

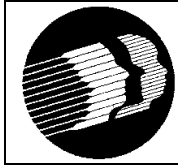


Renal Dialysis Facility Provider Specific Policy Manual

Revision Table

Revision Date	Sections Revised	Description
07/29/04	n/a	This new manual is specific to renal dialysis providers and the services they provide.
6/4/09	5.2.1	Updated the reimbursement rates for renal dialysis facilities effective 7/1/2009.

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Renal Dialysis Facility Provider Specific Policy Manual

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RENAL DIALYSIS FACILITY PROVIDER SPECIFIC POLICY

Health care services are provided to the majority of Medicaid clients through a Managed Care Organization (MCO). Renal dialysis services are included in the MCO benefits package. All Medicaid clients who are enrolled with an MCO must receive renal dialysis services through the MCO.

This manual reflects the policies as they relate to Medicaid clients who are exempt from managed care coverage (see list of those exempt from managed care coverage in the Managed Care section of the General Policy).

1.0 Overview

1.1 General Information

- 1.1.1 A renal dialysis facility is a unit which is approved to furnish service(s) directly to end-stage renal disease (ESRD) patients.
- 1.1.2 The renal dialysis facility must provide dialysis services, as well as adequate laboratory, social and dietetic services to meet the needs of the ESRD patient.
- 1.1.3 The renal dialysis facility must maintain for each patient a written long-term program and a written patient care plan to ensure that each patient receives the appropriate modality of care and the appropriate care within that modality. The patient, or where appropriate, parent or legal guardian is involved with the health team in the planning of care (42CFR §405.2137).
- 1.1.4 The renal dialysis facility must maintain a medical record for each patient that contains sufficient information to identify the patient clearly, to justify the diagnosis and treatment, and to document the results accurately. All medical records shall contain the following general categories of information:
 - 1.1.4.1 Documented evidence of assessment of the needs of the patient, whether the patient is treated with a reprocessed hemodialyzer, of establishment of an appropriate plan of treatment, and of the care and services provided
 - 1.1.4.2 Evidence that the patient was fully informed of the results of the assessment regarding their suitability for transplantation and home dialysis
 - 1.1.4.3 Identification and social data
 - 1.1.4.4 Signed consent forms, referral information with authentication of diagnosis
 - 1.1.4.5 Medical and nursing history of the patient
 - 1.1.4.6 Report(s) of physician examination(s)
 - 1.1.4.7 Diagnostic and therapeutic order

- 1.1.4.8 Observations and progress notes
- 1.1.4.9 Reports of treatments and clinical findings
- 1.1.4.10 Reports of laboratory and other diagnostic tests and procedures
- 1.1.4.11 Discharge summary including final diagnosis and prognosis
- 1.1.5 The renal dialysis facility shall safeguard medical record information against loss, destruction, or unauthorized use. The renal dialysis facility shall have written policies and procedures which govern the use and release of information contained in medical records. Written consent of the patient, or of an authorized person acting in behalf of the patient, is required for release of information not provided by law.
- 1.1.6 A member of the renal dialysis facility's staff shall be designated to serve as supervisor of the facility's medical records service. The functions of the medical records supervisor include, but are not limited to, the following:
 - Ensuring that the records are documented, completed, and maintained in accordance with accepted professional standards and practices;
 - Safeguarding the confidentiality of the records in accordance with established policy and legal requirements;
 - Ensuring that the records contain pertinent medical information and are filed for easy retrieval.
- 1.1.7 Current medical records and those of discharged patients shall be completed promptly. All clinical information pertaining to a patient shall be centralized in the patient's medical record. Provisions shall be made by the renal dialysis facility to collect and include in the patient record medical information generated by self-dialysis patients.

2.0 Qualified Providers

2.1 Requirements

2.1.1 The renal dialysis facility must be in compliance with:

2.1.1.1 Applicable Federal, State and local laws and regulations, including licensing of the facility and licensing and registration of personnel; and

2.1.1.2 Applicable laws and regulations pertaining to fire safety, equipment, and other relevant health and safety requirements.

2.1.2 Section 1881 (b) (1) of the Social Security Act (the Act) requires the dialysis facility to be approved to participate in the dialysis program. The facility must meet and maintain the conditions specified in regulations at 42 CFR §405.2100 Subpart U.

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3.0 Dialysis Services

Renal dialysis facilities shall provide outpatient dialysis services that include, at a minimum, staff-assisted dialysis services, self-dialysis services, laboratory services, social services, dietetic services and self-dialysis support services.

3.1 Staff-Assisted Dialysis Services

3.1.1 The renal dialysis facility must provide all necessary institutional dialysis services and staff required in performing the dialysis.

3.2 Self-Dialysis Services

3.2.1 If the renal dialysis facility offers self-dialysis services, it must provide all medically necessary supplies and equipment and any other service specified in the facility's patient care policies.

3.3 Laboratory Services

3.3.1 The renal dialysis facility must make available laboratory services (other than the specialty of tissue pathology and histocompatibility testing), to meet the needs of the ESRD patient.

3.3.2 All laboratory services must be performed by an appropriately certified laboratory in accordance with 42 CFR § 493.

3.3.2.1 If the facility furnishes its own laboratory services, it must meet the applicable requirements established for certification of laboratories found in 42 CFR § 493.

3.3.2.2 If the facility does not provide laboratory services, it must make arrangements to obtain these services from a laboratory certified in the appropriate specialties and subspecialties of service in accordance with the requirements of 42 CFR § 493.

3.4 Social Services

- 3.4.1 Social services shall be provided to patients and their families and are directed at supporting and maximizing the social functioning and adjustment of the patient.
- 3.4.2 Social services shall be furnished by a qualified social worker who has an employment or contractual relationship with the facility.
- 3.4.2.1 The qualified social worker shall be responsible for conducting psychosocial evaluations, participating in team review of patient progress and recommending changes in treatment based on the patient's current psychosocial needs, providing casework and group work services to patient and their families in dealing with the special problems associated with ESRD, and identifying community social agencies and other resources and assisting patients and families to utilize them.

3.5 Dietetic Services

- 3.5.1 Each patient is evaluated as to his/her nutritional needs by the attending physician and by a qualified dietician who has an employment or contractual relationship with the renal dialysis facility.
- 3.5.2 The dietician, in consultation with the attending physician, is responsible for assessing the nutritional and dietetic needs of each patient, recommending therapeutic diets, counseling patients and their families on prescribed diets, and monitoring adherence and response to diets.

3.6 Self-Dialysis Support Service

- 3.6.1 The renal dialysis facility furnishing self-dialysis training upon completion of the patient's training, furnishes (directly, under agreement or by arrangement with another renal dialysis facility) the following services:
 - 3.6.1.1 Surveillance of the patient's home adaptation, including provision for visits to the home or the facility
 - 3.6.1.2 Consultation for the patient with a qualified social worker and a qualified dietitian
 - 3.6.1.3 A recordkeeping system which assures continuity of care
 - 3.6.1.4 Installation and maintenance of equipment
 - 3.6.1.5 Testing and appropriate treatment of the water
 - 3.6.1.6 Ordering of supplies on an ongoing basis.

3.7 Epoetin Alpha

- 3.7.1 Epoetin Alpha provided in a renal dialysis facility must be prior authorized. Refer to Appendix A of this manual for prior authorization requirements.

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4.0 Billing Information

4.1 Billing Form

4.1.1 Renal dialysis facilities must use the UB04 or the 837 Institutional claim when billing the DMAP.

4.2 Revenue Codes

4.2.1 Renal dialysis facilities must use revenue codes. A revenue code is a 4-digit code that identifies services provided to the recipient. The revenue code used must accurately describe the services provided. Refer to the *National Uniform Billing Manual* for a list of valid revenue codes.

4.3 ICD-9-CM Diagnosis Codes

4.3.1 Renal dialysis facilities must use ICD-9-CM diagnosis codes. ICD-9-CM diagnosis codes are common classifications of disease and related entities. The ICD-9-CM code describes the clinical picture of the patient. The ICD-9-CM diagnosis codes used must accurately describe the diagnosis of the patient.

4.4 HCPCS Procedure Codes

4.4.1 Renal dialysis facilities must use HCPCS procedure codes. HCPCS codes are a listing of descriptive terms for reporting medical services and procedures performed. The purpose of the terminology is to provide a uniform language that will accurately designate medical, surgical, and diagnostic services. The HCPCS procedure codes used must accurately describe the services provided.

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5.0 REIMBURSEMENT

5.1 General Information

5.1.1 Renal dialysis facility reimbursement includes all renal-related services, including supplies and equipment.

5.1.2 Renal dialysis facilities must accept the DMAP payment as payment in full for all items and services for which they furnish and bill.

5.2 Payment Methodology

5.2.1 Prior to July 1, 2009, renal dialysis facilities were reimbursed by the DMAP based on their usual and customary (U&C) charges. Effective July 1, 2009, reimbursement rates for renal dialysis facilities shall be the lesser of the facility's usual and customary (U&C) billed charges or 100% of the Medicare reimbursement rate. When billing, the provider is required to enter their charge for services using the lesser of either the facility's usual and customary (U&C) billed charges or 100% of the Medicare reimbursement rate.

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Criteria for Prior Authorization

6.0 Appendix A – Criteria for Prior Authorization

6.1 Epoetin Alpha

Erythropoietin is a naturally occurring glycoprotein that is produced in the kidneys and stimulates the bone marrow to produce red blood cells. The FDA has approved recombinant human erythropoietin for use in clients with anemia due to chronic renal failure, with anemia due to chemotherapy, with anemia due to Zidovudine treatment for HIV, and for reduction of allogeneic transfusions in surgery patients.

Covered Conditions

- Anemia of Chronic Renal Disease
- Anemia due to chemotherapy for non-myeloid malignancies
- Anemia due to treatment with Zidovudine in HIV
- Peri-operative use to reduce allogeneic blood transfusions

General Requirements

- Due to the nature of this drug, prescribing authority is limited to hematologists, oncologists, nephrologists, and infectious disease specialists or based upon a consult with a specialist.
- The client should be evaluated for other causes of anemia, such as:
 1. Underlying infectious or inflammatory processes
 2. Occult blood loss
 3. Underlying hematologic disorders
 4. Aluminum intoxication
 5. Osteitis fibrosa cystica
 6. Vitamin deficiencies – folic acid or B12 (lab results required)
Physician's evaluation and/or lab testing can be used. Lab tests should have been done no earlier than 30 days before submission.
- Clients' iron status should be assessed before epoetin therapy begins. The values for transferrin saturation should be >20% and for ferritin >100 ng/ml or the patient should be on concurrent iron therapy.
- Clients should not have an active gastrointestinal bleed or should be under treatment for the condition.
- Clients' hypertension must be under control.

Restrictions

- Clients with chronic renal disease must either be on dialysis or have a baseline hematocrit (HCT) of <33% (hemoglobin <11g/dl).
- Clients receiving chemotherapy must have a hemoglobin <10.5g/dl.
- Clients with anemia based on therapy with anti-retroviral therapies must have a baseline hematocrit of <33%. (hemoglobin <11g/dl).
- Clients scheduled for elective surgery with a hemoglobin >10 and <13g/dl.
- Doses will not be approved for greater than 300 U/kg three times a week or 60,000 units/week.

Authorization

- There is a 60-day supply initially.
- After the initial approval, another 90-day authorization will be approved if laboratory results indicate an improvement in either hematocrit or hemoglobin. Any transfusions received during this period should be noted in the documentation provide. Doses should be appropriately decreased if hematocrit exceeds 36%.

Client Name: _____

Medicaid Number: _____

Practitioner Name: _____

Provider Number: _____ Office Phone Number: _____

Diagnosis: _____

Current hemoglobin or hematocrit value: _____

Client weight: _____

Iron regiment (dose, freq. & duration): _____

Proposed epoetin regimen (does, freq. & duration): _____

Laboratory reports have been attached? Yes No

Client has been evaluated for GI bleeding: Yes No

Client's blood pressure is under control? Yes No

COMPLETED FORM SHOULD BE FAXED TO (302) 454-0224