

Dialysis

Policy

Harvard Pilgrim reimburses contracted providers for provision of dialysis services.

Policy Definition

Dialysis is an artificial process that takes over some of the work normally performed by healthy kidneys. The main functions of dialysis include clearing wastes from the blood, restoring the balance of certain electrolytes in the blood, and eliminating extra fluid from the body.

Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. (Refer to *Referral, Notification and Authorization* for more information.)

HMO/PPO/POS

- An order is required for home dialysis services.
- Notification is required for inpatient admissions. (Refer to *Emergent/Urgent Admission Notification* and *Elective Admissions Notification* for specific requirements.)

Open Access HMO and POS

For *Open Access HMO and Open Access POS* products, no referral is required to see a contracted specialist.

Harvard Pilgrim Reimburses¹

HMO/POS/PPO

- Hemodialysis during the first 30 months (Medicare primary coverage commences after the patient's first 30 months of hemodialysis for Medicare eligible end stage renal disease [ESRD] members.)

Freestanding Outpatient

- Freestanding outpatient dialysis facilities at an all-inclusive global rate, per treatment, including but not limited to:
 - All services rendered during dialysis treatment
 - Disposable supplies
 - Drugs and biologicals, related to dialysis treatment administered by dialysis clinicians
 - Laboratory tests rendered by the dialysis facility
 - Nutritional counseling when medically necessary
 - Relevant facility fees
 - Related solutions
 - Hemoperfusion and hemofiltration
- Additional services are reimbursed separately from the global rate, including:
 - Medically necessary non-emergent ambulance transport (wheel-chair van) (provided by a contracted provider), in lieu of ambulance transportation, to/from the nearest renal dialysis facility that is capable of furnishing services for a member with ESRD
 - Hemodialysis and peritoneal dialysis training
 - Ultrafiltration

Home Dialysis

- Home dialysis, per treatment, at an all-inclusive global rate, including but not limited to:
 - Adjustable dialysis chair.
 - Certain drugs and biologicals, related to dialysis treatment, when they cannot be self-administered and/or when durable medical equipment is necessary for their administration.

- Deionization or reverse osmosis water purification systems for home dialysis use. Including activated carbon filters when prescribed by a physician.
- Disposable supplies.
- Installation charges (may apply to the member's lifetime limit), maintenance and reconditioning of home dialysis equipment is available to members at no cost.
- Supplies necessary to perform all modalities of home dialysis.
- Support services furnished by an approved ESRD facility.
- Ultrafiltration monitor as a component of hemodialysis.

Other home dialysis reimbursement information

Self-administered medications including Epoetin Alfa (Epogen) are not separately reimbursed and are only covered when the member has the prescription drug benefit.

Inpatient dialysis care

- Inpatient dialysis care is reimbursed as determined by the contracted rate for inpatient services. (Refer to *Inpatient Acute Medical Admissions*.)
- Inpatient dialysis care provided to members at a skilled nursing facility or inpatient rehabilitation long term acute care hospital may be separately reimbursable when provided and billed by a Harvard Pilgrim contracted dialysis provider. (Refer to *Skilled Nursing Facility* and *Rehabilitation Facilities/Long Term Acute Care Hospitals*.)

Harvard Pilgrim Does Not Reimburse

HMO/POS/PPO

- Acquisition of water, electricity or waste disposal systems for home dialysis treatment or the cost of water or electricity used in the home
- Compensation of an assistant for home dialysis
- Epoetin Alfa (Epogen) separately (unless specified in your provider agreement)
- Spare deionization tanks
- Services obtained from a non-participating provider that were not authorized by Harvard Pilgrim
- Ultrafiltration monitor independent of conventional dialysis
- Peridex continuous ambulatory peritoneal dialysis (CAPD) filter sets
- Portable dialysis systems

Member Cost-Sharing

Services subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible).

Provider Billing Guidelines and Documentation

Coding²

Code	Description	Comment
0801–809	Inpatient dialysis	Report the number of sessions in Form Locator 46 of the paper UB-04 form or loop 2400, SV2 segment with UN qualifier in the SV204 and number of units in SV205 of the electronic 837I claim.
0820–889	Outpatient or home dialysis and miscellaneous	<ul style="list-style-type: none"> • Bill monthly or at the conclusion of treatment, if earlier • Report the number of units for revenue code 082X–085X in Form Locator 46 of the paper UB-04 form or loop 2400, SV2 segment with UN qualifier in the SV204 and number of

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Code	Description	Comment
		units in SV205 of the electronic 837I claim.
0881	Miscellaneous dialysis—ultrafiltration	Submit this revenue code when ultrafiltration is not performed as part of a normal dialysis session.
085X	Continuous cycling peritoneal dialysis (CCPD)— outpatient or home	This revenue code should not be billed with revenue code categories 082X, 083X, 084X and revenue code 0881 on the same claim.
E1632	Wearable artificial kidney, each	Not reimbursed.
E1635	Compact (portable) travel hemodialyzer system	
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)	Not reimbursed unless specified in the provider agreement.

Related Policies
Payment Policies

- Durable Medical Equipment (DME)
- Hospice Care
- Inpatient Acute Medical Admissions
- Non-covered Services
- Skilled Nursing Facility
- Rehabilitation Facilities/Long-Term Acute Care Hospitals

Referral, Notification & Authorization

- Authorization Policy
- Elective Admission Notification
- Emergent/Urgent Admission Notification
- Notification Policy

Clinical/Authorization Policies

- Home Health Care Authorization
- Medical Transportation

PUBLICATION HISTORY

09/01/00	original documentation
05/01/02	added peritoneal dialysis coding
01/01/03	added temporary out-of-area dialysis for First Seniority members
04/01/03	annual review; authorization clarification
10/01/04	non-covered services, addition of Harvard Pilgrim and Medicare coverage for hemodialysis; dialysis reimbursement under inpatient, outpatient, home and freestanding locations
10/31/05	annual review; clarified services reimbursed separately from the global rate
01/31/07	annual review; no changes
10/31/07	annual review; clarified wheelchair van reimbursement
10/31/08	annual review; update to billing guideline and documentation
09/15/09	annual review; minor updates to coding grid; clarified Epogen
10/15/09	minor edits to clarify Epogen

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09/15/10	annual review; removed authorization requirement for home hemodialysis equipment installation as of service date 7/1/10, added portable dialysis system to not reimbursed, update to related policies
09/15/11	annual review; no changes
01/01/12	removed First Seniority Freedom information from header
09/15/12	annual review; no changes
09/15/13	annual review; clarified reimbursement coverage for Epoetin
06/15/14	ultrafiltration separately reimbursed according to contract terms; clarifications to dialysis training and to non-emergent ambulance transport; added <i>Connecticut Open Access HMO</i> referral information to prerequisites
09/15/14	annual review; added clarification for inpatient dialysis care
09/15/15	annual review; updated electronic billing guidelines; administrative edits
09/15/16	annual review; administrative edits
09/15/17	annual review; clarified comments section for Q4081; added Medical Transportation Prior Authorization Medical Review Criteria to Related Policies section
01/01/18	updated Open Access Product referral information under Prerequisites
09/04/18	annual review; administrative edits
09/03/19	annual review; administrative edits
09/01/20	annual review; administrative edits
09/01/21	annual review; no changes
09/01/22	annual review; no changes
09/01/23	annual review; no changes

¹This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

²The table may not include all provider claims codes related to dialysis.