



## Kidney Health Care (KHC) Program

### Dialysis Quick Sheet

#### Benefit and Rates

Payments are made to contracted facilities providing dialysis treatments.

Type	CPT Codes	KHC Rate	Maximum
Inpatient/Outpatient Dialysis	90935	\$54.53	14 per month
	90937	\$78.59	
	90997	\$67.90	
	90999	\$130.69	
Peritoneal Dialysis	90945	\$64.67	31 per month
	90947	\$93.56	
Peritoneal Dialysis Training	90989	\$60.98	14 in a 60-day period
	90993		

#### Limitations

- Supervision and evaluation by a nephrologist is not covered separately from the treatment
- The number of dialysis treatments KHC can pay for are limited
- Outpatient Providers can submit claims on the CMS-1500 paper form by mail to Kidney Health Care at the address listed at the bottom of this document
- Inpatient providers must submit all claims on the CMS-1450 paper form

#### Filing Deadline

KHC must receive the claims:

- within 95 days from the last day of the month in which services were provided; or
- within 60 days from the date on the KHC Notice of Eligibility for newly approved clients; or
- within 60 days of the date on the approval letter for newly approved dialysis facilities, but not later than 180 days from the date of service.

**For more information about KHC benefits, please call: 1-800-222-3986**, fax: 512-776-7162, email: [khc@hsc.state.tx.us](mailto:khc@hsc.state.tx.us), or write to:

Kidney Health Care  
Office of Primary and Specialty Health, MC 1938  
P.O. Box 149347  
Austin, TX 78714-9347

**Rates are effective November 1, 2019**