

CHAPTER 5
SECTION 1.1

END STAGE RENAL DISEASE (ESRD) - LABORATORY TESTS

Issue Date: September 27, 1995

Authority: [32 CFR 199.4\(b\)\(2\)](#) and [\(c\)\(2\)](#)

I. DESCRIPTION

Patients with ESRD develop a myriad of medical conditions, symptoms, and metabolic and physiologic disorders. Homeostatic balance of water minerals and excretion of the daily metabolic load of fixed hydrogen ions is no longer possible. Toxic end products of nitrogen metabolism accumulate in blood and tissue. Finally, the kidney is no longer able to function as an endocrine organ. Laboratory tests are essential to monitor the progress of ESRD patients. This brings the TRICARE policy into consonance with the Medicare regulation regarding laboratory tests for ESRD patients.

II. POLICY

Otherwise covered services that are medically necessary to diagnose or treat ESRD are covered when provided by authorized providers. Laboratory tests are subject to the normal coverage requirements and may be reimbursed in accordance with [Chapter 13, Section 3.4](#). Frequency of tests are subject to the policy consideration listed below.

III. POLICY CONSIDERATIONS

A. The following list and frequencies of tests constitute the level and types of routine laboratory tests that are covered. Bills for other types of tests are considered nonroutine. Routine tests at greater frequencies must include medical justification. The routinely covered regimen includes the following tests:

1. Per Dialysis - All hematocrit or hemoglobin and clotting time tests furnished incident to dialysis treatments.
2. Per Week
 - a. Prothrombin time for patients on anticoagulant therapy.
 - b. Serum creatinine
 - c. Blood urea nitrogen (BUN)

3. Monthly

- a. Complete Blood Count (CBC)
- b. Serum calcium
- c. Serum potassium
- d. Serum chloride
- e. Serum bicarbonate
- f. Serum phosphorous
- g. Total protein
- h. Serum albumin
- i. Alkaline phosphatase
- j. Aspartate amino transferase (AST-formerly SGOT)
- k. Lactate dehydrogenase (LDH)

B. Nonroutine tests generally are justified by the diagnosis. Guidelines for tests other than those routinely performed include:

1. Bone survey, either the reontgenographic method or the photon absorptiometric procedure for bone mineral analysis - annually.

NOTE: The frequency of the need to perform "bone surveys" varies with many factors, some of which are the age of the patient (e.g., children and the elderly), clinical symptoms (e.g., bone pain, evidence of metastatic calcification), abnormal laboratory tests (e.g., changes in alkaline phosphatase, calcium, phosphorus), and because of therapeutic intervention directed at forestalling or improving pre-existing or potential bone disease (e.g., vitamin D, calcium supplements, parathyroidectomy). Where any of these factors apply to the beneficiary, claims for "bone surveys" performed on a frequency more often than annually need only have minimal documentation of medical need.

2. Nerve conduction velocity tests (NCV) - once every 3 months.
3. Electrocardiogram (EKG) - once every 3 months.
4. Chest X-ray - once every 6 months.
5. Hepatitis associated antigen tests - once a month.

- END -