Highmark Commercial Medical Policy- PA, WV, DE, NY

Medical Policy:	E-2-~~032~~ 033
Topic (or Title):	Home Dialysis Equipment and Supplies
Section:	Durable Medical Equipment
Effective Date:	~~May 5, 2025~~ April 27, 2026
Issued Date:	~~May 5, 2025~~ April 27, 2026
Last Revision Date:	January ~~2025~~ 2026
Annual Review:	January ~~2025~~ 2026

~~Home dialysis equipment is all equipment, supplies and support services, and certain drugs and biologicals that are required to effectively perform dialysis in the home. This includes instruments and non-medical supplies [e.g., scales, blood pressure cuffs, stop watches, stethoscope, heating pad for peritoneal dialysis, etc.] and disposable supplies [e.g., alcohol wipes, sterile drapes, etc.]~~

Home dialysis equipment and supplies encompass all durable medical equipment, disposable materials, monitoring devices, support services, and select medications required for individuals with kidney failure to safely and effectively perform peritoneal dialysis or home hemodialysis in the home setting. This includes dialysis machines (e.g., hemodialysis systems and peritoneal dialysis cyclers), water treatment systems, vascular access and catheter supplies, medical monitoring equipment (e.g., blood pressure monitors, scales), disposable treatment supplies (e.g., dialyzers, dialysate, sterile supplies), patient safety items, required medications administered during dialysis, remote monitoring technology, and comprehensive training and clinical support services.

Policy Position

Home use of dialysis equipment, supplies, and selected medications may be considered medically necessary when the individual has a diagnosis of end-stage renal disease (ESRD).

All other uses of home dialysis equipment, supplies and selected medications not meeting the criteria as indicated in this policy are considered not medically necessary.

Procedure Codes

A4245	A4651	A4652	A4653	A4657	A4660	A4663
A4670	A4671	A4672	A4673	A4674	A4680	A4690
A4706	A4707	A4708	A4709	A4714	A4719	A4720
A4721	A4722	A4723	A4724	A4725	A4726	A4728
A4730	A4736	A4737	A4740	A4750	A4755	A4760
A4765	A4766	A4770	A4771	A4772	A4773	A4774
A4802	A4860	A4870	A4911	A4913	A4918	A4927
A4928	A4929	A4930	E0210	E1500	E1510	E1520
E1530	E1540	E1550	E1560	E1570	E1575	E1580
E1590	E1592	E1594	E1600	E1610	E1615	E1620
E1625	E1629	E1630	E1634	E1635	E1636	E1637
E1639	E1699	J1644	S9007	~~E1632~~		

Wearable artificial kidney (WAK) is considered experimental/investigational and, therefore, non-covered because the safety and/or effectiveness of this service cannot be established by the available published peer-reviewed literature.

Procedure Codes

E1632

An exception to the general coverage of all dialysis supplies is the “Patient Aid,” a device used to train dialysis patients in correcting alarm conditions. These devices are considered not medically necessary.

The instruments and non-medical supplies must either be purchased or provided as part of the actual dialysis equipment and included in the overall charge for such equipment. (Coverage does not extend to the rental of these items separately. Claims submitted for rental of the instruments/non-medical equipment (as separate units) will not be separately reimbursed. Disposable supplies are covered as separate items.)

Total payments for a rental item may not exceed its allowable purchase price, except for those items identified as life sustaining DME.

Shipping charges for home dialysis supplies are covered.

Related Policies

Refer to Medical Policy E-1, Durable Medical Equipment (DME), for additional information.

Diagnosis Codes

Covered Diagnosis Code

N18.6

Place of Service: Outpatient

Home dialysis equipment and supplies are typically used on an outpatient basis which are only eligible for coverage on an inpatient basis in special circumstances, including, but not limited to, the presence of a co-morbid condition that would require monitoring in a more controlled environment such as the inpatient setting.

The policy position applies to all commercial lines of business

Links

- Link to References

This policy is designed to address medical guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical or other circumstances may warrant individual consideration, based on review of applicable medical records, as well as other regulatory, contractual and/or legal requirements.

Medical policies do not constitute medical advice, nor are they intended to govern the practice of medicine. They are intended to reflect Highmark's reimbursement and coverage guidelines. Coverage for services may vary for individual members, based on the terms of the benefit contract.

Highmark retains the right to review and update its medical policy guidelines at its sole discretion. These guidelines are the proprietary information of Highmark. Any sale, copying or dissemination of the medical policies is prohibited; however, limited copying of medical policies is permitted for individual use.

Discrimination is Against the Law
The Claims Administrator/Insurer complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Claims Administrator/Insurer does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. The Claims Administrator/ Insurer:

- *Provides free aids and services to people with disabilities to communicate effectively with us, such as:*
    - *Qualified sign language interpreters*
    - *Written information in other formats (large print, audio, accessible electronic formats, other formats)*

- *Provides free language services to people whose primary language is not English, such as:*
    - *Qualified interpreters*
    - *Information written in other languages*

If you need these services, contact the Civil Rights Coordinator.

If you believe that the Claims Administrator/Insurer has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, P.O. Box 22492, Pittsburgh, PA 15222, Phone: 1-866-286-8295, TTY: 711, Fax: 412-544-2475, email: CivilRightsCoordinator@highmarkhealth.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Insurance or benefit/claims administration may be provided by Highmark, Highmark Choice Company, Highmark Coverage Advantage, Highmark Health Insurance Company, First Priority Life Insurance Company, First Priority Health, Highmark Benefits Group, Highmark Select Resources, Highmark Senior Solutions Company or Highmark Senior Health Company, all of which are independent licensees of the

Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the number on the back of your ID card (TTY: 711).

ATENCIÓN: Si usted habla español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame al número en la parte posterior de su tarjeta de identificación (TTY: 711).

请注意：如果您说中文，可向您提供免费语言协助服务。

请拨打您的身份证背面的号码（TTY：711）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Xin gọi số điện thoại ở mặt sau thẻ ID của quý vị (TTY: 711).

알림: 한국어를 사용하시는 분들을 위해 무료 통역이 제공됩니다. ID 카드 뒷면에 있는 번호로 전화하십시오 (TTY: 711).

ATENSYON: Kung nagsasalita ka ng Tagalog, may makukuha kang mga libreng serbisyong tulong sa wika. Tawagan ang numero sa likod ng iyong ID card (TTY: 711).

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться бесплатными услугами языковой поддержки. Позвоните по номеру, указанному на обороте вашей идентификационной карты (номер для текст-телефонных устройств (TTY): 711).

تنبيه: إذا كنت تتحدث اللغة العربية، فهناك خدمات المعاونة في اللغة المجانية متاحة لك. اتصل بالرقم الموجود خلف بطاقة هويتك (جهاز الاتصال لذوي صعوبات السمع والنطق: 711).

ATTENTION: Si c'est créole que vous connaissez, il y a un certain service de langues qui est gratis et disponible pour vous-même. Composez le numéro qui est au dos de votre carte d'identité. (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez le numéro au dos de votre carte d'identité (TTY: 711).

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń pod numer podany na odwrocie karty ubezpieczenia zdrowotnego (TTY: 711).

ATENÇÃO: Se a sua língua é o português, temos atendimento gratuito para você no seu idioma. Ligue para o número no verso da sua identidade (TTY: 711).

ATTENZIONE: se parla italiano, per lei sono disponibili servizi di assistenza linguistica a titolo gratuito. Contatti il numero riportato sul retro della sua carta d'identità (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, steht Ihnen unsere fremdsprachliche Unterstützung kostenlos zur Verfügung. Rufen Sie dazu die auf der Rückseite Ihres Versicherungsausweises (TTY: 711) aufgeführte Nummer an.

注：日本語が母国語の方は言語アシスタンス・サービスを無料でご利用いただけます。ID カードの裏に明記されている番号に電話をおかけください (TTY: 711)。

توجه : اگر شما به زبان **فارسی** صحبت می کنید، خدمات کمک زبان، به صورت رایگان، در دسترس شماست. با شماره واقع در پشت کارت شناسایی خود (TTY: 711) تماس بگیرید.