# Hemodialysis

Reimbursement Policy ID: RPC.0097.2400

Recent review date: 11/2025

Next review date: 09/2026

*Select Health of South Carolina reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. Select Health of South Carolina may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.*

*In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.*

*To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy 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 federal, state, or contractual requirements 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.*

## Policy Overview

This policy provides a guideline for submission of hemodialysis treatments by End-Stage Renal Disease (ESRD) facilities providing treatment in-facility or in the patient's home.

This policy does not address billing for sessions associated with training or other modalities such as peritoneal dialysis

## Exceptions

N/A

## Reimbursement Guidelines

This policy provides a guideline for submission of hemodialysis treatments by End-Stage Renal Disease (ESRD) facilities providing treatment in-facility or in the patient's home.

This policy does not address billing for sessions associated with training or other modalities such as peritoneal dialysis

ESRD facilities furnishing services in-facility or in a hospital outpatient facility are covered for up 14 treatments per month according to the DHHS Fee Schedule.

Select Health of South Carolina requires Dialysis Centers to submit claims using the CMS-1500 claim form and submit using CPT code 90935. Hospital outpatient dialysis claims are submitted using the UB-04 claim form and CPT code 90999 using Bill Type 72X and Revenue Code 0821 or 0881.

Submission of claims for dialysis sessions can be billed using the 3 different scenarios below.

1. The patients plan of care is hemodialysis 3 times (3X) per week. When each session is furnished, each session should be billed using 90935 or 90999 without a modifier. These sessions will be reimbursed as routine dialysis services up to 14 times per month.
2. Each dialysis session billed in addition to 3 sessions per week without medical record documentation to support additional sessions as reasonable and necessary, should be billed using the 90935 or 90999 and the CG modifier. Examples of when this may occur include shorter sessions for the convenience of the patient or staff etc. Using the CG modifier indicates that the additional services were not reasonable or necessary and no additional reimbursement is expected.
3. For additional dialysis sessions over 14 that are reasonable and necessary, and are supported with medical documentation, should be submitted with 90999 and the KX modifier on each line to be considered for payment. Use of the KX modifier confirms that the services were medically necessary after the allowed 14 sessions per month.

The expectation is that these three scenarios will be seen on claims with 90935 or 90999 only, or lines with 90935 or 90999 mixed with modifier CG or KX. Plan of care (POC) and medical record documentation should be maintained and may be requested.

For claims submitted weekly, the maximum per week is 3. Any additional units billed without the applicable modifier will not be reimbursed. For claims submitted monthly, a maximum of 14 per month are allowed, and any units billed beyond the maximum will be denied, unless submitted with the applicable modifier and medical record documentation to support the additional treatments.

## Definitions

**End Stage Renal Disease (ESRD)**
End stage renal disease is the final, permanent stage of chronic kidney disease, where kidney function has declined to the point that the kidneys can no longer function on their own.

**Hemodialysis**
A medical procedure that removes waste products and excess fluid from the blood when the kidneys are unable to do so.

## Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS).
V. The National Correct Coding Initiative (NCCI).
VI. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=55354
VII. https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleid=55672&ver=25&bc=0
VIII. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=37475&ver=17
IX. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c11.pdf
X. https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdId=34575&ver=43
XI. South Carolina Medicaid Fee Schedule(s).

## Attachments

N/A

## Associated Policies

N/A

## Policy History

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| 11/2025 | Reimbursement Policy Committee Approval |
| 06/2025 | Minor updates to formatting and syntax |
| 04/2025 | Revised preamble |
| 04/2024 | Revised preamble |
| 08/2023 | Removal of policy implemented by Select Health of South Carolina from Policy History section |
| 01/2023 | Template Revised<br>• Revised preamble<br>• Removal of Applicable Claim Types table<br>• Coding section renamed to Reimbursement Guidelines<br>• Added Associated Policies section |