



## *Modifier CB Fact Sheet*

### Definition:

- Services ordered by a dialysis facility physician as part of the ESRD beneficiary's dialysis benefit, is not part of the composite rate, and is separately reimbursable

### Facts:

Suppliers who report modifier CB must exercise due diligence to ensure the following conditions:

1. The beneficiary has ESRD entitlement,
2. The test has been ordered by a dialysis facility,
3. The test is not included in the dialysis facility's composite rate payment, and
4. The test is related to the dialysis treatment of the beneficiary's

Medicare does not require a supplier to report the modifier for every service rendered to an ESRD beneficiary. However, the supplier must be aware that SNF consolidated billing edits are applied if the line item does not contain the modifier. Indeed, the supplier may use the modifier only when the above five conditions are met. A supplier must secure this information from the dialysis facility and use the modifier for only those line items for which all these factors are present.

### Criteria for Using the CB Modifier

Providers/suppliers need a listing of diagnostic tests considered ESRD-related in submitting claims for services with the CB modifier. The Centers for Medicare & Medicaid Services (CMS) responded to these concerns by issuing guidance on ESRD-related diagnostic tests.

The diagnostic tests considered ESRD-related are identified (see "ESRD-Related Codes" below). CMS has identified the diagnostic services as being commonly furnished to ESRD beneficiaries and payable outside the composite rate.

**The "ESRD-Related Codes" list was not designed as an all-inclusive list of Medicare covered diagnostic services.** Additional diagnostic services related to the beneficiary's ESRD treatment/care may be considered ESRD-related. Any diagnostic services related to the beneficiary's ESRD treatment/care must be submitted using the CB modifier, however, if these services are not listed in the "ESRD-Related Codes" list then Wisconsin



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Physician Services (WPS) Medicare Part B may require supporting medical documentation.

In addition, beneficiaries in a SNF Part A stay are eligible for a broad range of diagnostic services as part of the SNF Part A benefit. Physicians ordering medically necessary diagnostic tests that are not directly related to the beneficiary's ESRD dialysis treatment are subject to the SNF consolidated billing requirements. Physicians may bill WPS Medicare Part B for the professional component of these diagnostic tests. In most cases, however, the technical component of diagnostic tests is included in the SNF PPS rate, and is not separately billable to WPS Medicare Part B. Physicians should coordinate with the SNF in ordering such tests since the SNF will be responsible for reimbursing for the technical component.