This medical policy is not a guarantee of benefits or coverage, nor should it be deemed as medical advice. In the event of any conflict concerning benefit coverage, the employer/member summary plan document (SPD) supersedes this medical policy.

DEFINITIONS: Hemodialysis is becoming increasingly popular with the ready availability of portable home hemodialysis machines such as the NxStage System portable hemodialysis unit. It is also possible that more frequent hemodialysis has the potential to extend life or improve survival.

INDICATIONS: Hemodialysis is considered medically necessary in patients with end stage renal disease for whom a prescription has been written by a licensed physician.

POLICY: In order to qualify for home hemodialysis the member must meet the following conditions:
- Patient must be stable on dialysis
- Patient has a well functioning vascular access
- Patient and/or a non-professional caregiver has the ability to perform and maintain home hemodialysis
- Patient has no complicating conditions or other diseases that make home hemodialysis unsafe, or the patient is not a suitable candidate for home hemodialysis for any other reason
- Periodic monitoring of the member’s condition is done by a skilled nursing visit

Staff-assisted hemodialysis is medically necessary when the above conditions are met and the member has a medical condition that prevents him/her from leaving home OR there is no non-professional caregiver to assist with home hemodialysis. Staff-assisted hemodialysis requires a letter of medical necessity.

Rental of dialysis machine and purchase of supplies is covered under this policy.

PROCESS:

The member or provider must:
1. Contact the Customer Service Department to verify eligibility/benefits.
2. Contact Medical Management to initiate a pre-authorization.
3. Provide clinical information which supports the medical necessity of the requested service.

CPT, HCPC CODES: (see next page)
(Note the codes below are not all-inclusive and MHealth does follow Medicare Guidelines).
CPT, HCPCS CODES CON’T.
(Note the codes below are not all-inclusive and MHealth does follow Medicare Guidelines).

90935  Hemodialysis procedure with single physician evaluation

90937  Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription

90940  Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator method

G8714  Hemodialysis treatment performed exactly three times per week

G8715  Hemodialysis treatment performed less than three times per week or greater than three times per week

G0365  Vessel mapping of vessels for hemodialysis access (services for preoperative vessel mapping prior to creation of hemodialysis access using an autogenous hemodialysis conduit, including arterial inflow and venous outflow)

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

E1575  Transducer protectors/fluid barriers, for hemodialysis, any size, per 10

E1580  Unipuncture control system for hemodialysis

E1590  Hemodialysis machine
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CPT, HCPC CODES CON’T.
(Note the codes below are not all-inclusive and MHealth does follow Medicare Guidelines).

- **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
- **E1635** Compact (portable) travel hemodialyzer system
- **E1636** Sorbent cartridges, for hemodialysis, per 10