# CORPORATE POLICY

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| **Title**: Outpatient Dialysis Provided to ESRD Medicare Patients in Hospitals That Do Not Have a Certified Dialysis Facility [COMP-RCC 4.23] | **Effective Date**: 08/13/26 |
| | **Previous Versions**: 06/30/19, 01/20/05 |
| | **Approved By**: Executive Leadership Team |
| | **Approval Date**: 08/11/26 |

## I. Scope

This policy applies to (1) Tenet Healthcare Corporation and its subsidiaries and affiliates (each, an "Affiliate"); (2) any other entity or organization in which Tenet Healthcare Corporation or an Affiliate owns a direct or indirect equity interest greater than 50%; and (3) any hospital or healthcare entity in which Tenet Healthcare Corporation or an Affiliate either manages or controls the day-to-day operations of the entity (each, a "Tenet Entity") (collectively, "Tenet").

## II. Purpose

To ensure dialysis services provided to Medicare patients with End Stage Renal Disease (ESRD) by hospitals that do not have a Medicare-certified dialysis facility are provided and billed for in accordance with Federal regulatory requirements.

## III. Definitions

**End Stage Renal Disease (ESRD)**: The final stage of chronic kidney disease, where the kidneys can no longer effectively filter waste and excess fluid from the blood, necessitating dialysis or a kidney transplant for survival.

**Outpatient Acute Dialysis**: For purposes of this policy, is dialysis given to patients who are not ESRD patients, but who require dialysis because of temporary kidney failure (for example: kidney failure due to sudden trauma or ingestion of certain drugs).

## IV. Policy

Tenet hospitals that do not have a Medicare certified dialysis facility shall follow Federal regulatory guidance when providing dialysis to Medicare outpatients with ESRD to ensure services are properly provided and billed. This policy does not apply to Outpatient Acute Dialysis or to non-Medicare patients.

## V. Procedure

A. Hospital Implementation

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1. Criteria for Provision of Service: Hospital's that do not have a Medicare-certified dialysis facility may receive payment from Medicare for the provision of outpatient dialysis services to ESRD Medicare outpatients in the following circumstances:
   a. Dialysis performed following or in connection with a dialysis related procedure such as a vascular access procedure or blood transfusion;
   b. Dialysis performed following treatment for an unrelated medical emergency (e.g., if a patient goes to the emergency room for chest pains and misses a regularly scheduled dialysis treatment that cannot be rescheduled); or
   c. Emergency dialysis for an ESRD patient who would otherwise have to be admitted as an inpatient for the hospital to receive payment.
2. Physician Orders: All outpatient dialysis services must be preceded by a physician's order that includes the following: patient name, diagnosis, treatment orders, physician signature, date, and time.
3. Dialysis Services Provided "Under Arrangement": Hospitals that do not provide dialysis services directly and instead have a contract and/or vendor agreement with a dialysis provider, must have a written arrangement so as to meet the Medicare "under arrangement" requirement. See Tenet Compliance Policy EAC.05.09 (Medicare Bundling Requirements) for additional information about billing for services that have been provided "under arrangement".
4. Billing/Reporting Requirements
   a. Dialysis Procedure: The outpatient dialysis procedure is reported with a single line item that includes all dialysis staff services, callback/afterhours fees, portable/setup fees, and outpatient treatment/procedure "room" charges. Hospitals report the dialysis services with the following HCPCS II code:
      i. G0257: Unscheduled or emergency treatment for dialysis for ESRD patients in a hospital outpatient department that is not certified as an ERRD facility.
   b. Related Diagnostic and Therapeutic Services: All related diagnostic and therapeutic services provided by the hospital outpatient department should be reported separately, as per the hospital's normal billing/reporting practices.

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c. Supplies and Medications: Supplies and medications that are typically reported separately should continue to be reported separately, as per the hospital's normal billing/reporting practices for dialysis services.

## VI. Enforcement

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

## VII. References

Medicare Claims Processing Manual - Chapter 4 Section 200.2 - Hospital Dialysis Services for Patients with and Without End Stage Renal Disease (ESRD)