

MEDICAID POLICY INFORMATION SHEET

Policy Analyst: Mary Anne Sesti

Phone Number: sestim@michigan.gov/517-284-1220

Initial

Public Comment

Final

Brief description of policy:

End Stage Renal Disease (ESRD) is an emergency condition and treatment includes dialysis. Dialysis services for the ESO beneficiary are not limited to the Emergency Department of a hospital and can be provided in an enrolled dialysis outpatient facility. For payment, provider claims must include the ESRD diagnosis and emergency service designation.

Reason for policy (problem being addressed):

To provide clarification on the place of service for dialysis for the ESO beneficiary with ESRD.

Budget implication:

- budget neutral
- will cost MDHHS \$, and (select one) budgeted in current appropriation
- will save MDHHS \$

Is this policy change mandated per federal requirements?

No

Does policy have operational implications on other parts of MDHHS?

Yes - Claims Processing will need to add outpatient facilities to approved ESO claim place of service for practitioners, hospitals and outpatient dialysis centers; pharmacy to add ESRD diagnosis for covered claims, and a Medicaid Provider manual clarification in ESO Coverage chapter is needed.

Does policy have operational implications on other departments?

No.

Summary of input:

- controversial (Explain)
- acceptable to most/all groups
- limited public interest/comment

Supporting Documentation:

State Plan Amendment Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Public Notice Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If Yes, please provide status:	If yes, Submission Date:
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied	
Date: Approval Date:	

DRAFT FOR PUBLIC COMMENT Michigan Department of Health and Human Services		
	Project Number: 2157-ESO	Date: December 29, 2021

Comments Due: February 3, 2022
Proposed Effective Date: April 1, 2022
Direct Comments To: Mary Anne Sesti
Address:
E-Mail Address: Sestim@michigan.gov
Phone: 517-284-1220 **Fax:**

<p>Policy Subject: Clarification of Dialysis Treatment for the Emergency Services Only (ESO) Program</p> <p>Affected Programs: ESO</p> <p>Distribution: Hospitals, Practitioners, Pharmacy Providers</p> <p>Summary: End Stage Renal Disease (ESRD) is an emergency condition and treatment for ESRD includes dialysis. Dialysis services for the ESO beneficiary are not limited to the Emergency Department of a hospital and can be provided in an enrolled dialysis outpatient facility. For payment purposes, provider claims must include the ESRD diagnosis and emergency service designation.</p> <p>Purpose: To provide clarification on the place of service for dialysis for the ESO beneficiary with ESRD.</p> <p>Cost Implications: Budget neutral.</p> <p>Potential Hearings & Appeal Issues: None expected. This policy provides clarification of coverage and does not change to the ESO eligibility determination.</p>
--

State Plan Amendment Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, date submitted:	Public Notice Required: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Submitted date:
---	--

Tribal Notification: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> - Date:
--

THIS SECTION COMPLETED BY RECEIVER

<input type="checkbox"/> Approved	<input type="checkbox"/> No Comments
<input type="checkbox"/> Disapproved	<input type="checkbox"/> See Comments Below
	<input type="checkbox"/> See Comments in Text

Signature:	Phone Number
-------------------	---------------------

Signature Printed:

Bureau/Administration <i>(please print)</i>	Date
--	-------------

Bulletin Number: MSA 21-54

Distribution: Hospitals, Practitioners, Pharmacy Providers

Issued: December 29, 2021

Subject: Clarification of Dialysis Treatment for the Emergency Services Only (ESO) Program

Effective: April 1, 2022

Programs Affected: ESO

The purpose of this policy is to clarify Michigan Department of Health and Human Services (MDHHS) Medicaid policy on the treatment of End Stage Renal Disease (ESRD) services for Medicaid beneficiaries eligible for Medicaid ESO. Michigan Medicaid considers the manifestation of ESRD an emergency condition. The symptoms of ESRD include acute pain and a delay in treatment may result in death, or could reasonably be expected to:

- Place the person's health in serious jeopardy,
- Cause serious impairment to bodily functions, or
- Cause serious dysfunction of the kidneys or any other bodily organ or part.

Effective April 1, 2022, dialysis services appropriate for the treatment of the ESRD diagnosis are not restricted to the Emergency Department place of service. The ESO benefit does not include an organ transplant.

Claims for dialysis services for an ESO beneficiary must include an ESRD diagnosis and appropriate emergency service designation as follows:

- For Medicaid-enrolled professional nephrology services the professional claim form must include an ESRD diagnosis and the "Y" Emergency Indicator.
- Institutional claims follow billing guidelines to report services as an emergency.
- Pharmacy claims are limited to the ESRD diagnosis only. Practitioners must identify the appropriate ESRD diagnosis code on prescriptions and pharmacies should report both the diagnosis code and required level of service value of '3'.

Additional information on dialysis billing is available in the Hospital, Billing and Reimbursement for Institutional Providers and Practitioner chapters of the [MDHHS Medicaid Provider Manual](#). This policy clarification does not change ESO eligibility determination. Information on eligibility determination for ESO is found in the [Michigan Medicaid State Plan](#) and [Michigan Bridges Eligibility Manual \(BEM\)](#).

Public Comment

The public comment portion of the policy promulgation process is being conducted concurrently with the implementation of the change noted in this bulletin. Any interested party wishing to comment on the change may do so by submitting comments to Mary Anne Sesti via e-mail at SestiM@michigan.gov.

Please include "Clarification of Dialysis Treatment for the Emergency Services Only Program" in the subject line.

Comments received will be considered for revisions to the change implemented by this bulletin.

Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to ProviderSupport@michigan.gov. When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Typical Providers may phone toll-free 1-800-292-2550. Atypical Providers may phone toll-free 1-800-979-4662.

An electronic copy of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved



Kate Massey, Director
Health and Aging Services Administration