RENAL DIALYSIS SERVICES

ELIGIBLE PROVIDERS

In order to receive payment, all eligible servicing and billing provider's National Provider Identifiers (NPI) must be enrolled with South Dakota Medicaid. Servicing providers acting as a locum tenens provider must enroll in South Dakota Medicaid and be listed on the claim form. Please refer to the provider enrollment chart for additional details on enrollment eligibility and supporting documentation requirements.

South Dakota Medicaid has a streamlined enrollment process for eligible ordering, referring, and attending providers that may require no action on the part of the provider as submission of claims constitutes agreement to the South Dakota Medicaid Provider Agreement.

Renal Dialysis Providers
Providers enrolled as one of the following may provide dialysis services to eligible enrolled Medicaid recipients:

- Hospital renal dialysis facilities; and
- Freestanding End Stage Renal Disease (ESRD) dialysis facilities.

Providers rendering ESRD services must be recognized as an ESRD provider by the Centers for Medicare and Medicaid Services (CMS).

ELIGIBLE RECIPIENTS

Providers are responsible for checking a recipient's Medicaid ID card and verifying eligibility before providing services. Eligibility can be verified using South Dakota Medicaid's online portal.

The following recipients are eligible for medically necessary services covered in accordance with the limitations described in this chapter:

Coverage Type	Coverage Limitations
Medicaid/CHIP Full Coverage	Medically necessary services covered in accordance with the limitations described in this chapter.
Qualified Medicare Beneficiary – Coverage Limited (73)	Coverage restricted to copay, coinsurance, and deductibles on Medicare A and B covered services.
Unborn Children Prenatal Care Program (79)	Medically necessary services covered in accordance with the limitations described in this chapter.
Medicaid Renal Coverage up to $5,000 (80)	Coverage restricted to outpatient dialysis, home dialysis, including supplies, equipment, and special water softeners, hospitalization related to renal failure, prescription drugs necessary for dialysis or transplants not covered by other

	sources and non-emergency medical travel (NEMT) reimbursement to renal failure related appointments outside the recipient's city of residence in accordance with ARSD 67:16:49.

Refer to the Recipient Eligibility manual for additional information regarding eligibility including information regarding limited coverage aid categories.

COVERED SERVICES AND LIMITS

General Coverage Principles

Providers should refer to the General Coverage Principles manual for basic coverage requirements all services must meet. These coverage requirements include:

- The provider must be properly enrolled;
- Services must be medically necessary;
- The recipient must be eligible; and
- If applicable, the service must be prior authorized.

The manual also includes non-discrimination requirements providers must abide by.

Inpatient Hospital Dialysis Services

Hospital-based inpatient dialysis is covered if the following criteria is met:

- Hospitalization is required for an acute medical condition requiring dialysis treatment; and
- Hospitalization is required for a covered medical condition and the recipient currently receives either regular maintenance home dialysis or outpatient dialysis treatment or hospitalization is required for placement or repair of the hemodialysis route (shunt or cannula).

Outpatient Dialysis Services

Outpatient Hospital Dialysis

Hospital-based outpatient dialysis is covered when:

- Training of the eligible recipient to perform self-treatment in the home environment is contraindicated;
- The recipient is mentally or physically unable to perform self-treatment in a home environment;
- The home environment of the eligible recipient contraindicates self-treatment; or
- The eligible recipient is awaiting a kidney transplant or suffers from acute or chronic kidney issues requiring short-term dialysis.

Outpatient dialysis may include ESRD-related laboratory tests and injections. The laboratory and injection services may be billed on the UB-04 outpatient claim.

Freestanding ESRD Dialysis Facility Services

Freestanding ESRD dialysis facility services are covered when:

- Training of the eligible recipient to perform self-treatment in the home environment is contraindicated;
- The eligible recipient is not a proper candidate for self-treatment in a home environment;

- The home environment of the eligible recipient contraindicates self-treatment; or
- The eligible recipient is awaiting a kidney transplant, or suffers from acute or chronic kidney issues requiring short-term dialysis.

Freestanding ESRD dialysis services may include ESRD-related laboratory tests and injections. The laboratory and injection services may be billed on the CMS 1500 claim.

Home Dialysis Services
Recipients approved for self-treatment must be trained in the use of dialysis equipment while undergoing outpatient treatments. Training must be provided by qualified provider personnel. The provider must provide and install dialysis equipment to be used by the recipient at home and must provide routine medical surveillance of the recipient's adaptation and adjustment to the self-treatment.

Non-Covered Services

General Non-Covered Services
Providers should refer to ARSD 67:16:01:08 or the General Coverage Principles manual for a general list of services that are not covered by South Dakota Medicaid.

Renal Dialysis Non-Covered Services
Hospital admissions solely for hemodialysis are not covered by South Dakota Medicaid.

Documentation Requirements

General Requirements
Providers must keep legible medical and financial records that fully justify and disclose the extent of services provided and billed to South Dakota Medicaid. These records must be retained for at least 6 years after the last date a claim was paid or denied. Please refer to the Documentation and Record Keeping manual for additional requirements.

Reimbursement and Claim Instructions

Timely Filing
South Dakota Medicaid must receive a provider's completed claim form within 6 months following the month the service was provided. Requests for reconsiderations will only be considered if they are received within the timely filing period or within 3 months of the date a claim was denied. The time limit may be waived or extended by South Dakota Medicaid in certain circumstances. Providers should refer to the General Claim Guidance manual for additional information.

Third-Party Liability
Medicaid recipients may have one or more additional source of coverage for health services. South Dakota Medicaid is generally the payer of last resort. Providers must pursue the availability of third-party payment sources and should use the Medicare Crossover or Third-Party Liability billing manuals when applicable. Providers should refer to the General Claim Guidance manual for additional information.

Upper Payment Limits

Under 42 CFR 447.321, upper payment limit tests are required to ensure that Medicaid payments made under the state plan do not exceed what would be paid for the services furnished by the group of facilities under Medicare payment principles. South Dakota Medicaid performs this analysis on a yearly basis. Payments in excess of the upper payment limit are subject to recoupment.

Reimbursement

Freestanding Clinics

Freestanding ESRD dialysis facilities are reimbursed at the composite rate for services billed under CPT code 90999. All dialysis related services are bundled into the composite rate. Non-ESRD services are reimbursed at a fee schedule rate. Refer to the fee schedule website for reimbursement rates.

Outpatient Hospital

Outpatient hospital renal dialysis units are reimbursed at the composite rate for services billed under CPT code 90999. All dialysis related services are bundled into the composite rate. Non-ESRD services are reimbursed at a fee schedule rate. Refer to the fee schedule website for reimbursement rates.

Critical Access Hospitals

Dialysis units owned by a Critical Access Hospital are paid according to their applicable outpatient hospital methodology.

Physician Services

Physician services are reimbursed according to the Physician Services fee schedule.

Inpatient Hospital

Inpatient dialysis services are reimbursed according to the applicable inpatient hospital reimbursement methodology.

Claim Instructions

General Instructions

Providers must use a kidney failure ICD-10 code as the principal diagnosis when submitting claims for any renal dialysis service. Providers must bill each date-specific service separately on the claim. This requirement applies for all other services provided during the month All services provided should be reported on the claim form even if bundled into the composite payment.

Freestanding ESRD Clinics and Physicians

Freestanding providers and physicians must use the professional claim form (CMS-1500 or an 837P electronic transaction). Freestanding ESRD clinic must bill dialysis procedures using CPT code 90999. Non-ESRD related services and vaccinations should be submitted with an AY modifier. Physicians and other licensed practitioners should bill for services using the applicable CPT code.

Inpatient and Outpatient Hospitals

Hospital based providers must use the institutional claim form (UB-04 Claim or an 8371 Electronic Transaction) to submit claims to South Dakota Medicaid. Outpatient hospitals must bill for the dialysis procedure using CPT code 90999. Non-ESRD related services and vaccinations should be submitted with an AY modifier.

Crossovers
Electronic crossover claims will be accepted on the form the provider submitted to Medicare.

QUICK ANSWERS

1. **Which CPT codes should be reported on the claim?**

   CPT code 90999 should be used to bill for any dialysis sessions the recipient receives regardless of modality. All other claim lines will be reimbursed at $0 unless reported with the AY modifier to indicate an immunization or a non-ESRD related service. Providers should continue to submit all services provided even if payment will be bundled under 90999.

2. **What is bundled into the composite rate?**

   The composite payment is inclusive of all dialysis related treatments and services. This would include dialysis treatments, labs, drugs and biologicals, supplies, transitional add-on payment adjustments for new and innovative equipment and supplies (TPNIES), transitional drug add-on payment adjustment (TDAPA), blood and blood products, and training.

3. **Are dialysis related services provided on a different date of service than the dialysis run separately reimbursed?**

   No, all dialysis related services are reimbursed under CPT code 90999 regardless of date of service

4. **Is home dialysis training separately reimbursed?**

   No, home dialysis training is bundled into the outpatient treatment which is reimbursed under the composite rate for CPT 90999. Recipients approved for self-treatment must be trained in the use of dialysis equipment while undergoing outpatient treatments

REFERENCES

- Administrative Rule of South Dakota (ARSD)
- South Dakota Medicaid State Plan
- Code of Federal Regulations