

Dialysis Benefits

Benefit Coverage

Inpatient and outpatient dialysis is covered until Medicare assumes primary coverage. When Medicare assumes primary coverage, Blue Shield HMO pays as secondary.

For group members entitled to Medicare solely on the basis of renal disease there is a 30 to 33 month coordination period. During this time Medicare is the secondary payor. For IFP members, Medicare is primary after the initial three month waiting period, when applied.

Copayment

See the member's *Evidence of Coverage (EOC)* and *Summary of Benefits and Coverage* for member copayments for:

Outpatient Hospital Services

Renal dialysis

Hemodialysis

Peritoneal dialysis

Self-management training for home dialysis

Inpatient Hospital Services

Dialysis services and supplies

Benefit Exclusions

- Comfort, convenience, or luxury equipment.
- Non-medical items, such as, generators or accessories to make home dialysis equipment portable.

Benefit Limitations

For members who qualify for dialysis benefits under the Medicare program, Medicare is the primary payor and Blue Shield HMO is the secondary payor.

Exceptions

Not applicable.

Dialysis Benefits

Examples of Covered Services

- Outpatient dialysis as authorized by the member's Primary Care Physician
- Inpatient dialysis as authorized by the member's Primary Care Physician and Blue Shield HMO
- Dialysis outside a member's service area when temporarily traveling **only** when authorized by the Primary Care Physician or Blue Shield HMO (*reference HMO Benefit Guideline for Out-of-Area Services*).

Examples of Non-Covered Services

- Comfort, convenience, or luxury equipment.
- Non-medical items, such as, generators or accessories to make home dialysis equipment portable.

References

IFP Evidence of Coverage and Disclosure Form

Evidence of Coverage

Blue Shield HMO IPA/Medical Group Procedures Manual

HMO Benefit Guidelines for:

BlueCard

Out-of-Area Services