AmeriHealth Caritas Ohio

Dialysis Services

Reimbursement Policy ID: RPC.0055.7700

Recent review date: 09/2026

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. The health plan 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, and 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 addresses reimbursement for dialysis services billed on facility claims (UB-04). This coverage includes dialysis and dialysis self-training.

Exceptions

N/A

Reimbursement Guidelines

The health plan follows Ohio Administrative Code 5160-13-02 for reimbursement for Dialysis Services for Facilities. Reimbursement may be made for hemodialysis (HD) or for any of the three types of peritoneal dialysis:

- Intermittent peritoneal dialysis (IPD)
- Continuous ambulatory peritoneal dialysis (CAPD)
- Continuous cycling peritoneal dialysis (CCPD)

Services submitted for reimbursement for dialysis services are covered for the below Revenue Codes and frequency limits stated in Appendix to Rule 5160-13-02.

Revenue code	Description	Frequency limits
0821	Hemodialysis Outpatient or Home-Hemodialysis Composite or Other Rate (HD-per session)	3 per week
0829	Hemodialysis Outpatient or Home-Other OP Hemodialysis (self-care training, per session)	25 within 91 days
0831	Peritoneal Dialysis Outpatient or Home-Peritoneal/Composite	7 per week
0839	Peritoneal Dialysis Outpatient or Home-Other Outpatient Peritoneal Dialysis (self-care training, per session)	12 within 28 days
0841	Continuous Ambulatory Peritoneal Dialysis (CAPD) Outpatient or Home-CAPD/Composite or Other Rate (per session)	7 per week
0849	Continuous Ambulatory Peritoneal Dialysis (CAPD) Outpatient or Home-Other Outpatient CAPD (self-care training, per session)	15
0851	Continuous Cycling Peritoneal Dialysis (CCPD) Outpatient or Home-Home Equipment	7 per week
0859	Continuous Cycling Peritoneal Dialysis (CCPD) Outpatient or Home-Other Outpatient CCPD (self-care training, per session)	15

Definitions

Hemodialysis
A medical procedure to remove fluid and waste products from the blood to correct electrolyte imbalances. This is accomplished using a machine and a dialyzer, also referred to as an “artificial kidney”.

Edit Sources

I. Current Procedural Terminology (CPT).
II. Healthcare Common Procedure Coding System (HCPCS).
III. International Statistical Classification of Diseases and Related Health Problems (ICD), and associated publications and services.
IV. https://codes.ohio.gov/ohio-administrative-code/rule-5160-13-02

Attachments

N/A

Associated Policies

N/A

Policy History

09/2026	Reimbursement Policy Committee Approval
09/2026	• Removed the next review date

	• Replaced the plan name with “the health plan”
08/2026	Updated frequency for Revenue Code 0831
04/2026	Reimbursement Policy Committee Approval
03/2026	Annual review • No major changes
06/2025	Minor updates to formatting and syntax
05/2025	Reimbursement Policy Committee Approval
04/2025	Annual review • No major changes
04/2025	Revised preamble
11/2024	Reimbursement Policy Committee Approval
08/2024	Annual review • No major changes
04/2024	Revised preamble
07/2023	Reimbursement Policy Committee Approval