

Dialysis Services

Policy Number: BIP044.O
Effective Date: January 1, 2026

[Instructions for Use](#)

Table of Contents	Page
Federal/State Mandated Regulations	1
State Market Plan Enhancements	1
Covered Benefits	1
Not Covered	1
Policy History/Revision Information	1
Instructions for Use	2

Related Benefit Interpretation Policies

- [Ambulance Transportation](#)
- [Emergency and Urgent Services](#)

Related Medical Policy

- [Home Hemodialysis](#)

Federal/State Mandated Regulations

None

State Market Plan Enhancements

None

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Acute and chronic dialysis (peritoneal or hemodialysis) services and supplies are covered.

- Acute and chronic dialysis must be authorized by the member’s network medical group or UnitedHealthcare and provided within the member’s network medical group. The fact that the member is outside the geographic area served by the network medical group will not entitle the member to coverage for maintenance of chronic dialysis to facilitate travel.

Notes:

- For hemodialysis in the home, certain criteria must be met. Refer to the Medical Policy titled [Home Hemodialysis](#).
- For chronic hemodialysis, application for Medicare Part A and Part B coverage must be made.
- Benefits are limited to the equipment or supplies that meet the minimum specifications for the needs of the member.

Not Covered

- Travel dialysis
- Non-emergent out-of-area dialysis services

Policy History/Revision Information

Date	Summary of Changes
01/01/2026	<ul style="list-style-type: none"> • Routine review; no change to coverage guidelines • Archived previous policy version BIP044.N

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.