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Renal Haemodialysis

Adjudication Rule

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Abstract

For Members

Healthy kidneys clean the blood by removing excess fluid, minerals, and wastes. When kidneys fail, harmful wastes build up in the body; body may retain excess fluid and may not make enough red blood cells. When this happens, treatment is needed to replace the work of failed kidneys.

Haemodialysis is a medical procedure that uses a special machine (a dialysis machine) to filter waste products from the blood and to restore normal constituents to it.

Haemodialysis is the most common method used to treat advanced and permanent kidney failure.

Haemodialysis for chronic renal condition is covered only for those plans with the specific benefit, subject to policy terms and conditions. However, haemodialysis for acute renal conditions is covered for all health insurance plans when medically necessary.

For Medical Professionals

Haemodialysis is a procedure by which creatinine, urea and free water are removed from the blood when the kidneys are in renal failure. It is one of three methods of renal replacement therapies; other than peritoneal dialysis and renal transplantation.

Daman covers hemodialysis in case of acute renal failure for all plans administered by Daman (subject to policy terms and conditions), but hemodialysis in chronic renal failure is covered for certain plans as Thiqa, Aounak & Reaaya, Premier and for few customized plans, as per the policy terms and conditions.

Approved by:
Daman

Responsible:
Medical Strategy &
Development Department

Related Adjudication Rules:
None

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Scope

This guideline outlines the plan wise coverage of haemodialysis (HD) and its indications.

Haemodialysis is a procedure by which creatinine, urea and free water are removed from the blood when the kidneys are in renal failure. It is one of three methods of renal replacement therapies; other than peritoneal dialysis and renal transplantation.

Adjudication Policy

Eligibility / Coverage Criteria

Indications of Hemodialysis (HD) are:

1. Acute kidney failure – if associated with
 - Acidosis
 - Fluid overload
 - Hyperkalemia, or
 - Electrolyte disturbances
2. Chronic kidney failure & End stage renal disease (ESRD) – for plans where coverage of HD is explicitly mentioned in their SOBs.
3. Severe (lethal) hyperkalemia

Haemodialysis for chronic conditions is covered only for the following plans

Plans	Benefit Limit	Mode of Payment
Aounak & Reayaa	Covered 100%	Direct billing
Premier	Covered 100%	Direct billing
Thiqa	Covered 100%	Direct billing
Other Daman Plans	As per SOBs	As per SOBs

HD for acute renal failure is covered for all plans if medically necessary.

Requirements for Coverage

ICD and CPT codes must be coded to the highest level of specificity.

Non-Coverage

Haemodialysis for chronic conditions is a general exclusion for all plans administered by Daman except:

- Thiqa
- Aounak & Reayaa
- Premier and
- Some of customized Daman plans as per SOBs

Payment and Coding Rules

Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

Adjudication Examples

Example 1

Question: A Thiqa card holder with Acute Renal Failure undergoes a session of HD. The provider bills the invoice with only ARF as the diagnosis. How will you adjudicate this claim?

Answer: HD will not be covered, as it is not associated with a secondary diagnosis and will be rejected with denial code MNEC-004.

Example 2

Question: A basic plan holder has been advised to undergo HD for ESRD. Will this be covered?

Answer: No, HD will not be covered, as it is a general exclusion of the policy and will be rejected with denial code NCOV-003

Example 3

Question: A Regional plan member diagnosed with Acute Renal Failure and acidosis was advised to undergo HD. Will the service be covered for this patient?

Answer: Yes, HD will be covered for this patient.

Denial codes

Code	Code description
NCOV-003	Service(s) is (are) not covered
BENX-002	Benefit maximum for this time period or occurrence has been reached
CLAI-012	Submission not complaint with contractual agreement between provider & payer
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities

Appendices

A. References

1. BMJ evidence centre
2. CPT codebook 2008, American Medical Association
3. General exclusions list

4. T.R. Harrison (2005). Harrison's Principles of Internal Medicine. 16th ed. New York: McGraw-Hill. P1663-1668.
5. Schedule of benefits

B. Revision History

Date	Change(s)
01-07-13	V 2.0: New template
15-07-14	1. V 4.0 2. Restored original effective date 3. Disclaimer updated as per system requirements