9. Clinic Services (Continued)

(2) Family Planning Clinic Services

Services limited to family planning, reproductive health services and supplies.

(3) Maternity Clinic Services

Limited to antepartum and postpartum services.

(4) Ambulatory Surgical Center Services

Ambulatory surgical center facility services are limited to those services furnished in connection with or directly related to a surgical procedure covered by the Medicaid agency.

(5) End-Stage Renal Disease (ESRD) Facility Services

Covered services include:

a) Outpatient hemodialysis and peritoneal dialysis treatment in a Title XVIII certified ESRD facility.

b) **Training in peritoneal self-dialysis for beneficiaries and individuals who will assist a beneficiary in peritoneal self-dialysis in a beneficiary's home and**

c) **Peritoneal self-dialysis in the home.**

Beneficiaries aged 21 and older are limited to 3 hemodialysis treatments per week. Beneficiaries under the age of 21 in the Child Health Services (EPSDT) Program are not benefit limited.

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9. Clinic Services (Continued)

(6) Family Planning Clinic Services

Services limited to family planning, reproductive health services and supplies.

(7) Maternity Clinic Services

Limited to antepartum and postpartum services.

(8) Ambulatory Surgical Center Services

Ambulatory surgical center facility services are limited to those services furnished in connection with or directly related to a surgical procedure covered by the Medicaid agency.

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c) Peritoneal self-dialysis in the home.

Beneficiaries aged 21 and older are limited to 3 hemodialysis treatments per week. Beneficiaries under the age of 21 in the Child Health Services (ESPDT) Program are not benefit limited.

9. Clinic Services (Continued)

(5) End-Stage Renal Disease (ESRD) Facility Services

Reimbursement is made at the lower of: (a) the provider's actual charge for the service or (b) the allowable fee from the State's ESRD fee schedule based on reasonable charge.

The Medicaid maximum is based on the 50th percentile of the Arkansas Medicare facility rates in effect March 1, 1988. Rates will be reviewed annually.

After discussion with **CMS**, it was determined that the Arkansas Medicare 75th percentile is considered the norm for Arkansas Medicare reimbursement. Since the State reimburses at Arkansas Medicare's 50th percentile, the reimbursement rates will not exceed Arkansas Medicare on the aggregate.

Effective for claims with dates of service on or after July 1, 1992, the Title XIX maximum rates were decreased by 20%.

Effective for dates of service on and after October 1, 2004, the Arkansas Medicaid Program covers peritoneal self-dialysis in the patient's home.

Effective for dates of service on and after October 1, 2004, the Arkansas Medicaid Program covers training in peritoneal self-dialysis for beneficiaries with end-stage renal disease and for individuals who will assist a beneficiary with peritoneal self-dialysis in the beneficiary's home.

Reimbursement for peritoneal self-dialysis training and home dialysis has been established as follows.

The Arkansas Medicaid maximum allowable daily fee for training in continuous ambulatory peritoneal dialysis (CAPD) equals the maximum allowable daily fee for hemodialysis plus $12.00 per day.

The Arkansas Medicaid maximum allowable daily fee for training in continuous cycling peritoneal dialysis (CCPD) equals the maximum allowable daily fee for hemodialysis plus $20.00 per day.

The maximum allowable daily fee for peritoneal self-dialysis in the patient's home is the quotient derived from dividing by seven, the product of the maximum allowable daily fee for hemodialysis times three (three being the number of days per week that Arkansas Medicaid covers hemodialysis).

10. Dental Services

Refer to Attachment 4.19-B, Item 4.b.(18).

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OFFICIAL NOTICE

DMS-2004-L-13 DMS-2004-R-11
DMS-2004-CA-3
DMS-2004-Z-2

TO: **Health Care Provider – Hospital / Critical Access Hospital (CAH) / End-Stage Renal Disease Facility and Physician**

DATE:

SUBJECT: **Home Dialysis**

I. Introduction

A. Effective for dates of service on and after October 1, 2004, Arkansas Medicaid will cover peritoneal dialysis performed by an appropriately trained patient in the home setting.

B. Additionally, effective for dates of service on and after October 1, 2004, Arkansas Medicaid will cover training in home peritoneal dialysis.

II. Self-Dialysis Training

Self-dialysis training is a program to instruct a patient with end-stage renal disease (and the person who will assist the patient) in performing peritoneal dialysis in the home setting.

A. Medicaid will cover up to 15 days of self-dialysis training for either continuous ambulatory peritoneal dialysis (CAPD) or continuous cycling peritoneal dialysis (CCPD).

B. Medicaid will consider covering additional training when the additional training is medically necessary.

1. The attending physician must request the additional training in writing, documenting and certifying the medical necessity of additional training.

2. Such requests must be forwarded to the Utilization Review Section (UR) of the Division of Medical Services (DMS).

The Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act.

III. Home Dialysis Reimbursement

Reimbursement for self-dialysis training and home peritoneal dialysis is as follows.

A. Reimbursement for training for CAPD is $142.00 per day.

B. Reimbursement for training for CCPD is $150.00 per day.

C. Reimbursement for home peritoneal dialysis is $55.71 per day.

IV. Hospital, Critical Access Hospital and ESRD Facility Billing

A. Use condition code 73 for self-dialysis training and condition code 74 for home peritoneal dialysis.

1. Enter revenue code 0841 once per claim for CAPD.

2. Enter revenue code 0851 once per month for CCPD.

B. Billing frequency must be monthly (by calendar month) unless one of the following applies:

1. The patient is being trained in self-dialysis.

2. The patient requires backup dialysis.

3. The patient changes modality.

4. The patient has an inpatient stay.

5. The patient expires.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this notice, please contact the EDS Provider Assistance Center at (in-state) 1-800-457-4454, or (locally and out-of-state) at 501-376-2211.

Arkansas Medicaid provider manuals, official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: **www.medicaid.state.ar.us.**