TO: All Providers

RE: Coverage of Outpatient Dialysis Services under Emergency Medicaid for Non-Citizens

As previously communicated in *PB 2021-62: Emergency Medicaid Coverage of Dialysis for End Stage Renal Disease*, the Department of Social Services (DSS) will cover outpatient dialysis and related services for acute and chronic kidney failure and end stage renal disease under Emergency Medicaid (EM) for Connecticut residents who do not qualify for full Medicaid due to their immigration status.

This bulletin provides guidance pertaining to the outpatient dialysis services covered under Emergency Medicaid Outpatient Dialysis Coverage.

Eligibility Verification

Eligible members will receive a standard gray State of Connecticut CONNECT Card. Eligible members will also receive a HUSKY Health card identified as LB (limited benefit) to specify that the member is eligible to receive only a limited number of benefits under EM (see services covered section). The Automated Eligibility Verification System will return member information that identifies if a member is eligible for Outpatient Dialysis Services through Emergency Medicaid. The eligibility verification response for this population will be "Outpatient Dialysis Services Under Emergency Medicaid." Eligible members will continue to be covered for other types of emergency medical conditions.

For more information on eligibility criteria, providers should continue to refer to *PB 2021-62*: *Emergency Medicaid Coverage of Dialysis for End Stage Renal Disease.*

Services Covered

The services covered under EM Outpatient Dialysis are limited to the preparation for and performance of routine outpatient dialysis and treatment of complications that are directly related to routine dialysis care. Members receiving services must be diagnosed with acute or chronic kidney failure or end stage renal disease. All claims submitted for reimbursement must be for the provision of outpatient dialysis or for treatment services DIRECTLY related to the maintenance of dialysis or treatment for related complications. Services covered include the following:

- Outpatient Dialysis
- Outpatient visits with enrolled physicians, advanced practice registered nurses, physician assistants, medical clinics, and medical Federally Qualified Health Centers for the creation, maintenance, and treatment of:
  - Creation/maintenance of dialysis access sites
  - Complications related to ongoing dialysis including, but not limited to, hypertension related to kidney disease/end stage renal disease or renovascular hypertension, acute pericarditis, pericardial effusion, embolism and thrombosis, hypotension, sepsis, anemia, diabetes,

hyperlipidemia, amyloidosis, dehydration, hyperkalemia, fluid overload, electrolyte and fluid balance, insomnia, pulmonary edema, hernia, peritonitis, cellulitis, itching, pruritis, calciphylaxis, low back pain, critical limb ischemia, bone disease, acidemia, hypertension, muscle cramps, breakdown, displacement or leakage of vascular dialysis catheter, displacement, leakage or mechanical complications of AV fistula or shunt, hemorrhage due to vascular implant/graft, access site complications, breakdown, displacement or leakage of intraperitoneal dialysis, infection/inflammation reaction to peritoneal dialysis, encounter for fitting/adjustment of dialysis catheters, and encounter for adequacy testing for dialysis.

- Lab and radiology services to monitor dialysis treatment or complications related to dialysis treatment
- Medications related to dialysis treatment and complications via retail pharmacy
- Skilled nursing visits provided by home health agencies to provide nursing care directly related to dialysis complications (please note only skilled nursing procedure codes and the applicable start of care/recertification procedure codes are covered and any other home health service will be denied).

Please note, due to a prohibition in federal law, organ transplants, including kidney transplants and related services, are not eligible for coverage under Emergency Medicaid and will not be covered under the Emergency Medicaid Outpatient Dialysis Coverage.

Eligible Providers and Reimbursement

The following provider types that are enrolled with the Connecticut Medical Assistance Program (CMAP) are eligible to bill for the outpatient dialysis and related services:

- Outpatient Hospitals
- Dialysis Clinics
- Physicians, Physician Assistants and Advanced Practice Registered Nurses
- Medical Federally Qualified Health Centers
- Medical Clinics
- Independent Laboratories
- Home Health Agencies
- Independent Radiology
- Pharmacies

Existing Medicaid reimbursement methodologies for each provider category will apply to the dialysis services reimbursed under Emergency Medicaid and each provider must refer to their applicable fee schedule for reimbursement rates.

Medical Claims Submission
Providers should continue to submit claims electronically to Gainwell Technologies for individuals eligible for dialysis services under Emergency Medicaid.

Primary Diagnosis Requirement
All claims must include a diagnosis code related to kidney failure, kidney disease or end stage renal disease as the primary detail diagnosis code or the primary header diagnosis code for the claim to be reimbursed. Please refer to Table 21 – "Emergency Medicaid Outpatient Dialysis Primary Diagnosis

Codes," within the Fee Schedule Instructions for the list of acceptable diagnosis codes.

To assist in identifying the services beyond actual dialysis treatment that are covered under the Emergency Medicaid Outpatient Dialysis Coverage, a list of diagnosis codes has been created. This list provides a reference for the treatment and complications for which coverage is eligible. Please refer to Table 22 – "Emergency Medicaid Outpatient Dialysis Treatment/Complications Diagnosis Codes," within the fee schedule instructions for the list of acceptable diagnosis codes.

To access the tables from the www.ctdssmap.com Web site, go to "Provider" and then to "Provider Fee Schedule Download". Click "I Accept" at the end of the Connecticut Provider Fee Schedule End User License Agreement and then click on "Fee Schedule Instructions" in the red text at the top of the page. Scroll down to Table 21 and Table 22.

Pharmacy Claims Submission

Limited pharmacy coverage is included for the new Emergency Medicaid Outpatient Dialysis Coverage. A select group of drug classes that are relevant to the treatment of kidney failure/end stage renal disease will be covered when an ICD-10 diagnosis of end stage renal disease is present on the prescription and submitted on the pharmacy claim.

A comprehensive list of payable drug classes will be available at www.ctdssmap.com. From the Home page, go to Pharmacy Information→Pharmacy Program Publications→Coverage of Outpatient Dialysis Services under Emergency Medicaid.

In addition to a primary diagnosis code of end stage renal disease submitted in the NCPDP field 424-DO, a secondary diagnosis code may be required if a particular National Drug Code (NDC) also requires a diagnosis code.

Non-Emergency Medical Transportation

Connecticut residents who qualify for the Emergency Medicaid Coverage of Outpatient Dialysis will be eligible to receive Non-Emergency Medical Transportation (NEMT) to and from their dialysis and dialysis-related appointments through Veyo. For additional information or to schedule transportation, please contact Veyo at 1-855-478-7350. Providers with access to RideView can directly book rides for members, through the website at Facilities Home - Connecticut (ridewithveyo.com)

Accessing the Fee Schedules

The updated fee schedules can be accessed and downloaded by going to the CMAP Web site: www.ctdssmap.com. From this Web page, go to "Provider", then to "Provider Fee Schedule Download", scroll to the bottom of the page and click on "I Accept", then select the applicable fee schedule. To access the CSV file, press the control key while clicking the CSV link, then select "Open".

Posting Instructions:

Policy transmittals can be downloaded from the Web site at www.ctdssmap.com.

Distribution:

This policy transmittal is being distributed to providers of the CMAP by Gainwell Technologies.

Responsible Unit:

For Questions Related to Covered Services: DSS Division of Health Services, Medical Policy: Catherine Holt at catherine.holt@ct.gov

For Questions Related to Eligibility: DSS Medical Eligibility Policy at EligPolicy.DSS@ct.gov

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