 5999CC, FOR PERITONEAL DIALYSIS |  |  |
| A4726 | DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER<br>THAN 5999CC, FOR PERITONEAL DIALYSIS                                  |  |  |
| A4728 | DIALYSATE SOLUTION, NON-DEXTROSE CONTAINING, 500 ML  |  |  |
| A4730 | FISTULA CANNULATION SET FOR HEMODIALYSIS, EACH   |  |  |
| A4736 | TOPICAL ANESTHETIC, FOR DIALYSIS, PER GRAM   |  |  |
| A4737 | INJECTABLE ANESTHETIC, FOR DIALYSIS, PER 10 ML   |  |  |
| A4740 | SHUNT ACCESSORY, FOR HEMODIALYSIS, ANY TYPE, EACH  |  |  |
| A4750 | BLOOD TUBING, ARTERIAL OR VENOUS, FOR HEMODIALYSIS, EACH   |  |  |
| A4755 | BLOOD TUBING, ARTERIAL AND VENOUS COMBINED, FOR HEMODIALYSIS, EACH   |  |  |
| A4760 | DIALYSATE SOLUTION TEST KIT, FOR PERITONEAL DIALYSIS, ANY TYPE, EACH   |  |  |
| A4765 | DIALYSATE CONCENTRATE, POWDER, ADDITIVE FOR PERITONEAL DIALYSIS, PER PACKET  |  |  |
| A4766 | DIALYSATE CONCENTRATE, SOLUTION, ADDITIVE FOR PERITONEAL DIALYSIS, PER 10 ML   |  |  |
|       |  |  |  |

| A+700 | DIAL ISATE CONCENTRATE, SOLUTION, ADDITIVE FOR TERITONEAL DIAL ISIS, TER 10 ME |
|-------|--|
| A4770 | BLOOD COLLECTION TUBE, VACUUM, FOR DIALYSIS, PER 50                            |
| A4771 | SERUM CLOTTING TIME TUBE, FOR DIALYSIS, PER 50                                 |
| A4772 | BLOOD GLUCOSE TEST STRIPS, FOR DIALYSIS, PER 50                                |
| A4773 | OCCULT BLOOD TEST STRIPS, FOR DIALYSIS, PER 50                                 |
| A4774 | AMMONIA TEST STRIPS, FOR DIALYSIS, PER 50                                      |

| A4802 | PROTAMINE SULFATE, FOR HEMODIALYSIS, PER 50 MG  |  |  |
|-------|---|--|--|
| A4860 | DISPOSABLE CATHETER TIPS FOR PERITONEAL DIALYSIS, PER 10  |  |  |
| A4870 | PLUMBING AND/OR ELECTRICAL WORK FOR HOME HEMODIALYSIS EQUIPMENT   |  |  |
| A4890 | CONTRACTS, REPAIR AND MAINTENANCE, FOR HEMODIALYSIS EQUIPMENT   |  |  |
| A4911 | DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH  |  |  |
| A4913 | MISCELLANEOUS DIALYSIS SUPPLIES, NOT OTHERWISE SPECIFIED  |  |  |
| A4918 | VENOUS PRESSURE CLAMP, FOR HEMODIALYSIS, EACH   |  |  |
| A4927 | GLOVES, NON-STERILE, PER 100  |  |  |
| A4928 | SURGICAL MASK, PER 20   |  |  |
| A4929 | TOURNIQUET FOR DIALYSIS, EACH   |  |  |
| A4930 | GLOVES, STERILE, PER PAIR   |  |  |
| A4931 | ORAL THERMOMETER, REUSABLE, ANY TYPE, EACH  |  |  |
| A6204 | SURGICAL DRESSING   |  |  |
| A6250 | SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE   |  |  |
| A6260 | WOUND CLEANSERS, STERILE, ANY TYPE, ANY SIZE  |  |  |
| E1500 | CENTRIFUGE, FOR DIALYSIS  |  |  |
| E1510 | KIDNEY, DIALYSATE DELIVERY SYST. KIDNEY MACHINE, PUMP RECIRCULAT- ING, AIR<br>REMOVAL SYST, FLOWRATE METER, POWER OFF, HEATER AND TEMPERATURE CONTROL |  |  |
| E1520 | HEPARIN INFUSION PUMP FOR HEMODIALYSIS  |  |  |
| E1530 | AIR BUBBLE DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT   |  |  |
| E1540 | PRESSURE ALARM FOR HEMODIALYSIS, EACH, REPLACEMENT  |  |  |
| E1550 | BATH CONDUCTIVITY METER FOR HEMODIALYSIS, EACH  |  |  |
| E1560 | BLOOD LEAK DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT   |  |  |
| E1570 | ADJUSTABLE CHAIR, FOR ESRD PATIENTS   |  |  |
| E1575 | TRANSDUCER PROTECTORS/FLUID BARRIERS, FOR HEMODIALYSIS, ANY SIZE, PER 10  |  |  |

| E1580 | UNIPUNCTURE CONTROL SYSTEM FOR HEMODIALYSIS                     |
|-------|---|
| E1590 | HEMODIALYSIS MACHINE  |
| E1592 | AUTOMATIC INTERMITTENT PERITIONEAL DIALYSIS SYSTEM              |
| E1594 | CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS                 |
| E1600 | DELIVERY AND/OR INSTALLATION CHARGES FOR HEMODIALYSIS EQUIPMENT |

| <b>D</b> 1 (1) |   |
|----------------|---|
| E1610          | REVERSE OSMOSIS WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS |
| E1615          | DEIONIZER WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS       |
| E1620          | BLOOD PUMP FOR HEMODIALYSIS, REPLACEMENT                    |
| E1625          | WATER SOFTENING SYSTEM, FOR HEMODIALYSIS                    |
| E1630          | RECIPROCATING PERITONEAL DIALYSIS SYSTEM                    |
| E1632          | WEARABLE ARTIFICIAL KIDNEY, EACH                            |
| E1634          | PERITONEAL DIALYSIS CLAMPS, EACH                            |
| E1635          | COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM               |
| E1636          | SORBENT CARTRIDGES, FOR HEMODIALYSIS, PER 10                |
| E1637          | HEMOSTATS, EACH   |
| E1639          | SCALE, EACH   |
| E1699          | DIALYSIS EQUIPMENT, NOT OTHERWISE SPECIFIED                 |
|                | LADC  |
| CPT/HCPCS      | LABS SHORT DESCRIPTION                                      |
| 80047          | BASIC METABOLIC PANEL (CALCIUM, IONIZED)                    |
| 80048          | BASIC METABOLIC PANEL (CALCIUM, TOTAL)                      |
| 80051          | ELECTROLYTE PANEL   |
| 80053          | COMPREHENSIVE METABOLIC PANEL                               |
| 80061          | LIPID PANEL   |
| 80069          | RENAL FUNCTION PANEL  |
| 80076          | HEPATIC FUNCTION PANEL                                      |
| 82040          | ASSAY OF SERUM ALBUMIN                                      |
| 82108          | ASSAY OF ALUMINUM   |
| 82306          | VITAMIN D, 25 HYDROXY                                       |
| 82310          | ASSAY OF CALCIUM  |
| 82330          | ASSAY OF CALCIUM, IONIZED                                   |
| 82374          | ASSAY, BLOOD CARBON DIOXIDE                                 |
| 82379          | ASSAY OF CARNITINE  |
| 82435          | ASSAY OF BLOOD CHLORIDE                                     |
|                |   |

| 82565 | ASSAY OF CREATININE   |  |  |  |  |
|-------|---|--|--|--|--|
| 82570 | ASSAY OF URINE CREATININE   |  |  |  |  |
| 82575 | CREATININE CLEARANCE TEST   |  |  |  |  |
| 82607 | VITAMIN B-12  |  |  |  |  |
| 82652 | VITADMIN D-1, 25 DIHYDROXY  |  |  |  |  |
| 82668 | ASSAY OF ERYTHROPOIETIN   |  |  |  |  |
| 82728 | ASSAY OF FERRITIN   |  |  |  |  |
| 82746 | BLOOD FOLIC ACID SERUM  |  |  |  |  |
| 83540 | ASSAY OF IRON   |  |  |  |  |
| 83550 | IRON BINDING TEST   |  |  |  |  |
| 83735 | ASSAY OF MAGNESIUM  |  |  |  |  |
| 83970 | ASSAY OF PARATHORMONE   |  |  |  |  |
| 84075 | ASSAY ALKALINE PHOSPHATASE  |  |  |  |  |
| 84100 | ASSAY OF PHOSPHORUS   |  |  |  |  |
| 84132 | ASSAY OF SERUM POTASSIUM  |  |  |  |  |
| 84134 | ASSAY OF PREALBUMIN   |  |  |  |  |
| 84155 | ASSAY OF PROTEIN, SERUM   |  |  |  |  |
| 84157 | ASSAY OF PROTEIN BY OTHER SOURCE  |  |  |  |  |
| 84295 | ASSAY OF SERUM SODIUM   |  |  |  |  |
| 84466 | ASSAY OF TRANSFERRIN  |  |  |  |  |
| 84520 | ASSAY OF UREA NITROGEN  |  |  |  |  |
| 84540 | ASSAY OF URINE/UREA-N   |  |  |  |  |
| 84545 | UREA-N CLEARANCE TEST   |  |  |  |  |
| 85014 | HEMATOCRIT  |  |  |  |  |
| 85018 | HEMOGLOBIN  |  |  |  |  |
| 85025 | COMPLETE (CBC), AUTOMATED (HgB, HCT, RBC, WBC, and PLATELET COUNT) and automated differential WBC count |  |  |  |  |
| 85027 | COMPLETE (CBC), AUTOMATED (HgB, HCT, RBC, WBC, and PLATELET COUNT)                                      |  |  |  |  |
| 85041 | AUTOMATED RBC COUNT   |  |  |  |  |
| 85044 | MANUAL RETICULOCYTE COUNT   |  |  |  |  |
|       | 1   |  |  |  |  |

| 85045                | AUTOMATED RETICULOCYTE COUNT |                                |  |  |
|----------------------|------------------------------|--------------------------------|--|--|
| 85046                | RETICYTE/HGB CONCENTRATE     |                                |  |  |
| 85048                | AUTOMATED LEUKOCYTE COUNT    |                                |  |  |
| 86704                | НЕР В СС                     | HEP B CORE ANTIBODY, TOTAL     |  |  |
| 86705                | HEP B CC                     | ORE ANTIBODY, IGM              |  |  |
| 86706                | HEP B SU                     | RFACE ANTIBODY                 |  |  |
| 87040                | BLOOD C                      | ULTURE FOR BACTERIA            |  |  |
| 87070                | CULTURE                      | E, BACTERIA, OTHER             |  |  |
| 87071                | CULTURI                      | E BACTERI AEROBIC OTHR         |  |  |
| 87073                | CULTURI                      | E BACTERIA ANAEROBIC           |  |  |
| 87075                | CULTURI                      | CULTURE BACTERIA, EXCEPT BLOOD |  |  |
| 87076                | CULTURI                      | CULTURE ANAEROBE IDENT, EACH   |  |  |
| 87077                | CULTURE AEROBIC IDENTIFY     |                                |  |  |
| 87081                | CULTURE SCREEN ONLY          |                                |  |  |
| 87340                | HEPATIT                      | HEPATITIS B SURFACE AG, EIA    |  |  |
| G0306                | CBC/DIFF                     | F WBC W/O PLATELET             |  |  |
| G0307                | CBC WITI                     | CBC WITHOUT PLATELET           |  |  |
|                      |                              | DRUGS                          |  |  |
| CATEGORY             | HCPCS                        | DESCRIPTION                    |  |  |
| Access               | C9121                        | INJ ARGATROBAN                 |  |  |
| Management           | J1642                        | INJ HEPARIN SODIUM PER 10 U    |  |  |
|                      | J1644                        | INJ HEPARIN SODIUM PER 1000U   |  |  |
|                      | J1945                        | LEPIRIDUN                      |  |  |
|                      | J2993                        | RETEPLASE INJECTION            |  |  |
|                      | J2997                        | ALTEPLASE RECOMBINANT          |  |  |
|                      | J3364                        | UROKINASE 5000 IU INJECTION    |  |  |
|                      | J3365                        | UROKINASE 250,000 IU INJ       |  |  |
|                      |                              |                                |  |  |
| Anemia<br>Management | J0882                        | DARBEPOETIN                    |  |  |
|                      | J0886                        | EPO                            |  |  |
|                      |                              |                                |  |  |

|                                       | J0890 | PEGINESATIDE  |
|---------------------------------------|-------|---|
|                                       | J1750 | IRON DEXTRAN  |
|                                       | J1756 | IRON SUCROSE INJECTION                                |
|                                       | J2916 | NA FERRIC GLUCONATE COMPLEX                           |
|                                       | J3420 | VITAMIN B12 INJECTION                                 |
|                                       | Q0139 | FERUMOXYTOL   |
|                                       | Q9970 | INJ. FERRIC CARBOXYMALTOSE                            |
|                                       | Q9972 | INJ. EPOETIN BETA (FOR ESRD ON DIALYSIS), 1 MICROGRAM |
|                                       | Q2047 | PEGINESATIDE  |
|                                       | Q4081 | EPO   |
| Bone & Mineral<br>Metabolism          | J0610 | CALCIUM GLUCONATE INJECTION                           |
|                                       | J0630 | CALCITONIN SALMON INJECTION                           |
|                                       | J0635 | CALCITRIOL  |
|                                       | J0636 | INJ CALCITRIOL PER 0.1 MCG                            |
|                                       | J0895 | DEFEROXAMINE MESYLATE INJ                             |
|                                       | J1270 | INJECTION, DOXERCALCIFEROL                            |
|                                       | J1740 | IBANDRONATE SODIUM                                    |
|                                       | J2430 | PAMIDRONATE DISODIUM /30 MG                           |
|                                       | J2501 | PARICALCITOL  |
|                                       | J3487 | ZOLEDRONIC ACID                                       |
|                                       | S0169 | CALCITRIOL  |
| Cellular<br>Management                | J1955 | INJ LEVOCARNITINE PER 1 GM                            |
| Composite Rate<br>Drugs & Biologicals | A4802 | INJ PROTAMINE SULFATE                                 |
|                                       | J0670 | INJ MEPIVACAINE HYDROCHLORIDE                         |
|                                       | J1200 | INJ DIPHENHYDRAMINE HCL                               |
|                                       | J1205 | INJ CHLOROTHIAZIDE SODIUM                             |
|                                       | J1240 | INJ DIMENHYDRINATE                                    |
|                                       | J1940 | INJ FUROSEMIDE  |
|                                       | J2001 | INJ LIDOCAINE HCL FOR INTRAVENOUSINFUSION, 10 MG      |
|                                       | 1     |   |

| J2150 | INJ MANNITOL                  |
|-------|-------------------------------|
| J2720 | INJ PROTAMINE SULFATE         |
| J2795 | INJ ROPIVACAINE HYDROCHLORIDE |
| J3410 | INJ HYDROXYZINE HCL           |
| Q0163 | DIPHENHYDRAMINE HYDROCHLORIDE |

SOURCE: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ESRDpayment/Consolidated\_Billing.html

