Payment Policy: Renal Hemodialysis

Reference Number: CC.PP.067
Last Review Date: 09/2023

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Policy Overview
Chronic kidney disease (CKD) is a worsening condition that without treatment can progress quickly. It describes the gradual loss of kidney function resulting in physical complications that include fluid retention and a rise in electrolyte levels such as potassium, which consequently can lead to heart failure and sudden death. When left untreated, CKD can evolve into irreversible kidney damage and ultimately failure. When the kidneys are unable to function, dialysis or a kidney transplant is necessary to sustain life.

The purpose of this policy is to define claims payment criteria for renal hemodialysis.

Hemodialysis
Hemodialysis is a procedure where a dialyzer (artificial kidney) machine is used to remove wastes and toxins from the blood and return clean blood to the system. To facilitate this process, a minor surgical procedure is performed on the patient to widen and strengthen the blood vessels to allow high blood flow to and from the dialyzer. One common method of widening the blood vessels is the surgical creation of an arteriovenous (AV) fistula. This procedure joins an artery and vein in the patient's arm that can handle the large needles that carry blood to and from the dialyzer. When a patient's veins are too small for a fistula, the surgeon may place an arteriovenous graft (soft tubing) to join an artery and vein. A surgeon may also elect to access the blood vessels though a tube (catheter) placed in a large vein in the patient's neck.

When access is obtained by fistula or graft, a nurse or technician will place two needles into the access site at the beginning of each dialysis session. The needles connect to soft tubes that connect to the dialyzer.

The dialyzer consists of two compartments separated by a semipermeable membrane. It mixes the dialysate (washing solution) that helps pull waste and toxins from the blood. Blood flows from the vessels through one of the access tubes where it is drained into the dialyzer from the top. Once in the dialyzer, blood flows through the compartment into a semipermeable membrane. At the same time blood is entering the dialyzer from the top, the dialysate solution is entering from the bottom into the second compartment. This solution surrounds the membranes holding the blood and washes the small waste products and other toxins away in the drain. Larger proteins and other essential blood products remain in the blood. A continuous cycling process removes and returns clean blood to the body. During this process, the blood and dialysate fluid move in opposite directions and do not mix.

Renal hemodialysis is typically performed over 3-5 hours, three times per week.

Application

- Commercial, Marketplace, Medicare, Medicaid
- End-Stage Renal Disease Treatment Facility
- Freestanding outpatient dialysis facilities
- Outpatient facilities
- Home
- **This policy does not apply to Peritoneal Dialysis**

Reimbursement

The health plan's prepayment (after services are rendered, but prior to claims payment), automated claims review process will evaluate provider claims on a per-treatment basis.

Providers furnishing hemodialysis services are reimbursed up to three times per calendar week. For example, week one represents Sunday through Saturday.

If the provider bills for treatments in excess of this frequency, either in units or visits, the applicable service line will deny any units or visits above the three times per week limitation.

Documentation Requirements

If a provider receives a claim denial for additional hemodialysis beyond the usual weekly maintenance dialysis due to the Member's underlying condition, the dialysis provider may request a reconsideration or appeal. The claim appeal must be accompanied by a medical justification for payment to be made.

Coding and Modifier Information

This payment policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT® codes and descriptions are copyrighted 2023, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this payment policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT/HCPCS/REV Code	Descriptor
90935	Hemodialysis procedure with single evaluation by a physician or other qualified health professional.
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription
90999	Unlisted dialysis procedure, inpatient or outpatient
0821	Hemodialysis-outpatient or home-hemodialysis composite or other rate
0825	Hemodialysis-outpatient or home-support services
0826	Hemodialysis-outpatient or home-hemodialysis-shorter duration

0829	Hemodialysis-outpatient or home, other outpatient hemodialysis
0880	Miscellaneous dialysis, general classification
0881	Miscellaneous dialysis, ultrafiltration

Modifier	Descriptor
NA	NA

ICD-10 Codes	Descriptor
NA	NA

Definitions:

Chronic Kidney Disease
Medical conditions that cause damage to the kidneys. This damage decreases the kidneys' ability to function properly. As a result, wastes build up in the body. This may cause high blood pressure, anemia, poor nutritional health, heart and blood vessel disease. If left untreated, kidney disease can lead to kidney failure, which requires lifelong dialysis or a kidney transplant to sustain life.

Dialysate
A fluid solution consisting of pure water, electrolytes and salts (such as bicarbonate ad sodium) that pulls waste and toxins by diffusion into the dialysate.

Dialyzer
Artificial kidney used to remove excess wastes and fluids from the blood. The dialyzer has two compartments, one containing a washing solution (dialysate) where toxins and waste pass through a thin membrane and the other containing blood cells and proteins too large to pass through the membrane.

Diffusion
The movement of a substance from an area of higher concentration to an area of lower concentration.

Semipermeable Membrane
A layer with tiny holes that allows only certain molecules or substances to pass through it by diffusion.

Additional Information

Related Documents or Resources
NA

References

1. *Current Procedural Terminology (CPT®)*, 2023
2. *Centers for Medicare and Medicaid Services,* CMS Manual System and other CMS publications and services.

Revision History	
08/11/2020	Initial Policy Draft
08/23/2020	Added Home to "Application" section
09/29/2020	Added Revenue Codes and Definitions; Added Documentation Requirements *"If a provider receives a claim denial for additional hemodialysis beyond the usual weekly maintenance dialysis due to the Member's underlying condition, the dialysis provider may request a reconsideration or appeal. The claim appeal must be accompanied by a medical justification for payment to be made."*
09/29/2021	Conducted annual review. Removed "Product Type". Updated copyright dates. Confirm codes.
09/29/2022	Conducted annual review, updated policy dates, confirmed codes.
09/29/2023	Conducted annual review, updated copyright dates, confirmed codes.

Important Reminder

For the purposes of this payment policy, "Health Plan" means a health plan that has adopted this payment policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any other of such health plan's affiliates, as applicable.

The purpose of this payment policy is to provide a guide to payment, which is a component of the guidelines used to assist in making coverage and payment determinations and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage and payment determinations and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable plan-level administrative policies and procedures.

This payment policy is effective as of the date determined by Health Plan. The date of posting may not be the effective date of this payment policy. This payment policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this payment policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. Health Plan retains the right to change, amend or withdraw this payment policy, and additional payment policies may be developed and adopted as needed, at any time.

This payment policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members. This payment policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this policy are independent contractors who exercise independent judgment and over whom Health Plan has no control or right of control. Providers are not agents or employees of Health Plan.

This payment policy is the property of Centene Corporation. Unauthorized copying, use, and distribution of this payment policy or any information contained herein are strictly prohibited. Providers, members and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this payment policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this payment policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs and LCDs should be reviewed prior to applying the criteria set forth in this payment policy. Refer to the CMS website at http://www.cms.gov for additional information.