

Dialysis

Policy

Mass General Brigham Health Plan reimburses contracted providers for covered, medically necessary dialysis services.

Definition

Dialysis is the process of removing waste products from the body by diffusion from one fluid compartment to another across a semi-permeable membrane. Dialysis procedures can include hemodialysis, peritoneal dialysis, hemofiltration, and ultrafiltration.

Reimbursement

Providers are reimbursed according to the plan's network provider reimbursement or contracted rates. Claims are subject to payment edits that are updated at regular intervals.

Covered services are defined by the member's benefit plan. The manner in which covered services are reimbursed is determined by the Mass General Brigham Health Plan Payment Policy and by the provider's agreement with Mass General Brigham Health Plan. Member liability amounts may include but are not limited to copayments; deductible(s); and/or co-insurance; and will be applied dependent upon the member's benefit plan.

Various services and procedures require referral and/or prior authorization. Referral and prior authorization requirements can be located [here](#).

Please reference procedure codes from the current CPT, HCPCS Level II, and ICD-10-CM manuals, as recommended by the American Medical Association (AMA), the Centers for Medicare & Medicaid Services (CMS), and the American Hospital Association. CMS and the AMA revise HIPAA medical codes on a pre-determined basis, including changes to CPT, HCPCS, and ICD-10 codes and definitions.

Please refer to the CMS or CPT guidelines for requisite modifier usage when reporting services. The absence or presence of a modifier may result in differential claim payment or denial.

Mass General Brigham Health Plan reviews claims to determine eligibility for payment. Services considered incidental, mutually exclusive, integral to the primary service rendered, or part of a global allowance, are not eligible for separate reimbursement. Please refer to [Coding Provider Payment Guidelines](#) for more information.

Provider Payment Guidelines

All claims are subject to audit services and medical records may be requested from the provider.

Mass General Brigham Health Plan's reimbursement is based on line of business. Unless otherwise specified within the medical policies, please follow the guidelines based on membership type:

MassHealth or MGB ACO: Please refer to the MassHealth Physician Manual for a list of payable services.

- *Commercial: Entire policy applies.*
- *Medicare Advantage: Entire policy applies.*

Procedure Codes

This list of codes may not be all-inclusive. Inclusion of a code does not imply or guarantee coverage or separate reimbursement.

Code	CPT Description
90003	Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session
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
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
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
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
90999	Unlisted dialysis procedure, inpatient or outpatient
99512	Home visit for hemodialysis

Provider Payment Guidelines

Code	CPT Description
S9335	Home therapy, hemodialysis; administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately), per diem

Revenue Codes Requiring CPT/HCPCS, Facility UB-04 Claims

Revenue Code	Description
254	Pharmacy
255	Pharmacy
260	IV Therapy
390	Admin, Processing, and Storage for blood and blood components
392	Admin, Processing, and Storage for blood and blood components
399	Admin, Processing, and Storage for blood and blood components
732	EKG/ECG
762	Observation Room
821	Hemodialysis – OP or Home
829	Hemodialysis – OP or Home
905	Behavioral Health Tx/Services
906	Behavioral Health Tx/Services
907	Behavioral Health Tx/Services
940	Other Therapeutic Services
942	Other Therapeutic Services
943	Other Therapeutic Services

Related Mass General Brigham Health Plan Payment Guidelines

[Evaluation and Management Services](#)

[General Coding and Billing](#)

[Laboratory and Pathology](#)

[Modifiers](#)

[Unlisted Code Requirement](#)

References

[Centers for Medicare & Medicaid Services, Dialysis](#)

[Centers for Medicare & Medicaid Services, End-Stage Renal Disease \(ESRD\)](#)

[Centers for Medicare & Medicaid Services, Medicare Claims Processing Manual, Chapter 8 - Outpatient](#)

[ESRD Hospital, Independent Facility, and Physician/Supplier Claims](#)

[MassHealth, Renal Dialysis Clinic Manual](#)

Provider Payment Guidelines

Publication History

Topic: Dialysis	Owner: Network Management
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January 1, 2024

Original Documentation

This document is designed for informational purposes only. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization/notification and utilization management guidelines when applicable, adherence to plan policies and procedures, claims editing logic, and provider contractual agreement. In the event of a conflict between this payment guideline and the provider's agreement, the terms and conditions of the provider's agreement shall prevail. Payment policies are intended to assist providers in obtaining Mass General Brigham Health Plan's payment information. Payment policy determines the rationale by which a submitted claim for service is processed and paid. Payment policy formulation takes into consideration a variety of factors including: the terms of the participating providers' contract(s); scope of benefits included in a given member's benefit plan; clinical rationale, industry-standard procedure code edits, and industry-standard coding conventions.

Mass General Brigham Health Plan includes Mass General Brigham Health Plan, Inc., and Mass General Brigham Health Plan Insurance Company.