

101 CMR 337.00: CHRONIC MAINTENANCE DIALYSIS TREATMENTS  
AND HOME DIALYSIS SUPPLIES

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337.01: General Provisions

(1) Scope, Purpose, and Effective Date. 101 CMR 337.00 governs the determination of the rates of payment to be used by all governmental purchasers and purchasers under the Workers' Compensation Act, M.G.L. c. 152, § 1, in making payment to providers for chronic maintenance dialysis treatments and home chronic maintenance dialysis supplies provided to publicly aided patients and industrial accident patients.

(2) Disclaimer of Authorization of Services. 101 CMR 337.00 is not authorization for or approval of the services for which rates are determined. The governmental purchasers and purchasers under M.G.L. c. 152 of these services are responsible for:

- (a) the definitions and authorization of services for their beneficiaries; and
- (b) providing information as to program policies and benefit limitations.

(3) Rate as Full Payment. The rates of payment under 101 CMR 337.00 are full compensation for all services rendered by the provider in connection with the provision of chronic maintenance dialysis treatments and home chronic maintenance dialysis supplies. Any patient resources or third party payments on behalf of a publicly aided patient, e.g., Medicare payments, will reduce the amount of the obligation for these services to the governmental purchaser or purchaser under M.G.L. c. 152.

(4) Administrative Bulletins. EOHHS may issue administrative bulletins to clarify its policy on, and interpretation of, substantive provisions of 101 CMR 337.00

337.02: Definitions

Terms used in 101 CMR 337.00 have the meanings set forth in 101 CMR 337.02.

Center. The Center for Health Information and Analysis established under M.G.L. c. 12C.

Centers for Medicare & Medicaid Services (CMS). The federal agency in the Department of Health and Human Services that is responsible for the determination of reimbursement for the provision of services to Medicare-covered patients.

Chronic Maintenance Dialysis Treatment. Dialysis treatment provided on an outpatient basis for a stabilized patient. The treatment may take the form of hemodialysis, hemofiltration,

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intermittent peritoneal dialysis, continuous ambulatory peritoneal dialysis, or continuous cycling peritoneal dialysis and may occur in a facility or at home.

EOHHS. The Executive Office of Health and Human Services established under M.G.L. c. 6A.

ESRD Program Rate(s). A provider's rate(s) established by CMS for the end stage renal disease program of Medicare.

Established Charge. The lowest rate paid by any payer for treatment.

Governmental Purchaser. The Commonwealth of Massachusetts and any of its departments, agencies, boards, commissions, and political subdivisions, which purchase dialysis services.

Home Dialysis Supplies. Supplies used in conjunction with home dialysis treatment identified in 114.3 CMR 22.00: *Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment.*

Industrial Accident Patient. A person who receives medical services for which persons, corporations or other entities are in whole or part liable under M.G.L. c. 152.

Provider. Any independent outpatient dialysis facility licensed by the Department of Public Health and certified by the MassHealth Agency.

Publicly Aided Patient. A person who receives medical services for which a governmental purchaser is in whole or part liable under a statutory public program.

Purchaser under M.G.L. c. 152. An insurance company, self-insurer, or worker's compensation agent of a department of the Commonwealth, county, city or district which purchases medical services subject to M.G.L. c. 152, § 1.

337.03: Rate(s) Determination

- (1) Rates paid to providers will be subject to the following adjustments and limitations:
  - (a) In a case where the established charge(s) is lower than the ESRD program rate(s) and is not based upon an established income-related sliding fee scale for self-payers, the established charge(s) is the rate(s) paid to the provider.
  - (b) If home training is included as part of a provider's ESRD program, governmental purchasers and purchasers under M.G.L. c. 152 who choose to purchase the service, must pay the ESRD program rate(s) plus an add-on listed in 101 CMR 337.03(3) under the appropriate service code.
- (2) Rates for Chronic Maintenance Dialysis Treatment.

<u>Procedure Code</u>	<u>Description</u>	<u>Rate</u> December 16, 2016, to	<u>Rate</u> December 16, 2017

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		December 15, 2017	
90999	Unlisted dialysis procedure, inpatient or outpatient (all-inclusive service per dialysis treatment per patient)	\$175.43	\$178.06

The all-inclusive rate identified in 337.03(2) covers all services and supplies as defined in 42 CFR § 410.50, with the exception of physician's rates.

(3) The following codes and add-ons must be used when the treatment includes these services:

<u>Procedure Code</u>	<u>Description</u>	<u>Rate</u> December 16, 2016, to December 15, 2017	<u>Rate</u> December 16, 2017
90989	Dialysis training, patient, including helper where applicable, any mode, completed course	\$20.00	\$20.00
90993	Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session	\$20.00	\$20.00

337.04: Rates for Home Dialysis Supplies

Rates for home dialysis supplies that a governmental purchaser chooses to purchase separately from other services are contained in 114.3 CMR 22.00: *Durable Medical Equipment, Oxygen and Respiratory Therapy Equipment*.

337.05: Rates for Laboratory Services

Rates for laboratory services associated with dialysis that a governmental purchaser or purchaser under M.G.L. c. 152 chooses to purchase separately from other services are contained in 101 CMR 320.00: *Clinical Laboratory Services*.

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337.06: Rates for Prescribed Drugs

Payment for allowed drugs is included in the all-inclusive bundled payment. No separate payment is made for drugs.

337.07: Reporting Requirements

(1) Required Reports. Reporting requirements are governed by 957 CMR 6.00: *Cost Reporting Requirements*.

(2) Penalty for Noncompliance. A governmental purchaser may reduce the payment rates of any provider that fails to timely file required information with the Center or EOHHS, as applicable, by 5% during the first month of noncompliance, and by an additional 5% during each month of noncompliance thereafter (i.e., 5% reduction during the first month of noncompliance, 10% reduction during the second month of noncompliance, and so on). The governmental purchaser will notify the provider prior to imposing a penalty for noncompliance.

337.08: Bad Debt Settlement

Governmental purchasers and purchasers under M.G.L. c. 152 cannot participate in the Medicare bad debt settlement negotiated between CMS and the provider at the end of the provider's fiscal year.

337.09: Severability of the Provisions of 101 CMR 337.00.

The provisions of 101 CMR 337.00 are severable, and if any provisions of 101 CMR 337.00 or their application to any provider or any circumstances are held to be invalid or unconstitutional, such invalidity will not be construed to affect the validity or constitutionality of any remaining provisions or their application to providers or circumstances other than those held invalid.

REGULATORY AUTHORITY

101 CMR 337.00: M.G.L. c. 118E.