

Hospice and Dialysis Care

Patients who have a terminal illness unrelated to their kidney failure can receive hospice services without stopping dialysis.

The hospice qualifying diagnosis must include a limited prognosis. Examples of other diagnoses that may qualify a dialysis patient for Hospice care include cancers, heart diseases, or other “end stage” diseases. Dialysis is then viewed as part of comfort measures, rather than as a life-sustaining measure.

Because providers such as hospice centers or nursing homes may be concerned about their cost and responsibility for transporting patients for dialysis, hospice centers may be more likely to consider a dialysis patient who has a resource for transportation.

The hospice center may request clarification on patient code status, criteria for hospitalizations and access surgeries, and procedures for emergency situations. The hospice center may enter into a contract with the dialysis center to accept responsibility for arrangements if the patient dies at the dialysis center, including transportation and certification of death.

If the patient goes into a hospital for treatment, the hospice center can close the patient’s case and re-evaluate the patient for services at discharge.

Reference:

http://www.ugsmedicare.com/provider_education/manuals/documents/hospice/Hospice%20Manual%202004%20Q3%20C1%20CovBill.pdf

Hospice Manual 2004 Chapter 1: Coverage and Billing (page 12)
Hospice Benefit and ESRD:

If the patient's terminal condition unrelated not related to ESRD, the patient may receive covered services under both the ESRD benefit and the hospice benefit. A patient does not need to stop dialysis treatment to receive care under the hospice benefit. Consequently, hospice agencies can provide hospice services to patients who wish to continue dialysis treatment.