

# Cost

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There are several options to pay for your dialysis treatments including insurance through your employer or other private health plan, Medicare, Medicaid and through military health programs.

The Medicare program was designed to be available to anyone who was born in the US, a permanent and legal resident for 5 years, or the spouse of an individual who paid Medicare taxes for at least 10 years. People with end stage renal disease (ESRD) or those who needed a kidney transplant regardless of age (as long as they met the residency requirements) qualify for Medicare.

Some individuals are considered dual eligible and receive Medicare coverage for acute services, and Medicaid covers Medicare premiums and some additional costs. Eligibility requirements for Medicaid vary by state.

Also, if you have health insurance through an employer, you have the ability to maintain this coverage for 30 months before Medicare becomes the primary payer through the Medicare Secondary Payer (MSP) policy. This can help keep costs lower, give broader coverage and provide continuity of care.

For more information on Medicare and Medicaid visit our class [here](#) [1].

Medicare Part B will cover:

- Home dialysis training for you and your care partner
- PD equipment and basic supplies such as your PD cyclor, disinfectant, masks
- Visits to your doctor
- Visits from support staff to your home for routine and emergency issues
- Some laboratory tests and assistance from social workers or dieticians
- Medicare Part B will *not* cover:
  - Paid aides to help you with home dialysis
  - Reimbursement for your lost wages or aides lost wages
  - A place to stay while you do treatment

In 2012 the yearly deductible was \$140 dollars. After you pay your deductible you pay 20% coinsurance.<sup>(1)</sup>

This means that once you pay your yearly deductible, you pay 20% of the costs. So, a \$100 dollar bill means you owe \$20 dollars. Medicare pays for PD at the same rates as in-center

dialysis.

**A major benefit to choosing PD or another form of home dialysis is the immediate coverage ability. Those that aren't eligible for Medicare before the diagnosis of ESRD have a 90 day coverage gap if they choose in-center dialysis. If you choose PD or other home therapies, Medicare can be activated immediately or retroactively to cover costs.**

1. Centers for Medicare and Medicaid Services. *Medicare Coverage of Kidney Dialysis and Kidney Transplant Services*. Retrieved from <http://www.medicare.gov/Pubs/pdf/10128.pdf> [2].

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**Source URL:** <http://www.dpcedcenter.org/classroom/peritoneal-dialysis/cost>

**Links**

- [1] <http://dpcedcenter.org/classroom/medicare-and-part-d-donut-hole/medicare-101>  
[2] <http://www.medicare.gov/Pubs/pdf/10128.pdf>