

## **GUIDANCE FOR PAYMENT OF KIDNEY PROGRAM PHARMACY CLAIMS UPDATED JULY 2008**

The Kidney Program will reimburse for legend prescription drugs, non-legend drugs and incidental supplies essential to the health of End Stage Renal Disease (ESRD) patients that cannot be reimbursed by any other third party payer. No prescription is needed for incidental supplies. This reimbursement is limited to \$300 per year (July 1 – June 30). The categories and some examples of the items the Program will reimburse for are as follows:

### **ANTISEPTICS/ANTI-INFECTIVES**

Topical antibiotic products, thimerosal, merbromin, hydrogen peroxide, iodine tincture, rubbing alcohol, wintergreen alcohol, povidone – iodine, chlorhexadine

### **BANDAGES/DRESSINGS/STERILE GOODS**

Alcohol swabs, personal cleaning pads/wipes, underpads, incontinence garments, cotton balls/swabs, gauze pads/rolls/bandages, adhesive strips/tape, surgical tape, sterile pads/sponges/strips, surgical masks, disposable gloves, abdominal binders

### **COUGH/COLD/SORE THROAT/ALLERGY RELIEF**

Antitussives, expectorants, antihistamines, decongestants, nasal sprays, lozenges, rubs and liniments

### **EYE CARE PRODUCTS**

Artificial tears, lubricants, eye washes, eye pads, non-prescription reading glasses (up to \$15)

### **FEMININE HYGIENE/CARE PRODUCTS**

Douches, anti-fungal creams and suppositories, but NOT sanitary pads or tampons

### **MEDICAL AND ASSISTIVE DEVICES/SUPPLIES, MEDICAL INFORMATION**

Walkers, canes, glucose monitoring devices and strips, lancets, blood pressure cuffs (up to \$50), stethoscopes, bathroom scales (up to \$35), medical information bracelets/necklaces, mercury and digital thermometers (up to \$10), ear thermometers (up to \$40), humidifiers (up to \$35), syringes and/or needles, aerochamber, irrigation solutions and supplies.

### **NUTRITIONAL SUPPLEMENTS/VITAMINS/MINERALS**

Defined formulary dietary products, vitamins, minerals, multivitamin products and multivitamin/mineral products which are subject to regulation by the US Food and Drug Administration. Herbal products are NOT covered.

### **PAIN RELIEVERS**

Oran analgesics, topical analgesics/liniments, heating pads (up to \$25), heat packs, gel packs, sitz baths

### **PRESCRIPTION DRUGS**

Any prescription drug (including insulin products) essential to the health of End Stage Renal Disease Patients

### **SKIN CARE PRODUCTS**

Medicated/therapeutic topical creams or soaps, ointments, lotions, solutions, powders, gels, oils, etc.; colloidal oatmeal, hemorrhoid products, petroleum jelly, astringents, protectants

### **GASTROINTESTINAL PRODUCTS**

Antacids, laxatives, stool softeners, antiflatulents, antidiarrheals

### **MISCELLANEOUS**

After checking with the patient's social worker and physician, other items may be approved if they are related to End Stage Renal Disease. These might include a bedside commode, ice bags, a hernia aid to prevent surgery which could adversely affect the kidney condition, or a wrist splint to alleviate neuropathy in the areas used for a shunt.

**THE KIDNEY PROGRAM WILL NOT REIMBURSE FOR** personal appearance items, bar soaps, grocery items, household supplies, oral hygiene supplies, weight control items, corn cushions, sanitary pads, tampons, acne products, wart removers, hospital beds, knee brace, anti-smoking devices, caffeine pills or wheel chairs.

#### **ADDITIONAL INFORMATION**

##### **FOR MEDICAID-ELIGIBLE KIDNEY PROGRAM PATIENTS:**

All legend prescription drugs must be billed to Medicaid. Medicaid allows an exemption to their six-prescription limit for ESRD patients if the physician follows Medicaid's procedure for obtaining the exemption. This exemption must be obtained as state regulations prohibit spending Kidney Program funds on services that can be paid for by Medicaid.

Only pharmacies enrolled in Medicaid's Durable Medical Equipment (DME) Program can bill Medicaid for items on the Medicaid DME Fee Schedule, such as alcohol, syringes, glucose test strips and lancets. If the pharmacy the patient has selected is not enrolled in the Medicaid DME Program, then either 1) the pharmacy must enroll, or 2) the patient must change to a pharmacy that is a Medicaid DME provider, if he wants these items to be covered. Pharmacies may inquire about enrollment in the Medicaid DME Program by calling 919-857-4017.

Items on the Medicaid Home Health Supply Fee Schedule related to ESRD such as dressings, enemas, underpads and formula, can be billed to the Kidney Program (this is because Medicaid will only pay for these items if the patient is receiving "home health" services). These items must be billed on the HCFA 1500 claim form with the appropriate HCPCS procedure code and are paid at the Medicaid rate of reimbursement.

OTC items related to the treatment of ESRD are not covered by Medicaid and may be billed to the Kidney Program. These items may be billed in Section 12 of the pharmacy claim (DHHS 3058) or on the HCFA 1500, using "no code" in the procedure code column. These items are paid at the pharmacy's usual charge to the general public.

##### **FOR KIDNEY PATIENTS WHO DO NOT HAVE MEDICAID**

If the patient does not have Medicaid, the pharmacy may bill the Kidney Program directly for all of the items listed under Guidance on the previous page. If the patient receives retroactive Medicaid, the pharmacy will be asked to bill Medicaid for services provided during the dates of Medicaid eligibility and refund the Kidney Program any payments received for those services. The pharmacy will not have to refund payments received for DME items if the pharmacy was not enrolled as a Medicaid DME provider, however the pharmacy will be notified that future payments for DME cannot be made by the Kidney Program since these services can now be paid by Medicaid.