

## Who pays for transplant?

You may already be covered under a group or individual insurance policy – check with your employer or your spouse’s employer. If you have end-stage renal disease, you may also be eligible for coverage for Medicare and/or Medicaid.

### **Private insurance**

Policies vary on how they pay for transplant. Approval from your insurance company for the transplant is always necessary. It is important that you review your policy carefully for a clear understanding of your transplant benefits. The Pre-Transplant Department can give you additional information about this.

### **Coordination of Benefits with Employer Group Health Plans**

When you are eligible for Medicare because of kidney failure, there is a period of time when your employer group health plan will pay first on your healthcare bills and Medicare will pay as a secondary payer. This period of time is called a 30-month coordination period. At the end of the 30-month coordination period, Medicare will become your primary payer and will pay first for all Medicare covered services, including anti-rejection medications. Your employer group health plan coverage then becomes a secondary payor and may pay for services not covered by Medicare.

### **Medicare**

Medicare is a federal health insurance program for people who are disabled, retired, or have permanent kidney failure and who have paid into the Social Security system within the last ten years. Dependents may be eligible if a spouse or parent has paid into Social Security.

If you become entitled to Medicare because of permanent kidney failure, your Medicare coverage generally starts at one of three times.

- The fourth month after first chronic hemodialysis treatment
- The first month of dialysis if you participate in a self dialysis training program and are expected to complete the training and self-dialyze thereafter
- The month you are admitted to an approved hospital for a kidney transplant

Medicare hospital insurance (Part A) covers most but not all of the services you receive as an in-patient. You will need to pay a Medicare deductible for each 60-day “benefit period” when you are admitted to a hospital. This will be needed when you enter the hospital for transplant unless you have been in the hospital some time within that 60-day benefit period. If you also have private insurance or Medicaid, the deductible will be billed to those sources.

Medicare medical insurance (Part B) pays 80% of most outpatient services and clinic visits. To obtain additional information regarding Medicare benefits, you may contact the Social Security office at (800) 772-1213 and request a copy of the booklet “Medicare Coverage of Kidney Dialysis and Kidney Transplant Services— A Supplement to your Medicare Handbook” or you can review information about Medicare at [www.Medicare.gov](http://www.Medicare.gov).

### **Medicaid**

Medicaid is a state health insurance program for people who are disabled or retired and have limited income and resources. If you are eligible for Medicaid, this program will pay for your transplant.

If I receive a kidney from a living donor, who pays the donor's expenses?

Application for financial approval is necessary from potential living donor, just as it is for the potential kidney transplant recipient. The Pre-Transplant Department will discuss this with your potential donor when the donor calls to express interest in donating a kidney to you. It will be necessary to complete an application form and send to the DTI Pre-Transplant Department. We will send this application to the appropriate Transplant Center.

### **Private Insurance**

Policies vary on whether or not they will pay for living donor medical expenses. Approval must be obtained before the medical evaluation can be initiated. The recipient's insurance will first be reviewed for information as to whether it will cover the donor medical evaluation. If the recipient's insurance denies donor coverage, it is possible then that if the donor has private medical insurance, the evaluation may be covered with the donor's insurance.

### **Medicare**

If the recipient is eligible for Medicare, Medicare will pay for donor evaluation and hospitalization. Medicare will not pay for transportation or lodging costs.

### **Medicaid**

Medicaid does not cover living donor evaluations and other donor medical expenses.

If there is no coverage for the living donor, a cash deposit will be required by DTI for the medical evaluation. The Transplant Center will require a cash deposit for the surgery and hospitalization expenses.

If I am from out of town, what additional expenses will I have after I leave the hospital?

It is recommended to transplant recipients who live outside the Dallas area that they remain in town for two to six weeks following surgery so that they can be closely followed at DTI. Expenses that you will need to plan for during that time include lodging, transportation, and food. Some private insurance companies will help with these expenses. Medicare and Medicaid will not. If you have relatives or friends in the Dallas area, you might consider staying with them for a few weeks to assist you with your expenses.

How long is Medicare in effect after my transplant?

Medicare coverage ends 36 months after the month of a kidney transplant. Medicare will continue past the 36 months only as long as you are receiving Social Security Disability benefits or are 65 years of age or over.

How long is Texas Kidney Health Care in effect after my transplant?

Under the current Texas Department of Health policy, Texas Kidney Health Care is a lifetime benefit for people who are either on dialysis or have received a kidney transplant. To qualify for this benefit, you must be a resident of Texas and have a household income of less than \$60,000 annually.

If I no longer have Medicare or other insurance, how will I pay for services when I come to the clinic?

Hopefully, the transplant will allow the recipient to return to a productive lifestyle and employer insurance will be available. If not, patients will be personally responsible for their statements from DTI. Arrangements may be made for a special payment schedule.

A social worker is available to provide information regarding resources for financial assistance, as well as other concerns that accompany adjusting to life with renal failure.

Is there a member of the transplant team who can help me find financial assistance if I need it?

A social worker is available to provide information regarding resources for financial assistance as well as other concerns that accompany the adjustment to having had a kidney transplant.

Who do I call if I have questions about the bills that I receive from Dallas Nephrology Associates/DTI?

If you ever have questions about your billing statement you may contact the Billing Representative at DTI or call the Billing Department at (214) 358-2300. It is important that you notify us of changes in your insurance so we can avoid billing problems.