Reimbursement Procedures for Dialysis Services

The Nebraska Chronic Renal Disease Program (CRDP) is a client assistance program that provides payment for pharmaceutical and dialysis services to eligible Nebraska residents diagnosed with End-Stage Renal Disease (ESRD). *It does not cover the costs related to any other illness.* Clients apply for the program through their dialysis social worker and must meet income, residency and citizenship guidelines. For more information, visit the Program’s website.

Please ensure you have a copy of the client’s eligibility letter in your file prior to submitting invoices to the Program.

**Covered ICD (diagnostic) and CPT (procedure) codes:**

<table>
<thead>
<tr>
<th>Diagnostic</th>
<th>N18.6, Z99.2</th>
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<tbody>
<tr>
<td>Procedure</td>
<td>90999, 90945, 90989, 90993</td>
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The Program will only pay for covered services after all other payment sources – including Medicare, Medicaid, private insurance, or any other health insurance – have determined and paid their share.

**Please adhere to the following procedures when submitting invoices to the Program:**

- Include on/with each invoice:
  - Program client name,
  - Dates of service,
  - Appropriate ICD and CPT codes, and
  - The Remittance Advice – or similar document – detailing expenditures.

  Omitting any of the above information can result in reimbursement delays.

- Submit invoices within 180 days of service.

Invoices are processed monthly. If received before the 10\textsuperscript{th} of the month, the invoice will be processed that month. If received after the 10\textsuperscript{th} of the month, the invoice will be processed the next month.

The Renal Program pays up to 50% of the client co-pay or co-insurance amount indicated on the Remittance Advice. The Program does not pay half of the client’s deductible, if any.

Submit invoices by mail to:

**Nebraska Chronic Renal Disease Program**
Nebraska Dept. of Health & Human Services  
**Division of Public Health**
P.O. Box 95026  
Lincoln, NE 68509-5026

Note: it’s important to include the bolded information above when mailing invoices. The Program shares a P.O. Box with other DHHS programs and may not receive mail if it’s not correctly addressed.

Questions? Please call (402) 471-0925 or email dhhs.renal@nebraska.gov.