

Kidney Disease Education Benefit 101

Medicare began reimbursing certain providers for outpatient Kidney Disease Education (KDE) services January 1, 2010. Mandated by the Medicare Improvements for Patients and Providers Act (MIPPA) of 2008, the new KDE services benefit is intended to enable beneficiaries to actively participate in managing their condition and selecting appropriate treatment options.

Qualified Providers

CMS limits qualified providers for KDE sessions to: physicians, physician assistants, nurse practitioners, and clinical nurse specialists. In rural areas—as defined by Metropolitan Statistical Area—hospitals, critical access hospitals, skilled nursing and rehabilitation facilities, hospices, and home health providers may provide KDE classes. Dialysis units are not permitted to provide KDE services, including units that are located within a hospital.

Eligibility

Medicare KDE services for patients diagnosed with Stage IV Chronic Kidney Disease (CKD)—defined as a glomerular filtration rate of 15–29 ml/min/1.73m². Patients must be referred for the services by the physician managing the beneficiary’s kidney condition.

Content Standards

While CMS has not issued a standard curriculum for KDE sessions, providers of KDE services must offer comprehensive information including—but not limited to—four specific content areas, detailed in Table 1 below. This includes discussion of opportunities for beneficiaries to actively participate in therapy selection and have therapies tailored to meet individual beneficiary needs.

KDE Session Structure

KDE sessions may be administered to individual patients, or in a group session of 2 to 20 patients, not all of whom need be Medicare beneficiaries. Medicare reimburses up to six KDE sessions—which must each be one hour in length and conducted “face-to-face”—per beneficiary.

Outcomes Assessments

Medicare mandates that providers of KDE services develop outcomes assessments measuring beneficiary knowledge about CKD and its treatment, assessing the program’s effectiveness in preparing the beneficiary to make informed decisions about CKD care options. CMS has not developed a standard outcomes assessment tool, but stipulates that providers must make assessments available upon request.

Table 1. Standards for content of kidney disease patient education services.

Content Standard	Detail
<p>1. The management of co-morbidities including for the purpose of delaying the need for dialysis, including but not limited to:</p>	<ul style="list-style-type: none"> • Prevention and treatment of cardiovascular disease. • Prevention and treatment of diabetes. • Hypertension management. • Anemia management. • Bone disease and disorders of calcium and phosphorus metabolism management. • Symptomatic neuropathy management. • Impairments in functioning and well-being.
<p>2. The prevention of uremic complications, which includes but is not limited to:</p>	<ul style="list-style-type: none"> • Information on how the kidneys work and what happens when the kidneys fail • Understanding if remaining kidney function can be protected, preventing disease progression and realistic chances of survival • Diet and fluid restrictions • Medication review, including how each medication works, possible side effects, the importance of compliance, and informed decision-making if the patient decides not to take a specific drug.
<p>3. Therapeutic options, treatment modalities, and settings, including a discussion of the advantages and disadvantages of each treatment option and how the treatments replace the kidney, which includes but is not limited to:</p>	<ul style="list-style-type: none"> • Hemodialysis, both at home and in-facility • Peritoneal dialysis (PD), both including intermittent PD, continuous ambulatory PD, can continuous cycling PD, both at home and in-facility • All dialysis access options for HD and PD • Transplantation
<p>4. Opportunities for beneficiaries to actively participate in the choice of therapy, tailored to meet the needs of the individual beneficiary and including but not limited to:</p>	<ul style="list-style-type: none"> • Physical symptoms • Impact on family and social life • Exercise • The right to refuse treatment • The meaning of test results • Psychological Impact