“This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Nebraska Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.”

Pursuant to
Neb. Rev. Stat. § 84-901.03
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>
</tr>
</thead>
<tbody>
<tr>
<td>Procedure</td>
<td>90999, 90945, 90989, 90993</td>
</tr>
</tbody>
</table>

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.

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 contact: Monica Pribil, MA, Program Manager, (402) 471-0925 or Mary DeLancey, Program Reimbursement Assistant, (402) 471-6447. Both can be reached via email at: dhhs.renal@nebraska.gov.

"Helping People Live Better Lives"