310-E DIALYSIS

REVISION DATES: 05/15/07, 10/01/06, 10/01/01

REVIEW DATE: 08/01/2011

INITIAL
EFFECTIVE DATE: 10/01/1994

DESCRIPTION

AHCCCS covers hemodialysis and peritoneal dialysis services provided by participating hospitals and End Stage Renal Disease facilities. All services, supplies, diagnostic testing (including routine medically necessary laboratory tests) and drugs medically necessary for the dialysis treatment are covered.

AMOUNT, DURATION AND SCOPE

Medically necessary outpatient dialysis treatments are covered. Inpatient dialysis treatments are covered when the hospitalization is for:

1. Acute medical condition requiring dialysis treatments (hospitalization related to dialysis)

2. AHCCCS covered medical condition requiring inpatient hospitalization experienced by a member routinely maintained on an outpatient chronic dialysis program, or

3. Placement, replacement or repair of the chronic dialysis route.

NOTE: Hospital admissions solely to provide chronic dialysis are not covered.

NOTE: Hemoperfusion is covered when medically necessary.

Refer to AMPM Chapter 1100, Policy 1120, for policy related to dialysis coverage within the Federal Emergency Services Program (FESP).