Dialysis Services

Policy Number: BIP044.N
Effective Date: February 1, 2025

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Related Benefit Interpretation Policies

- Ambulance Transportation
- Emergency and Urgent Services

Related Medical Policy

- Home Hemodialysis

Federal/State Mandated Regulations

None

State Market Plan Enhancements

None

Covered Benefits

Important Note: Covered benefits are listed in *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits* sections. Always refer to the *Federal/State Mandated Regulations* and *State Market Plan Enhancements* sections for additional covered services/benefits not listed in this section.

Acute and chronic dialysis (peritoneal or hemodialysis) services and supplies are covered.

- Acute and chronic dialysis must be authorized by the member's network medical group or UnitedHealthcare and provided within the member's network medical group. The fact that the member is outside the geographic area served by the network medical group will not entitle the member to coverage for maintenance of chronic dialysis to facilitate travel.

Notes:

- For hemodialysis in the Home, certain criteria must be met. Refer to the Medical Policy titled Home Hemodialysis.
- For chronic hemodialysis, application for Medicare Part A and Part B coverage must be made.
- Benefits are limited to the equipment or supplies that meet the minimum specifications for the needs of the member.

Not Covered

- Travel dialysis
- Non-emergent out-of-area dialysis services

Policy History/Revision Information

Date	Summary of Changes
02/01/2025	**Covered Benefits** • Replaced language indicating:

Date	Summary of Changes
	○ "Chronic dialysis must be authorized by the member's network medical group or UnitedHealthcare and provided within the member's network medical group" with "*acute and* chronic dialysis must be authorized by the member's network medical group or UnitedHealthcare and provided within the member's network medical group" ○ "Benefits are limited to the *standard item or* equipment or supplies that *adequately* meet the *member's medical needs*" with "benefits are limited to the equipment or supplies that meet the *minimum specifications for the needs of the member*" **Supporting Information** • Archived previous policy version BIP044.M

Instructions for Use

Covered benefits are listed in three (3) sections: *Federal/State Mandated Regulations*, *State Market Plan Enhancements*, and *Covered Benefits*. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.