



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, enrolled as a Free-Standing dialysis facility, 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, enrolled as a Hospital, 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, or write to:

Kidney Health Care
MC 1938
P.O. Box 149030
Austin, TX 78714-9947

Rates are effective November 1, 2019