Dialysis is a process by which waste products are removed from the body by diffusion from one fluid compartment to another across a semi-permeable membrane. The two types of dialysis commonly in use are hemodialysis and peritoneal dialysis.

REIMBURSEMENT GUIDELINES:

Single evaluation
A single evaluation is a standard "uncomplicated" dialysis session where the physician visits/evaluates the patient but, does not perform any other service for the patient during that dialysis session.
Applicable codes: 90935  90945  G0491  G0492

Repeated evaluations
Evaluations that are intended to represent a "complicated" dialysis session with, or without, substantial revision of dialysis prescription. The physician may visit the patient several times during a session and may also adjust the dialysis prescription.
Applicable codes: 90937  90947  G0491

Consultations and medical visits
Consultations and medical visits provided on the same day as out-patient dialysis procedures by the same provider, provider group, or his or her associate, are not eligible for separate reimbursement. Payment for those services is included in the allowance for the dialysis procedure with physician evaluation.
Applicable codes:

90935  90937  90940  90945  90947  99201  99202  99203  99204  
99205  99211  99212  99213  99214  99215  99241  99242  99243  
99244  99245  99281  99282  99283  99284  99285  99288  99324  
99325  99326  99327  99328  99334  99335  99336  99337  99342  
99343  99344  99345  99347  99348  99349  99350  99351  99381  
99382  99383  99384  99385  99386  99401  99402  99403  99404  
99411  99412  99429  99485  99486  99499  G0380  G0381  G0382  G0383  
G0384

When the severity of the renal condition requires the patient to be hospitalized, inpatient consultations and medical visits provided on the same day as dialysis procedures by the same provider, provider group, or his or her associate, are not eligible for separate reimbursement. Payment for those services is included in the allowance for the dialysis procedure with physician evaluation.

Applicable codes:

99217  99218  99219  99220  99221  99222  99223  99231  99232  
99251  99252  99253  99254  99255  90935  90937  90940  90945  
90947

Modifier 25 Exception

If the consultations and medical care are for a non-renal condition, modifier 25 may be appended with medical care (e.g. visits, consults) to identify it as significant and separately identifiable from the other service(s) provided on the same day. When modifier 25 is reported, the patient’s records must clearly document that separately identifiable medical care was rendered and unrelated to the dialysis procedure or renal failure, which cannot be rendered during the dialysis session. Medical necessity for services appended with modifier 25 will be determined through a medical review.

Additional Reimbursement Guidelines

1. Claims for an unscheduled or emergency dialysis treatment for an ESRD patient in a hospital outpatient department that is not an ESRD facility should be processed using code G0257.

2. CAPD is a method of dialysis performed by the patient. If a hospitalized CAPD patient requires assistance in this self-dialysis technique, it can be provided by hospital staff. Consequently, charges billed by a physician for CAPD sessions regardless of the place of service should be denied. Inpatient medical care rendered on a fee-for-service basis is eligible.
3. The following services performed in conjunction with dialysis are not covered:
   o Self-dialysis sessions (no codes)
   o Staff-assisted dialysis sessions (no codes)
   o Monthly maintenance care
   o Home visit for hemodialysis
   o Dialysis training
   o Connecting tube administration set, change by physician (no code)
   o Catheter site inspection by physician (no code)
   o Examination by physician for peritonitis (no code)
   o Physician review of CAPD apparatus and/or technique (no code)
   o Hemodialysis access flow study to determine blood flow in grafts and arteriovenous fistulae by an indicator dilution method

Applicable codes:

90940  90951  90952  90953  90954  90955  90956  90957  90958
90959  90960  90961  90962  90963  90964  90965  90966  90967
90968  90969  90970  90989  99512

Note: Hemodialysis/Peritoneal Dialysis is typically an outpatient procedure which is only eligible for coverage as an inpatient procedure in special circumstances, including, but not limited to, the presence of a co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

RELATED HIGHMARK POLICIES:

Refer to the following Reimbursement Policies for additional information:

- Reimbursement Policy RP-009: Modifiers 25, 59, XE, XP, XS and XU
This policy position applies to all commercial and/or Medicare Advantage lines of business as indicated above. Reimbursement policies are intended only to establish general guidelines for reimbursement under Highmark plans. Highmark retains the right to review and update its reimbursement policy guidelines at its sole discretion.
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