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	OUTPATIENT DIALYSIS PROVIDED TO ESRD MEDICARE PATIENTS IN HOSPITALS THAT DO NOT HAVE A CERTIFIED DIALYSIS FACILITY	Effective Date:	06-30-19
		Previous Versions Dated:	01-20-05
		Corporate Review Dated:	06-05-19

I. SCOPE:

This policy applies to (1) Tenet Healthcare Corporation and its wholly-owned subsidiaries and affiliates (each, an “Affiliate”); (2) any other entity or organization in which Tenet Healthcare Corporation or an Affiliate owns a direct or indirect equity interest greater than 50%; and (3) any hospital or healthcare facility in which an Affiliate either manages or controls the day-to-day operations of the facility (each, a “Tenet Facility”) (collectively, “Tenet”).

II. PURPOSE:

To ensure that dialysis provided to End Stage Renal Disease (ESRD) Medicare outpatients by hospitals that do not have a Medicare-certified dialysis facility is properly provided and billed.

III. POLICY:

Generally, Medicare only pays for dialysis services for ESRD Medicare patients undergoing routine maintenance dialysis that receive their dialysis at or through a Medicare-certified outpatient dialysis facility, known as the patient’s home ESRD facility. However, in certain exceptional circumstances in which the ESRD Medicare patient cannot obtain his or her scheduled dialysis treatment, Medicare will cover these treatments when provided in a hospital outpatient department that does not have a Medicare-certified dialysis facility. This policy does not apply to outpatient acute dialysis¹ or to non-Medicare patients.

IV. PROCEDURE:


A. Hospital Implementation

1. Criteria for Provision of Services

Hospital’s that do not have a Medicare-certified dialysis facility may receive payment from Medicare for the provision of outpatient dialysis services to ESRD Medicare outpatients in the following circumstances:

- a) Dialysis performed following or in connection with a dialysis-related procedure such as a vascular access procedure or blood transfusion;
- b) Dialysis performed following treatment for an unrelated medical emergency (e.g., if a patient goes to the emergency room for chest

¹ Outpatient acute dialysis for purposes of this policy shall mean dialysis given to patients who are not ESRD patients, but who require dialysis because of temporary kidney failure (for example: kidney failure due to sudden trauma or ingestion of certain drugs.)

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pains and misses a regularly scheduled dialysis treatment that cannot be rescheduled); or

- c) Emergency dialysis for an ESRD patient who would otherwise have to be admitted as an inpatient in order for the hospital to receive payment.

2. Physician Orders

All outpatient dialysis services provided in accordance with this policy must be preceded by a physician’s order that includes:

- a) Patient name
- b) Diagnosis
- c) Treatment Orders
- d) Physician Signature
- e) Date
- f) Time


3. Dialysis Services Provided “Under Arrangement”

Hospitals that do not provide dialysis services directly and instead have a contract and/or vendor agreement with a dialysis provider, must have a written arrangement so as to meet the Medicare “under arrangement” requirement, and must properly notify outside vendors of the Medicare requirement that obligates the hospital to bill for the arranged service, and that separate billing by the vendor of such services is strictly prohibited. See Tenet Regulatory Compliance Policy 4.07 (Medicare Bundling Requirements) for additional information about billing for services that have been provided “under arrangement.”

4. Billing/Reporting Requirements

- a) Dialysis Procedure

The outpatient dialysis procedure is reported with a single line item that includes all dialysis staff services, callback/afterhours fees, portable/setup fees, and outpatient treatment/procedure “room” charges. Hospitals report the dialysis service with the following

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HCPCS II code:

G0257: Unscheduled or emergency treatment for dialysis for ESRD patient in a hospital outpatient department that is not certified as an ESRD facility.

b) Related Diagnostic and Therapeutic Services

All related diagnostic and therapeutic services provided by the hospital outpatient department should be reported separately, as per the hospital's normal billing/reporting practices.

c) Supplies and Medications

Supplies and medications that are typically reported separately should continue to be reported separately, as per the hospital's normal billing/reporting practices for dialysis services.

B. Responsible Person

The Tenet Entity Chief Financial Officer is responsible for ensuring that all personnel adhere to the requirements of this policy that these procedures are implemented and followed at the Facility, and that instances of noncompliance with this policy are reported to the Hospital Compliance Officer.

C. Auditing & Monitoring


Audit Services will audit adherence to this policy

D. Enforcement

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law

V. REFERENCES

- Medicare Claims Processing Manual – Chapter 4 § 200.2 - Hospital Dialysis Services For Patients With and Without End Stage Renal Disease (ESRD)

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