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CLINIC

Billing for Hemodiafiltration on ESRD and AKI Claims: No Change to NYS Medicaid FFS Billing

Billing for Hemodiafiltration on ESRD and AKI Claims: No Change to NYS Medicaid FFS Billing

The Centers for Medicare & Medicaid Services (CMS) recently issued Medicare billing instructions, effective July 1, 2026, for hemodiafiltration (HDF) furnished to individuals with end-stage renal disease (ESRD) or acute kidney injury (AKI). Under these instructions, Medicare requires HDF to be separately identified on ESRD and AKI claims using designated combinations of revenue and procedure codes. Medicare reimburses HDF at the same rate as hemodialysis and has not established a separate HDF payment rate or changed the existing dialysis payment calculation.

New York State (NYS) Medicaid fee-for-service (FFS) does not use revenue codes on outpatient clinic claims. There is no change to NYS Medicaid FFS policy, payment calculation, or billing requirements for HDF. Providers should continue to submit claims in accordance with existing NYS Medicaid FFS clinic billing guidance.

Questions should be directed to the Office of Health Insurance Programs (OHIP) Division of Program Development and Management (DPDM) by telephone at (518) 473-2160 or by email at APG@health.ny.gov.