

101 CMR 337.00: RATES FOR DIALYSIS TREATMENTS
AND HOME DIALYSIS SUPPLIES

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337.01: General Provisions

- (1) Scope and Purpose. 101 CMR 337.00 governs the payment rates to be used by all governmental units and purchasers under M.G.L. c. 152, § 1 (the Workers' Compensation Act) for dialysis treatments, treatment for acute kidney injuries (AKIs), and home dialysis supplies provided to publicly aided and industrial accident patients.
- (2) Applicable Dates of Service. Rates contained in 101 CMR 337.00 apply for dates of service provided on or after April 1, 2024.
- (3) Disclaimer of Authorization of Services. 101 CMR 337.00 is not authorization for or approval of the services for which rates are determined pursuant to 101 CMR 337.00. 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.
- (4) 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 dialysis treatments and home 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.
- (5) Coding Updates and Corrections. EOHHS may publish service code updates and corrections in the form of an Administrative Bulletin. Updates may reference coding systems including, but not limited to, the American Medical Association's Current Procedural Terminology® (CPT). The publication of such updates and corrections will list
 - (a) codes for which the code numbers change, with the corresponding cross references between new codes and the codes being replaced. Rates for such new codes are set at the rate of the code that is being replaced;
 - (b) codes for which the code number remains the same but the description has changed;
 - (c) deleted codes for which there are no corresponding new codes; and
 - (d) codes for entirely new services that require pricing. EOHHS will list these codes and apply individual consideration (I.C.) payment for these codes until appropriate rates can be developed.

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(6) 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.

Acute Kidney Injury (AKI). A sudden and often reversible reduction in the kidney function, as measured by increased creatinine or decreased urine volume.

Calcimimetics. A class of drugs used to treat hyperparathyroidism, a condition in which the parathyroid glands produce a high amount of parathyroid hormone in patients with chronic kidney disease.

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, 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.

Dialysis Program Rate(s). A provider's rate(s) established by CMS for the end stage renal disease (ESRD) 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 101 CMR 322.00: *Rates for 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 Individual. A person who receives health care and other services for which a governmental unit is in whole or in part liable under a statutory program of public assistance.

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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 that 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 dialysis 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 dialysis program, governmental purchasers and purchasers under M.G.L. c. 152 who choose to purchase the service must pay the dialysis rate(s) plus an add-on listed in 101 CMR 337.03(3) under the appropriate service code.
- (2) Rates for Dialysis Treatment and Treatment for Acute Kidney Injuries.

<u>Procedure Code</u>	<u>Description</u>	<u>Rate</u>
90999	Unlisted dialysis procedure, inpatient or outpatient (all-inclusive service per dialysis treatment per patient)	\$204.94
G0491	Dialysis procedure at a Medicare certified end stage renal disease (ESRD) facility for acute kidney injury without ESRD	\$204.94

The all-inclusive rate identified in 101 CMR 337.03(2) covers all services and supplies as defined in 42 CFR § 410.50, with the exception of physician services and applicable procedure codes in 101 CMR 337.03(3).

- (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>
90989	Dialysis training, patient, including helper where applicable, any mode, completed course	\$20.00

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<u>Procedure Code</u>	<u>Description</u>	<u>Rate</u>
90993	Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session	\$20.00
J0604	Cinacalcet, oral, 1 mg (for ESRD on dialysis)	\$0.01

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 101 CMR 322.00: *Rates for 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: *Rates for Clinical Laboratory Services.*

337.06: Rates for Prescribed Drugs

Payment for allowed drugs is included in the all-inclusive bundled payment, except that calcimimetics are paid separately from the bundled payment, as described in 101 CMR 337.03(3).

337.07: Reporting Requirements

- (1) Required Reports. Reporting requirements are governed by 957 CMR 6.00: *Cost Reporting Requirements.*
- (2) Penalty for Noncompliance. The purchasing governmental unit may impose a penalty in the amount of up to 15% of its payments to any provider that fails to submit required information. The purchasing governmental unit will notify the provider in advance of its intention to impose a penalty under 101 CMR 337.07(2).

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

The provisions of 101 CMR 337.00 are severable. If any provision of 101 CMR 337.00 or application of any provision to an applicable individual, entity, or circumstance is held invalid or unconstitutional, that holding will not be construed to affect the validity or constitutionality of

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any remaining provisions of 101 CMR 337.00 or application of those provisions to applicable individuals, entities, or circumstances.

REGULATORY AUTHORITY

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