

Home Dialysis Equipment and Supplies

Policy ID:	HHO-DE-MP-1246
Approved By:	Highmark Health Options – Market Leadership
Provider Notice Date:	
Original Effective Date:	
Annual Approval Date:	01/26/2022
Last Revision Date:	01/26/2022
Products:	Medicaid
Application:	
Page Number(s):	1-4

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

Home dialysis equipment is 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.]

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 serves Delaware Medicaid: Delaware Healthy Children Program (DHCP) and Diamond State Health Plan and Health Plan Plus members.

POLICY POSITION

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.

The instruments and nonmedical supplies must either be purchased or provided as part of the actual dialysis equipment and included in the overall charge for such equipment. (Coverage does not extend to the rental of these items separately. Claims submitted for rental of the instruments/nonmedical equipment (as separate units) will not be separately reimbursed. Disposable supplies are covered as separate items.)

Total payments for a rental item may not exceed its allowable purchase price, except for those items identified as life sustaining DME.

Shipping charges for home dialysis supplies are covered.

COVERED PROCEDURE CODES

A4245	Alcohol Wipes, Per Box (100).
A4653	Peritoneal Dialysis Catheter Anchoring Device, Belt, Each.
A4660	Sphygomomanometer/blood Pressure Apparatus With Cuff And Stethoscope.
A4663	Blood Pressure Cuff Only.
A4670	Automatic Blood Pressure Monitor.
A4671	Disposable Cyclor Set Used With Cyclor Dialysis Machine, Each.
A4672	Drainage Extension Line, Sterile, For Dialysis, Each.
A4673	Extension Line With Easy Lock Connectors, Used With Dialysis.
A4674	Chemicals/antiseptics Solution Used To Clean/sterilize Dialysis Equipment, Per 8 Oz.
A4728	Dialysate Solution, Non-dextrose Containing, 500 MI.
A4930	Gloves, Sterile, Per Pair.
E0210	Electric Heat Pat, Standard.
E1510	Kidney, Dialysate Delivery System Kidney Machine, Pump Recirculating, Air Removal System, flowrate Meter, Power Off, heater And Temp Control With Alarm, I.v. 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.
E1580	Unipuncture Control System For Hemodialysis.
E1590	Hemodialysis Machine.
E1592	Automatic Intermittent Peritoneal Dialysis System.
E1594	Cycler Dialysis Machine For Peritoneal Dialysis.
E1600	Delivery And/or Installation Charges For Hemodialysis Equipment.
E1610	Reverse Osmosis Water Purification System For Hemodialysis.
E1615	Deionizer Water Purification System, For Hemodialysis.
E1620	Blood Pump For Hemodialysis, Replacement.
E1625	Water Softening System, For Hemodialysis.
E1630	Reciprocating Peritoneal Dialysis System.
E1632	Wearable Artificial Kidney, Each.
E1634	Peritoneal Dialysis Clamps, Each.
E1635	Compact (portable) Travel Hemodialyzer System.
E1636	Sorbent Cartridges, For Hemodialysis, Per 10.
E1699	Dialysis Equipment, Not Otherwise Specified.
J1644	Injection, Heparin Sodium, Per 1000 Units.

Prior Authorization is Required.

COVERED DIAGNOSIS CODES

N18.6				
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References

DME MAC Jurisdiction A L11498

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