



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

ROY COOPER • Governor  
MANDY COHEN, MD, MPH • Secretary

January 15, 2020

Davida R. Kimble  
Acting Deputy Director  
Division of Medicaid Field Operations South  
Centers for Medicare and Medicaid Services Region IV  
Atlanta Federal Center  
61 Forsyth Street, SW Suite 4T20  
Atlanta, GA 30303-8909

SUBJECT: State Plan Amendment  
Title XIX, Social Security Act  
Transmittal #2020-0002

Dear Ms. Kimble:

Please find attached an amendment for North Carolina's State Plan under Title XIX of the Social Security Act for the Medical Assistance Program. The affected pages are Attachment 3.1-A.1 Page 13c.1 and Attachment 4.19-B Section 9, Page 1a.

This state plan is to revise the North Carolina End Stage Renal Disease (ESRD) program's policies and titles to expand dialysis services to patients diagnosed with Acute Kidney Injuries (AKI). Dialysis Services may be necessary for more than 3 times per week for beneficiaries with Acute Kidney Injury (AKI). Self-dialysis and home dialysis services are not available for AKI patients. Hospital-based and free-standing certified ESRD facilities will be reimbursed for dialysis services furnished to beneficiaries diagnosed with AKI (both adult and pediatric) at the same rates as for End-Stage Renal Disease (ESRD) services. For non-certified ESRD hospital outpatient facilities, AKI will be reimbursed based on the Outpatient Hospital Reimbursement Methodology.

This amendment is effective January 1, 2020.

Your approval of this state plan amendment is requested. If you have any questions or concerns, please contact me or Betty J. Staton at 919-527-7093.

Sincerely,

Mandy Cohen, MD, MPH  
Secretary

Enclosures

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES •

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e. Dialysis Services

The following Dialysis services are covered:

- (1) Hemodialysis, peritoneal dialysis, and self-dialysis support services are covered when they are provided by a Medicaid enrolled certified ESRD hospital-based renal dialysis center or free-standing ESRD facility.
  - a. Hemodialysis is defined as the removal of certain elements from the blood by virtue of the difference in the rates of their diffusion through a semi-permeable membrane while the blood is being circulated outside the body.
  - b. Peritoneal dialysis is defined as a process by which waste products and excess fluids are removed from the blood when the body's own kidneys have failed. But unlike hemodialysis where the blood passes through a machine, peritoneal dialysis is done inside the body. Two types of peritoneal dialysis are covered:
    - (i) Continuous cycling peritoneal dialysis (CCPD), is a continuous dialysis process which uses a machine to make automatic exchanges at night.
    - (ii) Continuous ambulatory peritoneal dialysis (CAPD), which does not require a machine. CAPD is a continuous dialysis process that uses the patient's peritoneal membrane as a dialyzer. CCPD and CAPD are furnished on a continuous basis, not in discrete sessions.
  - c. *Self-dialysis* is dialysis performed by a beneficiary or private caregiver who has completed an appropriate course of training as specified in §494.100(a). Little or no professional assistance is provided, except in the case of an emergency. Self-dialysis can be performed in centers that have met CMS requirements, or in the ESRD beneficiary's private primary residence. Self-dialysis is not covered for beneficiaries diagnosed with Acute Kidney Injury, as they need to be closely monitored in the ESRD facility.

Provider Qualifications

A dialysis center or free-standing facility must provide a letter of Certification as a Medicare provider from the Centers for Medicare and Medicaid Services (CMS).

State Plan Under Title XIX of the Social Security Act  
Medical Assistance Program  
State: North Carolina

Payments for Medical and Remedial Care and Services

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b. Dialysis Services

The Division of Medical Assistance ESRD certified hospital based or freestanding dialysis facility rates were set as of July 1, 2012 and are effective for dialysis services provided on or after that date.

Medicaid providers enrolled on or after July 1, 2012 will receive dialysis bundled rates equal to the simple average of the composite rates of existing providers and will receive written notification of their Medicaid composite rates and effective date.

All rates are published on the website at <https://medicaid.ncdhhs.gov/fee-schedule/dialysis-services-fee-schedules>.

Rates are the same for both governmental and private providers of ESRD certified hospital based or licensed freestanding dialysis centers.

As of January 1, 2020, dialysis services will be expanded to patients diagnosed with acute kidney injury (AKI). Dialysis rates are the same for both End-Stage Renal Disease (ESRD) and Acute Kidney Injury (AKI) patients.

Home dialysis services will not be reimbursed for patients diagnosed with Acute Kidney Injury (AKI) or Acute Renal Failure.

Dialysis services are provided as emergency services to qualified or undocumented aliens until the medical dialysis emergency condition no longer exists.

Dialysis treatments continue to be reimbursed according to the inpatient and outpatient hospitals' reimbursement methodologies when performed in non-ESRD certified dialysis hospitals.

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Supersedes  
TN. No: 14-043

Approval Date:

Effective Date: 01/01/2020