END STAGE RENAL DISEASE (ESRD): RENAL DIALYSIS

Effective Date: February 1, 2017  Review Dates: 4/07, 2/08, 2/09, 2/10, 2/11, 12/11, 12/12, 12/13, 2/15, 2/16, 11/16
Date Of Origin: April 11, 2007  Status: Current

Summary of Changes

Clarifications:
- The policy has been renamed from “Home Dialysis” to “End Stage Renal Disease (ESRD): Renal Dialysis as policy criteria has been expanded.
- Pg. 3, Section I, Home Hemodialysis, D, language updated to clarify non-coverage of wearable hemodialysis units/wearable artificial kidneys.
Deletions:
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Additions:
- Pg. 1, Section I, language added to reflect this policy applies to adults age 18 or older with a commercial or Medicaid plan.
- Pgs. 1-2, Section I, A & B, criteria added outlining the coverage of medical care for members diagnosed with ESRD, including maintenance Renal Replacement Therapy (RRT) for End Stage Renal Disease (ESRD).
- Pg. 2, Section I, new section added to reflect criteria for the coverage of Hemodialysis.
- Pg. 3, Section I, criteria for the coverage of Home Hemodialysis updated to reflect the same criteria required for Hemodialysis applies, in addition to the previous criteria.
- Pg. 3, Section I, criteria for the coverage of Peritoneal Dialysis updated to reflect prior authorization of vascular access (AV Fistula/Graft) or Peritoneal Catheter is required for all maintenance dialysis requests.
- Pg. 3, Section II, prior authorization is required beginning 2/1/17 with the exception of hemodialysis for urgent conditions. Prior authorization required for commercial and Medicaid plans only; this policy and prior authorization does not apply to Medicare members.
- Pg. 4-9, Section IV, Description section updated. See policy for details.

I. POLICY/CRITERIA

Special Note: This policy applies to adults age 18 or older with a commercial or Medicaid plan.

A. Medical care for members diagnosed with ESRD is a covered benefit for eligible members. However, when the member becomes entitled to receive primary payment coverage under the Medicare special rules program, Priority Health as the secondary carrier will pay only for copayments or deductibles not covered by Medicare (up to Priority Health’s regular and customary fees) and only when the charges have been approved by Medicare.

Durable Medical Equipment is covered according to the member’s specific Plan.
Note: All members with ESRD will be enrolled in Priority Health Care Management.

Note: A list of Priority Health approved dialysis facilities is available through Medical Management.

B. Coverage for maintenance Renal Replacement Therapy (RRT) for End Stage Renal Disease (ESRD) requires the following:

1. Patient engagement and completion of Shared Decision Making (e.g. EMMI tools @ https://www.my-emmi.com/SelfReg/PHCKD) is highly recommended.

2. Patient referral to a transplantation program occurs when the estimated glomerular filtration rate (eGFR) is <30 mL/min/1.73 m² for those members who have no known contraindications* and interest in transplant as first line RRT.

   *Absolute contraindications to renal transplantation include:
   - Active infections.
   - Active malignancy.
   - Active substance abuse.
   - Reversible renal failure.
   - Uncontrolled psychiatric disease.
   - Documented active and ongoing treatment nonadherence.
   - A significantly shortened life expectancy.

Evaluation of the potential renal transplant recipient, Up-to-Date on-line medical reference (Accessed October 13, 2016)

3. Prior authorization of renal replacement modalities is required.

Hemodialysis

A. Hemodialysis is covered for any of the following non-urgent indications:

1. Patients with eGFR 5 to 15 mL/min/1.73 m² with signs or symptoms attributable to ESRD including any:
   a. Fluid overload refractory to diuretics.
   b. Hypertension poorly responsive to antihypertensive medications
   c. Persistent metabolic disturbances that are refractory to medical therapy. These include hyperkalemia, hyponatremia, metabolic acidosis, hypercalcemia, hypocalcemia, and hyperphosphatemia.

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d. Persistent nausea and vomiting
e. Evidence of malnutrition

2. Patients with eGFR &lt; 5 mL/min/1.73 m²

B. Hemodialysis for urgent conditions (e.g. uremic pericarditis or pleuritic, progressive uremic encephalopathy) does not require prior authorization.

**Home Hemodialysis**

A. Priority Health covers home hemodialysis when all of the following are met:
   1. Patient meets criteria for hemodialysis as defined in the section above.
   2. Patient has stable end stage renal disease (ESRD).
   3. Patient is capable of completing a home dialysis training program and adhering to a prescribed treatment regimen.
   4. Patient has an adequate caregiver and arrangements with a backup, facility-based dialysis center.
   5. Patient is under the care of a physician and receiving services under a plan of care.

B. For Medicaid members, if a member qualifies for Medicare, coverage begins the first day of hemodialysis for chronic renal failure.

C. Dialysis equipment and supplies are covered at the contracted fee, and are not separately billable.

D. Wearable hemodialysis units/wearable artificial kidneys are investigational and not a covered benefit.

**Peritoneal Dialysis**

Peritoneal dialysis in the home is a covered benefit for ESRD.

*Note: Prior Authorization of vascular access (AV Fistula/Graft) or Peritoneal catheter is required for all maintenance dialysis requests.*

*Please see Parenteral Nutritional Therapy Medical Policy #91517 for Intradialytic Parenteral Nutrition criteria.*

**II. MEDICAL NECESSITY REVIEW**

- ☒ Required*
- ☐ Not Required
- ☐ Not Applicable

*Hemodialysis for urgent conditions does not require prior authorization*
*Prior authorization required for commercial and Medicaid plans only; this policy and prior authorization does not apply to Medicare members

III. APPLICATION TO PRODUCTS

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

- **HMO/EPO:** This policy applies to insured HMO/EPO plans.
- **POS:** This policy applies to insured POS plans.
- **PPO:** This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- **ASO:** For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
- **INDIVIDUAL:** For individual policies, consult the individual insurance policy document. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
- **MEDICARE:** Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN:** For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42551-159815--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42543_42551-159815--,00.html). If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--,00.html), the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IV. DESCRIPTION

Chronic Kidney Disease (CKD) is a general term for a group of heterogeneous disorders affecting kidney structure and function. CKD is a progressive condition, which is defined as kidney damage which lasts greater than or equal to three (3) months demonstrated by pathologic abnormalities, in abnormal blood or urine markers or on renal imaging, and/or a glomerular filtration rate (GFR) less than 60 mL/min/1.73m². The abnormal kidney function must persist for greater than or equal to three (3) months with or without kidney damage. Kidney failure is defined as either a GFR of less than 15 mL/min/1.73m² or as the need for renal replacement therapy, i.e., dialysis or renal transplantation. Some causes of kidney failure are diabetes, hypertension, glomerulonephritis, cystic kidney disease, nephrotoxic agents, and infection.

End stage renal disease (ESRD) is traditionally considered as the most serious outcome of CKD. ESRD is defined as the stage when renal impairment appears
irreversible and permanent requiring long-term dialysis or kidney transplantation in order to maintain life. Rapidly progressive diseases may lead to ESRD within months but most diseases evolve over decades, and some patients do not progress during many years of follow-up.²

Although the rate of all-cause mortality for dialysis patients remains higher than the general population, the life expectancy of patients with end-stage renal disease (ESRD) has gradually improved since the introduction of dialysis in the 1960s. According to the 2013 United States Renal Data System (USRDS) report, the adjusted 60-month survival probabilities measured from day 1 of therapy for all patients was 0.30 for the cohort starting in 1998 compared with 0.36 for the cohort starting in 2006³.

Dialysis modalities include hemodialysis, either in a dialysis center or at home, or peritoneal dialysis, including chronic ambulatory peritoneal dialysis (CAPD) or automated peritoneal dialysis (APD). Conservative nondialysis care may be the appropriate decision for many older or more infirm individuals,⁴ while preemptive or early transplantation may be the best for many other patients.

Patient centered education regarding predialysis and dialysis preparation has been advised to begin early; to involve patients, their families, and their caregivers, if possible; and to be continually reinforced in a positive and patient sensitive manner.⁵ ⁶ Further, given the high prevalence of cognitive impairment ⁷ and delirium among patients with kidney failure, as well as acknowledged difficulties predicting the rate of progression to kidney failure among patients with advanced CKD, ⁸ ⁹ it is imperative that patients’ informants and proxy decision makers be involved in the decision-making process early in the disease state.

According to the Kidney Disease Outcomes Quality Initiative 10 patients who reach CKD stage 4 (GFR < 30 mL/min/1.73 m²), including those who have imminent need for maintenance dialysis at the time of initial assessment, should receive education about kidney failure and options for its treatment, including kidney transplantation, PD, HD in the home or in-center, and conservative treatment. Patients’ family members and caregivers also should be educated about treatment choices for kidney failure.

Kidney transplantation is the treatment of choice for most patients with end-stage renal disease (ESRD)11, 12 A successful kidney transplant improves quality of life and reduces the mortality risk for the majority of patients when compared with maintenance dialysis.

Approximately 2.5 percent of patients with end-stage renal disease (ESRD) received a renal transplant as the initial treatment for their ESRD.13 Transplantation should be discussed with all patients with irreversible and progressive chronic kidney disease (CKD).

Patients who are interested in transplantation and who have no known contraindications should be referred to a transplantation program when the estimated glomerular filtration rate (eGFR) is <30 mL/min/1.73 m² 14 Although no form of renal replacement is indicated at this level of kidney function, this early referral allows sufficient time for a complete evaluation and for interventions that may be required to address relative contraindications prior to transplantation, both of which can be time consuming. It also allows an opportunity for the candidate to explore his/her potential living-donor options in a timely manner, which may facilitate a transplant before needing dialysis. It is difficult to predict with accuracy the rate of deterioration of kidney function, and, ideally, the transplant should take place before dialysis is required.

Preparation for dialysis is integrated into the overall care of the patient with advanced CKD. Ideally, the decision to initiate dialysis is made long after consideration of the patient for kidney transplantation and after the patient has already chosen his or her dialysis modality through a comprehensive shared decision making process. In addition, it is advisable to have appropriate and functioning access in place.

13 USRDS data
The most important study that informs this recommendation is the IDEAL Study. In this clinical trial conducted in 32 centers in Australia and New Zealand, 828 adult patients with creatinine clearance of 10 to 15 mL/min/1.73 m² were randomized to begin dialysis treatment earlier (10-14 mL/min/1.73 m²; n 5 404) or later (5-7 mL/min/1.73 m²; n 5 424). Upon follow-up, 19% of participants assigned to start dialysis early started later, and 76% of participants assigned to start dialysis late started early. Hence, mean creatinine clearance at the time of initiation of dialysis in the early and late groups was 12.0 and 9.8 mL/min (eGFR, 9.0 vs 7.8 mL/min/1.73 m²), and the median difference in time to dialysis initiation was 5.6 months. There was no significant difference in time to death, CV or infectious events, or complications of dialysis. These results did not differ even when the analyses were restricted to individuals who started treatment with PD. Furthermore, the trend for higher total health care costs in individuals assigned to start dialysis early was not significantly different.

The 2012 KDIGO guidelines suggest that dialysis be initiated when there are signs or symptoms attributable to kidney failure (such as serositis, acid-base or electrolyte disorders not easily corrected medically, pruritus); an inability to control volume status or blood pressure; a progressive deterioration in nutritional status that is refractory to dietary interventions; or cognitive impairment. The KDIGO guidelines state that such signs and symptoms often but not invariably occur when the eGFR is between 5 and 10 mL/min/1.73 m².

The 2014 Canadian Society of Nephrology guidelines recommend monitoring and actively treating symptoms when the eGFR declines below 15 mL/min/1.73 m². The guidelines recommend commencing dialysis in asymptomatic patients when the eGFR declines to below 6 mL/min/1.73 m² or when symptoms occur.

European guidelines suggest that, in patients with a GFR <15 mL/min/1.73 m², dialysis should be considered when symptoms are present, while recognizing that the majority of patients will be symptomatic and need to start dialysis with GFR in the range of 6 to 9 mL/min/1.73 m².

The 2015 KDOQI guidelines suggest that the decision to start dialysis should be based on uremic signs and symptoms, evidence of protein energy wasting, and the ability to medically manage metabolic abnormalities and volume overload and not based upon the level of kidney function.

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<tr>
<th>Uremia</th>
<th>Signs</th>
<th>Symptoms</th>
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<td>• Fatigue</td>
<td>• Seizures/change in seizure threshold</td>
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<td>• Lethargy</td>
<td>• Amenorrhea</td>
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<td></td>
<td>• Confusion</td>
<td>• Reduced core body temperature</td>
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<td></td>
<td>• Anorexia</td>
<td>• Protein-energy wasting</td>
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<td>• Nausea</td>
<td>• Insulin resistance</td>
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<td>• Alterations in senses of smell and taste</td>
<td>• Heightened catabolism</td>
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<td></td>
<td>• Cramps</td>
<td>• Serositis (pleuritis, pericarditis)</td>
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<td>• Restless legs</td>
<td>• Hiccups</td>
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<td></td>
<td>• Sleep disturbances</td>
<td>• Platelet dysfunction</td>
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<td>• Pruritus</td>
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Many patients can be treated with either peritoneal dialysis or hemodialysis. The selection of dialysis modality is influenced by a number of considerations such as availability and convenience, comorbid conditions, socioeconomic and dialysis-center factors, the patient's home situation, the method of clinician reimbursement, and the ability to tolerate volume shifts. Most patients do not have a medical contraindication to either therapy, and patients generally like to have a choice of modalities.

Review of the clinical literature has provided definitive rationale behind ensuring appropriate patient selection for initiation of Peritoneal Dialysis (PD) vs. Hemodialysis (HD): Studies over the last 2 decades indicate that most patients starting maintenance dialysis in the United States are unaware of options for KRT other than in center HD.

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Peritoneal dialysis can be performed using several different techniques. Continuous ambulatory peritoneal dialysis (CAPD) involves multiple exchanges during the day (usually three), followed by an overnight dwell. Automated peritoneal dialysis (APD) refers to techniques that use an automated device to do multiple exchanges overnight, with or without a daytime dwell, such as continuous cycler peritoneal dialysis (CCPD), nightly intermittent peritoneal dialysis (NIPD), and tidal peritoneal dialysis (TPD). Of these, CCPD, the most commonly used, has a long daytime dwell and several cycles overnight. Upon initiating peritoneal dialysis, modality implemented (most commonly either CAPD or CCPD) is often left to patient choice based upon lifestyle or personal issues since ultrafiltration goals will be achieved similarly.

Home hemodialysis (HHD) is a treatment for end-stage renal disease (ESRD) in which the patient self-dialyzes several times per week at home during the day or overnight on a more intensive schedule than conventional, intermittent in-center hemodialysis (HD). HHD is intended to reduce morbidity and mortality associated with conventional HD by shortening the interdialytic interval, which decreases fluctuations in fluid, solute, and electrolyte balance, and more closely mimics physiological kidney function.

V. CODING INFORMATION

ICD-10 Codes that may support medical necessity:

- E08.21 – E08.29 Diabetes mellitus due to underlying condition with kidney complications
- E09.21 – E09.29 Drug or chemical induced diabetes mellitus with kidney complications
- E10.21 – E10.29 Type 1 diabetes mellitus with kidney complications
- E11.21 – E11.29 Type 2 diabetes mellitus with kidney
- E13.21 – E13.29 Other specified diabetes mellitus with kidney
- I12.0 Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease
- I12.9 Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
- I13.0 - I13.2 Hypertensive heart and chronic kidney
- N17.0 – N17.9 Acute kidney failure
- N18.1 Chronic kidney disease, stage 1
- N18.2 Chronic kidney disease, stage 2 (mild)
- N18.3 Chronic kidney disease, stage 3 (moderate)
- N18.4 Chronic kidney disease, stage 4 (severe)

N18.5 Chronic kidney disease, stage 5
N18.6 End stage renal disease
N18.6 End stage renal disease
N18.9 Chronic kidney disease, unspecified

O10.31 Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy

T86.10 Unspecified complication of kidney transplant
T86.11 Kidney transplant rejection
T86.12 Kidney transplant failure
T86.13 Kidney transplant infection
T86.19 Other complication of kidney transplant

**CREATION OF PERMANENT ACCESS**

**CPT/HCPCS codes:**
36818 Arteriovenous anastomosis, open; by upper arm cephalic vein transposition
36819 Arteriovenous anastomosis, open; by upper arm basilic vein transposition
36820 Arteriovenous anastomosis, open; by forearm vein transposition
36821 Arteriovenous anastomosis, open; direct, any site (e.g., Cimino type) (separate procedure)

36825 Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); autogenous graft
36830 Creation of arteriovenous fistula by other than direct arteriovenous anastomosis (separate procedure); nonautogenous graft (e.g., biological collagen, thermoplastic graft)

49418 Insertion of tunneled intraperitoneal catheter (e.g., dialysis, intraperitoneal chemotherapy instillation, management of ascites), complete procedure, including imaging guidance, catheter placement, contrast injection when performed, and radiological supervision and interpretation, percutaneous

49421 Insertion of tunneled intraperitoneal catheter for dialysis, open

**DIALYSIS & RELATED PROCEDURES**

**Revenue codes:**
0800 – 0809 Inpatient Renal Dialysis
0820 – 0829 Hemodialysis—Outpatient or Home
0830 – 0839 Peritoneal Dialysis—Outpatient or Home
0840 – 0849 Continuous Ambulatory Peritoneal Dialysis (CAPD)—Outpatient or Home
0850 – 0859 Continuous Cycling Peritoneal Dialysis (CCPD)—Outpatient or Home
0880 – 0889 Miscellaneous Dialysis

**CPT/HCPCS codes:**
(No PA required for codes 90935 – 90997 when reported as physician services on HCFA 1500 claim)

90935 Hemodialysis procedure with single evaluation by a physician or other qualified health care professional
90937  Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription

90945  Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single evaluation by a physician or other qualified health care professional

90947  Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluations by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription

90957  End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month

90958  End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month

90959  End-stage renal disease (ESRD) related services monthly, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month

90960  End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 4 or more face-to-face visits by a physician or other qualified health care professional per month

90961  End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 2-3 face-to-face visits by a physician or other qualified health care professional per month

90962  End-stage renal disease (ESRD) related services monthly, for patients 20 years of age and older; with 1 face-to-face visit by a physician or other qualified health care professional per month

90965  End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 12-19 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents

90966  End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 20 years of age and older

90969  End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 12-19 years of age

90970  End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 20 years of age and older

90989  Dialysis training, patient, including helper where applicable, any mode, completed course

90993  Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session

90999  Unlisted dialysis procedure, inpatient or outpatient
**Condition Code** *(report for home dialysis):*

74 Renal dialysis setting - home

**Services not requiring prior authorization:**
*(Codes 36147 – 36148 termed January 1, 2017)*

36147 Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava) deleted 1.1.2017

36148 Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure) deleted 1.1.2017

36558 Insertion of tunneled centrally inserted central venous catheter, without subcutaneous port or pump; age 5 years or older

36581 Replacement, complete, of a tunneled centrally inserted central venous catheter, without subcutaneous port or pump, through same venous access

36589 Removal of tunneled central venous catheter, without subcutaneous port or pump

36800 Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein

36810 Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external

36815 Insertion of cannula for hemodialysis, other purpose (separate procedure); arteriovenous, external revision, or closure

36831 Thrombectomy, open, arteriovenous fistula without revision, autogenous or nonautogenous dialysis graft (separate procedure)

36832 Revision, open, arteriovenous fistula; without thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)

36833 Revision, open, arteriovenous fistula; with thrombectomy, autogenous or nonautogenous dialysis graft (separate procedure)

36835 Insertion of Thomas shunt (separate procedure)

36838 Distal revascularization and interval ligation (DRIL), upper extremity hemodialysis access (steal syndrome)

36860 External cannula declotting (separate procedure); without balloon catheter

36861 External cannula declotting (separate procedure); with balloon catheter

36870 Thrombectomy, percutaneous, arteriovenous fistula, autogenous or nonautogenous graft (includes mechanical thrombus extraction and intra-graft thrombolysis)

*(Codes 36901 – 36909, 37246 – 34247 effective January 1, 2017)*

36901 Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial...
anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report;

36902 Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

36903 Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s), injection(s) of contrast, all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava, fluoroscopic guidance, radiological supervision and interpretation and image documentation and report; with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment

36904 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s);

36905 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transluminal balloon angioplasty, peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty

36906 Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpretation, diagnostic angiography, fluoroscopic guidance, catheter placement(s), and intraprocedural pharmacological thrombolytic injection(s); with transcatheter placement of intravascular stent(s), peripheral dialysis segment, including all imaging and radiological supervision and interpretation necessary to perform the stenting, and all angioplasty within the peripheral dialysis segment

36907 Transluminal balloon angioplasty, central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpretation required to perform the angioplasty (List separately in addition to code for primary procedure)

36908 Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging radiological supervision and interpretation required to perform the stenting, and all angioplasty in the central dialysis segment (List separately in addition to code for primary procedure)
36909 Dialysis circuit permanent vascular embolization or occlusion (including main circuit or any accessory veins), endovascular, including all imaging and radiological supervision and interpretation necessary to complete the intervention (List separately in addition to code for primary procedure)

37246 Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; initial artery

37247 Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform the angioplasty within the same artery; each additional artery (List separately in addition to code for primary procedure)

49422 Removal of tunneled intraperitoneal catheter

G0420 Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour

G0421 Face-to-face educational services related to the care of chronic kidney disease; group, per session, per one hour

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

90951 End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month

90952 End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month

90953 End-stage renal disease (ESRD) related services monthly, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month

90954 End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 4 or more face-to-face visits by a physician or other qualified health care professional per month

90955 End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents; with 2-3 face-to-face visits by a physician or other qualified health care professional per month

90956 End-stage renal disease (ESRD) related services monthly, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth
and development, and counseling of parents; with 1 face-to-face visit by a physician or other qualified health care professional per month

90963  End-stage renal disease (ESRD) related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents

90964  End-stage renal disease (ESRD) related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents

90967  End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients younger than 2 years of age

90968  End-stage renal disease (ESRD) related services for dialysis less than a full month of service, per day; for patients 2-11 years of age

(Codes 90935 – 90997 when reported as physician services on HCFA 1500 claim – no PA required)

Not separately payable:
E1590  Hemodialysis machine

Not Covered:
E1632  Wearable artificial kidney, each
E1635  Compact (portable) travel hemodialyzer system

VI. REFERENCES:

7. Vale L, Cody JD, Wallace SA, Daly C, Campbell MK, Grant AM, Khan I, MacLeod AM. Continuous ambulatory peritoneal dialysis (CAPD) versus


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