



COLORADO

Department of Health Care
Policy & Financing

Frequently Asked Questions: Emergency Medicaid & End-Stage Renal Disease Policy

January 2019

Effective February 1, 2019, the Department of Health Care Policy & Financing will consider End-Stage Renal Disease (ESRD) an emergency medical condition. An emergency medical condition is one that places a patient's health in serious jeopardy, could result in serious impairment to bodily functions, or could cause serious dysfunction of any bodily organ or part.

Who does this change affect?

This policy change affects recipients of Emergency Medicaid Services. Emergency Medicaid covers emergency-only medical treatment for anyone who does not meet the citizenship requirement of Medicaid, but otherwise meets all other eligibility criteria. Emergency Medicaid only covers the treatment of emergency medical conditions.

Where can these patients receive services?

Recipients of Emergency Medicaid, who have a diagnosis of ESRD, can access services necessary for the treatment of the disease in either the inpatient setting—as they have previously—or at an independent, free-standing dialysis center.

Per Department policy, dialysis services are not covered in the hospital-based outpatient setting.

Home dialysis is not a covered service for recipients of Emergency Medicaid.

Why is home dialysis not a covered service for recipients of Emergency Medicaid?

Home dialysis will not be covered at this time for recipients of Emergency Medicaid due to cost concerns. The Department will continue to evaluate the cost-effectiveness of allowing coverage of this service.

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What services does this policy include?

Coverage is limited to care and services related to ESRD, which is considered an emergency medical condition. Providers have the discretion to determine what services are necessary in the treatment of ESRD. This does not include any care or services related to organ transplants.

Will Non-Emergent Medical Transportation (NEMT) be covered for these individuals?

No; NEMT is not a covered benefit for recipients of Emergency Medicaid.

Which provider types can provide care for these individuals?

Any provider types able to provide ESRD-related care within the scope of their license can provide care for these individuals. The treating provider is expected to treat the emergent condition, ESRD.

How are these services billed?

When billing, providers use field 24C (EMG) to indicate an emergency on a professional claim (CMS-1500/835P) and Admission Type 1 (Emergency) or 5 (Trauma) on an institutional claim (UB-04/837I).

Should providers bill an acute treatment for each dialysis treatment provided at an independent, free-standing dialysis center?

No; billing practices will remain the same for dialysis centers. However, providers must indicate the presence of an emergency on the claim, as described above.

What are the emergency certification requirements?

A physician shall make a written statement certifying the presence of an emergency medical condition when services are provided and shall indicate that the services were for a medical emergency on the claim form. This certification needs to be attached to each application for Emergency Medical assistance.

How will individuals enter the system to receive ESRD-related care? Will they need to be discharged from a hospital?

Individuals can receive care and services necessary in the treatment of ESRD in the inpatient setting or at an independent, free-standing dialysis center. While these individuals may initially seek care through an emergency department and inpatient



stay, they do not need to have been discharged from a hospital in order to receive care at a dialysis center.

How will patients apply/re-apply for Emergency Medicaid coverage?

At this time, the process by which Emergency Medicaid eligibility is determined will remain as-is. The Colorado Benefit Management System (CBMS) will only authorize a med span for the month of the emergency and then discontinue coverage. Individuals will need to re-apply for Emergency Medicaid coverage each month.

An individual may apply via the PEAK website, phone, or paper application. Information provided on an application is saved in the CBMS. Therefore, if an individual re-applies via PEAK or phone, they will not have to report every piece of information again, as it will already be in the system. However, an eligibility technician will still need to review the application to verify the emergency medical condition, and will need to do so for each med span.

Where can providers get more information?

Providers can get more information about this policy change in the [Dialysis Billing Manual](#). For emergency services billing information, providers can reference the [General Provider Information Manual](#).

What's been done to date and will another stakeholder meeting be held?

In making this policy change, the Department collaborated with the Centers for Medicare and Medicaid Services, providers, community partners, and other state Medicaid programs.

The Department held a stakeholder meeting on December 6, 2018. At this meeting, the Department described the upcoming policy change and its implications for providers who treat these individuals. The meeting transcript and recording can be found on the [Special Interest Meetings external webpage](#). No additional stakeholder meetings are planned.

Additionally, a memo is posted detailing how and why the Department opted to consider ESRD an emergency medical condition.

Providers were notified of the upcoming policy change via the January Provider Bulletin; the same notification will also appear in the February Provider Bulletin. This policy will be detailed in the Dialysis Billing Manual.



For more information contact

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