REIMBURSEMENT

Reimbursement for the technical component of dialysis services must be billed using the UB-04 claim form or its successor. (See Appendix B for claims filing information)

Reimbursement for physician supervision of dialysis (professional component) must be billed on the CMS-1500 claim form, or its successor, using the most appropriate code from the *Current Procedural Terminology* (CPT) manual. Refer to the Louisiana Medicaid Manual, Chapter 5 – Professional Services for instructions on completing the CMS-1500 claim form. (See Appendix A for information on accessing other manuals)

NOTE: Hospitals may only bill for inpatient end stage renal disease (ESRD) services and the charges should be included as part of the inpatient bill.

Non-Medicare Claims

Providers are reimbursed a hemodialysis composite rate. The composite rate is a comprehensive payment for providing all medically necessary routine hemodialysis treatment. Services included in the composite rate may not be billed separately.

Services reimbursed separately from the hemodialysis composite rate include:

- Non-routine dialysis services such as laboratory and radiology procedures that are not part of the composite rate,

- Continuous ambulatory peritoneal dialysis (CAPD),

- Continuous cycling peritoneal dialysis (CCPD),

- Epoetin Alfa (EPO),

- Injectable drugs, and

- Physician supervision of dialysis (professional component).

Medicare Part B Claims

Providers are reimbursed for co-insurance and deductible amounts. The Medicare payment plus the amount of the Medicaid payment shall be considered to be payment in full for the service. The recipient does not have any legal liability to make payment for the service. Medicare claims are subject to the same rate reductions as previously mentioned for non-Medicare claims.

Epoetin Alfa

Epoetin alfa (EPO) is reimbursed per 1,000 units (rounded to the nearest 100 units) administered. The following formula is used in calculating EPO reimbursement:

(Total number of EPO units/100) X $1.00 = Reimbursement*

*All claims, non-Medicare and Medicare, are subject to the following rate reductions:

- Effective February 26, 2009, 3.5%

- Effective January 22, 2010, 5%

- Effective August 1, 2010, 4.6%

- Effective January 1, 2011, 2%