



Applicable To:

Medicare

Claims and Payment Policy: Dialysis

Policy Number: CPP - 107

Original Effective Date: 08/01/2019

Revised Date(s): N/A

BACKGROUND

Chronic kidney disease (CKD), also called end stage renal disease (ESRD), is a condition in which the kidneys are damaged or cannot filter blood as well as healthy kidneys. This causes excess fluid and waste from the blood to remain in the body and may cause other health problems. When this condition occurs, dialysis is often necessary.

Dialysis removes waste products from the body by diffusion from one fluid compartment to another through a semi-permeable membrane. Dialysis procedures can include hemodialysis, peritoneal dialysis, hemofiltration and ultrafiltration. Of these types of dialysis procedures, two are commonly used for the treatment of ESRD: hemodialysis and peritoneal dialysis.

Definitions

Hemodialysis – Blood passes through an artificial kidney machine. Waste products diffuse through a manmade membrane into a bath solution, known as dialysate, after which the cleansed blood is returned to the patient's body. Hemodialysis is accomplished usually in 3- to 5-hour sessions, three times a week.

Peritoneal Dialysis – Waste products pass from the patient's body through the peritoneal membrane into the peritoneal (abdominal) cavity, where the bath solution (dialysate) is introduced and removed periodically. There are three types of peritoneal dialysis:

Continuous Ambulatory Peritoneal Dialysis (CAPD) – In CAPD, the patient's peritoneal membrane is used as a dialyzer. The patient connects a 2-2.5 liter plastic bag of dialysate to a surgically implanted indwelling catheter that allows the dialysate to pour into the beneficiary's peritoneal cavity. Every 4 to 6 hours, the patient drains the fluid out into the same bag and replaces the empty bag with a new bag of fresh dialysate. This is done several times a day.

Continuous Cycling Peritoneal Dialysis (CCPD) – CCPD combines the advantages of the long-dwell, continuous steady-state dialysis of CAPD with the advantages of automation inherent in intermittent peritoneal dialysis. The major difference between CCPD and CAPD is that the solution exchanges, which are performed manually during the day by the patient on CAPD, are moved to nighttime with CCPD and are performed automatically with a peritoneal dialysis cycler. Generally, there are three to seven nocturnal exchanges over 8 to 10 hours.

Upon awakening, the patient disconnects from the cycler and usually leaves, but not always, the last 2-2.5 liter fill inside the peritoneum to continue the daytime long-dwell dialysis.

Intermittent Peritoneal Dialysis (IPD) – Waste products pass from the patient’s body through the peritoneal membrane into the peritoneal cavity, where the dialysate is introduced and removed periodically by machine. Peritoneal dialysis generally is required for about 30 hours a week, either as three 10-hour sessions or less frequent, but longer, sessions.

Hemofiltration – Hemofiltration, also known as diafiltration, is an alternative to peritoneal dialysis and hemodialysis. Hemofiltration removes fluid, electrolytes and other low molecular weight toxic substances from the blood by filtration through hollow artificial membranes and is routinely performed in three weekly sessions. In contrast to both hemodialysis and peritoneal dialysis treatments, which eliminate dissolved substances via diffusion across semi-permeable membranes, hemofiltration mimics the filtration process of the normal kidney. The technique requires arteriovenous access. Hemofiltration may be performed either in an ESRD facility or at home.

Ultrafiltration – Ultrafiltration removes excess fluid from the blood through a dialysis membrane by exerting pressure. This is not a substitute for dialysis. Ultrafiltration is used in cases where excess fluid cannot be removed easily during the regular course of hemodialysis, or when fluid removal is required but there is not a severe enough degree of renal failure to justify need for dialysis. It is commonly done during the first hour or two of hemodialysis on patients who have refractory edema. Occasionally, medical complications may occur that require that ultrafiltration be performed separately from the dialysis treatment.

POSITION STATEMENT

WellCare reimburses providers for dialysis treatments according to the methodology below:

Payment is made on a per-treatment basis. ESRD facilities furnishing dialysis treatments in-facility are paid for up to three treatments per week. ESRD facilities treating Members at home regardless of modality receive payment for three hemodialysis (HD) equivalent treatments per week. Payment for additional treatments may be considered when more than three weekly treatments is medically necessary. ESRD facilities furnishing dialysis in-facility or in a Member’s home are paid for a maximum of 13 treatments during a 30-day month and 14 treatments during a 31-day month, unless additional treatments are medically necessary.

Frequency of Dialysis Sessions by Dialysis Modality and Treatment Setting

	In-Facility	Home
Hemodialysis	3 per week	Maximum of 3 per week regardless of frequency
Hemofiltration	3 per week	3 per week
Ultrafiltration	3 per week	Maximum of 3 per week regardless of frequency
Peritoneal Dialysis (e.g., CAPD and CCPD)	HD-equivalent sessions	HD-equivalent sessions
Intermittent Peritoneal Dialysis (IPD)	3 per week	HD-equivalent sessions

Hemodialysis – Hemodialysis is typically furnished three times per week in sessions of 3 to 5 hours in duration. If the ESRD facility bills for any treatments in excess of this frequency, the claim will deny and providers may dispute

demonstrating medical necessity. Additional hemodialysis must be based upon an individual Member's need.

Hemofiltration – Hemofiltration is an alternative to peritoneal dialysis and hemodialysis. Hemofiltration may be routinely performed either in an ESRD facility or at home in three weekly sessions.

Ultrafiltration– When ultrafiltration is performed the same day as the dialysis treatment, there is no separate payment. When ultrafiltration is performed on a day other than the day of a dialysis treatment, the ESRD facility must document in the medical record why the ultrafiltration could not have been performed at the time of the dialysis treatment. For the ESRD facility to be paid for the ultrafiltration, the ESRD facility must report the appropriate diagnosis codes.

Peritoneal Dialysis – Payment is based on Hemodialysis Equivalent Sessions for home Members undergoing peritoneal dialysis (PD). Hemodialysis equivalent sessions convert payment for daily PD into the same frequency of payment seen for hemodialysis. The number of Hemodialysis Equivalent Sessions is calculated by accounting for the total number of days of PD (regardless of the number of dialysate exchanges performed each day) and then converting them to hemodialysis equivalent sessions for payment purposes. This is accomplished by dividing the number of days of PD by 6, and multiplying the result by 3. This calculation eliminates the need to account for varying days in a month and makes it easier for providers to consistently forecast reimbursement.

Although CAPD and CCPD Members are home dialysis Members, occasionally it may be necessary to perform dialysis in-facility. The number of HD-equivalent sessions for PD performed in-facility is limited to three weekly, regardless of the number of days PD is furnished in-facility. However, each day of in-facility PD is treated as one HD equivalent session, up to a maximum of three per week.

Intermittent Peritoneal Dialysis (IPD) – Maintenance Intermittent Peritoneal Dialysis (IPD) is usually accomplished in sessions of 10 to 12 hours. Sometimes it is accomplished in fewer weekly sessions of longer duration. The payment applicable for maintenance IPD, as well as the ESRD facility's actual payment for maintenance IPD, depends on the treatment setting (in-facility or at home). Payment for in-facility IPD follows the same payment rules as hemodialysis, i.e., three sessions per week. Payment for home IPD is based on a weekly equivalence of three sessions per week.

Additional Information

Additional Dialysis – If additional dialysis beyond the usual weekly maintenance dialysis due to the Member's underlying condition, the ESRD facility's claim for these extra services must be accompanied by a medical justification for payment to be made.

Uncompleted Dialysis Treatments – If a dialysis treatment is started, (i.e., a member is connected to the machine and a dialyzer and blood lines are used), but the treatment is not completed for some unforeseen, but valid reason, (e.g., a medical emergency when the Member must be rushed to an emergency room), the ESRD facility is paid based on the aforementioned methodology. If the Member returns the same day and completes the treatment, the facility is only paid for one treatment. If a Member was taken to a hospital and was furnished a dialysis treatment while in the emergency room, then the ESRD facility will not receive payment for the treatment and only the hospital will be paid.

CODING & BILLING

Insert as applicable

CPT Codes

90935-Hemodialysis procedure with single evaluation by a physician or other qualified healthcare professional.

90937-Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription.

90945-Dialysis procedure other than hemodialysis (e.g., peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified healthcare professional.

90947-Dialysis procedure other than hemodialysis (e.g., peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified healthcare professional, with or without substantial revision of dialysis prescription.

90999-Unlisted dialysis procedure, inpatient or outpatient.

ICD-10 Codes

N18.6-ESRD

Z99.2-Dependence on renal dialysis

Revenue Codes

HEMODIALYSIS – OUTPATIENT

0820 Hemodialysis Outpatient/General

0821 Hemodialysis Outpatient/Composite

0824 Hemodialysis Outpatient/Maintenance/100 percent

0829 Other Outpatient Hemodialysis

PERITONEAL DIALYSIS – Outpatient

0830 Peritoneal Dialysis/General

0831 Peritoneal Dialysis Outpatient/Composite Rate

0834 Peritoneal Dialysis/Maintenance/100 percent

0839 Other outpatient peritoneal dialysis

Continuous Ambulatory Peritoneal Dialysis (CAPD) – Outpatient or Home

0840 CAPD/General

0841 CAPD/Composite Rate

0844 CAPD/Maintenance/100 percent

0849 Other outpatient CAPD

Continuous Cycling Peritoneal Dialysis (CCPD) – Outpatient or Home

0850 CCPD/General

0851 CCPD/Composite Rate

0854 CCPD/Maintenance/100 percent
 0859 Other outpatient CCPD
 0851* CCPD/Composite Rate
 0854* CCPD/Maintenance/100 percent
 0859* Other outpatient CCPD

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal/state laws.

REFERENCES

1. https://www.cdc.gov/kidneydisease/pdf/kidney_factsheet.pdf
2. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c11.pdf>

IMPORTANT INFORMATION ABOUT THIS DOCUMENT

Claims and Payment Policies (CPPs) are policies regarding claims or claim line processing and/or reimbursement related to the administration of health plan benefits. They are not recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for diagnosing, treating and making clinical recommendations to the member. CPPs are subject to, but not limited to, the following:

- State and federal laws and regulations;
- Policies and procedures promulgated by the Centers for Medicare and Medicaid Services, including National Coverage Determinations and Local Coverage Determinations;
- The health plan's contract with Medicare and/or a state's Medicaid agency, as applicable;
- Other CPPs and clinical policies as applicable including *Pre-Payment and Post-Payment Review*.
- The provisions of the contract between the provider and the health plan; and
- The terms of a member's particular benefit plan, including those terms outlined in the member's Evidence of Coverage, Certificate of Coverage, and other policy documents.

In the event of a conflict between a CPP and a member's policy documents, the terms of a member's benefit plan will always supersede the CPP. The use of this policy is neither a guarantee of payment, nor a prediction of how a specific claim will be adjudicated. Any coding information is for informational purposes only. No inference should be made regarding coverage or provider reimbursement as a result of the inclusion, or omission, in a CPP of a CPT, HCPCS, or ICD-10 code. Always consult the member's benefits that are in place at time of service to determine coverage or non-coverage. Claims processing is subject to a number of factors, including the member's eligibility and benefit coverage on the date of service, coordination of benefits, referral/authorization requirements, utilization management protocols, and the health plan's policies. Services must be medically necessary in order to be covered.

References to other sources and links provided are for general informational purposes only, and were accurate at the time of publication. CPPs are reviewed annually but may change at any time and without notice, including the lines of business for which they apply. CPPs are available at www.wellcare.com. Select *Provider* tab, then *Tools* and then *Payment Guidelines*.

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 OneCare (Care1st Health Plan Arizona, Inc.) ~ Staywell of Florida ~ ~ WellCare Prescription Insurance
 WellCare (Arkansas, Connecticut, Florida, Georgia, Illinois, Kentucky, Louisiana, Mississippi, Nebraska, New Jersey, New York, South Carolina, Tennessee, Texas)*

RULES PRICING AND PAYMENT COMMITTEE (RPPC) APPROVALS

Date	Action
01/23/2019	<ul style="list-style-type: none"> • Approved by RGC