



CHAPTER 534 DIALYSIS CENTERS

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**DISCLAIMER:** This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations, and other practitioner information.



## CHAPTER 534 DIALYSIS CENTERS

### BACKGROUND

West Virginia (WV) Bureau for Medical Services (BMS) covers medically necessary renal dialysis services furnished by WV Medicaid enrolled providers to members with End Stage Renal Disease (ESRD) and acute renal disease as required by the condition of the member, as well as, medically necessary dialysis supplies furnished to home-dialyzed members. If a member has been diagnosed with ESRD, they may be entitled to receive Medicare, regardless of age or level of disability. If not currently covered by Medicare, the member must apply when starting dialysis.

ESRD occurs from the destruction of normal kidney tissues over a long period of time. Often, there are no symptoms until the kidney has lost more than half its function. The loss of kidney function in ESRD is usually irreversible and permanent.

Dialysis is the process of removing solutes that accumulate as a result of diminished renal function. This process removes waste products from the body by diffusion from one fluid compartment to another across a semi-permeable membrane. Dialysis is normally indicated in the management of patients with ESRD.

Dialysis may also be required because of acute kidney failure. Acute kidney failure or injury is commonly reversible and may be caused by drugs, injury, or illness, such as diabetes. Acute renal failure simply means that the kidneys can no longer filter waste effectively, allowing dangerous levels of waste to accumulate in the body.

### POLICY

West Virginia Medicaid covers services for acute and/or chronic renal insufficiency requiring maintenance dialysis. These services may be performed at the following locations:

- Inpatient basis in a hospital; or
- Outpatient at a hospital or an independent dialysis center; or
- In the home.

#### 534.1 MEMBER ELIGIBILITY

WV Medicaid covers dialysis services for members with ESRD pending the establishment of Medicare eligibility, usually three months. Dialysis providers must assist Medicaid members in applying for and pursuing final Medicare eligibility determinations. Once the Medicaid member becomes Medicare eligible, Medicaid becomes the secondary reimbursement source and covers coinsurance and deductibles.

It is possible for some Medicaid members with ESRD to be ineligible for Medicare and Medicaid would, therefore, remain the primary payer for dialysis services.

#### 534.2 PROVIDER PARTICIPATION REQUIREMENTS

All Dialysis providers must comply with the requirements found in [Chapter 300, Provider Participation Requirements](#).

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### 534.3 COVERED SERVICES

WV Medicaid covers medically necessary renal dialysis services prescribed by a WV Medicaid enrolled rendering physician.

WV Medicaid covers the following dialysis treatment options:

- Hemodialysis
- Peritoneal dialysis:
  - Continuous Cycling-Assisted Peritoneal Dialysis (CCPD)
  - Continuous Ambulatory Peritoneal Dialysis (CAPD)
  - Intermittent Peritoneal Dialysis (IPD)
- Hemofiltration
- Ultrafiltration

#### 534.3.1 Home Dialysis

Home dialysis may be an option if the provider determines the member meets the qualifications to receive these services in the home setting. The dialysis facility is responsible for the coordination of home dialysis services.

Home dialysis training is required for members eligible for home dialysis. The training must be provided by an approved dialysis facility.

#### 534.3.2 Outpatient Medication Services

For additional information please refer to [Chapter 518 Pharmacy Services, Policy 518A Physician Administered Drugs](#).

### 534.4 TRANSPORTATION SERVICES

For transportation services please refer to [Chapter 524, Transportation Services](#).

### 534.5 BILLING AND REIMBURSEMENT METHODOLOGY

Services should be billed with the correct CPT/HCPSC codes related to dialysis services. If an unlisted procedure code is utilized, full medical justification and documentation is required.

Please refer to [Chapter 600, Reimbursement Methodologies](#) for additional information.

### 534.6 NON-COVERED SERVICES

Non-covered services are not eligible for DHHR Fair Hearings or Desk/Document Reviews.

## GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid services, including those covered by this chapter. Definitions in this glossary are specific to this chapter.

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**Acute Renal Failure:** Occurs when the kidneys can no longer filter waste effectively, allowing dangerous levels of waste to accumulate in the body.

**Continuous Ambulatory Peritoneal Dialysis (CAPD):** Is a treatment modality that combines the advantages of the long dwell, continuous steady state dialysis of CAPD, with the advantages of automation inherent in intermittent peritoneal dialysis. The major difference between CCPD and CAPD is that the solution exchanges, which are performed manually during the day by the patient on CAPD, are moved to nighttime with CCPD and are performed automatically with a peritoneal dialysis cyclor. Generally, there are three nocturnal exchanges occurring at intervals of 2 1/2 to 3 hours. Upon awakening, the patient disconnects from the cyclor and leaves the last 2-liter fill inside the peritoneum to continue the daytime long dwell dialysis.

**Continuous Cycling-Assisted Peritoneal Dialysis (CCPD):** The member's peritoneal membrane is used as a dialyzer. The patient connects a 2-liter plastic bag of dialysate to a surgically implanted indwelling catheter that allows the dialysate to pour into the member's peritoneal cavity. Every four to six hours the patient drains the fluid out into the same bag and replaces the empty bag with a new bag of fresh dialysate. This is done several times a day.

**Dialysis:** Process of removing waste products from the body by diffusion from one fluid compartment to another across a semi-permeable membrane. There are two types of renal dialysis procedures in common clinical usage: hemodialysis and peritoneal dialysis. Both hemodialysis and peritoneal dialysis are acceptable modes of treatment for ESRD under Medicare.

**End Stage Renal Disease (ESRD):** Is a clinical term for irreversible kidney impairment resulting in complete or near complete kidney failure which results in an individual's inability to properly excrete waste, concentrate urine, and regulate electrolytes. The only treatment options for individuals with ESRD are dialysis and/or kidney transplantation.

**ESRD Center/Facility:** Is an entity that provides outpatient maintenance dialysis services, or home dialysis training and support services, or both. ESRD facilities are classified in [Section 1881 of the Act](#) and codified in [42 CFR 413.174](#) as being either hospital-based or independent facilities. There is no distinction between the two facility types for the purposes of payment.

**Hemodialysis:** Process by which blood passes through an artificial kidney machine and the waste products diffuse across a manmade membrane into a bath solution known as dialysate after which the cleansed blood is returned to the patient's body. Hemodialysis is accomplished usually in three to five hour sessions, three times a week. The technique requires an arteriovenous access.

**Hemofiltration:** Is an alternative to peritoneal dialysis and hemodialysis. Hemofiltration (which is also known as diafiltration) removes fluid, electrolytes, and other low molecular weight toxic substances from the blood by filtration through hollow artificial membranes and may be routinely performed in three weekly sessions. In contrast to both hemodialysis and peritoneal dialysis treatments, which eliminate dissolved substances via diffusion across semi permeable membranes, hemofiltration mimics the filtration process of the normal kidney. The technique requires an arteriovenous access.

**Home Dialysis:** Dialysis performed at home by an ESRD patient or caregiver who has completed an appropriate course of training consistent with federal guidelines contained in [42 CFR 494.100\(a\)](#).

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**Intermittent Peritoneal Dialysis (IPD):** Waste products pass from the patient's body through the peritoneal membrane into the peritoneal cavity where the dialysate is introduced via the indwelling catheter and removed periodically by machine. Peritoneal dialysis generally is required for approximately 30 hours a week, either as three 10-hour sessions or less frequent, but longer, sessions.

**Peritoneal Dialysis:** Process by which waste products pass from the patient's body through the peritoneal membrane into the peritoneal (abdominal) cavity where the bath solution (dialysate) is introduced and removed periodically. Peritoneal dialysis is particularly suited for:

- Members without caregivers to assist in self-dialysis;
- Children;
- Patients with no peripheral sites available for fistula or cannula placement;
- Patients who have difficulty learning the more complex hemodialysis technique; and
- Elderly patients with cardiovascular disease who are unable to tolerate intravascular fluid shifts associated with hemodialysis.

**Ultrafiltration:** Is the process of removing excess fluid from the blood through a dialysis membrane by exerting pressure. This is not a substitute for dialysis. Ultrafiltration is used in cases where excess fluid cannot be removed easily during the regular course of hemodialysis. It is commonly done during the first hour or two of hemodialysis on patients who have refractory edema. Occasionally, medical complications may occur which require that ultrafiltration be performed separately from the dialysis treatment.

### CHANGE LOG

REPLACE	TITLE	EFFECTIVE DATE
New Chapter	Dialysis Centers	TBD