PROVIDER REIMBURSEMENT GUIDANCE			
Dialysis			
Original Date Approved	Effective Date Senior Care/One Care	Effective Date Medicare Advantage*	Revision Date
04/08/2022	08/01/2022	08/01/2022	

Scope: Commonwealth Care Alliance (CCA) Product Lines

☒ Senior Care Options (MA)
☒ One Care (MA)
☒ Medicare Preferred – (PPO) MA*
☒ Medicare Value - (PPO) MA*
☒ Medicare Preferred – (PPO) RI*
☒ Medicare Value - (PPO) RI*
☒ Medicare Maximum – (HMO DNSP) RI*

PAYMENT POLICY SUMMARY:

The following payment policy applies to CCA contracted providers who perform outpatient dialysis services. CCA covers medically necessary peritoneal and hemodialysis services, in accordance with the member's benefits.

AUTHORIZATION REQUIREMENTS:

Applicable CCA referral, notification and authorization policies and procedures apply. For more information on prior authorizations, please refer to the Prior Authorization Requirements in the plan specific Provider Manual.

REIMBURSEMENT GUIDELINES:

Providers are compensated according to the applicable network contracted rates and fee schedules.

Hemodialysis Frequency: CCA does not compensate for hemodialysis more than three times in a six-day period when billed with an office, home, temporary lodging, outpatient hospital, or ESRD treatment facility place of service.

Evaluation and Management Services: CCA compensates only for one E&M service on the same date of service by a facility provider.

Medicare Advantage Products : ESRD Facility - Hemodialysis Modifiers CCA will not routinely compensate hemodialysis service (90999) when billed without modifier G1-G6 with Bill Type 0720-072Z (Clinic-hospital based or independent renal dialysis center) and another claim line for the same procedure with modifier G1-G6 is not present on the claim.

BILLING and CODING GUIDELINES:

Unless otherwise stated, CCA accepts all industry standard codes. Refer to current industry standard resources for a complete list of ICD, CPT/HCPCS, revenue codes, modifiers, and their usage. Providers may only bill the procedure code(s) in accordance with the applicable financial exhibits of their provider agreements and applicable fee schedules.

BILLING and CODING GUIDELINES, (cont.):

Use of noncontracting labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, CCA may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

NOTE** Services and subsequent payment are pursuant to the member's benefit plan document. Member eligibility and benefit specifics should be verified prior to initiating services.

Code	Description	Comment
0801-809	Inpatient Dialysis	Report the number of sessions in Form Locator 46 of the paper UB-04 form or loop 2400, SV2 segment with UN qualifier in the SV204 and number of units in SV205 of the electronic 837I claim.
0820-889	Outpatient or home dialysis & miscellaneous	• Bill monthly or at the conclusion of treatment, if earlier • Report the number of units for revenue code 082X–085X in Form Locator 46 of the paper UB-04 form or loop 2400, SV2 segment with UN qualifier in the SV204 and number of units in SV205 of the electronic 837I claim.
0881	Miscellaneous dialysis ultrafiltration	Submit this revenue code when ultrafiltration is not performed as part of a normal dialysis session.
085X	Continuous cycling peritoneal dialysis (CCPD)— outpatient or home	This revenue code should not be billed with revenue code categories 082X, 083X, 084X and revenue code 0881 on the same claim.
E1632	Wearable artificial kidney, each	Not reimbursed
E1635	Compact (portable) travel hemodialyzer system	
Q4081	Injection, epoetin alfa, 100 units (for ESRD on dialysis)	Not reimbursed unless specified in the provider agreement.

NOTE* *this table may not include all provider claim codes related to dialysis*

RELATED SERVICE POLICIES:

Durable Medical Equipment

Hospice VBID Care

Skilled Nursing Facilities

AUDIT and DISCLAIMER:

As every claim is unique, the use of this policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management guidelines when applicable and adherence to plan policies, procedures, and claims editing logic. CCA has the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in this payment policy. If such an audit determines that your office/facility did not comply with this payment policy, CCA has the right to expect your office/facility to refund all payments related to non-compliance.

REFERENCES:

- Center for Medicare & Medicaid Services Manual
- Center for Medicare & Medicaid Services PPS
- Payment Policies:
  Massachusetts / Rhode Island
- Provider Manuals:
  Massachusetts / Rhode Island
- Prior Authorization Forms:
  Massachusetts / Rhode Island

POLICY TIMELINE DETAILS:

1. Effective 08/01/2022