Internal Medicine Coding Alert

Reader Question: Partial Dialysis Treatment

Question: How does our office get paid for performing only a partial month of dialysis? We bill 90925 but Medicare continually denies it. Ive called them and have been given different answers.

Georgia Subscriber

Answer: The Georgia Medicare carriers manual says that 90925 (end stage renal disease [ESRD] related services [less than full month], per day; for patients twenty years of age and over) is correct for partial dialysis reporting, according to **Mary Beth Black,** senior associate at Medical Management Associates in Atlanta. Coders must also list the number of units used per treatment on the claim form.

However, she believes that in this case, your patient may not qualify for the service. She recommends when faced with a particular case, calling the local carrier with the patients Medicare number to find out if the service is covered for that patient.

If the patient has coverage in addition to Medicare, then the non-Medicare payer will have to be billed for 30 months before Medicare will kick in. This is referred to as the coordination period, and Medicare is the secondary carrier during this time. The coordination period starts the first month the patient is eligible for Medicare benefits, even if the patient is not enrolled in Medicare. If the primary carrier doesnt pay in full for the Medicare-covered services, then bill Medicare the difference. For further information, Black recommends consulting the Part B Answer Book or calling the carrier to get the policy in writing.