ULTRAFILTRATION, HEMOPERFUSION, AND HEMOFILTRATION (NCD 110.15)

Guideline Number: MPG333.02

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Related Medicare Advantage Policy Guidelines
- Hemodialysis for Treatment of Schizophrenia (NCD 130.8)
- Ultrafiltration Monitor (NCD 230.14)

Related Medicare Advantage Coverage Summary
- Dialysis Services

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

Ultrafiltration

Overview
A process for removing excess fluid from the blood through the dialysis membrane by means of pressure. Ultrafiltration is utilized in cases where excess fluid cannot be removed easily during the regular course of hemodialysis. It is not a substitute for dialysis. When it is performed, it is commonly done during the first hour or two of each hemodialysis on patients who, e.g., have refractory edema. Ultrafiltration is a covered procedure.

Predialysis Ultrafiltration
The predialysis ultrafiltration procedure requires additional staff care, the facility dialysis rate is intended to cover the full range of complicated and uncomplicated nonacute dialysis treatments. No additional facility charge is recognized for predialysis ultrafiltration. The physician's role in ultrafiltration varies with the stability of the patient's condition. In unstable patients, the physician may need to be present at the initiation of dialysis, and available either in- house or in close proximity to monitor the patient carefully. In patients who are relatively stable, but who seem to accumulate excessive weight gain, the procedure requires only a modest increase in physician involvement over routine outpatient hemodialysis.
Guidelines
Medical complications may occur which require that ultrafiltration be performed separate from the dialysis treatment, and in these cases an additional charge can be recognized. The claim must be documented as to why the ultrafiltration could not have been performed at the same time as the dialysis.

Hemoperfusion
Overview
A process which removes substances from the blood using a resin artificial kidney or charcoal. When used in the treatment of life threatening drug overdose, hemoperfusion is a covered service for patients with or without renal failure. Hemoperfusion generally requires a physician to be present to initiate treatment and to be present in the hospital or an adjacent medical office during the entire procedure, as changes may be sudden. Special staff training and equipment are required.

Develop charges for hemoperfusion in the same manner as for any new or unusual service. One or two treatments are usually all that is necessary to remove the toxic compound; document additional treatments. Hemoperfusion may be performed concurrently with dialysis, and in those cases payment for the hemoperfusion reflects only the additional care rendered over and above the care given with dialysis.

Guidelines
The effects of using hemoperfusion to improve the results of chronic hemodialysis are not known. Hemoperfusion is not a covered service when used to improve the results of hemodialysis. It has not been demonstrated that the use of hemoperfusion in conjunction with deferoxamine (DFO), in treating symptomatic patients with iron overload, is efficacious. There is also a lack of data regarding its efficacy in treating asymptomatic patients with iron overload. Hemoperfusion used in conjunction with DFO in treating patients with iron overload is not a covered service; i.e., it is not considered reasonable and necessary within the meaning of §1862(a)(1) of the Act.

The use of hemoperfusion in conjunction with DFO for the treatment of patients with aluminum toxicity has been demonstrated to be clinically effective and is therefore regarded as a covered service.

Hemofiltration
Overview
This process removes electrolytes, fluid and other low molecular weight toxic substances from the blood by filtration through hollow artificial membranes. It may be routinely performed in 3 weekly sessions.

Guidelines
Hemofiltration (also known as diafiltration) is a covered procedure under Medicare and is an effective and safe technique for the treatment of ESRD patients and an alternative to hemodialysis and peritoneal dialysis. In contrast to both hemodialysis and peritoneal dialysis treatments, which eliminate dissolved substances via diffusion across semipermeable membranes, hemofiltration mimics the filtration process of the normal kidney. The technique requires an arteriovenous access. Hemofiltration may be performed either at home or in a facility.

The procedure is most advantageous when applied to high-risk unstable patients, such as older patients with diabetes or cardiovascular diseases, because there are fewer side effects such as hypertension, hypotension or volume overload.

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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<tr>
<th>CPT Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>90935</td>
<td>Hemodialysis procedure with single physician evaluation</td>
</tr>
<tr>
<td>90937</td>
<td>Hemodialysis procedure requiring repeated evaluation(s) with or without substantial revision of dialysis prescription</td>
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<tr>
<td>90945</td>
<td>Dialysis procedure other than hemodialysis (e.g., peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies), with single physician evaluation</td>
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<tr>
<td>90947</td>
<td>Dialysis procedure other than hemodialysis (e.g., peritoneal dialysis, hemofiltration, or other continuous renal replacement therapies) requiring repeated physician evaluations, with or without substantial revision of dialysis prescription</td>
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CPT Code | Description
---------|-------------------------------------------------------
90997    | Hemoperfusion (e.g., with activated charcoal or resin)

REFERENCES

CMS National Coverage Determinations (NCDs)
NCD 110.15 Ultrafiltration, Hemoperfusion and Hemofiltration

CMS Claims Processing Manual
Chapter 11 End Stage Renal Disease (ESRD)

CMS Transmittals
Transmittal 171, Change Request 8261, Dated 06/07/2013 (Implementation of the End Stage Renal Disease (ESRD) Prospective Payment System (PPS))
Transmittal 2455, Change Request 7762, Dated 04/26/2012 (Hospital Dialysis Services for Patients with and without End Stage Renal Disease (ESRD))

MLN Matters
Article MM8120, Implementation of Changes in the End-Stage Renal Disease Prospective Payment System (ESRD PPS) for Calendar Year (CY) 2013

UnitedHealthcare Commercial Policies
Home Hemodialysis

GUIDELINE HISTORY/REVISION INFORMATION

<table>
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<tr>
<th>Date</th>
<th>Action/Description</th>
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<td>11/09/2016</td>
<td>• Annual review, no changes</td>
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