



1120 FEDERAL EMERGENCY SERVICES PROGRAM DIALYSIS

REVISION DATE: 04/01/2012

REVIEW DATE: 07/01/2012

INITIAL
EFFECTIVE DATE: 05/15/2007

Description

Arizona Revised Statutes provides that certain non-citizens who otherwise meet the requirements for Title XIX eligibility are entitled to receive only emergency services. Outpatient dialysis services are covered as an emergency service as described in this policy.

Amount, Duration, and Scope

Outpatient dialysis services for an Federal Emergency Service (FES) member with End Stage Renal Disease (ESRD) are covered as an emergency service when the member's treating physician signs and completes the certification stating that in his opinion the absence of receiving dialysis at least three times per week would reasonably be expected to result in any one of the following:

1. Placing the member's health in serious jeopardy;
2. Serious impairment of bodily functions; or
3. Serious dysfunction of a bodily organ or part.

A provider is not required to obtain Prior Authorization (PA) for emergency services for FES members. Outpatient dialysis services will continue to be covered as an emergency service for a particular month when the member's treating physician signs a monthly certification stating that in his opinion the absence of receiving dialysis at least three times per week would reasonably be expected to result in any one of the following:

1. Placing the member's health in serious jeopardy;
2. Serious impairment of bodily functions; or
3. Serious dysfunction of a bodily organ or part.

The monthly certification must be maintained by the provider in the member's medical records. The provider is not required to submit the monthly certification form to the AHCCCS Administration.

The monthly certification serves as prior authorization for the emergency dialysis services received during the month. The dialysis services will continue to be covered on a monthly basis as long as the member remains eligible, and the provider completes and maintains the monthly certification form. The AHCCCS Administration may



retrospectively audit member medical records to ensure compliance with this monthly requirement.

Exhibit 1120-2 “Monthly Certification of Emergency Condition” is the form that must be used.

As initial documentation that this requirement is met, the treating physician must submit an “Initial Dialysis Case Creation” form to the AHCCCS Administration Prior Authorization Unit, when dialysis services are needed for the first time. This form is provided as Exhibit 1120-1.