ULTRAFLTRATION, HEMOPERFUSION AND HEMOFILTRATION (NCD 110.15)

Guideline Number: MPG333.04

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TERMS AND CONDITIONS

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication, and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®***), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

Medicare Advantage Policy Guidelines are the property of UnitedHealthcare. Unauthorized copying, use and distribution of this information are strictly prohibited.

*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the Administrative Guide.

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PURPOSE

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers’ submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

Related Medicare Advantage Policy Guidelines

- Hemodialysis for Treatment of Schizophrenia (NCD 130.8)
- Ultrafiltration Monitor (NCD 230.14)

Related Medicare Advantage Coverage Summary

- Dialysis Services
UnitedHealthcare follows Medicare guidelines such as LCDs, NCDs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the References section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

**POLICY SUMMARY**

**Ultrafiltration**

**Overview**

A process for removing excess fluid from the blood through the dialysis membrane by means of pressure. Ultrafiltration is utilized in cases where excess fluid cannot be removed easily during the regular course of hemodialysis. It is not a substitute for dialysis. When it is performed, it is commonly done during the first hour or two of each hemodialysis on patients who, e.g., have refractory edema. Ultrafiltration is a covered procedure.

Predialysis Ultrafiltration

The predialysis ultrafiltration procedure requires additional staff care, the facility dialysis rate is intended to cover the full range of complicated and uncomplicated nonacute dialysis treatments. No additional facility charge is recognized for predialysis ultrafiltration. The physician's role in ultrafiltration varies with the stability of the patient's condition. In unstable patients, the physician may need to be present at the initiation of dialysis, and available either in-house or in close proximity to monitor the patient carefully. In patients who are relatively stable, but who seem to accumulate excessive weight gain, the procedure requires only a modest increase in physician involvement over routine outpatient hemodialysis.

**Guidelines**

Medical complications may occur which require that ultrafiltration be performed separate from the dialysis treatment, and in these cases an additional charge can be recognized. The claim must be documented as to why the ultrafiltration could not have been performed at the same time as the dialysis.

**Hemoperfusion**

**Overview**

A process which removes substances from the blood using a resin artificial kidney or charcoal. When used in the treatment of life threatening drug overdose, hemoperfusion is a covered service for patients with or without renal failure. Hemoperfusion generally requires a physician to be present to initiate treatment and to be present in the hospital or an adjacent medical office during the entire procedure, as changes may be sudden. Special staff training and equipment are required.

Develop charges for hemoperfusion in the same manner as for any new or unusual service. One or two treatments are usually all that is necessary to remove the toxic compound; document additional treatments. Hemoperfusion may be performed concurrently with dialysis, and in those cases payment for the hemoperfusion reflects only the additional care rendered over and above the care given with dialysis.

**Guidelines**

The effects of using hemoperfusion to improve the results of chronic hemodialysis are not known. Hemoperfusion is not a covered service when used to improve the results of hemodialysis. It has not been demonstrated that the use of hemoperfusion in conjunction with deferoxamine (DFO), in treating symptomatic patients with iron overload, is efficacious. There is also a lack of data regarding its efficacy in treating asymptomatic patients with iron overload. Hemoperfusion used in conjunction with DFO in treating patients with iron overload is not a covered service; i.e., it is not considered reasonable and necessary within the meaning of §1862(a)(1) of the Act.

The use of hemoperfusion in conjunction with DFO for the treatment of patients with aluminum toxicity has been demonstrated to be clinically effective and is therefore regarded as a covered service.

**Hemofiltration**

**Overview**

This process removes electrolytes, fluid and other low molecular weight toxic substances from the blood by filtration through hollow artificial membranes. It may be routinely performed in 3 weekly sessions.

**Guidelines**

Hemofiltration (also known as diafiltration) is a covered procedure under Medicare and is a effective and safe technique for the treatment of ESRD patients and an alternative to hemodialysis and peritoneal dialysis. In contrast to both hemodialysis and peritoneal dialysis treatments, which eliminate dissolved substances via diffusion across
semipermeable membranes, hemofiltration mimics the filtration process of the normal kidney. The technique requires an arteriovenous access. Hemofiltration may be performed either at home or in a facility.

The procedure is most advantageous when applied to high-risk unstable patients, such as older patients with diabetes or cardiovascular diseases, because there are fewer side effects such as hypertension, hypotension or volume overload.

APPLICABLE CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>90935</td>
<td>Hemodialysis procedure with single physician evaluation</td>
</tr>
<tr>
<td>90937</td>
<td>Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription</td>
</tr>
<tr>
<td>90945</td>
<td>Dialysis procedure other than hemodialysis (e.g., peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single physician evaluation</td>
</tr>
<tr>
<td>90947</td>
<td>Dialysis procedure other than hemodialysis (e.g., peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated physician evaluations, with or without substantial revision of dialysis prescription</td>
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<tr>
<td>90997</td>
<td>Hemoperfusion (e.g., with activated charcoal or resin)</td>
</tr>
</tbody>
</table>

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REFERENCES

CMS National Coverage Determinations (NCDs)
NCD 110.15 Ultrafiltration, Hemoperfusion and Hemofiltration

CMS Claims Processing Manual
Chapter 11 End Stage Renal Disease (ESRD)

UnitedHealthcare Commercial Policies
Home Hemodialysis

GUIDELINE HISTORY/REVISION INFORMATION

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
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| 11/08/2017 | • Annual review, no changes  
            | • Updated policy title; previously titled Ultrafiltration, Hemoperfusion, and Hemofiltration (NCD 110.15) |