INSTRUCTIONS FOR USE

This Policy Guideline is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates for health care services submitted on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450), or their electronic comparative. The information presented in this Policy Guideline is believed to be accurate and current as of the date of publication.

This Policy Guideline provides assistance in administering health benefits. All reviewers must first identify member eligibility, any federal or state regulatory requirements, Centers for Medicare and Medicaid Services (CMS) policy, the member specific benefit plan coverage, and individual provider contracts prior to use of this Policy Guideline. When deciding coverage, the member specific benefit plan document must be referenced. The terms of the member specific benefit plan document may differ greatly from the standard benefit plan upon which this Policy Guideline is based. In the event of a conflict, the member specific benefit plan document supersedes this Policy Guideline. Other Policies and Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary.

UnitedHealthcare follows Medicare coverage guidelines and regularly updates its Medicare Advantage Policy Guidelines to comply with changes in CMS policy. UnitedHealthcare encourages physicians and other healthcare professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Physicians and other healthcare professionals can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier.

This Policy Guideline is provided for informational purposes. It does not constitute medical advice.

POLICY SUMMARY

Overview
Chronic kidney disease (CKD) is kidney damage for 3 months or longer, regardless of the cause of kidney damage. CKD typically evolves over a long period of time and patients may not have symptoms until significant, possibly irreversible, damage has been done. Complications can develop from kidneys that do not function properly, such as weak bones, anemia and high blood pressure. When CKD progresses, it may lead to kidney failure, which requires artificial means to perform kidney functions (dialysis) or a kidney transplant to maintain life.

Classified into 5 stages based on the patients glomerular filtration rate (GFR, how quickly blood is filtered through the kidneys), with stage I having kidney damage with normal or increased GFR to stage V with kidney failure, also called end-stage renal disease (ESRD). When patients with CKD are identified, treatment is available to help prevent complications of decreased kidney function, reduce the risk of other diseases such as heart disease, and slow the progression of kidney disease.

Guidelines
Patients with CKD may benefit from kidney disease education (KDE) interventions due to the large amount of medical information that could affect patient outcomes, including the increasing emphasis on self-care and patients’ desire for informed, autonomous decision-making.

Pre-dialysis education can help patients achieve better understanding of their illness, dialysis modality options, and may help delay the need for dialysis. Education interventions should be patient-centered, offer support to the patient, encourage collaboration, and be delivered consistently.
Centers for Medicare & Medicaid Services (CMS) covers KDE services under Medicare Part B. KDE services are designed to provide beneficiaries with Stage IV CKD comprehensive information regarding: the management of comorbidities, prevention of uremic complications; including delaying the need for dialysis; all therapeutic options (each option for renal replacement therapy, dialysis access options, and transplantation); ensuring that the beneficiary has opportunities to actively participate in his/her choice of therapy; and that the services be tailored to meet the beneficiary’s needs.

Medicare Part B covers outpatient, face-to-face KDE services for a beneficiary that:
- obtains a referral from the physician managing the beneficiary’s kidney condition. The referral should be documented in the beneficiary’s medical records.
- is diagnosed with Stage IV CKD, using the Modification of Diet in Renal Disease (MDRD) Study formula (severe decrease in GFR, GFR value of 15-29 mL/min/1.73 m2), and

Medicare Part B covers KDE services provided by a ‘qualified person,’ meaning a:
- physician (as defined in section 30 of Chapter 15 in the CMS Benefit Policy Manual),
- physician assistant, nurse practitioner, or clinical nurse specialist (as defined in sections 190, 200, and 210 of Chapter 15 in the CMS Benefit Policy Manual),
- hospital or CAH that is treated as being rural (was reclassified from urban to rural status per 42 CFR 412.103), or
- hospital, critical access hospital (CAH), skilled nursing facility (SNF), comprehensive outpatient rehabilitation facility (CORF), home health agency (HHA), or hospice, if the KDE services are provided in a rural area (using the actual geographic location core based statistical area (CBSA) to identify facilities located in rural areas).

Limitations for Coverage
Medicare Part B covers KDE services:
- Up to six (6) sessions as a beneficiary lifetime maximum. A session is 1 hour. In order to bill for a session, a session must be at least 31 minutes in duration. A session that lasts at least 31 minutes, but less than 1 hour still constitutes 1 session.
- On an individual basis or in group settings; if the services are provided in a group setting, a group consists of 2 to 20 individuals who need not all be Medicare beneficiaries.

Medicare Part B covers KDE services, provided by a qualified person, which provide comprehensive information regarding:
A. The management of comorbidities, including delaying the need for dialysis, which includes, but is not limited to, the following topics:
   - Hypertension management,
   - Anemia management,
   - Bone disease and disorders of calcium and phosphorus metabolism management,
   - Prevention and treatment of cardiovascular disease,
   - Prevention and treatment of diabetes,
   - Symptomatic neuropathy management, and
   - Impairments in functioning and well-being.
B. Prevention of uremic complications, which includes, but is not limited to, the following topics:
   - Information on how the kidneys work and what happens when the kidneys fail,
   - Understanding if remaining kidney function can be protected, preventing disease progression, and realistic chances of survival,
   - Medication review, including how each medication works, possible side effects and minimization of side effects, the importance of compliance, and informed decision making if the patient decides not to take a specific drug, and
   - Diet and fluid restrictions
C. Therapeutic options, treatment modalities and settings, advantages and disadvantages of each treatment option, and how the treatments replace the kidney, including, but not limited to, the following topics:
   - Hemodialysis, both at home and in-facility;
   - Transplantation
   - Peritoneal dialysis (PD), including intermittent PD, continuous ambulatory PD, and continuous cycling PD, both at home and in-facility, and
   - All dialysis access options for hemodialysis and peritoneal dialysis
D. Opportunities for beneficiaries to actively participate in the choice of therapy and be tailored to meet the needs of the individual beneficiary involved, which includes, but is not limited to:
   - Physical symptoms,
   - Exercise,
   - The right to refuse treatment,
   - Impact on work and finances,
   - Impact on family and social life,
• The meaning of test results, and
• Psychological impact.

Outcomes Assessment
Qualified persons that provide KDE services must develop outcomes assessments that are designed to measure beneficiary knowledge about CKD and its treatment. The assessment must be administered to the beneficiary during a KDE session, and be made available to the (CMS) upon request. The outcomes assessments serve to assist KDE educators and CMS in improving subsequent KDE programs, patient understanding, and assess program effectiveness of:
• Meeting the communication needs of underserved populations, persons with limited English proficiency, including persons with disabilities, and persons with health literacy needs, and
• Preparing the beneficiary to make informed decisions about their healthcare options related to CKD.

APPLICABLE CODES

The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

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<td>G0420</td>
<td>Face-to-face educational services related to the care of chronic kidney disease; individual, per session, per one hour</td>
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<td>N18.4</td>
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REFERENCES

CMS Benefit Policy Manual
Chapter 15; § 310 Kidney Disease Patient Education Services

CMS Claims Processing Manual
Chapter 32; § 20 Billing Requirements for Coverage of Kidney Disease Patient Education Services

CMS Transmittals
Transmittal 117, Change Request 6557, Dated 12/18/2009 (Coverage of Kidney Disease Patient Education Services)
Transmittal 1876, Change Request 6557, Dated 12/18/2009 (Coverage of Kidney Disease Patient Education Services)

MLN Matters
Article MM6557, Coverage of Kidney Disease Patient Education Services

Others
Telehealth Services, Article ICN901705, December 2015, CMS Website

GUIDELINE HISTORY/REVISION INFORMATION

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