Section 4

Hospital Services – End Stage Renal Disease

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1 General Information

This manual is designed to be used in conjunction with other sections of the Utah Medicaid Provider Manual, such as *Section I: General Information Utah Medicaid Provider Manual* (*Section I: General Information*) and *Section 2: Hospital Services Utah Medicaid Provider Manual*.

1-1 General Policy

Dialysis services are provided under the Utah Medicaid State Plan to cover Medicaid members principally for the three month period between the first dialysis service and commencement of the Medicare End Stage Renal Disease (ESRD) benefit. The Medicaid State Plan also allows for coverage of dialysis services for Medicaid members who do not qualify for Medicare coverage. ESRD facilities are required to assist Medicaid members in applying for and pursuing final Medicare eligibility during the first three months of providing dialysis services.

An ESRD facility may be reimbursed by Utah Medicaid for providing dialysis services only if the ESRD facility is enrolled with Utah Medicaid and Medicare as an ESRD provider.

The ESRD facility must be in compliance with applicable federal, state, and local laws and regulations for licensure, certification and/or registration.

1-2 Fee-For-Service or Managed Care

Fee-for-Service Members

Medicaid members who are not enrolled in a managed care plan may receive services from any provider who accepts Medicaid. This provider manual explains the conditions of coverage for Medicaid fee-for-service members.

Members Enrolled in Managed Care Organizations

A Medicaid member enrolled in a Managed Care Organization (MCO), such as an Accountable Care Organization (ACO) or Prepaid Mental Health Plan (PMHP), must receive all health care services through that plan. It is the provider's responsibility to verify plan enrollment and eligibility for a member before providing services.

All questions concerning services covered by, or payment from, a managed care organization must be directed to the appropriate plan. Utah Medicaid does NOT process prior authorization requests for services to be provided to a Medicaid member who is enrolled in a managed care plan when the services are included in the contract with the plan.

Plan enrollment and eligibility information for each member is available to providers from several sources. Refer to the Eligibility Lookup Tool at https://medicaid.utah.gov/eligibility and for other resources *Section I: General Information*.

Medicaid makes every effort to provide complete and accurate information regarding a beneficiary's enrollment in a managed care plan. Therefore, if a Medicaid beneficiary is enrolled in a plan, a fee-for-service claim will not be paid unless the claim is for a "carve-out service." For more information on how to verify member eligibility or Accountable Care Organizations or Prepaid Mental Health Plans, refer to *Section I: General Information.*

1-3 Definitions

Definitions specific to the content of this manual are provided below. Definitions of terms used in other Medicaid programs are available in *Section I: General Information.*

Composite Payment

A per treatment unit of payment that applies to all claims for dialysis services. The composite payment rate includes payment for all training, services, evaluations, laboratory tests, items, supplies, medications and equipment necessary to treat ESRD or perform dialysis.

Dialysis

A process by which dissolved substances are removed from a patient's body by diffusion from one fluid compartment to another across a semi permeable membrane. The two types of dialysis that are currently in common use are hemodialysis and peritoneal dialysis.

Dialysis Service

The type of care or service furnished to an ESRD patient and includes all training, services, evaluations, laboratory tests, items, supplies, medications and equipment necessary to perform dialysis in a facility, outpatient, or home setting.

End Stage Renal Disease (ESRD)

That stage of renal impairment that appears irreversible and permanent, and requires a regular course of dialysis or kidney transplantation to maintain life.

ESRD Facility

A facility which is enrolled with Utah Medicaid and Medicare to furnish at least one specific dialysis service. Such facilities include:

- Renal Transplantation Center: A hospital unit which is approved to furnish directly transplantation and other medical and surgical specialty services required for the care of the ESRD transplant patients, including inpatient dialysis furnished directly or under arrangement. A Renal Transplantation center may also be a Renal Dialysis Center.
- Renal dialysis center: A hospital unit which is approved to furnish the full spectrum of diagnostic, therapeutic, and rehabilitative services required for the care of ESRD dialysis patients (including inpatient dialysis furnished directly or under arrangement). A hospital need not provide renal transplantation to qualify as a renal dialysis center.
- Renal dialysis facility: A unit which is approved to furnish dialysis service(s) directly to ESRD patients.
- Self -dialysis unit: A unit that is part of an approved renal transplantation center, renal dialysis center, or renal dialysis facility and furnishes self-dialysis services.
- Special purpose renal dialysis facility. A renal dialysis facility which is approved to furnish dialysis at special locations on a short term basis to a group of dialysis patients otherwise unable to obtain treatment in the geographical area. The special locations must be either special rehabilitative (including vacation) locations serving ESRD patients temporarily residing there, or locations in need of ESRD facilities under emergency circumstances.

1-4 Procedure Codes

Procedure codes with accompanying criteria and limitations are now found on the Medicaid website at the Coverage and Reimbursement Lookup Tool at:
http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php.

2 Provider Participation Requirements

2-1 Provider Enrollment

Refer to provider manual, *Section I: General Information* for provider enrollment information.

3 Member Eligibility

A Medicaid member is required to present the Medicaid Identification Card before each service, and every provider must verify each member's eligibility each time and before services are rendered. For more information regarding verifying eligibility refer to the Eligibility Lookup Tool at https://medicaid.utah.gov/eligibility and the provider manual, *Section I: General Information*.

4 Program Coverage

4-1 Covered Services

Services Provided by an ESRD Facility

Dialysis services, including hemodialysis and peritoneal dialysis treatments, provided by an ESRD facility are a covered service for categorically and medically needy Medicaid clients for three months pending the establishment of Medicare eligibility. Dialysis services may be covered for longer than three months if a client is not eligible for Medicare.

Services Performed at Home

Dialysis services, including hemodialysis and peritoneal dialysis treatments, performed at home are covered when they are supervised by an enrolled ESRD facility and performed by an appropriately trained Medicaid client. The composite rate for hemodialysis and peritoneal dialysis (Chapter 5) performed at the home are the same as the rate paid for services delivered in a facility and includes payment for all training, services, evaluations, laboratory tests, items, supplies, medications and equipment necessary to treat ESRD or perform dialysis in the home setting.

5 Non-Covered Services and Limitations

5-1 Non-Covered Services

- Dialysis services delivered by an ESRD facility that is not enrolled with Utah Medicaid or Medicare as an ESRD provider.
- Dialysis services delivered by a ESRD facility that is not in compliance with all applicable federal, state, and local laws and regulations for licensure, certification and/or registration.
- Individual components of dialysis services billed separately from the composite rate.

5-2 Limitations

- Payment for dialysis services are only eligible to ESRD facilities that have enrolled with Utah Medicaid and are also enrolled with Medicare as an ESRD provider.
- Dialysis services are reimbursed through a composite rate. Payment for services which are part of the composite rate are not eligible to be reimbursed separately from the composite rate.
- Regardless of the dialysis method used, composite payments are limited to one unit per session and no more than one unit per day. Continuous cycling peritoneal dialysis, or any other dialysis services that occurs overnight, is eligible for one composite payment.

6 Billing

The dialysis composite payment rate for all covered dialysis revenue codes is based on the Medicare ESRD Prospective Payment System base rate as identified and approved in Attachment 4.19-B of the Utah Medicaid State Plan.

Bill dialysis services as a UB-04 Claim using one of the following Revenue Codes. Refer to the provider manual, *Section I: General Information*, for detailed billing instructions or to the UB-04 Billing Manual.

Covered Dialysis Revenue Codes
Revenue code 0821 (Hemodialysis)
Revenue code 0831 (Peritoneal Dialysis)
Revenue code 0841 (Continuous Ambulatory Peritoneal Dialysis)
Revenue code 0851 (Continuous Cycling Peritoneal Dialysis)

Each dialysis session should be billed as one (1) unit for the appropriate Revenue Code and all covered dialysis revenue codes are reimbursed at the same rate. It is not necessary to bill separately for services delivered during the dialysis session that are included in the composite payment. Claim lines submitted on the UB-04 Claim for services included in the composite rate will be denied.

7 References

State Plan Amendment, Attachment 4.19-B, Methods and Standards for Establishing Payment Rates - Other Types of Care.

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