

To receive the low-volume payment adjustment (LVPA) under the End Stage Renal Disease (ESRD) facility Prospective Payment System (PPS), an ESRD facility must furnish a written attestation statement to its Fiscal Intermediary (FI) or A/B MAC. This attestation must address that the criteria for the LVPA as found at 42 CFR 413.232 are met.

The following suggested attestation is intended to assist you in the submitting your ESRD low-volume attestation.

Please mail or e-mail this format or an attestation containing similar information so that it is received by November 1, 2023. This will allow the ESRD to be eligible as of January 1, 2024. Please note that email is the preferred method.

Postal Service Address	Overnight Address
CGS J15 Audit and Reimbursement Attn: Judith Cummings PO Box 20020 Nashville, TN 37202	CGS J15 Audit and Reimbursement Attn: Judith Cummings  26 Century Blvd STE ST610 Nashville, TN 37214-3685

**E-mail:** [J15.Reimbursement@cgsadmin.com](mailto:J15.Reimbursement@cgsadmin.com)

**Instructions:**

- Facility names should reflect the advertised name of the facility. Addresses should include building number, suite/room number, etc., and must be exact.
- Treatments are defined as total hemodialysis (HD) equivalent treatments (Medicare and non-Medicare). For peritoneal dialysis (PD) patients, one week of PD is considered equivalent to 3 HD treatments.
- Prior periods are the three 12-month cost reporting periods ending on or before December 31, 2023. For a facility operating on a calendar year, the three periods would be December 31, 2021, December 31, 2022, and December 31, 2023.
- If the most recent prior period has not ended, estimate the number of treatments by annualizing year-to-date data.
- In addition to providing less than 4,000 treatments in the preceding years, the facility must provide less than 4,000 treatments in the current year to continue to be eligible to receive the LVPA.

Provider's Medicare Provider Number:  (six-digit number)

Provider's Name:

Provider's Address:

I attest that the facility as noted above meets the following requirements to qualify as an ESRD low-volume facility (please indicate Yes or No for each requirement):

1.  Furnished less than 4,000 dialysis treatments in each of the three years preceding the payment year. This three year period covers the facility's three 12-month cost reporting periods which ended immediately before the ESRD PPS payment year beginning January 1, 2024.  
*Reference: 42 CFR 413.232(b) (1)*

For purposes of determining eligibility for the LVPA, 'treatments' means total hemodialysis (HD) equivalent treatments (Medicare and non-Medicare). For peritoneal dialysis (PD) patients, one week of PD is considered equivalent to 3 HD treatments. For example, a patient on PD for 21 days would have (21/7) x 3 or 9 HD-equivalent treatments (75 FR 49078).

Number	Period Beginning and Ending	Total Dialysis Treatments
1		
2		
3		

2.  ESRD facility has not opened, closed or received a new provider number due to a change in ownership in the three cost reporting years (based on as-filed or final settled 12-consecutive month cost reports, which ever is most recent) preceding the payment year 2024.

*Reference: 42 CFR 413.232(c); 80 FR 69076.*

3.  ESRD facility is located within 5 road miles of another facility under common ownership (the same individual, individuals, entity, or entities, directly, or indirectly, own 5 percent or more of each ESRD facility).

*Reference: 42 CFR 413.232(c); 80 FR 69076.*

If the answer is YES, note the PTAN for the related facility:

The number of treatments for this facility shall equal the aggregate number of treatments furnished by the ESRD facility and the number of treatments furnished by facility noted above.

I certify that the responses in this attestation are accurate, complete and current as of this date. I acknowledge that the regulations must be continually adhered to.

Signed:   
*(Signature of Officer, Administrator or authorized person)*

*(Print Name of signature)*

Title:   
*(Title of authorized person acting on behalf of the provider)*

Date: