



## Administrative Code

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Title 23: Medicaid  
Part 216  
Dialysis Services

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## **Title 23: Division of Medicaid**

### **Part 216: Dialysis Services**

#### **Part 216 Chapter 1: Dialysis Services**

##### *Rule 1.1: Provider Enrollment Requirements*

Freestanding or hospital based kidney dialysis centers that sign a provider agreement must satisfy all requirements set forth in Part 200, Chapter 4, Rule 4.8, in addition to the following provider type specific requirements:

- A. National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES),
- B. Written confirmation from the IRS confirming the providers tax identification number and legal name, and
- C. Copy of Medicare certification:
  - 1. Explanation Of Medicare Benefits (EOMB) is not acceptable, and
  - 2. Must be from Medicare Intermediary.

Source: Miss. Code Ann. § 43-13-121; 42 CFR 455, Subpart E

##### *Rule 1.2: Covered Services*

- A. Hemodialysis, peritoneal dialysis, Continuous Ambulatory Peritoneal Dialysis (CAPD), and Continuous Cyclic Peritoneal Dialysis (CCPD) are covered dialysis services.
- B. Kidney dialysis services are covered and require no prior authorization.
- C. The administration of specified lab tests and injectable drugs, both the staff and the supplies, are covered under the composite rate.
- D. Antibiotics, when used at home by a patient to treat an infection of the catheter site or peritonitis associated with peritoneal dialysis, are covered.
- E. Medicaid covers specified lab tests and injectable drugs billable, in addition to the composite rate, when medically justified and furnished at a greater frequency.
- F. Immunizations – Refer to Part 216, Chapter 1, Rule 1.6.
  - 1. Medicaid covers dialysis facilities for influenza and pneumonia vaccines when provided by and administered by the dialysis facility to beneficiaries receiving dialysis services.

2. Influenza and pneumonia vaccines are covered outside of the composite rate.

Source: Miss. Code Ann. § 43-13-121; 42 CFR 494

*Rule 1.3: Composite Rate Reimbursement/Definition of Units*

- A. Medicaid defines the composite rate reimbursement (CRR) as a comprehensive payment for all modes of treatment in the freestanding facility, renal dialysis unit (RDU) or home setting. The CRR covers the complete treatment, except for covered x-ray, lab, and injectable drugs. The facility must furnish all necessary services, equipment and supplies. The appropriate revenue codes must be billed for the composite rate.
- B. Hemodialysis is typically furnished three (3) times per week in treatment sessions lasting four (4) to five (5) hours. One (1) unit is equal to one (1) treatment session. Medicaid only covers three (3) units per seven (7) day week.
- C. Peritoneal dialysis, Continuous Ambulatory Peritoneal Dialysis (CAPD) and Continuous Cycling Peritoneal Dialysis (CCPD) are covered by Medicaid. One (1) unit is equal to one (1) twenty-four (24) hour day. Medicaid covers for each day of a month up to thirty-one (31) days.
- D. Medical documentation substantiating the need for more units is required.

Source: Miss. Code Ann. § 43-13-121; 42 CFR 494

*Rule 1.4: Professional Services*

Medicaid covers related full month physician services for End Stage Renal Disease (ESRD) using the appropriate procedure codes. Physician services are not covered under the facility's number.

Source: Miss. Code Ann. § 43-13-121; 42 CFR 414.310

*Rule 1.5: Documentation Requirements*

- A. Dialysis providers must maintain auditable records that will substantiate the services provided.
- B. At a minimum, the records must contain the following:
  1. Dates of service,
  2. Patient's presenting complaint,
  3. History and physical,

4. Provider's findings,
5. Type of dialysis,
6. Treatment rendered,
7. All treatments, medications, and studies including those within the composite rate and those outside the composite rate, and
8. Provider's signature.

Source: Miss. Code Ann. § 43-13-121

*Rule 1.6: Immunizations*

- A. Medicaid covers dialysis facilities for influenza and pneumonia vaccines when provided by and administered by the dialysis facility to beneficiaries receiving dialysis services.
- B. Influenza and pneumonia vaccines are covered outside of the composite rate.

Source: Miss. Code Ann. § 43-13-121

*Rule 1.7: Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)*

The Division of Medicaid pays for all medically necessary services for EPSDT-eligible beneficiaries in accordance with Part 223 of Title 23, without regard to service limitations and with prior authorization.

Source: Miss. Code Ann. § 43-13-121