

PHYSICIAN'S BULLETIN

October 15 2020: Vol. LXV, ISSUE 17



New Interim Fees

INTERIM HEMODIALYSIS FEES

The following interim fees are effective October 19, 2020. Physicians are advised to hold these claims until the MSI system is updated on November 13, 2020.

Category	Code	Description	Base Units
VEDT	51.95A	<p>Chronic Dialysis – treatment and supervision of care for the patient with end stage kidney disease, in hospital (hemodialysis or peritoneal dialysis) or in central outpatient hemodialysis units (for example; Halifax Victoria General Hospital, Yarmouth Regional Hospital, Cape Breton Regional Hospital) for a 24 hour period.</p> <p>Description This comprehensive, daily fee (24 hour period beginning at 12:00am until 11:59pm of the same calendar day) is for the treatment and supervision of care for a patient with end stage kidney disease who is registered in the Renal Program (NSHA, STARS or PHS, as a series visit for dialysis) and requires chronic dialysis (hospital or central outpatient hemodialysis unit). The physician is expected to supervise all aspects of the patients dialysis care and to provide direct, face-to-face clinical assessment of the patient, including a physical examination appropriate to the patient's medical condition, at least once in every 14 day period with additional clinical assessments as required based on concerns related to changes in the patient's medical condition. Each assessment will be documented in the patient's health record.</p> <p>Elements of care include:</p> <ul style="list-style-type: none">A. All management and supervision of chronic dialysis treatments regardless of frequency, type or location of service and includes chronic dialysis of hospital in-patients and in-person emergency department visits related to the management of chronic dialysis. It does not include acute dialysis. Acute dialysis is defined as dialysis rendered to a hospital inpatient in an intensive care setting, or to a patient beginning dialysis for the first time in their lifetime through to their 6th treatment at which point the dialysis is defined as chronic. A visit service, consultation or directive care as appropriate, may be claimed for hospital inpatients if the nephrologist is asked by the patient's most responsible physician to render an opinion and furnish advice regarding the patient's ongoing nephrological care during their hospital stay. The most responsible physician requesting the advice may not be another nephrologist.B. All outpatient consultations and visits within the scope of practice of nephrology for the assessment and treatment of complications of chronic dialysis and management of end stage kidney disease. Including:<ul style="list-style-type: none">a. Review of laboratory and diagnostic test resultsb. Management of volume status, ideal body weight and blood pressurec. Assessment of dialysis access, such as; central venous catheter, arteriovenous fistula and peritoneal catheter, and management of any complications as required.d. Complete and document the Ambulatory Medication Reconciliation every six months	12.11 MSU

- C. All related counselling, interviews and family meetings
- D. Perform all assessments and consultation requests to refer the chronic dialysis patient to the Multiorgan Transplant Program for determination of kidney transplant eligibility.
- E. All related case conferences, such as, but not limited to:
 - a. Weekly Morning Program Rounds
 - b. Review of laboratory and diagnostic test results with multidisciplinary team

For all patients in all hemodialysis units, the Nephrologist assigned to each unit will provide daily coverage of all dialysis patients to address any dialysis issues by being available to speak with the unit charge nurse or team lead every shift to discuss any problems or concerns with individual patients at any time.

The Nephrologist assigned to each unit will provide additional care and address concerns or problems that arise during the course of a hemodialysis treatment or within the 24 hour period of supervision, such as, but not limited to, changes to dialysis prescription or medications based on laboratory results like serum potassium or INR for patients on oral anticoagulants, when results are received after the treatment.

A standardized review of the patient's overall status on dialysis will be completed and updated every 6 weeks and documented in the patient's health record.

The document will include:

- a. Review and interpretation of laboratory and diagnostic test results
- b. Volume status, ideal body weight, blood pressure and physical examination appropriate to the patient's medical needs.
- c. Assessment of dialysis access, such as; central venous pressure, arteriovenous fistula, peritoneal catheter, and management of any complications as required.

Billing Guidelines

- Claimable by the Most Responsible Nephrologist once per patient per 24 hour period beginning at 12:00am (midnight) and ending at 11:59pm.
- May not claim any other chronic dialysis HSCs for the same patient, same 24 hour period.
- May not claim any other outpatient visit HSCs same physician, same patient, same 24 hour period.
- A Nephrologist providing coverage for care of the chronic dialysis patient on behalf of the most responsible nephrologist may not claim any outpatient visit HSC or chronic dialysis HSCs.
- Emergency hospital visits to attend the patient for a condition unrelated to the management of dialysis, its complications and end stage kidney disease may be claimed but must be submitted for manual assessment with supporting information in the text (clinical documentation may be required). Should the patient be admitted to hospital under the care of the nephrologist, who is acting as the most responsible physician, inpatient visits may be claimed.
- First claim may be made on the date of the patient's first chronic dialysis treatment.
- May not be claimed after the treatment terminates by, for example, successful transplantation, loss of resident status, or death.
- When a face-to-face clinical assessment is not documented in the patient's health record in the 14 day period, payment will be recovered from the Most Responsible Physician who claimed for the service the majority of the days in the preceding seven day period at the end of which the examination was to have occurred.

Specialty Restriction:

SP=NEPH, SP=INMD acting in the role of the NEPH at the Yarmouth Regional Hospital as designated by NSHA Renal Program Senior Medical Director.

Location:

LO=HOSP



Category	Code	Description	Base Units
VEDT	51.95B	<p>Chronic Hemodialysis – treatment and supervision of care for the patient with end stage kidney disease, in an urban satellite hemodialysis unit as designated by the Health Authority (for example; Halifax Infirmary, Dartmouth General, and North Sydney hemodialysis units) for a 24 hour period.</p> <p>Description This comprehensive, daily fee (24 hour period beginning at 12:00 am until 11:59 pm of the same calendar day) is for the treatment and supervision of care for a patient with end stage kidney disease who is registered in the Renal Program (NSHA, STARS or PHS, as a series visit for dialysis) and requires chronic dialysis in an urban satellite hemodialysis unit as designated by the Health. The physician is expected to supervise all aspects of the patient's dialysis care and to provide direct, face-to-face clinical assessment of the patient, including a physical examination appropriate to the patient's medical condition, at least once in every 42 day period, and via PHIA compliant, synchronous virtual care platform once in every 14 day period, with additional clinical assessments as required based on concerns related to changes in the patient's medical condition. Each assessment will be documented in the patient's health record.</p> <p>Elements of care include:</p> <ol style="list-style-type: none"> A. All management and supervision of chronic dialysis treatments regardless of frequency, type or location of service and includes chronic dialysis of hospital in-patients and in-person emergency department visits related to the management of chronic dialysis. It does not include acute dialysis. Acute dialysis is defined as dialysis rendered to a hospital inpatient in an intensive care setting, or to a patient beginning dialysis for the first time in their lifetime through to their 6th treatment at which point the dialysis is defined as chronic. A visit service, consultation or directive care as appropriate, may be claimed for hospital inpatients if the nephrologist is asked by the patient's most responsible physician to render an opinion and furnish advice regarding the patient's ongoing nephrological care during their hospital stay. The most responsible physician requesting the advice may not be another nephrologist. B. All outpatient consultations and visits within the scope of practice of nephrology for the assessment and treatment of complications of chronic dialysis and management of end-stage kidney disease. Including: <ol style="list-style-type: none"> a. Review of laboratory and diagnostic test results b. Management of volume status, ideal body weight and blood pressure c. Assessment of dialysis access, such as; central venous catheter, arteriovenous fistula and peritoneal catheter, and management of any complications as required. d. Complete and document the Ambulatory Medication Reconciliation every six months C. All related counselling, interviews and family meetings D. Perform all assessments and consultation requests to refer the chronic dialysis patient to the Multiorgan Transplant Program for determination of kidney transplant eligibility. E. All related case conferences, such as, but not limited to: <ol style="list-style-type: none"> a. Weekly Morning Program Rounds b. Review of laboratory and diagnostic test results with multidisciplinary team <p>For all patients in all hemodialysis units, the Nephrologist assigned to each unit will provide daily coverage of all dialysis patients to address any dialysis issues by being available to speak with the unit charge nurse or team lead every shift to discuss any problems or concerns with individual patients at any time.</p> <p>The Nephrologist assigned to each unit will provide additional care and address concerns or problems that arise during the course of a hemodialysis treatment or within the 24 hour period of supervision, such as, but not limited to, changes to dialysis prescription or medications based on laboratory results like serum potassium or INR for patients on oral anticoagulants, when results are received after the treatment time.</p>	12.11 MSU



A standardized review of the patient's overall status on dialysis will be completed and updated every 6 weeks and documented in the patient's health record.

The document will include:

- a. Review and interpretation of laboratory and diagnostic test results
- b. Volume status, ideal body weight, blood pressure and physical examination appropriate to the patient's medical needs.
- c. Assessment of dialysis access, such as; central venous pressure catheter, arteriovenous fistula, peritoneal catheter, and management of any complications as required.

Billing Guidelines

- Claimable by the Most Responsible Nephrologist once per patient per 24 hour period beginning at 12:00 am (midnight) and ending at 11:59 pm.
- May not claim any other chronic dialysis HSCs for the same patient, same 24 hour period.
- May not claim any other outpatient visit HSCs same physician, same patient, same 24 hour period.
- A Nephrologist providing coverage for care of the chronic dialysis patient on behalf of the most responsible nephrologist may not claim any outpatient visit HSCs or chronic dialysis HSCs.
- Emergency hospital visits to attend the patient for a condition unrelated to the management of dialysis, its complications and end stage kidney disease may be claimed but must be submitted for manual assessment with supporting information in the text (clinical documentation may be required). Should the patient be admitted to hospital under the care of the nephrologist, who is acting as the most responsible physician, inpatient visits may be claimed.
- First claim may be made on the date of the patient's first chronic dialysis treatment.
- May not be claimed after the treatment terminates by, for example; successful transplantation, loss of resident status, or death.
- When a face-to-face clinical assessment is not documented in the patient's health record in the 14 day period, payment will be recovered from the Most Responsible Physician who claimed for the service for the majority of days in the preceding seven day period at the end of which the examination was to have occurred.

Specialty Restriction:

SP=NEPH

Location:

LO=HOSP

Category	Code	Description	Base Units
VEDT	51.95C	Chronic Hemodialysis – treatment and supervision of care, in a rural satellite hemodialysis unit as designated by the Health Authority (for example; Inverness, Strait Richmond, Antigonish, Pictou, Springhill, Liverpool, Berwick) for a 24 hour period.	12.11 MSU
		<p>Description</p> <p>This comprehensive, daily fee (24 hour period beginning at 12:00 am until 11:59 pm of the same calendar day) is for the treatment and supervision of care for a patient with end stage kidney disease who is registered in the Renal Program (NSHA, STARS or PHS, as a series visit for dialysis) and requires hemodialysis in a rural satellite hemodialysis unit as designated by the Health Authority. The physician is expected to supervise all aspects of the patient's dialysis care and to provide direct, face-to-face clinical assessment of the patient, including a physical examination appropriate to the patient's medical condition, at least once in every 90 day period, and via PHIA compliant, synchronous virtual care platform once in every 14 day period, with additional clinical assessments as required based on concerns related to changes in the patient's medical condition. Each assessment will be documented in the patient's health record.</p>	



Elements of care include:

- A. All management and supervision of chronic dialysis treatments regardless of frequency, type or location of service and includes chronic dialysis of hospital in-patients and in-person emergency department visits related to the management of chronic dialysis. It does not include acute dialysis. Acute dialysis is defined as dialysis rendered to a hospital inpatient in an intensive care setting, or to a patient beginning dialysis for the first time in their lifetime through to their 6th treatment at which point the dialysis is defined as chronic. A visit service, consultation or directive care as appropriate, may be claimed for hospital inpatients if the nephrologist is asked by the patient's most responsible physician to render an opinion and furnish advice regarding the patient's ongoing nephrological care during their hospital stay. The most responsible physician requesting the advice may not be another nephrologist.
- B. All outpatient consultations and visits within the scope of practice of nephrology for the assessment and treatment of complications of chronic dialysis and management of end-stage kidney disease.
Including:
 - a. Review of laboratory and diagnostic test results
 - b. Management of volume status, ideal body weight and blood pressure
 - c. Assessment of dialysis access, such as; central venous catheter, arteriovenous fistula and peritoneal catheter, and management of any complications as required.
 - d. Complete and document the Ambulatory Medication Reconciliation every six months
- C. All related counselling, interviews and family meetings
- D. Perform all assessments and consultation requests to refer the chronic dialysis patient to the Multiorgan Transplant Program for determination of kidney transplant eligibility.
- E. All related case conferences, such as, but not limited to:
 - a. Weekly Morning Program Rounds
 - b. Review of laboratory and diagnostic test results with multidisciplinary team

For all patients in all hemodialysis units, the Nephrologist assigned to each unit will provide daily coverage of all dialysis patients to address any dialysis issues by being available to speak with the unit charge nurse or team lead every shift to discuss any problems or concerns with individual patients at any time.

The Nephrologist assigned to each unit will provide additional care and address concerns or problems that arise during the course of a hemodialysis treatment or within the 24 hour period of supervision, such as, but not limited to, changes to dialysis prescription or medications based on laboratory results like serum potassium or INR for patients on oral anticoagulants, when results are received after the treatment time.

A standardized review of the patient's overall status on dialysis will be completed and updated every 6 weeks and documented in the patient's health record.

The document will include:

- a. Review and interpretation of laboratory and diagnostic test results
- b. Volume status, ideal body weight, blood pressure and physical examination appropriate to the patient's medical needs.
- c. Assessment of dialysis access, such as; central venous pressure catheter, arteriovenous fistula, peritoneal catheter, and management of any complications as required.

Billing Guidelines

- Claimable by the Most Responsible Nephrologist once per patient per 24 hour period beginning at 12:00 am (midnight) and ending at 11:59 pm.
- May not claim any other chronic dialysis HSCs for the same patient, same 24 hour period.
- May not claim any other outpatient visit HSCs same physician, same patient, same 24 hour period.



- A Nephrologist providing coverage for care of the chronic dialysis patient on behalf of the most responsible nephrologist may not claim any outpatient visit HSCs or chronic dialysis HSCs.
- Emergency hospital visits to attend the patient for a condition unrelated to the management of dialysis, its complications and end stage kidney disease may be claimed but must be submitted for manual assessment with supporting information in the text (clinical documentation may be required). Should the patient be admitted to hospital under the care of the nephrologist, who is acting as the most responsible physician, inpatient visits may be claimed.
- First claim may be made on the date of the patient's first chronic dialysis treatment.
- May not be claimed after the treatment terminates by, for example; successful transplantation, loss of resident status, or death.
- When a face-to-face clinical assessment is not documented in the patient's health record in the 90 day period, payment will be recovered from the Most Responsible Physician who claimed for the service for the majority of days in the preceding seven day period at the end of which the examination was to have occurred.

Specialty Restriction:

SP=NEPH, SP=INMD acting in the role of the NEPH at the Yarmouth Regional Hospital as designated by NSHA Renal Program Senior Medical Director.

Location:

LO=HOSP

Category	Code	Description	Base Units
VEDT	51.95D	<p>Chronic Dialysis – treatment and supervision of care for the patient on home peritoneal dialysis or home hemodialysis for a 24 hour period.</p> <p>Description This comprehensive, daily fee (24 hour period beginning at 12:00 am until 11:59 pm of the same calendar day) is for the treatment and supervision of care for a patient with end stage kidney disease who is registered in the Renal Program (NSHA, STARS or PHS) and requires home peritoneal dialysis or home hemodialysis. The physician is expected to supervise all aspects of the patient's dialysis care and to provide direct, face-to-face clinical assessment of the patient, including a physical examination appropriate to the patient's medical condition, at least once in every 90 day period with additional clinical assessments as required based on concerns related to changes in the patient's medical condition. Each assessment will be documented in the patient's health record.</p> <p>Elements of care include:</p> <ol style="list-style-type: none"> A. All management and supervision of chronic dialysis treatments regardless of frequency, type or location of service and includes chronic dialysis of hospital in-patients and in-person emergency department visits related to the management of chronic dialysis. It does not include acute dialysis. Acute dialysis is defined as dialysis rendered to a hospital inpatient in an intensive care setting, or to a patient beginning dialysis for the first time in their lifetime through to their 6th treatment at which point the dialysis is defined as chronic. A visit service, consultation or directive care as appropriate, may be claimed for hospital inpatients if the nephrologist is asked by the patient's most responsible physician to render an opinion and furnish advice regarding the patient's ongoing nephrological care during their hospital stay. The most responsible physician requesting the advice may not be another nephrologist. B. All outpatient consultations and visits within the scope of practice of nephrology for the assessment and treatment of complications of chronic dialysis and management of end-stage kidney disease. Including: <ol style="list-style-type: none"> a. Review of laboratory and diagnostic test results b. Management of volume status, ideal body weight and blood pressure c. Assessment of dialysis access, such as; central venous catheter, arteriovenous fistula and peritoneal catheter, and management of any complications as required. d. Complete and document the Ambulatory Medication Reconciliation every six months 	12.11 MSU



- C. All related counselling, interviews and family meetings
- D. Perform all assessments and consultation requests to refer the chronic dialysis patient to the Multiorgan Transplant Program for determination of kidney transplant eligibility.
- E. All related case conferences, such as, but not limited to:
 - a. Weekly Morning Program Rounds
 - b. Review of laboratory and diagnostic test results with multidisciplinary team

In addition, the nephrologist will be available on a daily basis to address the following:

- a. All dialysis related concerns of outpatients that are managed by the home dialysis unit
- b. Unexpected or planned drop-in visits by home dialysis patients with concerns related to their dialysis care
- c. Concerns of patients who are training for home hemodialysis or peritoneal dialysis

A standardized review of the patient's overall status on dialysis will be completed and updated every 90 days in the patient's health record.

The document will include:

- a. Review and interpretation of laboratory and diagnostic test results
- b. Volume status, ideal body weight, blood pressure and physical examination appropriate to the patient's medical needs.
- c. Assessment of dialysis access, such as; central venous pressure catheter, arteriovenous fistula, peritoneal catheter, and management of any complications as required.

Billing Guidelines

- Claimable by the Most Responsible Nephrologist once per patient per 24 hour period beginning at 12:00 am (midnight) and ending at 11:59 pm.
- May not claim any other chronic dialysis HSCs for the same patient, same 24 hour period.
- May not claim any other outpatient visit HSCs same physician, same patient, same 24 hour period.
- A Nephrologist providing coverage for care of the chronic dialysis patient on behalf of the most responsible nephrologist may not claim any outpatient visit HSCs or chronic dialysis HSCs.
- Emergency hospital visits to attend the patient for a condition unrelated to the management of dialysis, its complications and end stage kidney disease may be claimed but must be submitted for manual assessment with supporting information in the text (clinical documentation may be required). Should the patient be admitted to hospital under the care of the nephrologist, who is acting as the most responsible physician, inpatient visits may be claimed.
- First claim may be made on the date of the patient's first chronic dialysis treatment.
- May not be claimed after the treatment terminates by, for example, successful transplantation, loss of resident status, or death.
- When a face-to-face clinical assessment is not documented in the patient's health record in the 90 day period, payment will be recovered from the Most Responsible Physician who claimed for the service for the majority of days in the preceding seven day period at the end of which the examination was to have occurred.

Specialty Restriction:

SP=NEPH

Location:

LO=HOME, LO=OFFC

Modifiers:

ME=PERI (peritoneal dialysis), ME=HEMO (hemodialysis)

