Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Dialysis

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☒ Tufts Health Plan Commercial products

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☒ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan
☒ Tufts Health One Care – A dual-eligible product

Senior Products

☒ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☒ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Point32Health reimburses contracted providers for the provision of dialysis services.

Prerequisites

Applicable Point32Health referral, notification, and authorization policies may apply. Refer to the appropriate sections within the Provider Manuals for more information.

General Benefit Information

Services are pursuant to the member's benefit plan documents and are subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible). Member eligibility and benefit specifics should be verified prior to initiating services.

Use of non-contracted labs may have the unintended consequence of subjecting the member to unnecessary services not ordered by the treating provider or other unreasonable financial exposure. In such circumstances, Point32Health may hold the ordering provider accountable for any inappropriate behavior on the part of the nonparticipating lab that has been selected.

Point32Health Reimburses

Freestanding Outpatient

- Freestanding outpatient dialysis facilities are reimbursed at an all-inclusive global rate, per treatment
- Additional services may be reimbursed separately from the global rate, including:
  - Medically necessary non-emergent ambulance transport, such as a wheelchair van, provided by a contracted provider in lieu of ambulance transportation to/from the nearest renal dialysis facility that is capable of furnishing services for a member with end stage renal disease (ESRD)
  - Hemodialysis and peritoneal dialysis training
  - Ultrafiltration

Home Dialysis

- Home dialysis is reimbursed at an all-inclusive global rate, per treatment

Inpatient Dialysis Care

- Inpatient dialysis care is reimbursed as determined by the contracted rate for inpatient services

- Inpatient dialysis care provided to members at a skilled nursing facility (SNF) or inpatient rehabilitation long term acute care (LTAC) hospital may be separately reimbursed when provided and billed by a contracted provider

Commercial Products

- Hemodialysis during the first 30 months
  - After the member's first 30 months of hemodialysis, Medicare becomes the primary payer for eligible ESRD members

Point32Health Does *Not* Reimburse

- Acquisition of water, electricity or waste disposal systems for home dialysis treatment or the cost of water or electricity used in the home
- An assistant for home dialysis
- Peridex continuous ambulatory peritoneal dialysis (CAPD) filter sets
- Self-administered medications, including Epoetin Alfa (Epogen), unless the member has the prescription drug benefit and it is specified in your provider agreement
- Services that are not authorized by Point32Health
- Spare deionization tanks
- Ultrafiltration monitor, independent of conventional dialysis

Provider Billing Guidelines and Documentation

Providers are reimbursed according to the applicable contracted rates and fee schedules.

Coding

Code	Description
0801-0809	Inpatient Dialysis; report the number of sessions
0820-0889	Outpatient or home dialysis and miscellaneous; Bill monthly or at the conclusion of treatment
0881	Miscellaneous dialysis; use for ultrafiltration when not performed as part of a normal dialysis session
085X	Continuous cycling peritoneal dialysis (CCPD)- outpatient or home; do not bill with revenue code categories 082X, 083X, 084X and revenue code 0881 on same claim

Senior Products

- CPT code 90999 (Unlisted dialysis procedure, inpatient or outpatient) billed without modifier G1-G6 with bill type 0720-072Z (Clinic-hospital based or independent renal dialysis center) will not be reimbursed, unless another claim line for the same procedure is billed with modifier G1-G6 on the claim.
- The four severity factor adjustments used by Original Medicare (i.e., patient-level, onset of dialysis, outliers, and facility-level) are not applied to the reimbursement rate.

Related Policies and Resources

Payment Policies

- Coordination of Benefits
- Durable Medical Equipment (DME)
- Hospice
- Inpatient Hospital Admissions
- Inpatient Rehabilitation and Long-Term Acute Care (LTAC)
- Non-covered Services
- Skilled Nursing Facility

Clinical Policies

- Home Health Care Services
- Non-Emergency Medical Transportation (Ground/Air)
- Out-of-Network Outpatient Dialysis at the In-Network Level of Benefits
- Solid Organ Transplants (Hearts, Heart/Lung, Intestinal, Kidney, Liver, Lung, Pancreas, Pancreas/Kidney)

Publication History

09/01/2026: Annual policy review; administrative edits
08/29/2025: Policy moved to new template, includes all lines of business

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.