



Travel as a Dialysis Patient Can I Do It?

Yes You Can!

Hemodialysis and Peritoneal Dialysis patients **can** travel. It requires planning in advance to arrange for dialysis at your travel destination. Most dialysis facilities have the social worker assist patients in arranging dialysis for travel. It is called **transient dialysis**. In-center hemodialysis patients will need to arrange with an in-center facility at or near their travel destination. Peritoneal dialysis patients will need to arrange with their supplier of dialysate and/or peritoneal dialysis machine (cycler) to deliver necessary supplies to their travel destination.



How Long in Advance Should I Plan my Transient Treatments?

Hemodialysis patients should inform their social worker of their travel plans at least 6-8 weeks in advance. This allows enough time to contact facilities in the travel area to locate one with the ability to accept a transient patient. Peritoneal dialysis patients should contact their supplier at least 4 weeks in advance to arrange for the delivery of supplies and/or equipment at the travel destination.

What Medical Records Will I Need to Send the Transient Dialysis Facility?



The accepting facility will need copies of your medical records so they can determine if they can meet your medical needs. Most dialysis centers require the following information in order to assess your health and plan for your treatments with them:

- the dates you need dialysis treatment
- your name, address, etc.
- medical history and recent physical exam reports
- recent lab results (Hepatitis Status Required)
- recent EKG
- recent chest x-ray (PPD for TB is sometimes acceptable instead of a chest x-ray)

- your dialysis prescription and 3 to 5 recent treatment records
- dialysis access type
- special needs or dialysis requirements
- information about your general health
- insurance information
- where you will be staying in the area
- a list of the medications you take during treatment and at home.



How Will I Pay for my Transient Treatments?

Medicare will pay for dialysis anywhere in the continental US or its territories. Medicare Part B will cover 80% if it is your primary insurance. You will be responsible for the 20% that Medicare does not cover. The transient facility may agree to bill your secondary insurance or may ask you for payment in advance and you will need to get reimbursed for the 20% by your secondary insurance carrier. Medicaid will only pay for dialysis in your home state. Medicare Advantage patients will need to work within their insurance network in order to have their transient treatments covered by their insurance carrier.

Can I Get the Same Schedule as I Have at my Home Center?

Not necessarily. The facility that agrees to treat you while you are on vacation has their own patients who have regular schedules. The facility will schedule you in a spot that is available. They will work with you if they have multiple spots available to find the best one to meet your travel needs but there is no guarantee it will be the same as your schedule at home. Transportation to dialysis is the patient's responsibility.

Will I Get my Epogen at the Transient Facility?



You will receive the medications that are ordered by your nephrologist to receive during treatment. If you have to pay the 20% co-pay for your treatment then you will be responsible for the 20% of the medication costs as well. Remember to bring your home medications with you as well. It may be hard to get a prescription renewal while away.

So, go and have a great time. Dialysis can be arranged at your travel destination!

For more information please visit: <http://www.kidney.org/atoz/content/traveltip.cfm>

The analyses upon which this publication is based were performed under Contract Number HHS-500-2013-NW003C, entitled "End Stage Renal Disease Network Organization Number 3", sponsored by the Centers for Medicare & Medicaid Services, Department of Health and Human Services." The conclusions and opinions expressed, and methods used herein are those of the author. They do not necessarily reflect CMS policy. The author assumes full responsibility for the accuracy and completeness of the ideas presented. This article is a direct result of the Health Care Quality Improvement Program initiated by CMS, which has encouraged identification of quality improvement projects derived from analysis of patterns of care, and therefore required no special funding on the part of this contractor. Ideas and contributions to the author concerning experience in engaging with issues presented are welcomed.