Medicare's Coverage of Kidney Dialysis & Kidney Transplant Benefits





Let's get started

People with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant) of all ages are eligible for Medicare coverage.

People with ESRD can choose either Original Medicare or a Medicare Advantage Plan when deciding how to get Medicare coverage. Visit Medicare.gov/basics/end-stage-renaldisease to learn more about coverage options for people with ESRD.

Kidney dialysis is a treatment that cleans your blood when your kidneys don't work. A kidney transplant is a type of surgery that puts someone else's healthy kidney into your body. This donated kidney does the work that your own kidneys no longer do.

When will my coverage begin?

If you already have Medicare because you're 65 or older, (or because you're under 65 and disabled), Medicare coverage for dialysis begins right away. However, if you're under 65 and only eligible for Medicare because of ESRD, your Medicare coverage will usually start on the first day of the fourth month of your dialysis treatments.

Talk with your health care team to get information about kidney failure, dialysis treatments, and kidney transplants. Your doctors, nurses, social workers, dieticians, and dialysis technicians make up your health care team. Your health care team can help you decide what's best for you based on your situation.

Medicare covers most kidney dialysis and kidney transplant services.

If you're eligible for Medicare because of ESRD and you qualify for Part A (Hospital Insurance), you can also get Part B (Medical Insurance). Signing up for Medicare is your choice. But, you'll need both Part A and Part B to get the full benefits available under Original Medicare to cover certain dialysis and kidney transplant services. You can also add Medicare drug coverage (Part D) by joining a Medicare drug plan.

If you join a Medicare Advantage Plan, you'll get the full benefits available under Original Medicare for people with ESRD. Read your plan materials or call your plan for more information. Before you join a plan, you may want to check with your providers and the plan you're considering to make sure the providers are in the plan's network.

Kidney dialysis

- Part A covers dialysis treatments when you're in a hospital
- Part B helps cover these dialysis services:
 - Outpatient dialysis treatments & doctors' services (in a Medicare-certified dialysis facility or your home)
 - Home dialysis training, equipment, and supplies
 - Certain home support services
 - Most drugs for outpatient and home dialysis
 - Other services and supplies that are part of dialysis (like laboratory tests)
 - Dialysis when you travel in the U.S. and use a Medicare-certified facility

Note: In most cases, Medicare doesn't pay for transportation to dialysis facilities unless it's a medical emergency that requires an ambulance.

Kidney transplant

Medicare will cover your kidney transplant only if it's done in a hospital that's Medicare-certified to do kidney transplants.

Generally, Part A covers these transplant services:

- Inpatient services in a Medicare-certified hospital
- Kidney registry fee
- Laboratory and other tests to evaluate your medical condition, and the conditions of your potential kidney donors
- The costs of finding the proper kidney for your transplant surgery, if there's no kidney donor
- Certain cost of care for your kidney donor
- Any extra inpatient hospital care your donor needs if they experience problems after donation
- Blood

Part B helps pay for these transplant services:

- Doctors' services for kidney transplant surgery
- Doctors' services for your kidney donor during their hospital stay
- Transplant drugs (also called immunosuppressive drugs) for a limited time after you leave the hospital following a transplant
- Blood

Note: You may be eligible for a Part B benefit that helps continue to pay for your immunosuppressive drugs beyond 36 months, if you don't have or expect to enroll in certain types of other health coverage. This benefit only covers your immunosuppressive drugs and no other items or services. It isn't a substitute for full health coverage. Visit Medicare.gov/basics/end-stagerenal-disease to learn more.

When will my Medicare coverage end?

If you have Medicare **only** because of ESRD, Medicare coverage will end:

- 12 months after the month you stop dialysis treatments
- 36 months after the month of your kidney transplant

Your Medicare coverage may resume if you meet certain conditions.



What will I pay?

What you pay depends on the type of coverage you have and services you get:

- If you have Original Medicare, after you pay the Part B yearly deductible, you'll pay a 20% coinsurance of the Medicare-approved amount for all covered dialysis-related services. Medicare will pay the remaining 80%. You may also be required to pay Part A coinsurance or deductible.
- If you need a kidney transplant, Medicare will pay for the cost of some care for your kidney donor.
- You pay nothing for Medicare-approved laboratory tests.
- Under both Part A and Part B, in most cases, the hospital gets blood from a blood bank at no charge, and you won't have to pay for it or replace it.

Note: If you're in a Medicare Advantage Plan, your costs may be different. Read your plan materials, or call your plan for information about your costs.

Other ways to pay health care costs

There are other kinds of health coverage that may help pay for the services you need to treat ESRD. They include:

- Employee or retiree coverage from an employer or union
- Medicare Supplement Insurance (Medigap)
- Medicaid
- Veterans' Administration benefits

In most states there are agencies and programs that help with some of the health care costs that Medicare doesn't pay. Contact your State Health Insurance Assistance Program (SHIP) if you have questions about health coverage. You can visit **shiphelp.org** or call 1-800-MEDICARE to get the phone numbers for your local SHIP. TTY users can call 1-877-486-2048.

Know your rights

If you have Medicare, you have certain guaranteed rights to help protect you, including the right to appeal decisions about health care payment or services. Whether you have Original Medicare or a Medicare Advantage Plan, you have the right to file appeals and complaints (grievances).

State Survey Agencies and ESRD Networks work together to help you with complaints about your dialysis or kidney transplant care.

State Survey Agencies

State Survey Agencies deal with complaints about dialysis, transplant centers, hospitals, and other health care settings for things, like:

- Claims of abuse
- Mistakes in giving out or prescribing drugs
- Poor quality of care
- Unsafe conditions (like water damage, or electrical or fire safety concerns)

Call 1-800-MEDICARE (1-800-633-4227) to get the phone number for your State Survey Agency. TTY users can call 1-877-486-2048. **Your calls and name will be kept private**.

ESRD Networks

ESRD Networks monitor and improve the quality of care given to people with ESRD and can help you with complaints about your dialysis facility or transplant center care.

If you have a complaint:

- You can complain directly to your facility, but you don't have to.
- You can file any complaint directly with your ESRD Network, instead of with your facility.
- Your facility or Network must investigate it, work on your behalf to try to solve it, and help you understand your rights.
- Your Network can still investigate a complaint and represent you, even if you wish to remain anonymous.
- Your facility can't take any action against you for filing a complaint.

You may want to file a complaint with your ESRD Network if:

- The facility staff doesn't treat you with respect.
- The staff won't let you eat during dialysis, and you're always hungry.
- Your dialysis shifts conflict with your work hours, and the facility won't let you change your shift.
- You've made complaints to your facility, and they weren't resolved.

Call 1-800-MEDICARE to get the ESRD Network phone number for your state.



"Medicare's Coverage of Kidney Dialysis & Kidney Transplant Benefits: Getting Started" isn't a legal document. More details are available in the "Medicare Coverage of Kidney Dialysis & Kidney Transplant Service" booklet. Official Medicare Program legal guidance is contained in the relevant statutes, regulations, and rulings.

You have the right to get Medicare information in an accessible format, like large print, braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit Medicare. gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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