Reimbursement is based on member benefits and eligibility, medical necessity review, where applicable, coordination of benefits, adherence to Plan policies, clinical coding criteria, and the BMC HealthNet Plan agreement with the rendering or dispensing provider. Plan policies may be amended at BMC HealthNet Plan's discretion. All Plan policies are developed in accordance with state, federal and accrediting organization guidelines and requirements, including NCQA.

Product Applicability

☐ All Plan* Products

Boston Medical Center HealthNet Plan*
☐ MassHealth
☐ Qualified Health Plans/ConnectorCare/Employer Choice Direct
☐ Commonwealth Care
☐ Commonwealth Choice/Employer Choice

Well Sense Health Plan*
☐ New Hampshire Medicaid

Effective Date: 12/01/2011
Policy Number: 4.95

This policy is intended to serve as a general guide for reimbursement. Please refer to the MassHealth Member Handbook, the BMC HealthNet Plan Qualified Health Plans, including ConnectorCare, the Commonwealth Care or Commercial Evidence of Coverage (EOC), Schedule of Benefits (SOB) and your provider contract for specific terms of coverage and reimbursement. Unless otherwise specified in writing, reimbursement will be made at the lesser of the billed charges, or the contractual schedule of payments. Use of this policy does not guarantee payment.

Prior-authorization
Please refer to the Plan’s Prior Authorization Requirements Matrix at www.bmchp.org.

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

Dialysis Reimbursement
Effective September 1, 2013: Service Codes 90935, 90937, 90945, and 90947 are being replaced with service code 90999. Therefore, for all dates of service after August 31, 2013, renal dialysis services performed in freestanding dialysis clinics are required to be billed with service code 90999.

Note that while service code 90999 is considered an unlisted dialysis procedure code, documentation will not be required.

Reimbursement for Chronic Maintenance Dialysis Treatment services at freestanding dialysis clinic is made according to an all inclusive service per dialysis treatment per patient rate, limit one per day. The all-inclusive bundled payment includes all services, supplies, drugs, and laboratory testing related to dialysis.

The Plan will reimburse approved providers at the lesser of the servicing provider’s charges or the fees established in the provider’s contract with the Plan, subject to the terms of this policy.

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
N/A

Applicable Coding & Billing Guidelines
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

<table>
<thead>
<tr>
<th>CPT/HCPCS Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>90471</td>
<td>Immunization administration (includes percutaneous, intradermal, subcutaneous, or intramuscular injections); 1 vaccine (single or combination vaccine/toxoid)</td>
</tr>
<tr>
<td>90740</td>
<td>Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (3 dose schedule), for intramuscular use</td>
</tr>
<tr>
<td>90746</td>
<td>Hepatitis B vaccine, adult dosage (3 dose schedule), for intramuscular use</td>
</tr>
<tr>
<td>90747</td>
<td>Hepatitis B vaccine, dialysis or immunosuppressed patient dosage (4 dose schedule), for intramuscular use</td>
</tr>
<tr>
<td>90935</td>
<td>Hemodialysis procedure with single evaluation by a physician or other qualified health care professional</td>
</tr>
<tr>
<td>90937</td>
<td>Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription</td>
</tr>
<tr>
<td>90945</td>
<td>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</td>
</tr>
<tr>
<td>90947</td>
<td>Dialysis procedure other than hemodialysis (eg, peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated evaluation by a physician or other qualified health care professional, with or without substantial revision of dialysis prescription</td>
</tr>
<tr>
<td>90989</td>
<td>Dialysis training, patient, including helper where applicable, any mode, completed course</td>
</tr>
<tr>
<td>90993</td>
<td>Dialysis training, patient, including helper where applicable, any mode, course not completed, per training session</td>
</tr>
<tr>
<td>90999</td>
<td>Unlisted dialysis procedure, inpatient or outpatient</td>
</tr>
<tr>
<td>G0010</td>
<td>Administration of Hepatitis B vaccine</td>
</tr>
</tbody>
</table>

### References

#### Legal and Regulatory References
- Contract between the Massachusetts Executive Office of Health and Human Services (EOHHS), and Boston Medical Center Health Plan, Inc.
- Evidence of Coverage, Commonwealth Care, Form No. BMCHP-CC-8
- Evidence of Coverage, CommChoice, Form No. BMCHP CChoice-1

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Origination Date: 10/30/2012

BMC HealthNet Plan – Chronic Maintenance
Dialysis

3 of 4
• Contract between the Commonwealth Health Insurance Connector Authority and Boston Medical Center HealthNet Plan, Inc.
• MassHealth Provider Renal Dialysis Clinic Manual
• Regulations 114.3 CMR 37.00: Chronic Maintenance Dialysis Treatments and Home Dialysis Supplies
• MassHealth Transmittal Letter REN-14 December 2011
• BMC HealthNet Plan Qualified Health Plans, including ConnectorCare Evidence of Coverage

Other References
N/A

In addition to the above regulations, any bulletin issued to amend or otherwise change the above regulations are herein incorporated as references.

Policy History and Approval Dates
Review Dates/Revisions
10/30/2012 – Initial Approval
06/21/2013 – Revised coding and billing requirements, removed specific listing of services included in per diem rate.
12/02/2013 – Updated template, product applicability section, and references for BMC HealthNet Plan Qualified Health Plans, including ConnectorCare
12/22/2014 – Annual review

Approval Dates
Original Effective Date: 12/1/2011
Original Internal Approval: 10/30/2011