

Outpatient Dialysis and Home Dialysis

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Disclaimer

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

POLICY STATEMENT

Highmark Health Options may provide coverage under the medical-surgical benefits of the Company's Medicaid products for medically necessary benefits.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

DEFINITIONS

Dialysis – Procedure to remove waste products and excess fluid from the blood when the kidneys stop working properly.

End Stage Renal Disease (ESRD) – 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.

Hemodialysis – Treatment that replaces the work of your own kidneys to clear wastes and extra fluid from your blood.

Highmark Health Options (HHO) – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan Plus LTSS (DSHP Plus LTSS) members.

Peritoneal Dialysis – A type of dialysis which uses the peritoneum in a person's abdomen as the membrane through which fluid and dissolved substances are exchanged with the blood.

POLICY PURPOSE

The purpose of this policy is to provide a guideline regarding payment for Dialysis for the Highmark Health Options Community.

POLICY POSITION

Prior Authorization is not required.

BENEFIT ELIGIBILITY

Dialysis is only provided when member has End Stage Renal Disease (ESRD). Highmark Health Options will cover the first 20 months as the primary payer.

If a member requires dialysis, it is encouraged that the member should proceed with determining Medicare eligibility, at which point Medicaid becomes the payer of last resort. Once the patient is eligible for Medicare, HHO will consider payment of any coinsurances from Medicare. The eligibility for Medicare can be expedited when a patient qualifies for a kidney transplant.

PROVIDER REQUIREMENTS

Any participating renal dialysis facility must follow Section 1881 (b) (1) of the Social Security Act which requires the dialysis facility to be approved to participate in the dialysis program.

CONSULTATIONS AND MEDICAL VISITS

Consultations and medical visits provided on the same day as outpatient dialysis procedures by the same provider, provider group, or his or her associate, are not eligible for separate reimbursement. Payment for those services is included in the allowance for the dialysis procedure with physician evaluation.

The following services related to dialysis are a part of a complete dialysis evaluation and are not separately reimbursed:

- Consultations and Medical Visits
- Hospitalizations and Inpatient Consultations
- Maintenance Care giver services

HOME DIALYSIS

Members are eligible for home hemodialysis in home and peritoneal dialysis.

There are three types of home hemodialysis which include:

1. **Conventional home hemodialysis.** This is done three times a week for three to four hours or longer each time.
2. **Short daily home hemodialysis.** This is usually done five to seven times a week using new machines designed for short daily home treatment. Treatments usually last about two hours each.
3. **Nocturnal home hemodialysis.** This is considered to be long, slow treatments done at night while you sleep. You may do this type of dialysis six nights a week or every other night. Treatments usually last about six to eight hours.

PERITONEAL DIALYSIS

Peritoneal dialysis is eligible at home only and there are two types of peritoneal dialysis.

1. **Continuous Ambulatory peritoneal dialysis (CAPD).** These treatments are used continuously, without a machine, three to five times each day in any clean environment.
2. **Automated peritoneal dialysis (APD).** This is an automated process that uses a machine called a cycler to perform your exchanges. With APD, you are able to choose between a variety of different times and places for dialysis sessions.

Most home hemodialysis programs will ask you to have a care partner who is willing to be with you during each treatment. This care partner can be a family member or friend. Training can take anywhere from several weeks to a few months to complete.

Note: Regarding home hemodialysis if you have an employer group health plan, it will be the primary coverage for the first 30 months of your treatment and follow CMS guidelines.

COVERED DIALYSIS PROCEDURE CODES

Code	Description
90935	Hemodialysis procedure with single evaluation by a physician or other qualified health care professional.
90937	Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription.
90940	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method.
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 health care 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 health care professional, with or without substantial revision of dialysis prescription.
90951	End-stage renal disease (ESRD) related services monthly, for patients younger than two years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with four 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 two years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with two to three 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 two years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with one face-to-face visits by a physician or other qualified health care professional per month.
90954	End-stage renal disease (ESRD) related services monthly, for patients ages 2-11 to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with four 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 ages 2-11 to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with two to three 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 ages 2-11 to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with one 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 ages 12-19 to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with four 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 ages 12-19 to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with two to three 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 age 20 and older; with four or more face-to-face visits by a physician or other qualified health care professional per month.
90961	End-stage renal disease (ESRD) related services monthly, for patients age 20 and older; with two to three 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 age 20 age and older; with one 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 age two 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 ages 2-11 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 ages 12-19 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 age 20 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 age two.
90968	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients ages 2-11.
90969	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients ages 12-19.
90970	End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients age 20 and older.
90989	Dialysis training, patient, including helper where applicable, any mode, completed course.
90993	Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session.
90999	Unlisted dialysis procedure, in hospitalized or outpatient.
99512	Home visit for hemodialysis.
0505F	Hemodialysis plan of care documented (ESRD, P-ESRD).

0507F	Peritoneal dialysis plan of care documented (ESRD).
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COVERED CONSULTATION PROCEDURE CODES FOR DIALYSIS

Code	Description
90940	Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method.
99202	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused/history; an expanded problem focused examination; straightforward medical decision-making. Counseling and/or coordination of care with other physicians other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 20 minutes are spent face-to-face with the patient and/or family.
99203	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components. A detailed history; a detailed examination; medical decision-making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 30 minutes are spent face-to-face with the patient and/or family.
99204	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision-making of moderate complexity. Counseling and/or Coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family.
99205	Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision-making of high complexity Counseling and/or Coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 60 minutes are spent face-to-face with the patient and/or family.
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. Usually the presenting problem(s) are minimal. Typically, five minutes are spent performing or supervising these services.
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: A problem focused history; a problem focused examination; straightforward medical decision-making. Counseling and/or coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Typically, 10 minutes are spent face-to-face with the patient.
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision-making of low complexity. Counseling and coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent

	with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Typically, 15 minutes are spent face-to-face with the patient.
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components; a detailed history; a detailed examination; MEDICAL decision-making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient.
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision-making of high complexity Counseling and/or coordination of care with other physicians, other qualified health care professionals or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 40 minutes are spent face-to-face with the patient.
99342	Home visit for the evaluation and management of a new patient, which requires these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision-making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Physicians typically spend 30 minutes face-to-face with the patient and/or family.
99343	Home visit for the evaluation and management of a new patient, which requires these three key components: a detailed history; a detailed examination; medical decision-making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 45 minutes face-to-face with the patient and/or family.
99344	Home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision-making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of high severity. Physicians typically spend 60 minutes face-to-face with the patient and/or family.
99345	Home visit for the evaluation and management of a new patient, which requires these three key components: a comprehensive history; a comprehensive examination; medical decision-making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant new problem requiring immediate physician attention. Physicians typically spend 75 minutes face-to-face with the patient.
99347	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused interval history; a problem focused examination; straightforward medical decision-making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 15 minutes face-to-face with the patient and/or family.
99348	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused interval history; an expanded problem focused examination; medical decision-making of low complexity.

	Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.
99349	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision-making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.
99350	Home visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive interval history; a comprehensive examination; medical decision-making of moderate to high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are moderate to high severity. The patient may be unstable or may have developed a significant new problem requiring.
99381	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; infant (younger than age one).
99382	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; early childhood (ages one through four).
99383	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; late childhood (ages five through 11 years).
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; adolescent (ages 12 through 17).
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; new patient ages 18 through 39.
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of laboratory/diagnostic procedures, new patient; new patient ages 40 through 64.
99401	Preventive medicine counseling and/or risk factor reduction Intervention(s) provided to an individual (separate procedure); approximately 15 minutes.
99402	Preventive medicine counseling and/or risk factor reduction Intervention(s) provided to an individual (separate procedure); approximately 30 minutes.
99403	Preventive medicine counseling and/or risk factor reduction Intervention(s) provided to an individual (separate procedure); approximately 45 minutes.
99404	Preventive medicine counseling and/or risk factor reduction Intervention(s) provided to an individual (separate procedure); approximately 60 minutes.
99411	Preventive medicine counseling and/or risk factor reduction Intervention(s) provided to an individual in a group setting (separate procedure); approximately 30 minutes.

99412	Preventive medicine counseling and/or risk factor reduction Intervention(s) provided to an individual in a group setting (separate procedure); approximately 60 minutes.
99429	Unlisted preventive medicine service.
99499	Unlisted evaluation and management service.
G0380	Level 1 hospital emergency department visit provided in a type B emergency department ; (the ED must meet at least one of the following requirements: (1) It is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) It is held out to the public (by name, posted signs, advertising, or other means) As a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) During the calendar year immediately preceding the calendar year in which a
G0381	Level 2 hospital emergency department visit provided in a type B emergency department ; (the ED must meet at least one of the following requirements: (1) It is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) It is held out to the public (by name, posted signs, advertising, or other means) As a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) During the calendar year immediately preceding the calendar year.
G0382	Level 3 hospital emergency department visit provided in a type B emergency department ; (the ED must meet at least one of the following requirements: (1) It is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) It is held out to the public (by name, posted signs, advertising, or other means) As a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) During the calendar year immediately preceding the calendar year.
G0383	Level 4 hospital emergency department visit provided in a type B emergency department ; (the ED must meet at least one of the following requirements: (1) It is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) It is held out to the public (by name, posted signs, advertising, or other means) As a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) During the calendar year immediately preceding the calendar year.
G0384	Level 5 hospital emergency department visit provided in a type B emergency department ; (the ED must meet at least one of the following requirements: (1) It is licensed by the state in which it is located under applicable state law as an emergency room or emergency department; (2) It is held out to the public (by name, posted signs, advertising, or other means) As a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or (3) During the calendar year immediately preceding the calendar year.

COVERED SUPPLIES CODES FOR DIALYSIS

Code	Description
A4671	Disposable cycler set used with cycler dialysis machine, each.
A4674	Chemicals/antiseptics solution used to clean/sterilize dialysis equipment, per 8 oz.
A4740	Shunt accessory, for hemodialysis, any type, each.
A4750	Blood tubing, arterial or venous, for hemodialysis, each.
A4755	Blood tubing, arterial and venous combined, for hemodialysis, each.
A4760	Dialysate solution test kit, for peritoneal dialysis, any type, each.

A4765	Dialysate concentrate, powder, additive for peritoneal dialysis, per packet.
A4766	Dialysate concentrate, solution, additive for peritoneal dialysis, per 10 ml.
A4770	Blood collection tube, vacuum, for dialysis, per 50.
A4771	Serum clotting time tube, for dialysis, per 50.
A4772	Blood glucose test strips, for dialysis, per 50.
A4773	Occult blood test strips, for dialysis, per 50.
A4774	Ammonia test strips, for dialysis, per 50.
A4802	Protamine sulfate, for hemodialysis, per 50 mg.
A4860	Disposable catheter tips for peritoneal dialysis, per 10.
A4870	Plumbing and/or electrical work for home hemodialysis equipment.
A4890	Contracts, repair and maintenance, for hemodialysis equipment.
A4911	Drain bag/bottle, for dialysis, each.
A4913	Miscellaneous dialysis supplies, not otherwise specified.
A4918	Venous pressure clamp, for hemodialysis, each.
A4929	Tourniquet for dialysis, each.
E1510	Kidney, dialysate delivery syst kidney machine, pump recirculating, air removal syst, flowrate meter, power off, heater and temperature control with alarm, I.V. poles, pressure gauge, concentrate container.
E1520	Heparin infusion pump for hemodialysis.
E1530	Air bubble detector for hemodialysis, each, replacement.
E1540	Pressure alarm for hemodialysis, each, replacement.
E1550	Bath conductivity meter for hemodialysis, each.
E1560	Blood leak detector for hemodialysis, each, replacement.
E1570	Adjustable chair, for ESRD patients.
E1575	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10.
E1590	Hemodialysis machine.
E1592	Automatic intermittent peritoneal dialysis system
E1594	Cycler dialysis machine for peritoneal dialysis.
E1600	Delivery and/or installation charges for hemodialysis equipment.
E1610	Reverse osmosis water purification system, for hemodialysis.
E1615	Deionizer water purification system, for hemodialysis.
E1620	Blood pump for hemodialysis, replacement.
E1625	Water softening system, for hemodialysis.
E1629	Tablo hemodialysis system for the billable dialysis service.
E1630	Reciprocating peritoneal dialysis system.
E1632	Wearable artificial kidney, each.
E1634	Peritoneal dialysis clamps, each.
E1635	Compact (portable) travel hemodialyzer system.
E1636	Sorbent cartridges, for hemodialysis, per 10.

E1637	Hemostats, each.
E1639	Scale, each.
E1699	Dialysis equipment, not otherwise specified.

REVENUE CODE(S)

Code	Description
0820	Hemodialysis Outpatient or Home-General Classification.
0821	Hemodialysis Outpatient or Home- Hemodialysis Composite or Other Rate.
0822	Hemodialysis Outpatient or Home-Home Supplies.
0823	Hemodialysis Outpatient or Home-Home Equipment.
0824	Hemodialysis Outpatient or Home-Maintenance 100%.
0825	Hemodialysis Outpatient or Home-Support Services.
0829	Hemodialysis Outpatient or Home-Other OP Hemodialysis.
082X	Category Title: Hemodialysis Outpatient or Home.
082X	Reserved Category Title: Hemodialysis Outpatient or Home.
0830	Peritoneal Dialysis Outpatient or Home-General Classification
0831	Peritoneal Dialysis Outpatient or Home- Peritoneal/Composite or other rate.
0832	Peritoneal Dialysis Outpatient or Home or Home-home supplies.
0833	Peritoneal Dialysis Outpatient or Home -Home equipment.
0834	Peritoneal Dialysis Outpatient or Home -Maintenance-100%.
0835	Peritoneal Dialysis Outpatient or Home- Support Services.
0839	Peritoneal Dialysis Outpatient or Home- Other Outpatient Peritoneal Dialysis.
083X	Category Title: Peritoneal Dialysis Outpatient or Home.
0840	Continuous Ambulatory Peritoneal Dialysis (CAPD) Outpatient or Home-General Classification.
0841	Continuous Ambulatory Peritoneal Dialysis (CAPD) Outpatient or Home- CAPD/Composite or Other Rate.
0842	Continuous Ambulatory Peritoneal Dialysis (CAPD) Outpatient or Home- Home Supplies.
0843	Continuous Ambulatory Peritoneal Dialysis (CAPD) Outpatient or Home- Home Equipment.
0844	Continuous Ambulatory Peritoneal Dialysis (CAPD) Outpatient or Home- Maintenance 100%.
0845	Continuous Ambulatory Peritoneal Dialysis (CAPD) Outpatient or Home- Support Services.
0849	Continuous Ambulatory Peritoneal Dialysis (CAPD) Outpatient or Home- Other Outpatient CAPD.
084X	Category Title Continuous Ambulatory Peritoneal Dialysis (CAPD) Outpatient or Home.
0850	Continuous Cycling Peritoneal Dialysis (CCPD) Outpatient or Home- General Classification.
0851	Continuous Cycling Peritoneal Dialysis (CCPD) Outpatient or Home-CCPD Composite or Other Rate.
0852	Continuous Cycling Peritoneal Dialysis (CCPD) Outpatient or Home-Home Supplies.

0853	Continuous cycling peritoneal dialysis (CCPD) outpatient or home – home equipment.
0854	Continuous cycling peritoneal dialysis (CCPD) outpatient or home – maintenance 100%.
0855	Continuous cycling peritoneal dialysis (CCPD) outpatient or home – support services.
0859	Continuous cycling peritoneal dialysis (CCPD) outpatient or home – other outpatient CCPD.
085X	Category Title: continuous cycling peritoneal dialysis (CCPD) – outpatient or home.
0860	Magnetoencephalography (MEG) – general classification.
0861	Magnetoencephalography (MEG) – MEG.
086X	Category title: magnetoencephalography (MEG).

MODIFIER 25 EXCEPTION

If the consultations and medical care are for a non-renal condition, modifier 25 may be appended with medical care (e.g., visits, consults) to identify it as significant and separately identifiable from the other service(s) provided on the same day. When modifier 25 is reported, the patient’s records must clearly document that separately identifiable medical care was rendered and unrelated to the dialysis procedure or renal failure, which cannot be rendered during the dialysis session. Medical necessity for services appended with modifier 25 will be determined through a medical review.

Reference

CMS.gov. <https://www.kidney.org/atoz/content/homehemo>.

POLICY UPDATE HISTORY

02/23/2023	Approved in Reimbursement Policy Committee
02/27/2023	Approved in Product and Market Governance Meeting