Laboratory Tests and Injectable Drugs Included in the Composite Rate

The administration of these items (both the staff time and the supplies) are covered under the composite rate and may not be billed separately.

1. Per Treatment

   All hematocrit and clotting time tests furnished incident to dialysis treatments

2. Weekly

   Prothrombin time for patients on anticoagulant therapy
   Serum Creatinine
   BUN

3. Monthly

Serum Calcium	SGOT	Serum Chloride
Serum Bicarbonate	Serum Potassium	Serum Albumin
Alkaline Phosphatase	Total Protein	CBC
Serum Phosphorus	LDH	

4. The following parenteral items cannot be billed separately:

Heparin	Glucose	Heparin Antidotes
Protamine	Dextrose	Antihistamines
Pressor Drugs	Antiarrhythmics	
Mannitol	Antihypertensives	
Saline	Local Anesthetics	

   Antibiotics (when used at home by a patient to treat an infection of the catheter site or peritonitis associated with peritoneal dialysis)

Laboratory Tests and Injectable Drugs that May Be Billed Separately

The following list contains tests or injectable drugs that are billable in addition to the composite rate. When furnished at a greater frequency than specified below, they are only covered when medically justified as documented in the facility records.

1. Hepatitis B Vaccine - 3 (2 ml) doses
   First Dose
   Second Dose - 1 month after first dose
   Third Dose - 6 months after first dose

   For Seronegative Patients (including patients who have received Hepatitis B vaccine but did not have a positive response to the vaccine) - Hepatitis B Surface Antigen (HB Ag) - one (1) a month.

2. Bone Survey (either the roentgenographic method or the photon absorptiometric procedure for bone mineral analysis) - one (1) a year.

3. Hepatitis B Surface Antibody or Hepatitis B Core Antibody - one (1) (but not both) once a year

4. Serum Aluminum - one (1) every three (3) months

5. Serum Ferritin - one (1) every three (3) months

6. Injectable Antibiotics

7. Injectable Hematinics

8. Injectable Anabolics

9. Injectable Muscle Relaxants*

10. Injectable Analgesics

11. Injectable Sedatives

12. Injectable Tranquilizers

13. Injectable Albumin*

14. Epogen

15. Chest X-ray - one (1) every six (6) months

16. EKG - one (1) every three (3) months

*When not used as a substitute for a drug covered in the composite rate. Staff time used to administer separately billable parenteral items is covered under the composite rate and may not be billed separately.

If an automated battery of tests such as the SMA-12 is performed, and it contains most of the tests listed in one of the weekly or monthly categories above, it is not necessary to separately identify any tests in the battery that are not listed.

When any of these tests are performed at a greater frequency, the test may be billed separately and is covered when medically justified as documented in the facility records.

If there is no specific J Code in the HCPCS list for a drug, it may be billed on a paper UB-04 claim using J3490. The name of the drug, the strength, and the dosage must be indicated, and one unit should be reported on the face of the claim. The drug may be covered if it is not experimental or investigative and it is being used according to recommended usage guidelines. The drug will be reviewed and manually priced.

Staff time used to administer separately billable parenteral items is covered under the composite rate and may not be billed separately.

*When not used as a substitute for a drug covered in the composite rate. Staff time used to administer separately billable parenteral items is covered under the composite rate and may not be billed separately.

Nerve Conduction Studies

There is no reason and no basis in medical science for monitoring nerve conduction studies solely to assess the adequacy of dialysis. Nerve conduction studies will be allowed in evaluation of neurological function with the diagnoses listed below:

250.60	250.61	250.62	250.63	354.0	354.1	354.2
354.3	354.4	354.5	355.71	355.79	355.8	356.1
356.4	357.5	357.6	357.7	721.0	721.10	722.52
723.4	724.4	729.5	782.0			