

## Reimbursement Policy

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# Chronic Maintenance Dialysis performed in Freestanding Dialysis Clinics

**Policy Number:** 4.95

**Version Number:** 7

**Version Effective Date:** 11/01/2021

### Product Applicability

All Plan+ Products

#### Well Sense Health Plan

Well Sense Health Plan

#### Boston Medical Center HealthNet Plan

MassHealth MCO

MassHealth ACO

Qualified Health Plans/ConnectorCare/Employer Choice Direct

Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

## Policy Summary

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The Plan reimburses covered services based on the provider's contractual rates with the Plan and the terms of reimbursement identified within this policy.

## Prior-Authorization

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Please refer to the Plan's Prior Authorization Requirements Matrix at [www.bmchp.org](http://www.bmchp.org).

## Definitions

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**Chronic Maintenance Dialysis Treatment** – Dialysis treatment provided on an outpatient basis for a stabilized patient. The treatment may take the form of hemodialysis, hemofiltration, intermittent peritoneal dialysis, continuous ambulatory peritoneal dialysis, or continuous cycling peritoneal dialysis and may occur in a facility or at home.

## Provider Reimbursement

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### ***Dialysis Reimbursement***

Reimbursement for chronic maintenance dialysis treatment services is made according to an all-inclusive service per dialysis treatment per patient rate, limited to one service per day. The all-inclusive bundled payment includes all services, supplies, drugs, and laboratory testing related to dialysis.

### ***Separately Reimbursed Services***

When performed, the following services may be separately reimbursed in addition to the all-inclusive rate:

- Physician Services
- Home Dialysis Training
- Hepatitis B vaccine and administration

## Service Limitations

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Payment for allowed drugs is included in the all-inclusive bundled payment. No separate payment is made for drugs.

## Applicable Coding and Billing Guidelines

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Applicable coding is listed below, subject to codes being active on the date of service. Because the American Medical Association (AMA), Centers for Medicare & Medicaid Services (CMS), and the U.S. Department of Health and Human Services may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes may not be all-inclusive. These codes are not intended to be used for coverage determinations.

CPT/HCPCS Code	Description
90471	Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)
90739	Hepatitis B vaccine (HepB), adult dosage, 2 dose schedule, for intramuscular use
90740	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 3 dose schedule, for intramuscular use

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CPT/HCPCS Code	Description
90746	Hepatitis B vaccine (HepB), adult dosage, 3 dose schedule, for intramuscular use
90747	Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage, 4 dose schedule, for intramuscular use
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 (all-inclusive service per dialysis treatment per patient)

## Policy History

Original Approval Date	Original Effective Date	Policy Owner	Approved by
10/30/2011	12/01/2011	Payment Policy	Payment Policy Committee

Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date	Approved by
10/30/2012	Initial Approval	10/30/2012	Payment Policy Committee
06/21/2013	Revised coding and billing requirements, removed specific listing of services included in per diem rate.	06/21/2013	Payment Policy Committee
12/02/2013	Updated template, product applicability section, and references for BMC HealthNet Plan Qualified Health Plans, including ConnectorCare	12/02/2013	Payment Policy Committee
12/22/2014	Annual review	12/22/2014	Payment Policy Committee
06/01/2017	Policy put into updated template	12/22/2014	Payment Policy Committee
06/18/2019	Updated Product Applicability Box, removed 2013 references, added statement for allowed drugs	07/01/2019	Payment Policy Committee

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Policy Revisions History			
	included in bundled rate, Annual Review		
09/21/2021	Annual Review, removed G0010	11/01/2021	Payment Policy Committee

### Other Applicable Policies

- General Billing and Coding Guidelines, 4.31
- General Clinical Editing and Payment Accuracy Review Guidelines, 4.108
- Modifiers, 4.23

### References

- Contract between the Massachusetts Executive Office of Health and Human Services (EOHHS), and Boston Medical Center Health Plan, Inc.
- Contract between the Commonwealth Health Insurance Connector Authority and Boston Medical Center HealthNet Plan, Inc.
- MassHealth Provider Renal Dialysis Clinic Manual
- Regulations 101 CMR 337.00: Chronic Maintenance Dialysis Treatments and Home Dialysis Supplies
- BMC HealthNet Plan Qualified Health Plans, including ConnectorCare Evidence of Coverage

### Disclaimer Information

This Policy provides information about the Plan’s reimbursement/claims adjudication processing guidelines. The use of this Policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement. Member cost-sharing (deductibles, coinsurance and copayments) may apply – depending on the member’s benefit plan. Unless otherwise specified in writing, reimbursement will be made at the lesser of billed charges or the contractual rate of payment. Plan policies may be amended from time to time, at Plan’s discretion. Plan policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization guidelines (including NCQA). The Plan reserves the right to conduct Provider audits to ensure compliance with this Policy. If an audit determines that the Provider did not comply with this Policy, the Plan will expect the Provider to refund all payments related to non-compliance. For more information about the Plan’s audit policies, refer to the Provider Manual.

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