

Billing Guidelines for Provider Type 45

End Stage Renal Disease (ESRD) Facility

End Stage Renal Disease (ESRD) facilities may provide services to Medicaid recipients with kidney impairment that appears irreversible and permanent and requires a regular course of dialysis or kidney transplantation to maintain life.

Covered Services

Medicaid provides coverage for the treatment of ESRD in an outpatient hospital or independently operated, Medicare certified ESRD facility.

ESRD services, including hemodialysis, peritoneal dialysis, and other miscellaneous dialysis procedures are Medicaid covered benefits without prior authorization.

Medicaid also provides coverage for Intradialytic Parenteral Nutrition (IDPN) and Intraperitoneal Nutrition (IPN) for hemodialysis and Continuous Ambulatory Peritoneal Dialysis (CAPD) recipients who meet all of the requirements for Parenteral and Enteral Nutrition coverage. The recipient must have a permanently inoperative internal body organ or function. Provider documentation must indicate that the impairment will be of long and indefinite duration.

Prior Authorization Requirements

Medicaid covered services do not require prior authorization except for out-of-state services. If an established recipient in Nevada needs to travel out of state, the provider or the facility must initiate contact and make financial arrangements with the out of state facility before submitting a prior authorization request to First Health Services.

If travel services are necessary, contact Logisticare at (800) 486-7647 ext. 461 to make a reservation for transportation. Prior authorization requests must include the dates of

service and the rate negotiated with the out of state facility not to exceed Medicare's reimbursement amount for that facility.

Notes



ESRD claims received at First Health Services on and after July 1, 2008 must be submitted on a UB paper claim form or via the 837I electronic transaction.

Medicaid is secondary coverage to Medicare for ESRD treatment except in rare cases when the recipient is not eligible for Medicare benefits. In those cases, private insurance and/or Medicaid is the primary coverage.

Submit claims to First Health Services on a monthly basis. A separate claim must be submitted for each recipient.