

FREE-STANDING END-STAGE RENAL DISEASE PROVIDER TERMS OF REIMBURSEMENT

The Wisconsin Department of Health Services will adopt a reimbursement rate for free-standing end-stage renal disease providers at a percentage of Medicare's end-stage renal disease reimbursement rate.

For claims processed on and after September 10, 2011, Medicaid providers will be reimbursed for dialysis and dialysis-related services not to exceed a percentage, initially 80 percent, of Medicare's end-stage renal disease rate. The only exception is that laboratory services are separately reimbursable at a maximum allowable fee.

Providers are required to bill their usual and customary charges for services provided. The usual and customary charge is the amount charged by the provider for the same service when provided to non-Medicaid patients, as defined by Wis. Admin. Code § [DHS 101.03\(181\)](#). For providers who have not established usual and customary charges, the charge should be reasonably related to the provider's cost for providing the service.

For each covered service, the Department of Health Services shall pay the free-standing rates, less appropriate copays and payments by other insurers. This will be considered payment in full.

The Department of Health Services will reduce payments made to providers to reflect the amounts of any allowable copays that providers are required to collect pursuant to Wis. Stat. ch. 49.

Payments for deductible and coinsurance payable on an assigned Medicare claim shall be made in accordance with Wis. Stat. § 49.46(2)(c).

In accordance with federal regulations contained in 42 C.F.R. § 447.205, the Department of Health Services will provide public notice in advance of the effective date of any significant proposed change in its methods and standards for setting rates for services.

P-01652 (10/2021)



Wisconsin
Department of Health Services