

Dialysis Services

Policy Number: BIP044.K
Effective Date: February 1, 2022

[Instructions for Use](#)

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- | Related Benefit Interpretation Policies |
|---|
| <ul style="list-style-type: none"> Ambulance Transportation Emergency and Urgent Services |
| Related Medical Management Guideline |
| <ul style="list-style-type: none"> 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.

- 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 Management Guideline titled [Home Hemodialysis](#).
- For chronic hemodialysis, application for Medicare Part A and Part B coverage must be made.
- Benefits are limited to the standard item or equipment or supplies that adequately meet the Member’s medical needs.

Not Covered

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

Policy History/Revision Information

Date	Summary of Changes
02/01/2022	<ul style="list-style-type: none"><li data-bbox="337 218 1029 245">• Routine review; no change to benefit coverage guidelines<li data-bbox="337 249 857 277">• Archived previous policy version BIP044.J

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.