

Title 23: Division of Medicaid

Part 216: Dialysis Services

Part 216 Chapter 1: Dialysis Services

Rule 1.3: Bundled ESRD PPS /Definition of Units

Effective July 1, 2021, the Division of Medicaid reimburses freestanding and hospital-based ESRD facilities the bundled ESRD PPS rate effective as of January 1, 2021 for all resources used in providing outpatient dialysis services, including supplies and equipment used to administer dialysis in the ESRD facility or at a beneficiary's home, drugs, biologicals, laboratory tests and support services.

1. The facility must furnish all necessary services, equipment, and supplies.
2. The appropriate revenue codes must be billed for the ESRD PPS rate.
3. Dialysis services are not reimbursed if there are no corresponding treatment notes.

The Division of Medicaid covers three (3) units of hemodialysis per a seven (7) day week.

1. Hemodialysis is typically furnished three (3) times per week in treatment sessions lasting four (4) to five (5) hours.
2. One (1) unit is equal to one (1) treatment session.

The Division of Medicaid covers one (1) unit for each day, up to thirty-one (31) days, per month for home hemodialysis, peritoneal dialysis, Continuous Ambulatory Peritoneal Dialysis (CAPD) and Continuous Cycling Peritoneal Dialysis (CCPD). The Division of Medicaid defines one (1) unit as one (1) twenty-four (24) hour day.

Medical documentation substantiating the medical necessity for additional units is required.

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

History: Revised eff. 07/01/2021, Revised to correspond with SPA 14-003 (eff. 01/01/2014) eff. 05/01/2014.