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Supplemental Table 1: Items included in the CMS ESRD Prospective Payment System (Expanded Bundle)[1,2,3]

All items and services included prior to December 31, 2010, including but not limited to:
Supplies and equipment in the ESRD facility or patient home Capital-related costs to furnishing dialysis Nursing and support services, including dieticians and social workers Administrative and overhead costs
Drugs and biologicals for the treatment of ESRD, including but not limited to: Erythropoietin stimulating agents Vitamin D and its analogs Calcimimetic therapy Intravenous Iron therapy Antibiotics
Diagnostic laboratory tests for the treatment of ESRD
The Prospective Payment System includes several adjustors: Facility-level: Low volume, wage, and rural location Patient-level: Age, BSA, low BMI, onset of dialysis, 4 comorbidity categories Training add-on for home and self-dialysis modalities

1. Effective January 1, 2011, Section 1881(b)(14) of the Social Security Act required a bundled Prospective Payment System for renal dialysis services furnished to Medicare beneficiaries for the treatment of ESRD
2. https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ESRDpayment/index.html Accessed January 7, 2018
3. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c11.pdf Accessed January 7, 2018
4. Effective January 1, 2018, injectable, intravenous, and oral calcimimetics qualify for the Transitional Drug Add-on Payment Adjustment (TDAPA) under the ESRD PPS.

CMS – Centers for Medicare & Medicaid Services
ESRD – End Stage Renal Disease
BSA – Body surface area
BMI – Body mass index
The 4 current comorbidities for patient-level adjustors are: Hereditary hemolytic or sickle cell anemia, Myelodysplastic syndrome, acute GI Bleed and acute pericarditis

Supplemental Table 2: Physician Monthly Capitated Payment (MCP) Requirements for CMS in the United States [1]

In-center hemodialysis: Frequency of face-to-face visits determines reimbursement One per month Two to three per month Four or more per month
Home Dialysis: One monthly payment irrespective of frequency
Location: Dialysis clinic or physician office Face-to-face in dialysis clinic once every three months
Comprehensive monthly visit includes assessment of: Diet and nutrition Suitability for dialysis modality Dialysis Access Candidacy for kidney transplantation Dialysis prescription and adequacy Anemia Chronic kidney disease mineral and bone disorder (CKD-MBD) Dialysis related complications (e.g. neuropathy) Volume status Blood pressure control
Subsequent monthly visits include: one or more comprehensive monthly areas
Coordination with other professional staff, including dietitians and social workers
Periodic review and update of care plan

1- https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c08.pdf
Accessed January 6, 2018
CMS – Centers for Medicare & Medicaid Services

The monthly home dialysis MCP is essentially equivalent to 2 to 3 visits in-center hemodialysis MCP. The Bipartisan Budget Act of 2018 expands telehealth coverage to patients on home dialysis by allowing the home to serve as an originating site. Reimbursement also varies, depending on geographic location. This table is relevant to CMS billing requirements, not Veterans Administration, Private Insurers, or Medicaid. Approximately 80% of patients receive payment for dialysis through Medicare in the United States. CMS will reimburse 80%, with the additional 20% being covered through supplemental insurance, out of pocket payment, or other mechanisms.