

<b>Division of Medicaid State of Mississippi Provider Policy Manual</b>	<b>New:</b> <b>Revised: X</b> <b>Current:</b>	<b>Date:</b> <b>Date: 09/01/03</b> <b>10/01/09</b>
<b>Section: Dialysis</b>	<b>Section: 41.02</b>	<b>Pages: 2</b>
<b>Subject: <u>Composite Rate Reimbursement/</u> Definition of Units</b>	<b>Cross Reference:</b>	

The composite rate reimbursement (CRR) is a comprehensive payment for all modes of treatment in the freestanding facility, renal dialysis unit (RDU) or home setting. It covers the complete treatment except for covered x-ray, lab, and injectable drugs that are separately billable and reimbursed on a fee schedule. The facility must furnish all necessary services, equipment and supplies. If the facility fails to do so, no payment will be made.

When billing the composite rate, the provider must submit a ~~UB-92~~ UB-04 along with the appropriate revenue code (s).

**Note: Units in Form Locator 46 are required when billing renal dialysis revenue codes.**

**Revenue Codes**

- 821 – Hemodialysis – Outpatient or Home  
Composite or Other Rate
- 831 - Peritoneal Dialysis – Outpatient or Home  
Composite or Other Rate
- 841 - Continuous Ambulatory Peritoneal Dialysis (CAPD) – Outpatient or Home  
Composite or Other Rate
- 851 - Continuous Cycling Peritoneal Dialysis (CCPD) – Outpatient or Home  
Composite or Other Rate

REV CODE	TYPE	UNIT	ALLOWANCE FORMULA	MAX UNITS	BILLING INTERVALS
821	Hemodialysis Outpatient or Home	*One (1) unit is one treatment session	(1) Composite rate x total units	14	Monthly
831	Peritoneal Dialysis Outpatient or Home	*One (1) unit is one treatment session	(1) Composite rate x total units	14	Monthly
841	CAPD Outpatient or Home	*One (1) unit is one day	(1) Composite rate x total units	14	Monthly
851	CCPD Outpatient or Home	*One (1) unit is one day	(1) Composite rate x total units	14	Monthly

**NOTE:** Do not file more than three (3) units per seven (7) day week.

A paper claim must be submitted with medical documentation explaining the reason for additional units should units exceed the indicated maximums.

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## **DEFINITION OF UNITS**

### **Hemodialysis**

Hemodialysis is typically furnished three times per week in sessions of 4 to 5 hours.

A unit is one of the 4 to 5 sessions.

### **Peritoneal Dialysis**

Peritoneal Dialysis in the facility may be done in the following treatment sessions:

10 - 12 hours = 3 times per week

20 - 29 hours = 2 times per week

30 & Above Hours = 1 time per week

Peritoneal Dialysis at home may be done in several different treatment sessions. The total weekly dialysis time varies typically from 50 to 80 hours. For example, home IPD may be furnished every day for 10 hours per day, every other day for 15 hours per dialysis day, every night for 8 hours per night, etc.

A unit is a treatment session.

### **Continuous Ambulatory Peritoneal Dialysis (CAPD)**

Continuous Ambulatory Peritoneal Dialysis is furnished on a continuous (daily) basis.

A unit is one day (24 hours).

### **Continuous Cycling Peritoneal Dialysis (CCPD)**

Continuous Cycling Peritoneal Dialysis is furnished on a continuous (daily) basis.

A unit is one day (24 hours).