

130 CMR: DIVISION OF MEDICAL ASSISTANCE

130 CMR 412.000: RENAL DIALYSIS CLINIC SERVICES

Section

- 412.401: Introduction
- 412.404: Eligible Members
- 412.405: Provider Eligibility
- 412.408: Maximum Allowable Fees
- 412.409: Covered Services

412.401: Introduction

130 CMR 412.000 establishes the Division's requirements for providers of renal dialysis clinic services. All providers of renal dialysis clinic services participating in MassHealth must comply with 130 CMR governing MassHealth including but not limited to 130 CMR 412.000 and 450.000.

412.404: Eligible Members

- (A)(1) MassHealth Members. The Division covers renal dialysis clinic services only when provided to eligible MassHealth members, subject to the restrictions and limitations described in 130 CMR 412.000, 450.00 and 501.00 through 522.00. 130 CMR 450.105 specifically states, for each MassHealth coverage type, which services are covered and which members are eligible to receive those services.
- (2) Recipients of the Emergency Aid to the Elderly, Disabled and Children Program. For information on covered services for recipients of the Emergency Aid to the Elderly, Disabled and Children Program, see 130 CMR 450.106.
- (B) Member Eligibility and Coverage Type. For information on verifying member eligibility and coverage type, see 130 CMR 450.107.

412.405: Provider Eligibility

A renal dialysis clinic must be a participant in MassHealth on the date of service in order to be eligible for payment.

- (A) In-State Providers. To be eligible for participation as a MassHealth provider, a renal dialysis clinic must be:
 - (1) located and doing business in the Commonwealth of Massachusetts;
 - (2) enrolled as a Medicare provider; and
 - (3) licensed as an out-of-hospital dialysis unit by the Massachusetts Department of Public Health, Bureau of Hospital Facilities.
- (B) Out-of-State Providers. A provider that does not meet the requirements of 130 CMR 412.405(A)(1) and (3) may participate in and receive payment from MassHealth only if the provider is licensed in its own state as an out-of-hospital dialysis unit and meets the requirements of 130 CMR 412.405(A)(2) and 450.109.
- (C) Multiple Facilities. When two or more renal dialysis clinics have the same director or owner, whether or not the clinics have different names, each clinic must enroll separately with MassHealth and have its own MassHealth provider number.

412.408: Maximum Allowable Fees

The Massachusetts Division of Health Care Finance and Policy determines the maximum allowable fees for renal dialysis clinic services. Payment is always subject to the conditions, exclusions, and limitations set forth in 130 CMR 450.000. The maximum allowable fees for renal dialysis clinic services are the lowest of the following:

- (A) the clinic's usual and customary fee;
- (B) the clinic's actual charge submitted; or

130 CMR: DIVISION OF MEDICAL ASSISTANCE

412.408: continued

(C) the maximum allowable fee listed in the applicable Division of Health Care Finance and Policy fee schedule.

412.409: Covered Services

(A) Renal Dialysis. The Division covers medically necessary renal dialysis for eligible MassHealth members. Renal dialysis includes all services, supplies, and routine laboratory tests as specified in Subchapter 6 of the *Renal Dialysis Clinic Manual*.

(B) Prescribed Drugs. The Division limits payment to dialysis clinics for prescribed drugs to those specified in the service codes and descriptions in Subchapter 6 of the *Renal Dialysis Clinic Manual*.

(C) Training for Home Dialysis. The Division pays for home dialysis training, including self-dialysis (hemodialysis, intermittent peritoneal dialysis, and continuous cycling peritoneal dialysis) and continuous ambulatory peritoneal dialysis training only where the MassHealth member attends such training at the clinic site.

REGULATORY AUTHORITY

130 CMR 412.000: M.G.L. c. 118E, §§ 7 and 12.