

## Marketplace National Regional Benefit Interpretation Document

Benefit Name	DIALYSIS SERVICES
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, Nevada, New Mexico, Ohio, South Carolina Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses acute and chronic dialysis (peritoneal or hemodialysis) services and supplies.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.</p> <p><b>Essential Health Benefits for Individual and Small Group</b></p> <p>For plan years beginning on or after January 1, 2014, the Affordable Care Act of 2010 (ACA) requires fully insured non-grandfathered individual and small group plans (inside and outside of Exchanges) to provide coverage for ten categories of Essential Health Benefits ("EHBs"). Large group plans (both self-funded and fully insured), and small group ASO plans, are not subject to the requirement to offer coverage for EHBs. However, if such plans choose to provide coverage for benefits which are deemed EHBs (such as maternity benefits), the ACA requires all dollar limits on those benefits to be removed on all Grandfathered and Non-Grandfathered plans. The determination of which benefits constitute EHBs is made on a state by state basis. As such, when using this guideline, it is important to refer to the member specific benefit document to determine benefit coverage.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><b>A. FEDERAL/STATE MANDATED REGULATIONS</b></p> </div> <p><b>CALIFORNIA:</b></p> <p><a href="#">Health and Safety Code SEC 1367.016: Limitations and Reporting for Third Party Payers</a></p> <p><b>OHIO:</b></p> <p><a href="#">Ohio Rev. Code § 3923.25: Kidney dialysis benefits</a></p>

**WASHINGTON:**

[WAC 284-43-5642](#): Essential health benefit categories

**B. STATE MARKET PLAN ENHANCEMENTS**

None

**C. COVERED BENEFITS**

**IMPORTANT NOTE:** Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

**DIALYSIS SERVICES**
**CALIFORNIA:**

Molina covers acute and chronic dialysis services if all the following requirements are met:

- The services are provided inside the Service Area
- The Member satisfies all medical criteria developed by Molina
- A Participating Provider physician provides a written referral for care at the facility

After a Member receives appropriate training at a Molina approved and designated dialysis facility. Molina also covers equipment and medical supplies required for home hemodialysis and home peritoneal dialysis inside the Service Area. Coverage is limited to the standard item of equipment or supplies that adequately meets the Member's medical needs. Molina decides whether to rent or purchase the equipment and supplies, and Molina selects the vendor. The Member must return the equipment and any unused supplies or pay the fair market price of the equipment and any unused supply when they are no longer covered.

**FLORIDA:**

**Dialysis Services:** Molina covers acute and chronic dialysis services if all the following requirements are met:

- The services are provided by a Participating Provider.
- The Members satisfies all medical criteria developed by Molina.

**IDAHO:**

**Dialysis Services:** Molina covers acute and chronic dialysis services, including in both home and outpatient settings, if the Members satisfies all medical criteria developed by Molina.

Service is covered if out-of-network services are used

**ILLINOIS:**

**Dialysis Services:** Molina covers acute and chronic dialysis services if all the following requirements are met:

- The services are provided by a Participating Provider.
- The Members satisfies all medical criteria developed by Molina

**KENTUCKY:**

**Dialysis Services:** Passport covers acute and chronic dialysis services if all the following requirements are met:

- The services are provided by a Participating Provider; and
- The Members satisfies all medical criteria developed by Passport.

**MICHIGAN:**

Molina covers acute and chronic dialysis services if all the following requirements are met:

- The services are provided by a Participating Provider.
- The Members satisfies all medical criteria developed by Molina

**MISSISSIPPI:**

**Dialysis Services:** Molina covers acute and chronic dialysis services if all the following requirements are met:

- The services are provided by a Participating Provider.
- The Members satisfies all medical criteria developed by Molina

**NEVADA:**

**Dialysis Services:** Molina covers acute and chronic dialysis services if all the following requirements are met:

- The services are provided by a Participating Provider.
- The Members satisfies all medical criteria developed by Molina

**NEW MEXICO:**

**Dialysis Services:** Molina covers acute and chronic dialysis services if all the following requirements are met:

- The services are provided by a Participating Provider
- The Member satisfies all medical necessity criteria developed by Molina

**OHIO:**

**Dialysis Services:** Molina covers acute and chronic dialysis services if all the following requirements are met:

- The services are provided by a Participating Provider.
- The Member satisfies all medical criteria developed by Molina.

Molina covers both inpatient and outpatient kidney dialysis.

**SOUTH CAROLINA:**

**Dialysis Services:** Molina covers acute and chronic dialysis services if all the following requirements are met:

- The services are provided by a Participating Provider.
- The Members satisfies all medical criteria developed by Molina.

**TEXAS:**

**Dialysis Services:** Molina covers acute and chronic dialysis services if all the following requirements are met:

- The services are provided by a Participating Provider.
- The Members satisfies all medical criteria developed by Molina

**UTAH:**

**Dialysis Services:** Molina covers acute and chronic dialysis services, including in both home and outpatient settings, if all the following requirements are met:

- The services are provided by a Participating Provider.
- The Members satisfies all medical criteria developed by Molina

**WASHINGTON:**

**Dialysis Services:** Molina covers acute and chronic dialysis services, including in both home and outpatient settings, when the services are provided by a Participating Provider.

**WISCONSIN:**

**Dialysis Services:** Molina covers acute and chronic dialysis services if all the following requirements are met:

- The services are provided by a Participating Provider
- The Members satisfies all medical criteria developed by Molina

**MORE INFORMATION**

Copayments for dialysis services are listed in the Schedule of Benefits.

**D. NOT COVERED**

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

## DIALYSIS SERVICES

**CALIFORNIA, FLORIDA, ILLINOIS, KENTUCKY, MICHIGAN, MISSISSIPPI, NEVADA, NEW MEXICO, OHIO, SOUTH CAROLINA, TEXAS, UTAH, WASHINGTON, WISCONSIN:**

Service is not covered if out-of-network services are used (not listed for each state, but we only cover services that are provided by a Participating Provider for most states)

### E. DEFINITIONS

[See Glossary](#)

### F. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
4/15/2021	<ul style="list-style-type: none"> <li>Added 2022 KY Drafted Language</li> </ul>
5/14/2021	<ul style="list-style-type: none"> <li>Added IL 2022 EOC Language</li> </ul>
6/28/2021	<ul style="list-style-type: none"> <li>Added ID 2022 EOC Language</li> </ul>
7/1/2023	<ul style="list-style-type: none"> <li>Added NV 2024 EOC Language</li> </ul>

### Codification

[Marketplace Benefit Interpretation Policies Codification](#)

### Prior Authorization

For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:

- Covered and No PA Required
- Not Covered

You cannot use the MHI PA Matrix to make coverage determinations.

[PA Lookup Tool](#)

Approval	Departments	Product	CIM	Clinical Management
	Date	12/22/2020	1/11/2021	3/16/2021
	Revised (for 1/1/2022)	10/26/2021	3/2/2022	10/26/2021
	Revised (for 1/1/2023)	11/15/2022	3/22/2023	11/15/2022
	Revised (for 1/1/2024)	12/15/2023	4/1/2024	12/8/2023
	Revised (for 1/1/2025)	11/5/2024	-	10/31/2024