

LCD for Home Dialysis Supplies and Equipment (L11498)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

LCD Information

LCD ID Number

L11498

LCD Title

Home Dialysis Supplies and Equipment

Contractor's Determination Number

DS&E

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CMS National Coverage Policy

CMS Manual System, Pub. 100-03, Medicare National Coverage Determinations Manual, Chapter 1, Section 230.7, 230.13, 230.14

Primary Geographic Jurisdiction

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

LCD Information

Oversight Region

Region I

DME Region LCD Covers

Jurisdiction A

Original Determination Effective Date

For services performed on or after 10/01/1993

Original Determination Ending Date

Revision Effective Date

For services performed on or after 09/01/2009

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

For any item to be covered by Medicare, it must 1) be eligible for a defined Medicare benefit category, 2) be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member, and 3) meet all other applicable Medicare statutory and regulatory requirements. For the items addressed in this medical policy, the criteria for "reasonable and necessary" are defined by the following indications and limitations of coverage and/or medical necessity.

For an item to be covered by Medicare, a written signed and dated order must be received by the supplier before a claim is submitted. If the supplier bills for an item addressed in this policy without first receiving the completed order, the item will be denied as not medically necessary.

Home dialysis supplies and equipment are covered when they are reasonable and necessary for patients with end stage renal disease (ESRD) who are being dialyzed at home under the supervision of a Medicare approved dialysis facility.

When a beneficiary has chosen to receive home dialysis supplies and equipment from a dialysis facility (Method I), those claims are processed by the Medicare intermediary. The DME MAC processes claims for beneficiaries who have chosen to receive their supplies and equipment from an independent supplier (Method II). This policy only concerns supplies and equipment furnished under Method II.

Home dialysis supplies and equipment covered only if all of the following conditions are met:

1. The beneficiary has elected to receive home dialysis equipment and supplies from an independent supplier.

LCD Information

2. The supplier is not a Medicare approved dialysis facility.
3. The supplier agrees to receive Medicare payment only on an assignment-related basis.
4. The supplier agrees to be the beneficiary's sole supplier for all home dialysis equipment and supplies.
5. Supplier agrees to bill on a monthly basis for the quantity of supplies appropriate for that period. (However, there is one exception to this rule. Beneficiaries are permitted to have one month's supplies in reserve in case of emergency.)
6. The supplier reports to the back-up facility within 30 days all items and services that it furnishes to the patient so that the facility can record this information in the patient's medical record.
7. The supplies and equipment are reasonable and necessary for that patient.

Additional coverage criteria for home dialysis supplies and equipment are specified in the related Policy Article.

Continuous cycling peritoneal dialysis (CCPD) is covered if in the judgment of the physician, it is medically necessary to achieve optimal dialysis.

Water purification systems are covered for patients on home hemodialysis. Medicare will cover either a deionization (E1615) or reverse osmosis (E1610) system, but not both for the same patient at the same time.

Spare deionization tanks are not medically necessary since they are essentially a precautionary supply. Activated carbon filters (A4680) used as a component of water purification systems to remove unsafe concentration of chloride or chloramines are covered when prescribed by a physician.

A water softening system (E1625) is covered for patients on home hemodialysis only if all of the following conditions are met:

1. The patient has a reverse osmosis (RO) purification system and the manufacturer of the RO unit has set standards for the quality of water entering the RO (e.g., the water to be purified by the RO must be of a certain quality if the unit is to perform as intended); and
2. The patient's water is demonstrated to be of a lesser quality than required; and
3. The softener is used only to soften water entering the RO unit, and thus, used only for dialysis. (The softener need not actually be built into the RO unit, but must be an integral part of the dialysis system.)

An ultrafiltration monitor (E1699) is not medically necessary when the ultrafiltration is independent of conventional hemodialysis.

A peridex filter set (A4913) used with peritoneal dialysis will be denied as not medically necessary.

Back-up equipment supplied in anticipation of the need for substitution or replacement will be denied as not medically necessary.

Rental of equipment while patient owned equipment is being repaired is covered.

LCD Information

Coverage Topic

Dialysis (Kidney) Home Dialysis Equipment and Supplies

Coding Information

CPT/HCPCS Codes

The appearance of a code in this section does not necessarily indicate coverage.

HCPCS MODIFIERS:

AX - Item furnished in conjunction with home dialysis services

EM - Emergency reserve supply.

EY - No physician or other licensed health care provider order for this item or service

GY - Item or service statutorily excluded or does not meet the definition of any Medicare benefit

KX - Requirements specified in the medical policy have been met

HCPCS CODES:

A4215 NEEDLE, STERILE, ANY SIZE, EACH

A4216 STERILE WATER, SALINE AND/OR DEXTROSE, DILUENT/FLUSH, 10 ML

A4217 STERILE WATER/SALINE, 500 ML

A4244 ALCOHOL OR PEROXIDE, PER PINT

A4245 ALCOHOL WIPES, PER BOX

A4246 BETADINE OR PHISOHEX SOLUTION, PER PINT

A4247 BETADINE OR IODINE SWABS/WIPES, PER BOX

A4248 CHLORHEXIDINE CONTAINING ANTISEPTIC, 1 ML

A4450 TAPE, NON-WATERPROOF, PER 18 SQUARE INCHES

A4452 TAPE, WATERPROOF, PER 18 SQUARE INCHES

A4651 CALIBRATED MICROCAPILLARY TUBE, EACH

A4652 MICROCAPILLARY TUBE SEALANT

A4653 PERITONEAL DIALYSIS CATHETER ANCHORING DEVICE, BELT, EACH

A4657 SYRINGE, WITH OR WITHOUT NEEDLE, EACH

A4660 SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE

A4663 BLOOD PRESSURE CUFF ONLY

A4670 AUTOMATIC BLOOD PRESSURE MONITOR

A4671 DISPOSABLE CYCLER SET USED WITH CYCLER DIALYSIS MACHINE, EACH

A4672 DRAINAGE EXTENSION LINE, STERILE, FOR DIALYSIS, EACH

A4673 EXTENSION LINE WITH EASY LOCK CONNECTORS, USED WITH DIALYSIS

Coding Information

- A4674 CHEMICALS/ANTISEPTICS SOLUTION USED TO CLEAN/STERILIZE DIALYSIS EQUIPMENT, PER 8 OZ
- A4680 ACTIVATED CARBON FILTER FOR HEMODIALYSIS, EACH
- A4690 DIALYZER (ARTIFICIAL KIDNEYS), ALL TYPES, ALL SIZES, FOR HEMODIALYSIS, EACH
- A4706 BICARBONATE CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON
- A4707 BICARBONATE CONCENTRATE, POWDER, FOR HEMODIALYSIS, PER PACKET
- A4708 ACETATE CONCENTRATE SOLUTION, FOR HEMODIALYSIS, PER GALLON
- A4709 ACID CONCENTRATE, SOLUTION, FOR HEMODIALYSIS, PER GALLON
- A4714 TREATED WATER (DEIONIZED, DISTILLED, OR REVERSE OSMOSIS) FOR PERITONEAL DIALYSIS, PER GALLON
- A4719 "Y SET" TUBING FOR PERITONEAL DIALYSIS
- A4720 DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 249CC, BUT LESS THAN OR EQUAL TO 999CC, FOR PERITONEAL DIALYSIS
- A4721 DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 999CC BUT LESS THAN OR EQUAL TO 1999CC, FOR PERITONEAL DIALYSIS
- A4722 DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 1999CC BUT LESS THAN OR EQUAL TO 2999CC, FOR PERITONEAL DIALYSIS
- A4723 DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 2999CC BUT LESS THAN OR EQUAL TO 3999CC, FOR PERITONEAL DIALYSIS
- A4724 DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 3999CC BUT LESS THAN OR EQUAL TO 4999CC, FOR PERITONEAL DIALYSIS
- A4725 DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 4999CC BUT LESS THAN OR EQUAL TO 5999CC, FOR PERITONEAL DIALYSIS
- A4726 DIALYSATE SOLUTION, ANY CONCENTRATION OF DEXTROSE, FLUID VOLUME GREATER THAN 5999CC, FOR PERITONEAL DIALYSIS
- A4728 DIALYSATE SOLUTION, NON-DEXTROSE CONTAINING, 500 ML
- A4730 FISTULA CANNULATION SET FOR HEMODIALYSIS, EACH
- A4736 TOPICAL ANESTHETIC, FOR DIALYSIS, PER GRAM
- A4737 INJECTABLE ANESTHETIC, FOR DIALYSIS, PER 10 ML
- A4740 SHUNT ACCESSORY, FOR HEMODIALYSIS, ANY TYPE, EACH
- A4750 BLOOD TUBING, ARTERIAL OR VENOUS, FOR HEMODIALYSIS, EACH
- A4755 BLOOD TUBING, ARTERIAL AND VENOUS COMBINED, FOR HEMODIALYSIS, EACH
- A4760 DIALYSATE SOLUTION TEST KIT, FOR PERITONEAL DIALYSIS, ANY TYPE, EACH
- A4765 DIALYSATE CONCENTRATE, POWDER, ADDITIVE FOR PERITONEAL DIALYSIS, PER PACKET
- A4766 DIALYSATE CONCENTRATE, SOLUTION, ADDITIVE FOR PERITONEAL DIALYSIS, PER 10 ML
- A4770 BLOOD COLLECTION TUBE, VACUUM, FOR DIALYSIS, PER 50
- A4771 SERUM CLOTTING TIME TUBE, FOR DIALYSIS, PER 50
- A4772 BLOOD GLUCOSE TEST STRIPS, FOR DIALYSIS, PER 50

Coding Information

A4773	OCCULT BLOOD TEST STRIPS, FOR DIALYSIS, PER 50
A4774	AMMONIA TEST STRIPS, FOR DIALYSIS, PER 50
A4802	PROTAMINE SULFATE, FOR HEMODIALYSIS, PER 50 MG
A4860	DISPOSABLE CATHETER TIPS FOR PERITONEAL DIALYSIS, PER 10
A4870	PLUMBING AND/OR ELECTRICAL WORK FOR HOME HEMODIALYSIS EQUIPMENT
A4890	CONTRACTS, REPAIR AND MAINTENANCE, FOR HEMODIALYSIS EQUIPMENT
A4911	DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH
A4913	MISCELLANEOUS DIALYSIS SUPPLIES, NOT OTHERWISE SPECIFIED
A4918	VENOUS PRESSURE CLAMP, FOR HEMODIALYSIS, EACH
A4927	GLOVES, NON-STERILE, PER 100
A4928	SURGICAL MASK, PER 20
A4929	TOURNIQUET FOR DIALYSIS, EACH
A4930	GLOVES, STERILE, PER PAIR
A4931	ORAL THERMOMETER, REUSABLE, ANY TYPE, EACH
A6216	GAUZE, NON-IMPREGNATED, NON-STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING
A6250	SKIN SEALANTS, PROTECTANTS, MOISTURIZERS, OINTMENTS, ANY TYPE, ANY SIZE
A6260	WOUND CLEANSERS, STERILE, ANY TYPE, ANY SIZE
A6402	GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING
E0210	ELECTRIC HEAT PAD, STANDARD
E1500	CENTRIFUGE, FOR DIALYSIS
E1510	KIDNEY, DIALYSATE DELIVERY SYST. KIDNEY MACHINE, PUMP RECIRCULATING, AIR REMOVAL SYST, FLOWRATE METER, POWER OFF, HEATER AND TEMPERATURE CONTROL WITH ALARM, I.V.POLE, PRESSURE GAUGE, CONCENTRATE CONTAINER
E1520	HEPARIN INFUSION PUMP FOR HEMODIALYSIS
E1530	AIR BUBBLE DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT
E1540	PRESSURE ALARM FOR HEMODIALYSIS, EACH, REPLACEMENT
E1550	BATH CONDUCTIVITY METER FOR HEMODIALYSIS, EACH
E1560	BLOOD LEAK DETECTOR FOR HEMODIALYSIS, EACH, REPLACEMENT
E1570	ADJUSTABLE CHAIR, FOR ESRD PATIENTS
E1575	TRANSDUCER PROTECTORS/FLUID BARRIERS, FOR HEMODIALYSIS, ANY SIZE, PER 10
E1580	UNIPUNCTURE CONTROL SYSTEM FOR HEMODIALYSIS
E1590	HEMODIALYSIS MACHINE
E1592	AUTOMATIC INTERMITTENT PERITONEAL DIALYSIS SYSTEM
E1594	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS

Coding Information

E1600 DELIVERY AND/OR INSTALLATION CHARGES FOR HEMODIALYSIS EQUIPMENT

E1610 REVERSE OSMOSIS WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS

E1615 DEIONIZER WATER PURIFICATION SYSTEM, FOR HEMODIALYSIS

E1620 BLOOD PUMP FOR HEMODIALYSIS, REPLACEMENT

E1625 WATER SOFTENING SYSTEM, FOR HEMODIALYSIS

E1630 RECIPROCATING PERITONEAL DIALYSIS SYSTEM

E1632 WEARABLE ARTIFICIAL KIDNEY, EACH

E1634 PERITONEAL DIALYSIS CLAMPS, EACH

E1635 COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM

E1636 SORBENT CARTRIDGES, FOR HEMODIALYSIS, PER 10

E1637 HEMOSTATS, EACH

E1639 SCALE, EACH

E1699 DIALYSIS EQUIPMENT, NOT OTHERWISE SPECIFIED

J1644 INJECTION, HEPARIN SODIUM, PER 1000 UNITS

ICD-9 Codes that Support Medical Necessity

Not specified

Diagnoses that Support Medical Necessity

Refer to the previous section.

ICD-9 Codes that DO NOT Support Medical Necessity

Not specified

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

Not specified

General Information

Documentation Requirements

Section 1833(e) of the Social Security Act precludes payment to any provider of services unless "there has been furnished such information as may be necessary in order to determine the amounts due such provider." It is expected that the patient's medical records will reflect the need for the care provided. The patient's medical records include the physician's office records, hospital records, nursing home records, home health agency records, records from other healthcare professionals and test reports. This documentation must be available upon request.

An order for each item billed must be signed and dated by the treating physician, kept on file by the supplier, and be available upon request. Items billed before a signed and dated order has been received by the supplier must be submitted with an EY modifier added to each affected HCPCS code.

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GY AND KX MODIFIERS:

Method II suppliers must add a KX modifier to all dialysis codes only if a written agreement exists between the supplier and a Medicare certified support service facility within a reasonable distance from the beneficiary's home (see Policy Article, Non-Medical Necessity Coverage and Payment Rules section).

If no written agreement exists between the supplier and a Medicare certified support service facility within a reasonable distance from the beneficiary's home (see Policy Article, Non-Medical Necessity Coverage and Payment Rules section), the GY modifier must be added to each code.

Claim lines billed without a GY or KX modifier will be rejected for missing information.

The supplier must have on file a copy of the ESRD Beneficiary Selection form (CMS Form 382). If a miscellaneous supply or equipment code (A4913 or E1699) is billed, the claim must include a narrative description of the item, the manufacturer, and the product name/number.

Refer to the Supplier Manual for more information on documentation requirements.

Appendices

Utilization Guidelines

Refer to Indications and Limitations of Coverage and/or Medical Necessity.

Sources of Information and Basis for Decision

Reserved for future use.

Advisory Committee Meeting Notes

Start Date of Comment Period

04/30/1993

End Date of Comment Period

06/14/1993

Start Date of Notice Period

08/01/1993

Revision History Number

DS&E011

Revision History Explanation

General Information

Revision Effective Date: 09/01/2009

HCPCS CODES AND MODIFIERS:

Added: GY modifier.

Revised: KX modifier.

DOCUMENTATION REQUIREMENTS:

Added: Instructions for use of GY modifier.

03/01/2008

In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) LCD L11498 from DME PSC TriCenturion (77011) LCD L11498.

06/01/2007

In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

Revision Effective Date: 01/01/2007

INDICATIONS AND LIMITATIONS OF COVERAGE:

Removed: DMERC reference; revised to reflect DME MAC.

HCPCS CODES AND MODIFIERS:

Revised: A4216

DOCUMENTATION REQUIREMENTS:

Removed: DMERC references.

03/01/2006

In accordance with Section 911 of the Medicare Modernization Act of 2003, this policy was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 01/01/2006 (Published 03/01/2006)

HCPCS CODES AND MODIFIERS:

Added: A4215

Revised: Verbiage for A4216.

Deleted: A4656

Revision Effective Date: 01/01/2006

HCPCS CODES AND MODIFIERS

Added: Codes A6216 and A6402 to the array of codes.

DOCUMENTATION REQUIREMENTS:

Removed: Requirement that medical necessity documentation must be submitted with codes A4913 or E1699.

Added: Requirement that medical necessity documentation must be submitted to the DMERC upon request.

Revision Effective Date: 07/01/2005

LMRP converted to LCD and Policy Article.

Revision Effective Date: 04/01/2004

HCPCS CODES AND MODIFIERS:

Added: HCPCS codes A4216, A4217, A4248, A4671, A4672, A4673, A4674, A4728, E1634.

Deleted: HCPCS codes A4712, K0610, K0611, K0612, K0613, K0614.

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added: References to new codes and removed deleted codes.

CODING GUIDELINES:

Added: References to new codes and removed deleted codes.

Revision Effective Date: 10/01/2003

INDICATIONS AND LIMITATIONS OF COVERAGE:

Moved: The minimum requirements in a written agreement to #6 of criteria, which must be met for

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coverage.

ICD-9 CODES:

Removed: Requirement of ICD-9 V45.1 on claim.

DIAGNOSES THAT SUPPORT MEDICAL NECESSITY:

Changed: To "not specified".

DOCUMENTATION REQUIREMENTS:

Changed: Requirement for use of KX modifier to refer only to the written agreement between supplier and Medicare certified support service facility. If this agreement does not exist, the claim will be denied as noncovered.

Eliminated: Use of KX to indicate LMRP coverage criteria have been met. Eliminated: Need to add an ICD-9-Diagnosis code to the claim.

Removed: Minimum requirements in a written agreement to the Indications and Limitations section of policy.

Revision Effective Date: 07/01/2003

HCPCS CODES: Added K0610, K0611, K0612, K0613, K0614 to the policy.

Revision Effective Date: 04/01/2003

HCPCS CODES AND MODIFIERS:

Added: AX and EY modifiers.

Added: The following codes to the policy: A4244, A4225, A4246, A4247, A4450, A4452, A4653, A4930, A4931, A6250, A6260, E0210, J1644.

Discontinued: The following codes: A4801 and E1638.

Revised: The verbiage of the following codes: A4301, A4656, A4657, A4660, A4663, A4670, A4712, A4927, A4928, E0210, E1637, E1639.

INDICATIONS AND LIMITATIONS OF COVERAGE:

Added: Coverage and Payment section introductory language.

Added: Standard language concerning coverage of items without an order.

Removed: Specific coverage requirements for CCPD, leaving it to physician's judgment.

Added: HCPCS code changes, revision, and deletions into this LMRP section.

Modified: Language concerning proper use of EM modifier.

CODING GUIDELINES:

Updated: To reflect the need for the AX modifier on specific codes.

Added: Instruction not to use EM modifier with equipment codes.

Added: Reference to SADMERC in Coding Guidelines Section.

DOCUMENTATION REQUIREMENTS:

Added: Introductory language regarding Medicare coverage.

Added: Additional KX modifier language addressing requirement for written agreement between supplier and support facility.

Added: Standard language concerning use of EY modifier for items without an order.

Corrected: Verbiage for miscellaneous HCPCS codes being billed with documentation requirements.

The revision dates listed below are the dates the revisions were published and not necessarily the effective dates for the revisions.

04/01/2002 – Eliminated all HCPCS codes for "kits" and replaced with new codes for individual supply items. Added KX modifier to be used only when the supplier has a written agreement with the backup dialysis facility and all other coverage and payment rules have been fulfilled. Re-emphasized use of the EM modifier for emergency supplies only once in the lifetime of a beneficiary.

06/01/1997 – Revised repair and maintenance language in Coverage and Payment Rules section stating it will be denied as included in the allowance for the equipment. Added language for supply kits in the Coding Guidelines section stating one unit of service represents one month's supply.

03/01/1997 – Added EM (emergency reserve supply) modifier. Removed Indications section and added language to Coverage and Payment Rules section removing sentence stating equipment must be appropriate for use in the home. Added least costly alternative language for CCPD to Coverage

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and Payment Rules section. Revised medications language in Coverage and Payment Rules section. Revised Coding Guidelines section replacing E1702 with E1699 in first sentence. Added statement that one unit of service is one liter of dialysis solution. Added statement about medications coded miscellaneous.

Reason for Change

Last Reviewed On Date

Related Documents

Article(s)

[A33765 - Home Dialysis Supplies and Equipment - Policy Article - Effective September 2009](#)

LCD Attachments

There are no attachments for this LCD

Article for Home Dialysis Supplies and Equipment - Policy Article - Effective September 2009 (A33765)

Contractor Information

Contractor Name

[NHIC, Corp.](#)

Contractor Number

16003

Contractor Type

DME MAC

Article Information

Article ID Number

A33765

Article Type

Article

Key Article

Yes

Article Title

Home Dialysis Supplies and Equipment - Policy Article - Effective September 2009

Primary Geographic Jurisdiction

Connecticut
District of Columbia
Delaware
Massachusetts
Maryland
Maine
New Hampshire
New Jersey
New York - Entire State
Pennsylvania
Rhode Island
Vermont

DME Region Article Covers

Jurisdiction A

Original Article Effective Date

07/01/2005

Article Information

Article Revision Effective Date

09/01/2009

Article Text

NON-MEDICAL NECESSITY COVERAGE AND PAYMENT RULES

Home dialysis supplies and equipment are covered only if the supplier has a written agreement with a Medicare approved dialysis facility under which the facility will furnish all necessary support, backup, and emergency dialysis services. (For Medicare beneficiaries who are also entitled to military or veterans' benefits, a military or Veterans' Administration hospital satisfies this requirement.)

The dialysis facility must be a reasonable distance from the beneficiary's home in order to furnish these services. A reasonable distance is determined by taking into account variables such as terrain, whether the patient's home is located in an urban or rural area, and the usual distances traveled and time in transit by patients in the area in obtaining health care services.

The written agreement must specify that the dialysis facility will provide at least the following services:

- a. Surveillance of the patient's home adaptation, including provisions for visits to the home or the facility;
- b. Consultation for the patient with a qualified social worker and a qualified dietician;
- c. Maintain a record keeping system which assures continuity of care and includes a record of supplies and equipment provided by the Method II supplier;
- d. Maintaining and submitting all required documentation to the ESRD network;
- e. Assuring that the water supply is of the appropriate quality if hemodialysis is the dialysis method;
- f. Assuring that the appropriate supplies are ordered on an ongoing basis;
- g. Arranging for the provision of all ESRD related laboratory tests, and billing for the laboratory tests that are included in the composition rate;
- h. Furnishing institutional dialysis services and supplies;
- i. Furnishing dialysis-related emergency services, and
- j. Furnishing all other necessary dialysis services and supplies.

The following parenteral medications/solutions are included in the Medicare monthly payment limit and are not separately payable: heparin, heparin antidote (protamine), mannitol, glucose (dextrose), saline, local anesthetics, antiarrhythmics, antihypertensives, pressor drugs, antibiotics (when used to treat an infection of the catheter site or peritonitis associated with peritoneal dialysis).

Repairs and maintenance for rented equipment are included in the rental allowance. Repairs for beneficiary owned equipment are covered and separately reimbursed. Repair and maintenance (A4890) contracts (i.e., fees paid in anticipation of the need for service) will be denied as included in the allowances for the equipment. Medicare covers only costs incurred for services furnished.

Claims for tape (A4450, A4452) that are billed without an AX modifier or another modifier indicating coverage under a different policy will be denied as noncovered.

Claims for selected supplies and equipment used for home dialysis (A4215, A4244, A4245, A4246, A4247, A4248, A4651, A4652, A4657, A4660, A4663, A4670, A4927, A4928, A4930, A4931, A6250, A6260, E0210, E1632, E1637, E1639 and J1644) that are billed without an AX modifier will be denied as noncovered.

Emergency reserve supplies are allowed for patients on dialysis to anticipate short-term increased

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use of supplies or delays in supply delivery. Up to a one month's supply is covered, but this is a once in a lifetime allowance for each dialysis modality (hemodialysis, continuous ambulatory peritoneal dialysis and continuous cycling peritoneal dialysis) that the patient receives. For a single modality, only emergency reserve supplies provided in the same calendar month will be covered. If supplies from the reserve are used, replacement of them must be billed along with the other supplies used during the month, without the EM modifier.

The allowance per month under Method II for home dialysis supplies and equipment is the lesser of (a) the reasonable charge of allowance for all medically necessary equipment and supplies used, or (b) the Medicare monthly payment limit.

CODING GUIDELINES

Items not related to dialysis must not be billed with the miscellaneous codes (A4913 or E1699).

The following codes must be submitted with the AX modifier, when they are used with home dialysis: A4215, A4216, A4217, A4244, A4245, A4246, A4247, A4248, A4450, A4452, A4651, A4652, A4657, A4660, A4663, A4670, A4927, A4928, A4930, A4931, A6216, A6250, A6260, A6402, E0210, E1632, E1637, E1639 and J1644.

If a heating pad (E0210) is not used for home dialysis, it must be billed without an AX modifier.

Miscellaneous medications such as antibiotics, covered under this benefit (see "Indications and Limitations of Coverage and/or Medical Necessity"), must be coded A4913.

Code E1594 must be billed for each month that the patient receives CCPD. Use of this code identifies situations in which the higher payment limit for CCPD is being requested.

An EM modifier must only be added to a dialysis supply code when appropriate. An EM modifier is not used with equipment codes.

If billing for repair of patient owned dialysis equipment, use code E1699, which must be accompanied by a narrative description of what is being repaired.

Suppliers should contact the Pricing, Data Analysis and Coding (PDAC) Contractor for guidance on the correct coding of these items.

Coverage Topic

Dialysis (Kidney) Home Dialysis Equipment and Supplies

Coding Information

No Coding Information has been entered in this section of the article.

Other Information

Revision History Explanation

Revision Effective Date: 09/01/2009

CODING GUIDELINES:

Changed: SADMERC to PDAC.

03/01/2008

In accordance with Section 911 of the Medicare Modernization Act, this policy was transitioned to DME MAC NHIC (16003) Article A33765 from DME PSC TriCenturion (77011) Article A33765.

Other Information

06/01/2007

In accordance with Section 911 of the Medicare Modernization Act of 2003, Virginia and West Virginia were transitioned from DME PSC TriCenturion (77011) to DME PSC TrustSolutions (77012).

03/01/2006

In accordance with Section 911 of the Medicare Modernization Act of 2003, this article was transitioned to DME PSC TriCenturion (77011) from DMERC Tricenturion (77011).

Revision Effective Date: 01/01/2006

NON MEDICAL NECESSITY COVERAGE & PAYMENT RULES:

Added: A4215 to list of codes that would be denied as noncovered when billed without the AX modifier.

Deleted: A4656 from list of codes that would be denied as noncovered when billed without the AX modifier.

CODING GUIDELINES:

Added: A4215 to list of codes which must be submitted with an AX modifier.

Deleted: A4656 from list of codes which must be submitted with an AX modifier.

Revision Effective Date: 01/01/2006

CODING GUIDELINES:

Added: A6216 and A6402 to the list of codes requiring the AX modifier for this policy.

Revision Effective Date: 07/01/2005

LMRP converted to LCD and Policy Article.

Related Documents

LCD(s)

[L11498 - Home Dialysis Supplies and Equipment](#)