Applicable To:
- ☑ Medicare – excluding KY
- ☑ Medicaid – excluding KY and AZ
- ☑ CMS Health Plan - CHIP

Claims and Payment Policy:
RENAL DIALYSIS

Policy Number: CPP-114

Original Effective Date: 6/6/2019
Revised Effective Date(s): 2/1/2020

BACKGROUND

Chronic kidney disease (CKD) or End Stage Renal Disease (ESRD) is a condition in which the kidneys are damaged or cannot filter blood as well as healthy kidneys. Because of this, excess fluid and waste from the blood remain in the body and may cause other health problems. When this condition occurs, it is often medically necessary for patients to require dialysis.

Dialysis is the process of removing waste products from the body by diffusion from one fluid compartment to another across a semi-permeable membrane. Dialysis procedures can include hemodialysis, peritoneal dialysis, hemofiltration and ultrafiltration.

Dialysis (peritoneal, hemofiltration, ultrafiltration and hemodialysis) services and all medically necessary equipment and supplies used to furnish dialysis in a Medicare certified end stage renal disease (ESRD) facility, member's home or inpatient hospital facility are covered in accordance with Medicare coverage criteria. Medicare pays for one month's emergency reserve supply for Method II home dialysis patients, once in a patient's lifetime for each dialysis modality the patient receives.

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 three visits every six days. ESRD facilities treating Members at home regardless of modality receive payment for three hemodialysis (HD) equivalent treatments per every six days. Payment for additional treatments may be considered when more than three treatments per every six days 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

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Criteria for CAPD/CCPD

In accordance with CMS Guidelines Chapter 8 Section 80.4 of the Medicare Claims Processing Manual updated 01/18/2019, Rev. 4202, Continuous Ambulatory Peritoneal Dialysis (CAPD) and Continuous Cycling Peritoneal Dialysis (CCPD) will be allowed to be paid on a weekly or daily basis, not on a per treatment basis. Billing instructions require providers to report the number of days in the unit's field. A facility's daily payment rate is 1/7 of three times the composite rate for a single hemodialysis treatment.

Criteria for Hemodialysis

To facilitate for a more standardized billing practice Wellcare will move to a 6 day billing cycle versus CMS 7 day billing cycle for Hemodialysis treatments.

Additional Information

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

Covered Services

The following are examples of covered dialysis services and other related services, but are not limited to:

1. Acute Dialysis - Dialysis given to patients who are not ESRD patients, but who require dialysis because of temporary kidney failure due to a sudden kidney insult; examples include but not limited to severe dehydration or ingestion of certain drugs.

2. Laboratory tests essential to monitor the progress of chronic renal dialysis patients are covered. Any laboratory test in excess of frequency defined under "routine laboratory tests" or any test that is not listed above is covered only if there is documentation of medical necessity.

3. Drugs and biologicals used for the treatment of ESRD generally are covered in accordance with Medicare coverage criteria.

4. Ambulance transportation to or from dialysis facility is covered only when an ambulance level of transportation is medically necessary and other means of transportation are contraindicated or when the member is an inpatient in a skilled nursing facility (SNF) that cannot provide the services for the member.

5. Water purification and softening systems used in conjunction with home dialysis are covered when criteria are met.

6. Medical Nutritional Therapy (MNT) is covered when criteria are met.

   Note: MNT services are not covered for members receiving maintenance dialysis. A member cannot receive MNT if they have received initial Diabetic Self- Management Training (DSMT) within the last 12 months unless the need for a reassessment and additional therapy has been documented by the referring physician as a result of a change in diagnosis or medical condition; or, the beneficiary receiving DSMT is subsequently diagnosed with renal disease.

7. Intravenous levocarnitine for those ESRD patients who have been on dialysis for a minimum of three (3) months are covered. Patients must have documented carnitine deficiency along with signs and symptoms of:
   - Erythropoietin–resistant anemia, or,
   - Hypotension on hemodialysis that interferes with delivery of the intended dialysis

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Note: Continued use of levocarnitine will not be covered if improvement has not been demonstrated within 6 months of initiation of treatment. All other indications for levocarnitine are non-covered in the ESRD population. For more specific criteria, see the NCD for Levocarnitine for use in the Treatment of Carnitine Deficiency in ESRD Patients (230.19).

8. Epogen (epoetin alfa) and Aranesp (darbepoetin alfa) are related covered services for dialysis patients who meet criteria.

9. Home and Self-dialysis Training: Training of a home dialysis member and/or family member/ significant other, including review of family and home status, environment, and counseling and training of family members are covered.

10. Period of Medical Necessity - Home Dialysis Equipment. The following situations may occur causing temporary non-use of equipment:
    - Beneficiary requires in-facility treatment for re-stabilization or as a result of some acute condition. The beneficiary is expected to return to home dialysis;
    - Beneficiary is temporarily without a suitable home dialysis assistant;
    - Beneficiary is away from home but expects to return; or,
    - Beneficiary is a transplant candidate and is taken off home dialysis preparatory to transplant. (If the transplant cannot occur, or if the transplant is not successful, the patient will very likely resume home dialysis and an evaluation can be made whether it will be within the immediate or foreseeable future.)

Under such circumstances, Wellcare will determine if/when medical necessity exists and will pay for a period of up to 3 months after the month home dialysis equipment was last used. This does not eliminate the necessity for periodic reevaluation of medical necessity. It provides a tolerance to avoid frequent reevaluation in renal dialysis situations and provides for continuity of payments where economically advantageous.

CODING & BILLING

Covered ICD-10 Codes

N18.6	ESRD
Z99.2	Dependence on renal dialysis

Covered CPT Codes

90935	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional
90937	Hemodialysis procedure requiring repeat evaluation(s) with or without substantial revision of dialysis prescription.
90951	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month**.**
90952	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
90953	End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month
90954	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of

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	parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
90955	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
90956	End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month
90957	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month
90958	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
90959	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month
90960	End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month
90961	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month
90962	End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month
90963	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90964	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90965	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents
90966	End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older
90967	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age
90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age
90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age
90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older
90999	Unlisted dialysis procedure, inpatient or outpatient

Covered HCPCS Codes

Q4055	Injection, epoetin alfa, 1000 units (for ESRD on dialysis)
J0881	**I**njection, darbepoetin alfa, 1 mcg

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Revenue Codes

Hemodialysis – Outpatient

0820	Hemodialysis Outpatient/General
0821	Hemodialysis Outpatient/Composite
0824	Hemodialysis Outpatient/Maintenance/100 percent
0829	Other Outpatient Hemodialysis

Perintoneal Dialysis – Outpatient

0830	Peritoneal Dialysis/General
0831	Peritoneal Dialysis/Outpatient/Composite Rate
0834	Peritoneal Dialysis/Outpatient/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/Maintenance100 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

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.

DEFINITIONS

Acute Dialysis	Dialysis given to patients who are not ESRD patients, but who require dialysis because of temporary kidney failure due to a sudden trauma; examples include but not limited to traffic accident or ingestion of certain drugs.
Aranesp	A man-made form of a protein that helps your body produce red blood cells. This protein may be reduced when you have kidney failure or use certain medications. When fewer red blood cells are produced, you can develop a

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	condition called anemia. Aranesp is used to treat anemia caused by chemotherapy or chronic kidney disease.
Dialysis	The process of removing waste products and excess fluid from the body. Dialysis is necessary when the kidneys are not able to adequately filter the blood. Dialysis allows patients with kidney failure a chance to live productive lives. There are two types of dialysis: hemodialysis and peritoneal dialysis.
End stage renal disease (ESRD)	A medical condition in which a person's kidneys cease functioning on a permanent basis leading to the need for a regular course of long-term dialysis or a kidney transplant to maintain life. Beneficiaries may become entitled to Medicare based on ESRD. Benefits on the basis of ESRD are for all covered services, not only those related to the kidney failure condition.
Epogen	This medication is used to treat anemia in people with long-term serious kidney disease, people receiving zidovudine to treat HIV, and people receiving chemotherapy for some types of cancer. It may also be used in anemic patients to reduce the need for blood transfusions before certain planned surgeries that have a high risk of blood loss.
Erythropoietin	Also known as haematopoietin or haemopoietin, is a glycoprotein cytokine secreted by the kidney in response to cellular hypoxia; it stimulates red blood cell production in the bone marrow. Low levels of EPO are constantly secreted sufficient to compensate for normal red blood cell turnover. Common causes of cellular hypoxia resulting in elevated levels of EPO include any anemia, and hypoxemia due to chronic lung disease.
Hemodialysis	Blood passes through an artificial kidney machine and the waste products diffuse across 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, 3 times a week.
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.
Hypotension	Abnormally low blood pressure.
Intermittent Peritoneal Dialysis (IPD)	

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	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.
Levocarnitine	This medication is a diet supplement used to prevent and treat low blood levels of carnitine.
Medical Nutritional Therapy (MNT)	An evidence-based medical approach to treating certain chronic conditions through the use of an individually-tailored nutrition plan.
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 is a treatment modality that 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 eight to ten 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 approximately 30 hours a week, either as three 10-hour sessions or less frequent, but longer, 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

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	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.

REFERENCES

1. Medicare Benefit Policy Manual, Chapter 11, §10- Definitions Relating to ESRD. Effective March 1, 2019. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c11.pdf. Accessed May 13, 2019.
2. Medicare Claims Processing Manual, Chapter 8, §90.3. - Amount of Payment by the DMERC. Effective January 18, 2019. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/clm104c08.pdf. Accessed May 13, 2019.
3. National Coverage Determination: Laboratory Tests – CRD Patients (190.10). Effective October 1, 1997. https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx. Accessed May 13, 2019.

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, but not limited to, *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 the "Provider" tab, then "Tools" and then "Payment Guidelines".

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RULES, PRICING & PAYMENT COMMITTEE HISTORY AND REVISIONS

Date	Action
01/23/2019	• Approved by RGC