EvidenceCare

# Clinical Scenario

## *Missed Hemodialysis*

AdmissionCare

**Scenario:**

62 female c/o SOB, generalized weakness.

Initial vital signs: $O^2$ sat 88% on RA, HR 110, RR 30, BP 232/126. Missed dialysis session x2 because out of town.

**ED Course:**

Labetalol IV x1 given. Case discussed with nephrology, will go ahead and arrange for urgent dialysis because of HTN. Plan to discharge in AM.

**At Time of Decision:**

Medical Hx: ESRD dialysis 3x week
Vital Signs: BP 159/95, RR 18 with no c/o SOB, Sat 88% RA, 98% 2L NC.
Radiology: CXR: mild CHF EKG: neg
Labs: BUN 67, Cr 8.36, Tr I 0.044, K 5.2

**Recommended Workflow**

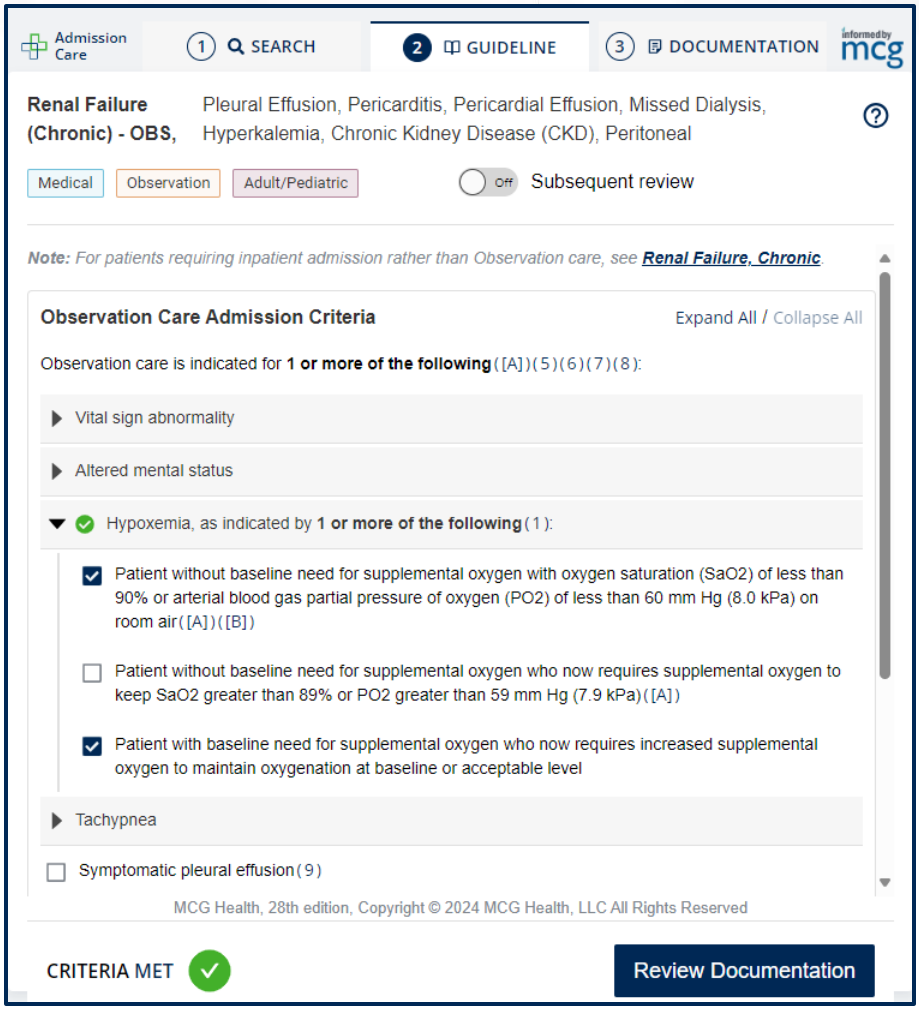
**C-** Consider appropriate care setting
- Determine if patient can safely obtain dialysis at routine facility. In this circumstance... probably not.

**A-** Ask what the principal diagnosis is?
- Renal Failure, Chronic

**R-** Review INPT guideline first, then OBS
- INPT Criteria NOT Met -> toggle to OBS
- OBS Criteria MET

**E-** Enter bed status / level of care order
- Observation

**D-** Document criteria in medical record




**Teaching Points**

- If patient is stable in the ED, physician should attempt to have patient receive dialysis at their routine facility. If this is not possible, the patient should usually be placed in "Outpatient in a Bed" (to obtain HD) or OBS (if they meet criteria).
- Hypertensive Emergency is not an appropriate admission diagnosis since ED treatment corrected this.

Medicare does not allow payment for routine or related dialysis treatments, which are covered and paid as a routine outpatient service.

Payment for unscheduled dialysis furnished to ESRD outpatients is limited to the following circumstances:

1. Dialysis performed following or in connection with a dialysis-related procedure such as vascular access procedure or blood transfusions.
2. Dialysis performed following treatment for an unrelated medical emergency.
   - Example: if a patient goes to the emergency room for chest pains and misses a regularly scheduled dialysis treatment that cannot be rescheduled, CMS allows the hospital to provide and bill Medicare for the dialysis treatment.
3. Emergency dialysis for ESRD patients who would otherwise have to be admitted as inpatients.