Dialysis Services

Policy Number: BIP045.M
Effective Date: February 1, 2025

➲ Instructions for Use

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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

With the exception of emergency and urgently needed services, routine dialysis for member's traveling outside of the service area is subject to approval by UnitedHealthcare or the member's network/contracting medical group.

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

Notes:

- For dialysis in the home, 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, unless covered in the *State Market Plan Enhancements* section
- Non-emergent out-of-area dialysis services, unless mandated in in the *State Market Plan Enhancements* section

Policy History/Revision Information

Date	State(s) Affected	Summary of Changes
02/01/2025	All	**Supporting Information** • Archived previous policy version BIP045.L

Date	State(s) Affected	Summary of Changes
	Oklahoma, Oregon, Washington	**State Market Plan Enhancements** • Replaced language indicating "routine dialysis *care* for member's traveling outside of the service area is subject to approval by UnitedHealthcare or the member's *participating* medical group" with "routine dialysis care for member's traveling outside of the service area, *with the exception of emergency and urgently needed services,* is subject to approval by UnitedHealthcare or the member's *network/contracting* medical group" **Covered Benefits** • Replaced language indicating: ○ "Acute*/sudden* and chronic *long term* dialysis (peritoneal or hemodialysis) [are covered]" with "acute and chronic dialysis (peritoneal or hemodialysis) *services and supplies* are covered" ○ "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*"
	Texas	**State Market Plan Enhancements** • Replaced reference to: ○ "Routine dialysis *care*" with "routine dialysis" ○ "*Participating* medical group" with "*network/contracting* medical group" **Covered Benefits** • Replaced language indicating: ○ "Acute*/sudden* and chronic *long term* dialysis (peritoneal or hemodialysis) [are covered]" with "acute and chronic dialysis (peritoneal or hemodialysis) *services and supplies* are covered" ○ "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*"

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.