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**CHAPTER 17: END STAGE RENAL DISEASE**

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### **COVERED SERVICES**

Only outpatient end stage renal disease (ESRD) services are covered at Medicaid enrolled free-standing ESRD centers. Louisiana Medicaid covers renal dialysis services for the first three months of dialysis, pending Medicare eligibility. Covered services include renal dialysis treatments (hemodialysis and peritoneal dialysis), routine laboratory services, non-routine laboratory services and medically necessary injections.

**NOTE:** Hospital inpatient ESRD services are not covered at free-standing ESRD centers.

#### **Hemodialysis**

Louisiana Medicaid provides reimbursement to free standing ESRD facilities for hemodialysis services.

#### **Peritoneal Dialysis**

Continuous Ambulatory Peritoneal Dialysis (CAPD) and Continuous Cycling Peritoneal Dialysis (CCPD) services may be provided to home dialysis patients. Providers approved for CAPD services may also provide CCPD services.

For both services, Louisiana Medicaid utilizes Medicare's composite rate reimbursement system, Method I only. Under this reimbursement system, the dialysis facility must assume responsibility for providing all home dialysis equipment, supplies, and home support services. Some of the support services include the administering of medications, training the beneficiary to perform the home dialysis treatment, and the delivery of supplies. Reimbursement for these support services is included in the composite rate.

Support services specifically applicable to the home CAPD and CCPD beneficiary include:

1. Changing the connection tube (also referred to as an administration set);
2. Observing the beneficiary perform CAPD and CCPD to:
  - a. Ensure the process is completed correctly;
  - b. Instruct the beneficiary in the techniques he/she may have forgotten; or
  - c. Inform the beneficiary of modifications in the apparatus or technique.

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3. Documenting whether the beneficiary has or had peritonitis that requires physician intervention or hospitalization (Unless there is evidence of peritonitis, a culture for peritonitis is not necessary);
4. Inspecting the catheter site;
5. Drawing blood samples;
6. Administering medications prescribed by the beneficiary's physician to treat a renal related condition;
7. Administering blood or blood products prescribed by the physician;
8. Providing social services consultation and/or intervention;
9. Performing delivery, installation, maintenance, repair and testing of the cyclor; and
10. Delivering all dialysis related supplies.

**Equipment and Supplies for Home Dialysis**

Providers will be reimbursed for the covered items in accordance with the Durable Medical Equipment (DME) Program guidelines. These items must be requested by a DME provider and prior authorized by the fiscal intermediary's Prior Authorization Unit. The DME manual provides information on covered services and the prior authorization process. (See Appendix A for information on accessing manuals).

**Laboratory Services**

Louisiana Medicaid reimburses ESRD providers for both routine and non-routine laboratory services. Providers may contract with outside laboratories to perform these lab procedures.

**Routine Laboratory Services**

Routine lab work is an integral part of outpatient hemodialysis services. Reimbursement for routine lab services is included in the dialysis reimbursement rate and cannot be billed separately by the dialysis facility nor a contracted laboratory.

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Routine lab services with the allowed frequency are included in the following table:

<b>HEMODIALYSIS</b>		<b>PERITONEAL DIALYSIS</b>	
<b>Frequency</b>	<b>Routine Lab Service</b>	<b>Frequency</b>	<b>Routine Lab Service</b>
PER DIALYSIS	Hematocrit		BUN
WEEKLY	Prothrombin time for beneficiaries on anticoagulant therapy		Creatinine
	Serum Creatinine		Sodium
	BUN		Dialysate Protein
MONTHLY	CBC	MONTHLY	Albumin Hgb
	Serum Calcium		Carbon Dioxide
	Serum Potassium		LDH
	Serum Chloride		Phosphate
	Serum Bicarbonate		SGOT
	Serum Phosphorus		Magnesium Alkaline Phosphates
	Total Protein		Calcium
	Serum Albumin		Total Protein
	Alkaline Phosphatase		Potassium
	SGOT		HCT
	LDH		

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**Non-Routine Laboratory Services**

Covered non-routine services performed by approved Medicaid laboratories, must be medically necessary and documented by the physician. Claims for these medically necessary services may be submitted separately by either the contracted laboratory or by the dialysis facility.

The ESRD facility and their contracted laboratory must coordinate billing to ensure duplicate payments do not occur. All claims are subject to post payment review and recoupment of over payments.

Billed charges on claims for covered non-routine laboratory services submitted by the dialysis provider shall not exceed the amount the dialysis provider paid to their contracted laboratory for the same procedure on the same date of service.

**Epoetin Alfa**

Epoetin alfa (EPO), also referred to as Epoetin or Epogen, is covered under Louisiana Medicaid when it is used to treat anemia associated with chronic renal failure. Beneficiaries with this condition include those who require renal dialysis and are eligible for Medicare under the ESRD provisions of the law. EPO may be administered either intravenously or subcutaneously for the treatment of anemia associated with chronic renal failure.

Providers should address the following in their medical documentation:

1. Iron deficiency (most beneficiaries will need supplemental iron therapy while being treated, even if they do not start out iron deficient);
2. Concomitant conditions such as infection, inflammation, or malignancy (These conditions should be addressed insofar as possible for EPO to have maximum effect);
3. Unrecognized blood loss (beneficiaries with kidney disease and anemia may have chronic blood loss, usually gastrointestinal, as a reason for the anemia. As a result, the effectiveness of EPO will be limited);
4. Concomitant hemodialysis, bone marrow dysplasia, or refractory anemia for a reason other than renal disease, such as aluminum toxicity;
5. Folic acid or vitamin B12;

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6. Circumstances in which the bone marrow is replaced with other tissue, such as malignancy or osteitis fibrosa cystica; and
7. Beneficiary's weight, required current dose, a historical record of the amount that has been given, and the hematocrit response to date.

Coverage can be made for facility-dialyzed beneficiaries, as well as for beneficiaries who dialyze at home and are competent to use the drug without medical or other supervision. The facility is required to limit the "on-hand" supply to home dialysis beneficiaries up to a two-month supply. The facility may bill up to a two-month supply initially, and must thereafter bill a one-month supply.

**Criteria for Selection of Beneficiaries Qualified to Self-Administered EPO in the Home**

The beneficiary's dialysis facility or the physician responsible for furnishing all dialysis-related services to the beneficiary can participate in beneficiary selection, training, and monitoring. In considering EPO therapy in the home setting, it is important for the dialysis facility or the physician responsible for all dialysis-related services to assess the degree of self-care that is feasible; i.e., whether the beneficiary will actually be able to administer the drug, and if not, whether the beneficiary would have the necessary assistance from an available care-giver. In order to be selected for home use of EPO, the beneficiary must meet the following criteria:

1. Be a home dialysis patient (utilizing either CAPD or CCPD method);
2. Have a hematocrit (or comparable hemoglobin) of less than 30 percent, unless medical documentation justifies a beneficiary's need for EPO with a hematocrit higher than 30 percent;
3. Be under the care of the physician who is responsible for the dialysis-related services and who prescribes EPO, and be under the care of the renal dialysis facility that establishes the plan of care for the services and monitors the progress of the home EPO therapy; and
4. Be trained by the facility to inject EPO or have an appropriate care-giver who is trained to inject EPO.

In addition, the following requirements must be met:

1. Prior to the determination that the beneficiary is a candidate for use of EPO in the home, the beneficiary's hematocrit (or hemoglobin), serum iron, transferrin saturation, serum ferritin, and blood pressure must be measured;

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2. The beneficiary's physician or facility must develop an appropriately designed protocol for the beneficiary for the safe and effective use of the drug. The protocol must include monitoring the beneficiary's blood pressure;
3. The beneficiary must be capable of performing self-administration of EPO, be able to read the drug labeling, or have a primary care-giver who can perform these tasks; and
4. The beneficiary must be able to adhere to a disciplined medical program.

**Patient Care Plan**

To ensure adequate monitoring of home EPO therapy, the patient care plan for a beneficiary who is home dialysis patient using EPO in the home must include the following:

1. A review of diet and fluid modification to monitor iron stores and hyperkalemia related to dietary indiscretion or elevated blood pressure;
2. A re-evaluation of the beneficiary's dialysis prescription, taking into account the beneficiary's increased appetite and red blood cell volume;
3. A method of teaching the beneficiary to identify the signs and symptoms of hypotension and hypertension;
4. The decrease or discontinuance of EPO if hypertension is uncontrolled; and
5. A method of follow-up on blood work and a means to keep the physician informed of the results.

If a beneficiary is not competent to use EPO in the home without supervision, and the drug has been prescribed, the dialysis facility should administer the drug.

**Medically Necessary Injections**

Certain injections that are covered under Louisiana Medicaid are usually billed in connection with hemodialysis treatments. Reimbursement for each of these items ONLY covers the cost of the drug. Reimbursement for the administration of the injection is included in the physician supervision of dialysis procedures.

Medicaid does not automatically cover new drugs when they are introduced. If a drug is added to the Medicare file, Medicaid will consider payment of the Medicaid portion of the claim.