

January 27, 2012

Dear Medicaid Provider:

The 2011 Legislature directed the Agency for Health Care Administration to make health care providers aware of the potential benefits of Peritoneal Dialysis (PD). The purpose of this letter is to provide information about Medicaid coverage of PD, the potential benefits of PD versus hemodialysis, and some criteria for screening patients for PD.

PD is a process by which waste products pass from the patient's body through the peritoneal membrane into the peritoneal (abdominal) cavity where the bath solution (dialysate) is introduced and removed periodically. PD is a covered Medicaid service on an outpatient and home basis.

According to the *American Association of Kidney Patients* (www.aakp.org), those utilizing PD typically experience the following benefits compared to patients using hemodialysis:

- Improved ability to remain employed and productive.
- Flexible schedule and increased independence.
- Reduced need for medical transportation.
- Higher satisfaction with PD versus hemodialysis.

The following are criteria to consider when assessing a patient's suitability for PD treatment:

- **Social Components**
 - Patient needs to be in acceptance phase of the disease and need for therapy to be emotionally ready to learn and handle self care at home. The desire for success is critical.
 - Patient needs to be compliant with current dialysis prescription and medications. Non-compliance on hemodialysis suggests the likelihood of poor success with home therapy self care.
 - Patient needs to have either family support (best) or community/healthcare support services. Support should be consistent.
 - Patient needs to have transportation to and from training sessions.
 - Patient needs to understand that PD is every day, seven days a week.
 - Patient should be emotionally stable and not in a state of depression or suicidal.
 - Patient must be willing to self inject medications like Epogen or travel to the dialysis facility weekly for injections.
 - Patient should have someone at home to accept supply deliveries during the day.
 - Patient should have a phone for routine contact and emergencies.



- **Physical Components**
 - Patient needs to be able to learn, comprehend concepts, and demonstrate a level of concentration for at least 20 minute teaching modules.
 - Patient needs to be able to read at a minimum large type with glasses to be able to follow in class and trouble shoot independently at home.
 - Patient can perform fine motor movements for manual dexterity, hand strength, and hand-eye coordination.
 - Patient needs to be able to hear instruction, read lips, or know sign language and be able to read.
 - Patient needs a PD catheter that works and is free from infection.
 - Patient needs to be well enough to learn.

- **Language**
 - Patient and trainer must be able to communicate in the same language for a minimum of 40 hours of training.

- **Time**
 - Patient needs to be available for a full week of training. Recipient's support person should also be available to attend for the full week.

- **Home Environment**
 - Living accommodations need evaluation for large amount of storage for many cases of supplies, safe electrical outlets, lighting, and cleanliness.

If the patient is a good candidate for PD, they will need a nephrologist referral and will often be directed to a surgeon for a catheter. If the patient has many questions and needs more education, or is a borderline candidate, then the nephrologist will often refer the patient to a home training nurse to assess the patient before a referral to the surgeon is made.

If you have any questions about Medicaid coverage of PD and billing, please contact your local Medicaid area office. Contact information for our area offices can be found at <http://ahca.myflorida.com/Medicaid>. Thank you for your cooperation and for providing services to our Medicaid recipients.

Sincerely,



Beth Kidder
Assistant Deputy Secretary for
Medicaid Operations

BK/aqr
cc: Medicaid Field Office Managers (Areas 1-11)