
Medicare Hospital Manual

Department of Health &
Human Services (DHHS)
Centers for Medicare &
Medicaid Services (CMS)

Transmittal 785

Date: MAY 21, 2002

REFER TO CHANGE REQUEST 1972

<u>HEADER SECTION NUMBERS</u>	<u>PAGES TO INSERT</u>	<u>PAGES TO DELETE</u>
E215.2 – E215.3	2	2

NEW/REVISED MATERIAL--*EFFECTIVE DATE: April 1, 2002*
IMPLEMENTATION DATE: April 1, 2002

Section E216, Transplantation, is revised to remove NOTE: Therapeutic Apheresis. Removal of this language will provide consistency between the Hospital Manual and §35-60 of the Coverage Issues Manual.

These instructions should be implemented within your current operating budget.

DISCLAIMER: The revision date and transmittal number only apply to the redlined material. All other material was previously published in the manual and is only being reprinted.

A Subpart J hospital may decide not to provide dialysis services directly. In this situation, the hospital must make arrangements with an ESRD approved facility to provide the dialysis services.

Inpatient dialysis services are also covered if an ESRD emergency occurs. However, when the emergency is over, inpatient dialysis must be performed in an ESRD approved facility or coverage will be denied. All claims for inpatient dialysis services in hospitals that are not approved under the ESRD Conditions for Coverage should be examined by the intermediary to assure that one or more of these special situations existed.

E213.3 Inpatient Dialysis in Nonparticipating Hospitals.--Emergency inpatient dialysis services provided by a nonparticipating U.S. hospital are covered if the Centers for Medicare & Medicaid Services regional office determines that the requirements in §202ff. are met.

E214. EXTENDED INTERMITTENT PERITONEAL DIALYSIS

Extended intermittent peritoneal dialysis (EIPD) is performed once a week, usually for 30 hours or more, and is provided in the hospital due to the duration of treatment. Although the services are provided in the hospital, they are billed as outpatient maintenance dialysis services and reimbursed under Part B as long as the patient is not admitted as an inpatient for another reason. EIPD is an acceptable, but not optimal, mode of treatment, appropriate only when the patient cannot attend a facility two or three times a week, for geographic or other reasons, and is not suited for home dialysis.

E215. SERVICES PROVIDED UNDER AN AGREEMENT OR UNDER AN ARRANGEMENT

E215.1 Services Provided Under An Agreement.--An approved ESRD facility may make a written agreement with a second approved ESRD facility under which the second facility furnishes certain covered outpatient dialysis items or services to patients. When services are provided under an agreement, the first facility is discharged from professional responsibility for the services furnished. The second facility is responsible for obtaining reimbursement directly from the Medicare program and the beneficiary, but may not bill the beneficiary for amounts in excess of the normal coinsurance and any applicable deductible.

E215.2 Services Provided Under An Arrangement.--An approved ESRD facility may make written arrangements with a second approved ESRD facility to provide certain covered outpatient dialysis items or services to patients. When services are provided under an arrangement, the first facility retains professional responsibility for those services and also for obtaining reimbursement for them. The first facility may bill the patient any applicable coinsurance and deductible amounts. The second facility is permitted to seek payment only from the first facility, and may not bill the patient or the Medicare program. (See §207.)

E215.3 Dialysis Services Provided Under Arrangements to Hospital Inpatients.--Any nonphysician service provided to a hospital inpatient must be provided directly either by the hospital or be arranged for by the hospital. Therefore a hospital may not contract an agreement, as described in §E215.1 above, for care (except for physician's care) provided to its inpatients unless a waiver has been granted to the hospital consistent with §400.16C. See §210.B for a description of situations when inpatient dialysis services are covered in hospitals.

E216. TRANSPLANTATION

Introduction.--Renal transplantation is a principal form of treatment for patients with ESRD. We have developed a method of reimbursement for the variety of medical services required to support a transplant program, including payment for Medicare's share of the costs of organ procurement.

In addition, Medicare has developed coverage and reimbursement criteria for necessary medical services provided to potential donors and recipients. In some situations these services are provided before the effective date of Medicare entitlement for the potential transplant recipient.

E217. IDENTIFYING CANDIDATES FOR TRANSPLANTATION

After a patient is diagnosed as having ESRD, the physician should determine if the patient is suitable for transplantation. If the patient is a suitable transplant candidate, a live donor transplant is considered first because of the high success rate in comparison to a cadaveric transplant. Whether one or multiple potential donors are available, the following sections provide a general description of the usual course of events in preparation for a live-donor transplant.

E218. IDENTIFYING SUITABLE LIVE DONORS

Generally, potential live donors include only parents, brothers and sisters, or children. Those who are willing and medically able to donate a kidney are tested to determine whether they are of the same blood type as the recipient. After blood typing, the recipient and the donors are tissue typed. Only those candidates with blood and tissue types similar to the recipient are considered further.

After tissue typing, those medically suitable donors are evaluated on physical, psychological, and social factors. Potential donors who remain after the above testing