Home Dialysis for Surging Numbers of AKI Patients:
A Response to the COVID-19 Health Crisis
April 2020

The Prevalence of AKI in COVID-19 Patients

The Alliance for Home Dialysis is a coalition of kidney dialysis stakeholders that brings together dialysis patients, clinicians, providers, and industry. Together, we work to advance policies to improve treatment choices for those who need dialysis, and to address systemic barriers that limit access to the many benefits of home dialysis. During this time of response to the COVID-19 pandemic, we are focused on policies that help to ensure that patients at-risk of COVID-19, as well as those hospitalized who experience acute kidney injury (AKI), can safely and effectively dialyze at home, either immediately or following in-hospital treatment for kidney failure/ AKI due to COVID-19 infection.

As the COVID-19 pandemic has progressed, the media and public health community has increasingly focused and raised concern about the intensity of COVID-19's impact on patients' kidney function. The *New York Times* reports that between 20 and 40 percent of COVID-19 ICU patients suffer kidney failure and need immediate dialysis.[1] As the pandemic impacts increasing numbers of Americans, provider and patient demand surges for dialysis equipment, and supplies have become more acute. The need to make key resources more broadly available to meet these needs and enable as many patients as possible to have a pathway home with safe and appropriate dialysis support raises immediate policy issues.

Policy Barriers

To address the high numbers of AKI cases in hot-spots during the current pandemic, and to anticipate the real possibility of others in the future, we must prioritize the development of an AKI treatment pathway from hospital to home. Hospitals in hot-spots are reporting dire need for more continuous renal replacement therapy (CRRT) machines, which are frequently used for inpatient care for AKI patients. When such machines are not available, some – but not enough – hospitals have begun to administer peritoneal dialysis (PD), which is a modality most often used for home dialysis.

[1] https://www.nytimes.com/2020/04/18/health/kidney-dialysis-coronavirus.html

Because clinicians want to ensure that patients are able to use PD when they are home recovering, or potentially beyond, it's important to put into place policies that will enable COVID patients to transition home if they are able to, with the right dialysis support and consistent reimbursement structure. However, because current regulations bar AKI patients from dialyzing at home post-discharge, questions are beginning to arise as to how these new PD patients will be able to access the lifesaving care they need post-discharge. These AKI patients must be allowed to continue their lifesaving PD treatments at home; if they are forced by current regulations to seek out in-center dialysis, they will not only be exposing themselves while potentially still contagious to many other vulnerable patients in dialysis units, but will likely need an entirely new dialysis access in order to perform in-center hemodialysis, which is currently the only modality covered by the ESRD regulations.

Policy Proposals

Several immediate steps are needed to address the current, systemic challenges:

- **Waiver to allow home dialysis for AKI patients during the Public Health Emergency (PHE):** Existing CMS guidance disallows the home dialysis benefit for patients with AKI.[2] CMS reasoned that, during normal times, these patients require supervision by qualified staff during their dialysis and close monitoring through laboratory tests to ensure that they are receiving the necessary care to improve their condition and transition out of dialysis. Hospitals in several COVID-19 hotspots, however, require an option for dialyzing COVID-19 patients when they lack CRRT machines to ensure these patients can adequately replace renal function.
- **Removal of face-to-face requirement for outpatient dialysis for AKI patients during the PHE:** Because so many COVID-19 patients have AKI, hospitals that run out of CRRT capacity must use PD to replace these patients' renal function. The CPT codes as written do not contemplate a PD regimen for AKI patients, and should be adjusted. Therefore, CMS should also immediately add CPT codes 90935, 90937, 90945, and 90947, the codes assigned for inpatient or outpatient dialysis for AKI patients, to the approved telehealth list during the crisis in order to remove the face-to-face requirement for these services. Further, we urge the CMS to allow these codes to be billed for telephone encounters where videoconferencing is not possible. This will allow nephrologists to more easily prescribe PD for ICU patients with COVID-19 who have experienced an AKI and remove the face-to-face requirement for outpatient dialysis for AKI patients.
- **Hospital grant programs to facilitate urgent dialysis initiation, including urgent PD initiation:** Given the unprecedented, pandemic-driven demand for hospital resources during the PHE, hospitals require specific resources to support the additional needs associated with urgent start home dialysis programs, including for patients who must be started on PD in the ICU. Facilitating a dialysis modality that allows patients to self-isolate and/or avoid group settings has taken on a unique urgency to preserve key

[2] See https://www.cms.gov/media/125161 Section100.6 Applicability of Specific ESRD PPS Policies to AKI Dialysis

medical resources and ensure patients are protected from further exposure during the pandemic.[3]

Immediate placement of a dialysis catheter for PD initiation is of the utmost importance and will doubtless save lives as well as scarce resources. A hospital grant program supporting the adoption of dialysis modalities that can be utilized at home, when patients recover, as well as in-hospital would give hospitals the resources they need to triage and treat patients with an immediate need for dialysis, as well as those who develop Acute renal failure due to COVID-19 infection. These grants could include, among other services, additional clinical support, urgent dialysis modality education, instruction for home catheter placement techniques, and enhanced home training at discharge.

The current moment requires new and updated approaches for the treatment of patients in kidney failure, as the COVID-19 pandemic is likely to continue straining hospitals and their resources for these patients for the foreseeable future. There is also reason to believe that future health emergencies will raise similar challenges. Modifying current policy to reflect the immediate needs of COVID-19 patients and the hospitals that treat them is not only crucial to caring for these patients, but is equally important to necessary anticipation of future, systemic public health requirements.

Thank you for your consideration. We are ready to work with you to achieve better treatment options for this new and vulnerable population.

[3] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30558-4/fulltext.