

# Home Dialysis Equipment and Supplies

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Approved By:	Highmark Health Options – Market Leadership			
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Application:	Application: All participating hospitals and providers			
Page Number(s):	Page Number(s): 1 of 4			

## **Disclaimer**

Highmark Health Options medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

## POLICY STATEMENT

Highmark Health Options may provide coverage under medical surgical benefits of the Company's Medicaid products for medically necessary home dialysis equipment and supplies.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

The qualifications of the policy will meet the standards of the National Committee for Quality Assurance (NCQA) and the Delaware Department of Health and Social Services (DHSS) and all applicable state and federal regulations.

## DEFINITIONS

**Highmark Health Options (HHO)** – Managed care organization serving vulnerable populations that have complex needs and qualify for Medicaid. Highmark Health Options members include individuals and families with low income, expecting mothers, children, and people with disabilities. Members pay nothing to very little for their health coverage. Highmark Health Options currently services Delaware Medicaid: Delaware Healthy Children (DHCP) and Diamond State Health Plan Plus members.

**Home dialysis equipment** – All equipment, supplies and support services, and certain drugs and biologicals that are required to effectively perform dialysis in the home. This includes instruments and non-medical supplies [e.g., scales, blood pressure cuffs, stop watches, stethoscope, heating pad for peritoneal dialysis, etc.] and disposable supplies [e.g., alcohol wipes, sterile drapes, etc.].

## PROCEDURES

A prior authorization is required for items over \$500.00.

Home use of dialysis equipment, supplies, and selected medications may be considered medically necessary when the individual has a diagnosis of end-stage renal disease (ESRD).



All other uses of home dialysis equipment, supplies and selected medications not meeting the criteria as indicated in this policy are considered not medically necessary.

An exception to the general coverage of all dialysis supplies is the "Patient Aid," a device used to train dialysis patients in correcting alarm conditions. These devices are considered not medically necessary.

#### POST-PAYMENT AUDIT STATEMENT

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Health Options at any time pursuant to the terms of your provider agreement.

#### PLACE OF SERVICE: OUTPATIENT

#### **CODING REQUIREMENTS**

CPT code	Description			
A4245	Alcohol wipes, per box (100).			
A4653	Peritoneal dialysis catheter anchoring device, belt, each.			
A4660	Sphygmomanometer/blood pressure apparatus with cuff and stethoscope.			
A4663	Blood pressure cuff only.			
A4670	Automatic blood pressure monitor.			
A4671	Disposable cycler set used with cycler dialysis machine, each.			
A4672	Drainage extension line, sterile, for dialysis, each.			
A4673	Extension line with easy lock connectors, used with dialysis			
A4674	Chemical/antiseptics solution used to clean/sterilize dialysis equipment, per 8oz.			
A4728	Dialysate solution, non-dextrose containing, 500MI.			
A4927	Gloves, nonsterile, per 100.			
A4930	Gloves, sterile, per pair.			
E0210	Electric heat pad, standard.			
E1510	Kidney, dialysate delivery system kidney machine, pump recirculating, air removal system, flowrate meter, power off, heater and temp control with alarm, IV poles, pressure gauge, concentrate container.			
E1520	Heparin infusion pump for hemodialysis.			
E1530	Air bubble detector for hemodialysis, each, replacement.			
E1540	Pressure alarm for hemodialysis, each, replacement.			
E1550	Bath conductivity meter for hemodialysis, each.			
E1560	Blood leak detector for hemodialysis, each, replacement.			
E1570	Adjustable chair, for CRD patients.			
E1575	Transducer protectors/fluid barriers, for hemodialysis, any size, per 10.			

Highmark Health Options is an independent licensee of the Blue Cross Blue Shield Association, an association of independent Blue Cross Blue Shield Plans.

# **Medical Policy**



Hemodialysis machine.		
Reverse osmosis water purification system for hemodialysis.		

### **DIAGNOSIS CODES**

#### **COVERED DIAGNOSIS CODE**

Codes			
N18.6			

#### REIMBURSEMENT

Participating facilities will be reimbursed per their Highmark Health Options contract.

## Reference

DME MAC Jurisdiction A L11498

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Van Eck van der Slujs A, Bonenkamp A, Dekker F, et al. Dutch nocturnal and home dialysis Study to Improve Clinical Outcomes (DOMESTICO): Rational and design. BMC Nephro. 2019; 20:361.



Choi SJ, Obi Y, Ko GJ et al. Comparing patient survival of home hemodialysis and peritoneal dialysis. Am J Nephrol 2020; 51:192–200.

Plumb TJ, Alvarez L, Ross D. et al. Safety and efficacy of the Table hemodialysis system for in center and home hemodialysis. Hemodialysis Int. 2020;24(1)22-28.

#### POLICY UPDATE HISTORY

03/22/2023	Approved in Medical Policy Committee	
03/28/2023	Approved in QI/UM	