

Dialysis Services

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[Instructions for Use](#)

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Related Medicare Advantage Policy Guideline
• Medical Nutrition Therapy (NCD 180.1)

Coverage Guidelines

Dialysis (peritoneal and hemodialysis) services are covered when Medicare criteria are met.

COVID-19 Public Health Emergency Waivers and Flexibilities: In response to the COVID-19 Public Health Emergency, CMS has guidance for certain services. For a comprehensive list of coronavirus waivers and flexibilities, refer to <https://www.cms.gov/about-cms/emergency-preparedness-response-operations/current-emergencies/coronavirus-waivers>. (Accessed January 4, 2021)

Dialysis Services

Dialysis (peritoneal, hemofiltration, ultrafiltration and hemodialysis) services and all medically necessary equipment and supplies used to furnish dialysis in a Medicare certified ESRD Facility, member’s home or inpatient hospital facility are covered in accordance with Medicare coverage criteria. Refer to the [Medicare Benefit Policy Manual, Chapter 11, §10 – Definitions Relating to ESRD](#). (Accessed January 7, 2021)

Notes:

- Dialysis services must be administered in the member’s home (under the overall management of a Medicare certified ESRD facility) or at a Medicare certified ESRD facility.
- Medicare pays for one month’s emergency reserve supply for Method II home dialysis patients, once in a member’s lifetime for each dialysis modality the member receives. Refer to the [Medicare Claims Processing Manual, Chapter 8, §90.3.1 – Billing Instructions for Method II to DME MACs](#). (Accessed January 7, 2021)

Covered Dialysis Services and Other Related Services

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

- 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. Refer to the [Medicare Benefit Policy Manual, Chapter 1, §10 – Covered Inpatient Hospital Services Covered Under Part A](#). (Accessed January 7, 2021) Also refer to the [Medicare Claims Processing Manual, Chapter 4, §200.2 – Hospital Dialysis Services For Patients with and without End Stage Renal Disease \(ESRD\)](#). (Accessed January 7, 2021)
- Peridex CAPD filter sets are not covered. Refer to the [NCD for Peridex CAPD Filter Set \(230.13\)](#). (Accessed January 7, 2021)

- Dialysis Furnished to Home Patients Who Are Traveling: Routine dialysis services may be covered when the member is temporarily absent from their service area. Refer to the [Medicare Benefit Policy Manual, Chapter 11, §30.1.B – In-facility Dialysis Sessions Furnished to Home Patients Who Are Traveling](#). (Accessed January 7, 2021) Also refer to the [Medicare Claims Processing Manual, Chapter 8, §100 – Dialysis Sessions Furnished to Patients Who are Traveling](#). (Accessed January 7, 2021)
- 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. Refer to the [NCD for Laboratory Tests – CRD Patients \(190.10\)](#) (Accessed January 7, 2021) Also refer to the [Medicare Benefit Manual, Chapter 11, §20.2 – Laboratory Services](#). (Accessed January 7, 2021)
- Drugs and biologicals used for the treatment of ESRD generally are covered in accordance with Medicare coverage criteria. For a comprehensive list of covered drugs and biologicals; Refer to the [Medicare Benefit Policy Manual, Chapter 11, §20.3-20.3.1 – Drugs and Biologicals](#). (Accessed January 7, 2021) Also refer to the [Medicare Benefit Policy Manual Chapter 15, §50 – Drugs and Biologicals](#). (Accessed January 7, 2021)
- 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. Refer to the [Medicare Benefit Policy Manual, Chapter 10 – Ambulance Services](#). (Accessed January 7, 2021) Also refer to the Coverage Summary titled [Ambulance Services](#).
- Water purification and softening systems used in conjunction with home dialysis are covered when criteria are met. Refer to the [NCD for Water Purification and Softening Systems Home Dialysis \(230.7\)](#). (Accessed January 7, 2021) Also refer to the [Medicare Benefit Policy Manual, Chapter 11, §30.1 – Home Dialysis Items and Services](#). (Accessed January 7, 2021)
- Medical Nutritional Therapy (MNT) is covered when criteria are met; refer to the [NCD for Medical Nutrition Therapy \(180.1\)](#) for coverage criteria. (Accessed January 7, 2021)

Notes:

- 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 member receiving DSMT is subsequently diagnosed with renal disease

Also refer to the [Medicare Benefit Policy Manual, Chapter 11, §40 I – Nutritional Services and Services](#). (Accessed January 7, 2021)

- 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

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, refer to the [NCD for Levocarnitine for use in the Treatment of Carnitine Deficiency in ESRD Patients \(230.19\)](#). (Accessed January 7, 2021)

- EPOGEN® (epoetin alfa) and ARANESP® (darbepoetin alfa) are covered for dialysis patients who meet criteria. Refer to the [Medicare Benefit Policy Manual, Chapter 11, §20.3 – Drugs and Biologicals](#). (Accessed January 7, 2021) Also refer to the Coverage Summary titled [Medications/Drugs \(Outpatient/Part B\)](#).
- 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. Refer to the [Medicare Benefit Manual Chapter 11, §30.2 – Home Dialysis Training](#). (Accessed January 7, 2021)
- Ultrafiltration, hyperperfusion and hyperfiltration procedures are covered only when criteria are met. Refer to the [NCD for Ultrafiltration, Hemoperfusion and Hemofiltration \(110.15\)](#). Also refer to the [NCD for Ultrafiltration Monitor \(230.14\)](#). (Accessed January 7, 2021)

Period of Medical Necessity – Home Dialysis Equipment

The following situations may occur causing temporary non-use of equipment:

- Member requires in-facility treatment for re-stabilization or as a result of some

acute condition. The beneficiary is expected to return to home dialysis;

- Member is temporarily without a suitable home dialysis assistant;
- Member is away from home but expects to return; or
- Member 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, DME MACs, DME PSCs or ZPICs determine that medical necessity exists and 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.

Refer to the [Medicare Integrity Manual, Chapter 5, §5.10 – Period of Medical Necessity – Home Dialysis Equipment](#). (Accessed January 7, 2021)

Definitions

Continuous Ambulatory Peritoneal Dialysis (CAPD): A form of peritoneal dialysis that was developed as an alternative method of dialysis for home dialysis members. It is a continuous dialysis process that uses the member's peritoneal membrane as a dialyzer and requires the implanting of an indwelling catheter to provide access to the peritoneum. [Medicare Benefit Policy Manual, Chapter 11, §10 – Definitions Relating to ESRD](#). (Accessed January 7, 2021)

Dialysis: The process in which waste products are removed from the body by diffusion from one fluid compartment to another through a semi-permeable membrane. There are two types of renal dialysis procedures in common clinical usage: hemodialysis and peritoneal dialysis. [Medicare Benefit Policy Manual, Chapter 11, §10 – Definitions Relating to ESRD](#). (Accessed January 7, 2021)

End Stage Renal Disease (ESRD): The final stage of kidney disease where kidney function is irreversible and permanent and requires a regular course of dialysis or a kidney transplantation to maintain life. ESRD is also known as chronic renal failure (CRF). CMS.gov Section on end-stage renal disease (ESRD); available at <http://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Coordination-of-Benefits-and-Recovery-Overview/End-Stage-Renal-Disease-ESRD/ESRD.html> (Accessed January 7, 2021)

Hemodialysis: The most widely used type of dialysis, hemodialysis filters the blood through a kidney machine, where wastes are removed before the blood is returned to the body. [Medicare Benefit Policy Manual, Chapter 11, §10 – Definitions Relating to ESRD](#). (Accessed January 7, 2021)

Home Dialysis: Peritoneal dialysis or hemodialysis performed by an ESRD member after completion of an approved training program. [Medicare Benefit Policy Manual, Chapter 11, §10 – Definitions Relating to ESRD](#). (Accessed January 7, 2021)

Peritoneal Dialysis: A type of dialysis where the filtering takes place within the member's abdominal cavity without the blood leaving the body. There are 3 types of peritoneal dialysis:

- Continuous ambulatory peritoneal dialysis (CAPD);
- Continuous cycling peritoneal dialysis (CCPD) and
- Intermittent peritoneal dialysis (IPD).

[Medicare Benefit Policy Manual, Chapter 11, §10 – Definitions Relating to ESRD](#). (Accessed January 7, 2021)

Self-Dialysis: Dialysis performed with little or no professional assistance by an ESRD member who has completed an appropriate training course. This treatment may be performed on an inpatient or outpatient basis. [Medicare Benefit Policy Manual, Chapter 11, §30.2 Home Dialysis Training](#). (Accessed January 7, 2021)

Policy History/Revision Information

Date	Summary of Changes
05/01/2021	Template Update <ul style="list-style-type: none">Reformatted policy; transferred content to new template
01/19/2021	<ul style="list-style-type: none">Routine review; no change to coverage guidelines

Instructions for Use

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The benefit information in this Coverage Summary is based on existing national coverage policy; however, Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

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