



PAYMENT INTEGRITY COMPLIANCE Hemodialysis, Home Hemodialysis, and Peritoneal Dialysis Services

POLICY INFORMATION			
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PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED					
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> ACA QHP ¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA ²	<input checked="" type="checkbox"/> FEP ³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.



PAYMENT INTEGRITY COMPLIANCE Hemodialysis, Home Hemodialysis, and Peritoneal Dialysis Services

Description/Application

Dialysis is a process by which waste products are removed from the body by diffusion from one fluid compartment to another across a semi-permeable membrane.

Dialysis is usually carried out in a clinic setting. While dialysis can be performed at home, home dialysis is not suitable for everyone. Suitability for home dialysis depends on many factors including the patient's physical and mental abilities and medical condition; whether the patient has a dependable, suitable helper who can deal with emergencies; and whether the home environment has the space and facilities needed.

The two types of dialysis commonly used are hemodialysis, either in a dialysis center or at home, and peritoneal dialysis.

The facility or dialysis center providing the dialysis machine and supplies must provide a face-to-face visit between the patient and the provider (MD, PA, APRN) once per month. Self-dialysis training provided by the dialysis facility must be approved to provide dialysis services.

Policy

Self-Dialysis Training

Self-dialysis training is reimbursed for dialysis units and/or centers that train dialysis patients to self-dialyze at home or in a self-dialysis unit at a facility. This applies to all dialysis modalities where training is furnished and is mandatory for at-home therapy. Home therapy charges submitted without training will be denied.

A dialysis facility that is certified to provide services to home patients must ensure through its interdisciplinary team, that home dialysis services are at least equivalent to those provided to in-facility patients and meet all applicable conditions of this part.

The training must—

- Be provided by a dialysis facility that is approved to provide home dialysis services
- Be conducted by a registered nurse who meets the requirements
- Be conducted for each home dialysis patient and address the specific needs of the patient, in the following areas:
 - The nature and management of their kidney failure
 - The full range of techniques associated with the treatment modality selected, including effective use of dialysis supplies and equipment in achieving and delivering the physician's prescription of Kt/V or URR, and effective administration of erythropoiesis-stimulating agent(s) (if prescribed) to achieve and maintain a target level hemoglobin or hematocrit as written in patient's plan of care.
 - How to detect, report, and manage potential dialysis complications, including water treatment problems.
 - Availability of support resources and how to access and use resources
 - How to self-monitor health status and record and report health status information
 - How to handle medical and non-medical emergencies
 - Infection control precautions
 - Proper waste storage and disposal procedures

Standard: Home dialysis monitoring.



- The dialysis facility must
 - Document in the medical record that the patient, the caregiver, or both received and demonstrated adequate comprehension of the training
 - Retrieve and review complete self-monitoring data and other information from self-care patients or their designated caregiver(s) at least every 2 months; and
 - Maintain this information in the patient's medical record.

Standard: Support services

- A home dialysis facility must furnish (either directly, under agreement, or by arrangement with another ESRD facility) home dialysis support services regardless of whether dialysis supplies are provided by the dialysis facility or a durable medical equipment company.

Peritoneal Dialysis

The major advantage to peritoneal dialysis is that it can be performed almost anywhere and one common form, continuous ambulatory peritoneal dialysis requires no machine or electricity. Self-dialysis training must be given to teach patients who go home on peritoneal dialysis on how to manage and document their care.

The peritoneal flow sheet must show the following for each exchange (infusion, dwell, and drainage of the dialysate)

- Date and time of exchange
- Patients' vital signs
- Dialysate dextrose concentration (1.5%, 2.5% or 4.25%)
- Dialysate volume (usually 1,000 to 3,000 mL)
- Medications added to the dialysate if any
- Fill, dwell, and drain times
- Amount of effluent (fluid allowed to drain after exchange) obtained and hourly cumulative output totals
- Effluent characteristics, including color and clarity

The patient's weight and blood glucose level (if diabetic) should be obtained and documented daily before the first exchange in the morning

Peritoneal dialysis is usually done in sessions of 10-24 hours duration seven days a week, and each session is billed and paid as one treatment.

Home Hemodialysis

Home Hemodialysis may be paid up to 3 time per week in the home setting for patients who have end-stage renal disease (ESRD) and,

- Are stable during hemodialysis treatment
- Are free of complications and significant concomitant disease that would render home hemodialysis unsuitable or unsafe
- Have a stable, well-functioning vascular access (i.e., arteriovenous fistula or graft)
- Have demonstrated a positive commitment to following the end- stage renal disease plan of care, including regularly attending stage renal disease plan of care, including regularly attending hemodialysis following prescribed diet, medication regimen, fluid restrictions, etc.
- Have the ability and motivation to learn and carry out the hemodialysis procedure, and the commitment to maintain the hemodialysis treatment



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- Have at least one caregiver (friend or family member) who has also made an informed decision and commitment to assist with the hemodialysis treatment, and who is capable of learning and carrying out the treatment process.
 - Have suitable space and facilities within the home in which to set up and perform the hemodialysis treatment
 - Have access to the support of health care professionals, through a hemodialysis facility, who can be contacted easily and will respond rapidly
 - Have received training and are capable to self-dialyze at home or in a self-dialysis unit
 - CPT 90999 Unlisted dialysis procedure, inpatient, or outpatient is unacceptable for home dialysis and will be denied. Facilities should submit S9335 (hemodialysis) and S9339 (peritoneal dialysis) for home therapy.

Hemodialysis Professional Services

End Stage Renal Disease (ESRD) related services by a physician or other qualified health care professional include the following.

- establishment of a dialyzing cycle
- outpatient evaluation and management of the dialysis visits
- telephone calls
- patient management during the dialysis provided during a full month

Single Evaluation/Re-evaluation

CPT codes 90935-90937 are used for inpatient end-stage renal disease (ESRD) and non-ESRD procedures or for outpatient non-ESRD dialysis services.

Procedure 90935 is reported if only one evaluation of the patient is required related to that hemodialysis procedure. Code 90937 is reported when patient re-evaluation(s) is required during a hemodialysis procedure.

Once Per Month Codes

Codes 90951-90962 are reported once per month to distinguish age-specific services related to the patient's ESRD performed in an outpatient setting with three levels of service based on the number of face-to-face visits.

In the circumstances in which the patient has had a complete assessment visit during the month and services are provided over a period of less than a month, 90951-90962 may be used according to the number of visits performed.

Age Specific, less than a full month of Service

Codes 90967-90970 are reported to distinguish age-specific services for end-stage renal disease (ESRD) services for less than a full month of service, per day, for services provided under the following circumstances.

- transient patients, partial month where there was one or more face-to-face visits without the complete assessment
- patient was hospitalized before a complete assessment was furnished,



- dialysis was stopped due to recovery or death,
- patient received a kidney transplant.

For reporting purposes, a month is considered 30 days.

Hemodialysis In-Facility Services

Facility services for hemodialysis should be submitted with CPT code 90999 - unlisted dialysis procedure, inpatient, or outpatient.

CPT/HCPCS codes are required to be billed with a specific Bill Type and Revenue Code. CPT 90999 (Facility) will be allowed with bill type 072 and rev code 0821/0881. All other bill types and revenue codes will be denied as inappropriate.

Urea Reduction Ratio

All hemodialysis claims must indicate the most recent Urea Reduction Ratio (URR) for the dialysis patient. If the modifier is not present, the claim will be denied and returned for the appropriate modifier.

- G1 Most recent URR of less than 60%
- G2 Most recent URR of 60% to 64.9%
- G3 Most recent URR of 65% to 69.9%
- G4 Most recent URR of 70% to 74.9%
- G5 Most recent URR of 75% or greater
- G6 ESRD patient for whom less than seven dialysis sessions have been provided in a month

Frequency of Hemodialysis

Hemodialysis is allowed at a maximum of 14 session per month.

For reporting purposes, a month is considered 30 days.

Additional sessions over 14 per month are not considered reasonable and necessary unless fully supported in medical documentation. When performed in a renal dialysis center or outpatient hospital facilities **must** submit these additional services with modifier CG or KX.

- Append modifier CG to each line of service (90999-CG) that exceeds 14 times per month. CG modifier indicates that the facility attests that additional treatment is not reasonable and necessary and should not receive additional payment.
- Append modifier KX to each line of service (90999-KX) that exceeds 14 times per month. KX modifier indicates that the facility includes medical documentation. These codes will be considered for additional payment. Omission of the KX modifier will result in no additional payment for the line item.

Coding

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.



PAYMENT INTEGRITY COMPLIANCE
*Hemodialysis, Home Hemodialysis,
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Dialysis Treatment	Revenue Code	CPT code
Hemodialysis Professional billing	0821	90935, 90937
Hemodialysis Facility billing	0821	90999
Peritoneal dialysis Professional	0841 or 0851	90945, 90947
Peritoneal dialysis Facility	0841 or 0851	90999
Hemodialysis (home)	0821	S9335
Peritoneal (home)	0840 or 0851	S9339
Self-Dialysis Training Complete	0849 or 0859	90989
Self- Dialysis Training Incomplete	0849 or 0859	90993

Diagnosis codes that support additional sessions

E83.30	Disorder of phosphorus metabolism, unspecified
E83.39	Other disorders of phosphorus metabolism
E87.20	Acidosis
E87.21	Acute metabolic acidosis
E87.22	Chronic metabolic acidosis
E87.29	Other acidosis
E87.5	Hyperkalemia
E87.70	Fluid overload, unspecified
E87.71	Transfusion associated circulatory overload
E87.79	Other fluid overload
I30.0	Acute nonspecific idiopathic pericarditis
I30.1	Infective pericarditis
I30.8	Other forms of acute pericarditis
I30.9	Acute pericarditis, unspecified
I32	Pericarditis in diseases classified elsewhere
I50.1	Left ventricular failure, unspecified
I50.20	Unspecified systolic (congestive) heart failure
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.30	Unspecified diastolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure



***PAYMENT INTEGRITY COMPLIANCE
Hemodialysis, Home Hemodialysis,
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I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.810	Right heart failure, unspecified
I50.811	Acute right heart failure
I50.812	Chronic right heart failure
I50.813	Acute on chronic right heart failure
I50.814	Right heart failure due to left heart failure
I50.82	Biventricular heart failure
I50.83	High output heart failure
I50.84	End stage heart failure
I50.89	Other heart failure
I50.9	Heart failure, unspecified
I77.0	Arteriovenous fistula, acquired
I95.3	Hypotension of hemodialysis
J81.0	Acute pulmonary edema
M32.12	Pericarditis in systemic lupus erythematosus
N25.81	Secondary hyperparathyroidism of renal origin
009.211	Supervision of pregnancy with history of pre-term labor, first trimester
009.212	Supervision of pregnancy with history of pre-term labor, second trimester
009.213	Supervision of pregnancy with history of pre-term labor, third trimester
009.219	Supervision of pregnancy with history of pre-term labor, unspecified trimester
009.891	Supervision of other high-risk pregnancies, first trimester
009.892	Supervision of other high-risk pregnancies, second trimester
009.893	Supervision of other high-risk pregnancies, third trimester
009.899	Supervision of other high-risk pregnancies, unspecified trimester
R60.1	Generalized edema
R63.5	Abnormal weight gain
T82.898A	Other specified complication of vascular prosthetic devices, implants and grafts, initial encounter
T82.898D	Other specified complication of vascular prosthetic devices, implants and grafts, subsequent encounter
T82.898S	Other specified complication of vascular prosthetic devices, implants and grafts, sequela

References and Resources

Centers for Medicare and Medicaid Services
Blue KC Provider Reference Guide
American Medical Association

Related Documents

N/A



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Revision History		
Version	Date	Summary of Revisions
001	8/1/2022	Initial version
002	9/25/2023	Diagnosis codes that support additional sessions were updated. Added language on use of CPT 90999, CPT 90999 should not be reported for patients who are performing at-home dialysis treatments.
003	3/1/2024	Per CMS added additional rev code 0881 as applicable for use with 90999
004	5/29/2024	Under Frequency of Hemodialysis removed 3x's per week and left maximum of 14 per month
005	8/1/2024	Annual review, no changes were made
006	7/1/2025	Correct Coding Guidelines for home dialysis and Peritoneal dialysis were added with revenue and CPT codes