

ESRD Medicare Basics

Medicare for those with End-Stage Renal Disease (ESRD Medicare) provides you with health coverage if you have permanent kidney failure that requires dialysis or a kidney transplant. ESRD Medicare covers a range of services to treat kidney failure. You will also have coverage for all the usual services and items covered by Medicare.



Eligibility

To be eligible for ESRD Medicare, you must be under 65 and diagnosed with ESRD by a doctor. Additionally, you must have enough work history to qualify for Social Security Disability Insurance (SSDI) or Social Security retirement benefits, or enough railroad work history to qualify for Railroad Retirement benefits or railroad disability annuity. You can also qualify through the work history of your spouse or parent. Contact the Social Security Administration (SSA) at 800-772-1213 to learn if you have enough work history to qualify for ESRD Medicare.



Enrollment

To enroll in ESRD Medicare, contact your local Social Security office. (Even if you qualify based on prior railroad work, Social Security is responsible for handling your ESRD Medicare enrollment.) Your provider and/or dialysis center should send documentation to Social Security verifying that you have ESRD and stating your treatment needs. If you are unable to enroll yourself due to illness, a family member or other designated party can enroll for you.



Coverage

Medicare covers the following care related to ESRD:

- Kidney transplants
- Hospital inpatient dialysis
- Outpatient dialysis from a Medicare-certified hospital or free-standing dialysis facility
- Home dialysis training, sometimes called self-dialysis, from a dialysis facility, including training for you and caregivers who will provide home dialysis, home dialysis equipment and supplies, and medications related to treatment (medication is only covered when overseen by a doctor)
- Immunosuppressant drugs after a kidney transplant, as long as you had Medicare Part A at the time of the transplant

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When coverage begins

When your ESRD Medicare begins depends on your treatment plan:

- **If you start a home dialysis training program**, sometimes called self-dialysis, you are eligible for Medicare starting the first day of the first month of the home dialysis program. You must start the program before your third month of dialysis. Additionally, your doctor must state that they expect you can complete the program and will continue home dialysis after the program ends.
- **If you receive dialysis at an inpatient or outpatient dialysis facility**, you are eligible for Medicare starting the first day of the fourth month you receive dialysis. For example, if you begin receiving dialysis on May 10, your ESRD Medicare can start on August 1.
- **If you are going to receive a kidney transplant**, you are eligible for Medicare starting the month you are admitted to a Medicare-approved hospital for the transplant, or for health services you need before getting the transplant.
 - You must receive the transplant within two months following the beginning of your coverage. If the transplant is delayed, Medicare coverage begins two months before the month of your transplant.

Costs

Medicare covers most services associated with ESRD treatment, with standard Original Medicare cost-sharing. Here are some 2025 Original Medicare costs you may owe for inpatient and outpatient care:

- Part A deductible: \$1,676 for each benefits period
- Inpatient hospital coinsurance days 1-60: \$0 per day
- Inpatient hospital coinsurance days 61-90: \$419 per day
- Part B annual deductible: \$257
- Part B coinsurance: 20%