



**BlueCross BlueShield  
of Illinois**

# Blue Cross and Blue Shield of Illinois Provider Manual

## HMO Scope of Benefits Section

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,  
an Independent Licensee of the Blue Cross and Blue Shield Association

# Hemodialysis and Peritoneal Dialysis

## Benefit

Acute and chronic hemodialysis and peritoneal dialysis are covered benefits.

## Interpretation

Acute dialysis is performed for abrupt loss of kidney function and may be necessary on only a short-term basis. Chronic hemodialysis is performed on a long-term basis because kidney function is significantly impaired or absent.

Coverage includes equipment, supplies and administrative services provided by a hospital or freestanding dialysis facility. Self-dialysis conducted in the member's home with equipment and supplies provided and installed under the supervision of a Hospital or Dialysis Facility Program or Home Health Care Program is covered.

**Inpatient** - in benefit when performed during an eligible hospital stay.

**Outpatient** - in benefit when performed in:

- Outpatient department of a hospital, or
- Free-standing facility; or
- Self-dialysis in the member's home

Benefits apply to equipment, supplies, and physician services.

Peritoneal dialysis and continuous ambulatory peritoneal dialysis are covered. Hemoperfusion, a modified form of hemodialysis, is also in benefit.

**Medicare:** Medicare becomes the primary payer for chronic hemodialysis services after the initial 30 months of dialysis.

The 30 months in which Medicare is the secondary payer is called the coordination period. The coordination period begins with Medicare entitlement. Entitlement because of ESRD normally begins the third month after the month in which a beneficiary starts a regular course of dialysis. The 3-month waiting period plus the 30 month coordination period would make Medicare the secondary payer for 33 months after the month in which dialysis began. The three-month waiting period is waived in certain situations:

- If the member takes a course in self-dialysis, the 3-month waiting period is eliminated. Entitlement would then start the month that dialysis began. The coordination period in which Medicare would be secondary would be 30 months rather than 33 months.
- If the member has a kidney transplant during the first three months of dialysis, the waiting period is shortened, and entitlement begins the month in which the transplant occurred. The coordination period begins the month of the transplant and ends 30 months later.
- At the end of the period of coordination, Medicare becomes primary and entitlement continues as long as the member remains on dialysis. Although Medicare becomes primary, the IPA must continue appropriate case management.

|                |                                                                                         |            |
|----------------|-----------------------------------------------------------------------------------------|------------|
| <b>Paid by</b> | Professional charges                                                                    | <b>IPA</b> |
|                | Outpatient Facility and related pharmaceutical charges (from a contracted provider)     | <b>HMO</b> |
|                | Outpatient Facility and related pharmaceutical charges (from a non-contracted provider) | <b>IPA</b> |
|                | Outpatient lab services billed independently of the Dialysis Facility                   | <b>IPA</b> |
|                | Home Health Charges (from a Contracted provider)                                        | <b>HMO</b> |
|                | Home Health Charges (from a non-contracted provider)                                    | <b>IPA</b> |
|                | Inpatient Facility Charges and related Ancillary Charges                                | <b>HMO</b> |

**Note:** Blue FocusCare<sup>SM</sup> has a separate contracted provider list for Dialysis Providers

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