

## 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 performed in freestanding dialysis center, outpatient department of a hospital or physician office setting and is 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*