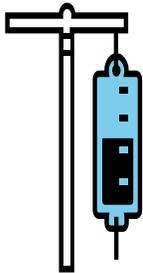
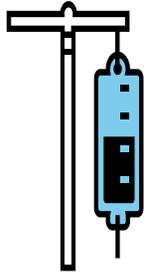

Dialysis Clinic Services



*Medicaid and Other Medical
Assistance Programs*

This publication supersedes all previous Dialysis Clinic Services handbooks. Published by the Montana Department of Public Health & Human Services, July 2005.

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Covered Services

General Coverage Principles

Medicaid covers most dialysis services when they are medically necessary. This chapter provides covered services information that applies specifically to dialysis clinics. Like all healthcare services received by Medicaid members, dialysis services must also meet the general requirements listed in the Provider Requirements chapter of the *General Information for Providers* manual.

Dialysis Clinic Definitions and Requirements (ARM 37.86.4201–4202)

Dialysis clinics must be licensed to provide services in the state in which the clinic is located. The dialysis clinic must also be certified by the Centers for Medicare and Medicaid (CMS) to provide outpatient maintenance dialysis directly to members with end-stage renal disease (ESRD). Dialysis services are provided to only those members who have been diagnosed by a physician as suffering from chronic ESRD. Supporting documentation must be kept on file.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services (ARM 37.86.2201–2235)

The Well-Child EPSDT program covers all medically necessary services for children age 20 and under. Providers are encouraged to use a series of screening and diagnostic procedures designed to detect diseases, disabilities, and abnormalities in the early stages. Some services are covered for children that are not covered for adults, such as the following:

- Nutritionist services
- Private duty nursing
- Respiratory therapy
- Therapeutic family and group home care
- Substance dependency inpatient and day treatment services
- School-based services

All prior authorization and Passport approval requirements must be followed. See the Passport and Prior Authorization chapters in the *General Information for Providers* manual and the Prior Authorization Information webpage on the Provider Information [website](#).

For more information about the recommended well-child screen and other components of EPSDT, see the Well-Child EPSDT chapter in the *Physician-Related Services* manual.

Coverage of Specific Services

Medicaid follows Medicare's rules for coverage of most services. The following are Medicaid's coverage rules for dialysis services.

Drugs and Biologicals

Most drugs and biologicals used in the dialysis procedure are covered under the composite rate and **may not be billed separately**. Montana Medicaid does not reimburse for any other ESRD-related services other than the dialysis composite rate. For more information regarding billable services, see the Billing Procedures chapter in this manual. The drugs and biologicals used in the dialysis procedure include:

- Heparin
- Mannitol
- Glucose
- Antiarrhythmics
- Pressor drugs
- Dextrose
- Saline
- Antihypertensives
- Protamine
- Antihistamines
- Local anesthetics
- Heparin antidotes

Epoetin (EPO)

Medicaid covers EPO therapy for members who have been diagnosed with chronic ESRD. EPO is covered when administered in a facility; however, it is included in the composite rate.

Hemodialysis and Peritoneal Dialysis Services

Hemodialysis and peritoneal dialysis are covered under a composite rate for the dialysis facility.

Home Dialysis Training (ARM 37.40.901–905)

Medicaid covers training for patients to learn to perform their own dialysis at home and training for a helper/backup person.

Self-dialysis and home dialysis training are programs provided by CMS-certified ESRD facilities that educate ESRD patients and their caregivers to perform self-dialysis in the ESRD facility or home dialysis (including CAPD and CCPD) with little or no professional assistance. Self-dialysis training can occur in the patient's home or in the facility when it is provided by the qualified staff of the ESRD facility. ESRD facilities must be certified through CMS to provide home dialysis training. Information regarding home dialysis training certification may be found at the following link:

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Dialysis.html>

The facility is reimbursed a training fee amount, found in the current fee schedule on the Provider Information [website](#), in addition to their composite rate, and the amount is dependent on the type of dialysis, as shown below:

- Revenue code 825 Hemodialysis support services
- Revenue code 835 Peritoneal support services
- Revenue code 845 CAPD support services
- Revenue code 855 CCPD support services

Retraining

Occasionally it is necessary to furnish retraining after the initial training is completed. Retraining sessions are paid under any of the following conditions:

- The patient changes from one mode of dialysis to another (e.g., from hemodialysis to CAPD)
- The patient's home dialysis equipment changes
- The patient's dialysis setting changes
- The patient's dialysis partner changes
- The patient's medical condition changes (e.g., temporary memory loss due to stroke, physical impairment)

The patient must continue to be an appropriate patient for self-dialysis.

Home Dialysis Equipment, Support, and Supplies

Medicaid covers home dialysis equipment, support, and supplies. The patient has the option of having the facility provide the equipment under the composite rate, or of renting or purchasing such equipment directly from a supplier. The dialysis facility must provide the home dialysis patient with the following, which are included in the facility's composite rate:

- Periodic monitoring of the patient's home adaptation, including visits to the home, in accordance with a written plan prepared and periodically reviewed by a team that includes the patient's physician and other professionals familiar with the patient's condition.
- Emergency visits by qualified ESRD facility personnel.
- Providing and arranging for supplies when dialysis equipment is provided by the facility.
- Installation and maintenance of dialysis equipment when provided by the facility.
- ESRD-related laboratory tests.
- Testing and appropriate treatment of water.
- Monitoring the dialysis equipment function when provided by the facility.

Some covered support services may involve indirect patient contact. For example, the patient may need to consult with a nurse regarding dietary restrictions or with a social worker if he/she is having problems adjusting. The consultations may be by phone.

Supplies and Equipment

The supplies necessary to administer dialysis (e.g., needles, tubing) are included in the facility's composite rate.

Other Programs

This is how the information in this chapter applies to Department programs other than Medicaid.

Mental Health Services Plan (MHSP)

The information in this manual does not apply to the Mental Health Services Plan (MHSP). Members who qualify for MHSP may receive mental health services in addition to dialysis services. For more information on the MHSP program, see the mental health manual available on the [Provider Information website](#).

Healthy Montana Kids (HMK)

The information in this manual does not apply to HMK/CHIP members. For an HMK/CHIP medical manual, contact Blue Cross and Blue Shield of Montana (BCBSMT) at 1-800-447-7828.

Billing Procedures

The following is specific to dialysis clinic services. In addition, providers should refer to the Billing Procedures chapter in the *General Information for Providers* manual.

The Prospective Payment System for ESRD bundles all services provided into a composite rate. ESRD providers will bill dialysis services to Medicaid using only one of the following:

- Revenue code 821 – Hemodialysis composite or other rate
- Revenue code 831 – Peritoneal dialysis composite or other rate
- Revenue code 841 – Continuous ambulatory peritoneal dialysis (CAPD) composite or other rate
- Revenue code 851 – Continuous cycling peritoneal dialysis (CCPD) composite or other rate

Home Dialysis Training

- Revenue code 825 – Hemodialysis support services
- Revenue code 835 – Peritoneal support services
- Revenue code 845 – CAPD support services
- Revenue code 855 – CCPD support services

Revenue codes for dialysis services other than those listed above will bundle and pay at \$0.00. **No other services are paid separately.**

Claim Forms

Dialysis clinic services must be billed either electronically or on a UB-04 claim form. UB-04 forms are available from various publishing companies; they are not available from the Department or Provider Relations.

Member Cost Sharing (ARM 37.85.204 and 37.85.402)

Cost sharing for dialysis services is \$5.00 per visit. See the *General Information for Providers* manual for additional information on member cost sharing.

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