INTRODUCTION

Medicare Coverage Summaries synopsize guidance provided in CMS’ National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs), and are used to make medical necessity determinations for Medicare behavioral health benefits managed by Optum and U.S. Behavioral Health Plan, California (doing business as OptumHealth Behavioral Solutions of California (“Optum-CA”)).

In the event that CMS does not provide a NCD or a LCD for a particular State, jurisdiction, condition or service, Optum’s Level of Care Guidelines should be used for medical necessity decisions along with the member’s benefit plan.

Before using this guideline, please check the member’s specific benefit plan requirements and any federal or state mandates, if applicable.

HEMODIALYSIS FOR THE TREATMENT OF SCHIZOPHRENIA

The following describes Medicare covered Hemodialysis for the Treatment of Schizophrenia according to existing Local Coverage Determinations (LCDs).

Hemodialysis for the Treatment of Schizophrenia

- Hemodialysis is a method for removing waste products from the body. In Hemodialysis, blood passes through an artificial kidney machine and the waste products diffuse across a manmade membrane into a bath solution known as dialysate after which the cleansed blood is returned to the patient’s body (Medicare Benefit Policy Manual Chapter 11, Section 30.2 Hemodialysis).

- Although some studies have reported improvement of Schizophrenia symptoms with the use of Hemodialysis, current scientific evidence supporting Hemodialysis as a safe and effective means of treatment for schizophrenia is inconclusive.

- CMS provides National guidance that finds scientific evidence supporting the use of Hemodialysis as a safe and effective means of treatment for Schizophrenia is inconclusive and accordingly, Medicare does not cover Hemodialysis for the treatment of Schizophrenia (Centers for Medicaid and Medicare National Coverage Determination, Hemodialysis for Treatment of Schizophrenia (CMS NCD 130.8), 2003).
• Behavioral Health care services or supplies should be provided when needed to prevent, diagnose, or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine (Medicare.gov, Glossary, 2015).

APPLICABLE STATES

National coverage determination.

Limitations and Exclusions

CMS finds scientific evidence supporting the use of Hemodialysis as a safe and effective means of treatment for Schizophrenia is inconclusive and accordingly, Medicare does not cover Hemodialysis for the treatment of Schizophrenia.

The requested service or procedure for the treatment of a mental health condition must be reviewed against the language in the enrollee's Evidence of Coverage/Summary of Benefits. When the requested service or procedure is limited or excluded from the enrollee’s EOC, or is otherwise defined differently, it is the terms of the enrollee’s EOC/SB that prevails.

Additional Information

The lack of a specific exclusion for coverage for a service does not imply that the service is covered.

No payment can be made for certain items and services, when the following conditions exist (CMS Benefit Policy Manual, 2014):

• Not reasonable and necessary: Items and services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve functioning are not covered.

• Custodial care: Personal care that does not require the continuing attention of trained medical or paramedical personnel. In determining whether a person is receiving custodial care, the intermediary or carrier considers the level of care and medical supervision required and furnished. It does not base the decision on diagnosis, type of condition, degree of functional limitation, or rehabilitation potential.
  
  o Excluded Investigational Devices or Procedures: These items and procedures include any procedure, study, test, drug, equipment or facility still undergoing study and which is generally not accepted as standard therapy in the medical community where alternative therapy exists.
  
  o Psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse practitioners, and clinical nurse specialists.
  
  o For approved providers of mental health services, the State licensure or authorization must specify that the provider’s scope of practice includes the provision of clinical psychotherapy for the treatment of mental illness. It is the responsibility of providers to be aware of their own State licensure laws and written agreements and/or protocols required, including changes as they occur.
  
  o Coverage for all non-physician practitioners is limited to services which they are authorized to perform by the State in which they practice.

REFERENCES


HISTORY/REVISION INFORMATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Action/Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>October, 2014</td>
<td>• Version 1</td>
</tr>
<tr>
<td>August, 2015</td>
<td>• Version 2</td>
</tr>
<tr>
<td>July, 2016</td>
<td>• Version 3</td>
</tr>
<tr>
<td>July, 2017</td>
<td>• Version 4</td>
</tr>
</tbody>
</table>