Hemodialysis Frequency

Policy Number:	M20230724048
Effective Date:	9/1/2023
Sponsoring Department:	Health Care Services
Impacted Department(s):	Network Contract Management

Type of Policy: ☐ Internal ☒ External

Data Classification: ☐Confidential ☐Restricted ☒Public

Applies to (Line of Business):

☐ Corporate (All)
☒ State Products, if yes which plan(s): ☒MediSource; ☒MediSource Connect; ☒Child Health Plus; ☒Essential Plan
☒ Medicare, if yes, which plan(s): ☒MAPD; ☐PDP; ☒ISNP; ☒CSNP
☒ Commercial, if yes, which type: ☒Large Group; ☒Small Group; ☒Individual
☒ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

N/A

Applicable to Vendors? Yes ☐ No☒

Purpose and Applicability:

To set forth the medical necessity criteria for **hemodialysis**.

Policy:

Commercial and Self-Funded

Hemodialysis is considered medically necessary either at home or in at a facility with the following criteria:

- Hemodialysis for renal failure up to 3 times per week;
- Hemodialysis performed more than 3 times per week for renal failure for hyperkalemia, hyperphosphatemia, pregnancy, fluid overload, acute pericarditis, congestive heart failure, pulmonary edema, or severe catabolic state when these conditions are refractory to dialysis 3 times per week as documented* by the ordering physician.

*Documentation Requirements

- All documentation must be maintained in the patient's medical record and made available to Independent Health upon request.
- All documentation must include appropriate patient identification information (e.g., complete name, dates of service[s]).
- The medical record documentation must support the medical necessity for the following indications of hyperkalemia, hyperphosphatemia, pregnancy, fluid overload, acute pericarditis, congestive heart failure, pulmonary edema, or severe catabolic state for more than the anticipated 3 sessions per week as directed in this policy above.
    - Modifier CG and modifier KX must be submitted on claim for treatments in excess of 3 times/week.

- The medical records documentation should include the order from the prescribing physician for the additional sessions.
- Documentation should be available on request and may include: the updated Plan of Care, documents from recent hospital care, office visits, dialysis progress notes, reflecting the clinician's assessment and changes as indicated.

MediSource, MediSource Connect, Child Health Plus and Essential Plan
MediSource, MediSource Connect, Child Health Plus and Essential Plan utilize the Commercial criteria above.

Medicare Advantage
There is currently a Local Coverage Determination (LCD) and a Local Coverage Article (LCA) for dialysis. Please refer to the links listed in the Reference section for Medicare Advantage members.

Background

Chronic Kidney Disease (CD) is the presence of kidney damage (usually detected as urinary albumin excretion of ≥30 mg/day or equivalent) or decreased kidney function (defined as **estimated glomerular filtration rate [eGFR]** <60 mL/min/1.73 m2) for three or more months. Treatment of CKD includes the treatment of reversible causes of kidney failure, preventing or slowing progression of the disease, treatment of complications, and identification and preparation of patients potentially requiring kidney replacement therapy.

According to the UpToDate report titled Indications for initiation of dialysis in chronic kidney disease, kidney function assessed by estimated glomerular filtration rate (eGFR) is an important factor in determining when patients with advanced CKD should initiate dialysis. Although there is no minimum eGFR that defines an absolute need for dialysis, most nephrologists initiate dialysis when the eGFR decreases below 5 mL/min/1.73 m2. Most patients will be symptomatic at such a low eGFR. The decision to start dialysis is based upon the presence of end-stage kidney disease (ESKD)-related signs

and symptoms, the estimated glomerular filtration rate (eGFR), and, in some patients, the rate of eGFR decline. These factors must be considered together. There is variability in the timing of dialysis initiation between patients because uremic symptoms are often nonspecific and because eGFR is an imperfect measure of kidney function.

Pre-Authorization Required? Yes ☐ No ☒

Preauthorization is not required. Criteria will be utilized upon retro-review.

Definitions

Chronic Kidney Disease (CKD) is defined by the presence of kidney damage or decreased kidney function for three or more months, irrespective of the cause. The persistence of the damage or decreased function for at least three months is necessary to distinguish CKD from acute kidney disease. Causes of CKD include, but is not limited to, diabetes, drug toxicity, auto-immune diseases, and urinary tract obstruction. CKD is most often discovered as decreased eGFR during the evaluation and management of other medical conditions.

Estimated glomerular filtration rate [eGFR] evaluates kidney function by assessing the filtration process of the glomeruli that removes waste material from the blood. The eGFR test typically uses a formula based on the levels of creatinine, a waste product produced by the body's muscles, in the blood.

Hemodialysis is a renal replacement therapy, supplementing the kidney's process of blood filtration utilizing artificial equipment, removing excess water, solutes and toxins. Dialysis ensures the maintenance of homeostasis for either rapid kidney function, such as an acute kidney injury or prolonged, gradual loss such as chronic kidney disease (CKD).

References

Related Policies, Processes and Other Documents
N/A

Non-Regulatory references
Ashby D, Borman N, Burton J, et al. Renal Association Clinical Practice Guideline on Haemodialysis. BMC Nephrol. 2019 Oct 17;20(1):379

Bleyer A. Indications for initiation of dialysis in chronic kidney disease. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on June, 22, 2026)

Levy AS, Inker LA, Definition and staging of chronic kidney disease in adults. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on June 22, 2026)

Medline Plus (web site). Glomerular Filtration Rate (GFR) Test. Review Date 8/20/2023 . Available at: https://medlineplus.gov/ency/article/007305.htm . Accessed June 22, 2026.

Murdeshwar HN, Anjum F. Hemodialysis. 2023 Jan 5. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan. Last Update February 15, 2026. Available at: https://www.ncbi.nlm.nih.gov/books/NBK563296/ Accessed June 22, 2026.

National Kidney Foundation Kidney Disease Outcomes Quality Initiative [web site]. KDOQI Clinical Practice Guideline for Hemodialysis Adequacy: 2015 Update. Available at: https://www.ajkd.org/action/showPdf?pii=S0272-6386%2815%2901019-7 Accessed June 22, 2026.

Rosenberg M. Overview of the management of chronic kidney disease in adults. In: UpToDate, Post TW (Ed), UpToDate, Waltham, MA. (Accessed on June 22, 2026.)

Regulatory References

Centers for Medicare and Medicaid (CMS) [web site]. Article - Billing and Coding: Frequency of Hemodialysis A55672. Available at: https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=55672&ver=25& Accessed June 22, 2026.

Centers for Medicare and Medicaid (CMS) [web site]. Local Coverage Determination (LCD) Frequency of Hemodialysis L37475. Available at: https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=37475&ver=17&keyword=dialysis&keywordType=starts&areaId=all&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1 Accessed June 22, 2026.

New York State Department of Health [web site]. New York State Medicaid Program Physician Procedure Codes. Section 2 – Medicine, Drugs, and Drug Administration. Version April 2026. Available at: https://www.emedny.org/providermanuals/physician/PDFS/Physician_Procedure_Codes_Sect2.pdf Accessed: June 22, 2026.

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No☐

Revision Date	Owner	Notes
8/1/2026	Health Care Services	Reviewed
9/1/2025	Health Care Services	Reviewed
9/1/2024	Health Care Services	Reviewed