

Renal Services and Procedures

Policy Number: MCS080.02
Approval Date: August 17, 2021

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Related Policies
None

Coverage Guidelines

Renal services and procedures are covered when Medicare coverage criteria are met.

Lithotripsy

In addition to the traditional surgical/endoscopic techniques for the treatment of kidney stones, the following lithotripsy techniques are also covered:

- Extracorporeal shock wave lithotripsy (ESWL) for use in the treatment of upper urinary tract kidney stones
- Percutaneous lithotripsy (or nephrolithotomy) of kidney stones by ultrasound or by the related techniques of electrohydraulic or mechanical lithotripsy
- Transurethral ureteroscopic lithotripsy for the treatment of urinary tract stones of the kidney or ureter

Refer to the [National Coverage Determination \(NCD\) Treatment of Kidney Stones \(230.1\)](#). (Accessed July 30, 2021)

Therapeutic Embolization

Therapeutic embolization is covered when done for hemorrhage and for other conditions amenable to treatment by the procedure, when reasonable and necessary for the individual patient. Renal embolization for the treatment of renal adenocarcinoma continues to be covered, effective December 15, 1978, as one type of therapeutic embolization:

- Hemorrhage is covered and other conditions amenable to this treatment.
- Renal embolization for renal adenocarcinoma to:
 - Reduce tumor vascularity preoperatively;
 - Reduce tumor bulk in inoperable cases; or Palliate specific symptoms

Refer to the [NCD Therapeutic Embolization \(20.28\)](#). (Accessed July 30, 2021)

Face-to-Face Kidney Disease Education (KDE)

Face to face Kidney Disease Education (KDE) services are covered when criteria are met. Refer to the Coverage Summary titled [Preventive Health Services and Procedures](#).

Policy History/Revision Information

Date	Summary of Changes
08/17/2021	<p>Coverage Guidelines</p> <p><i>Face-to-Face Kidney Disease Education (KDE)</i></p> <ul style="list-style-type: none">Revised language to indicate Face to Face Kidney Disease Education (KDE) services are covered when criteria are met; refer to the Medicare Advantage Coverage Summary titled <i>Preventive Health Services and Procedures</i> <p><i>HCPCS Codes (removed)</i></p> <ul style="list-style-type: none">Removed content/language pertaining to HCPCS codes G0420 and G0421 <p>Supporting Information</p> <ul style="list-style-type: none">Archived previous policy version MCS080.01

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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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