

## INTERPROVINCIAL BILLING RATES FOR HIGH COST PROCEDURES

Effective for discharges on or after **April 1, 2007**

<u>SERVICE CODE</u>	<u>DESCRIPTION</u>	<u>RATE</u> (\$)
100 *	Transplants*: Organ Procurement - Out-of-Country	When an organ is acquired from outside Canada, the cost of the organ procurement can be billed to the recipient's home province using the following formula: the established High Cost Procedure Rate (codes 101 to 104 only), plus the actual out-of-country procurement cost, minus \$17,908 for in-country organ procurement.  For codes 106 and 108: the actual invoice cost. Do not subtract the in-country procurement cost of \$17,908.  The actual out-of-country procurement invoice must accompany the reciprocal billing claim.
101	Heart	95,068.00
102	Heart & Lung	134,271.00
103	Lung	153,539.00
104	Liver	97,399.00
105**	<i>Cancelled - See 600 Series</i>	
106	Kidney	26,483.00
107**	<i>Cancelled - See 600 Series</i>	
108 *	Kidney & Pancreas	32,628.00
201	<i>Cancelled: included in the per diem rates effective April 1, 2006</i>	
202	<i>Cancelled: included in the per diem rates effective April 1, 2006</i>	
301	<i>Cancelled: included in the per diem rates effective April 1, 2006</i>	
	<u>Special Implants:</u>	
310	Cochlear Implant	The invoiced price of the device (invoice required) plus the authorized per diem rate of the hospital for any associated in-patient days of stay.
311	Pacemaker	

Refer to the Rules of Application for Billing Organ Transplant Services.

\* Codes 100 and 108 are new.

\*\*Refer to the Interprovincial Billing Rates for Bone Marrow and Stem Cell Transplant Services (Effective for discharges on or after September 1, 1998).

## RULES OF APPLICATION FOR BILLING ORGAN TRANSPLANT SERVICES

1. Any inpatient stay, admission to discharge, prior to an admission for an organ transplant (i.e. for pre-procedure assessment, stabilization, etc.) will be billed at the authorized per diem rate of the hospital.
2. Any inpatient stay subsequent to the hospital stay during which the transplant procedure was carried out, will be billed at the authorized per diem rate of the hospital.
3. Each outpatient visit pre- and post high cost procedure inpatient stay, will be billed at the authorized interprovincial outpatient rate.
4. Each providing hospital may bill for an organ transplant case in the following manner:
  - a. An inpatient stay, admission to discharge, at the agreed interprovincial transplant rate.
  - b. Multiple transplants, same patient, same organ, same stay - due to the low incidence of such cases and due to the general averaging of costs implicit in a single interprovincial procedure rate, no additional amount will be added when billing for such multiple transplants.
  - c. No additional amount will be billed when an artificial heart is implanted as an interim step prior to a natural heart transplant.
  - d.
    - i) Within Canada - Organ Retrieval: it is recognized that organ retrieval practices and costs can differ significantly from hospital to hospital and from case to case. However, the needed organ is to be considered as part of the procedure supply costs and, therefore, the cost is already included in the interprovincial transplant billing rates. The transplant centre is responsible for paying acquisition costs.
    - ii) Outside Canada - Organ Procurement: When an organ is acquired from outside Canada, the cost of the organ procurement can be billed to the recipient's home province using the following formula: the established High Cost Procedure Rate (codes 101 to 104 only), plus the actual out-of-country procurement cost, minus \$17,908 for in-country organ procurement. For codes 106 and 108: the actual invoice cost. Do not subtract the in-country procurement cost of \$17,908. The actual out-of-country procurement invoice must accompany the reciprocal billing claim.
  - e. Any repeat inpatient stay for the same patient for a repeat transplant of the same organ will be treated as a new case and will be billable at the interprovincial high cost procedure rate as described above.
  - f. *Cancelled*

**INTERPROVINCIAL BILLING RATES FOR BONE MARROW  
AND STEM CELL TRANSPLANT SERVICES**

(Effective for discharges on or after **April 1, 2007**)

<b>Service Code</b>	<b>Service Category</b>	<b>Maximum Length of Stay (MLOS)</b>	<b>Basic Block Rate</b>	<b>Add-on Standard High Cost Per Diem over MLOS</b>
600	Acquisition costs (outside Canada) includes Monoclonal Antibody	--	Invoice Cost	Invoice Cost
601	Adult Autologous <72 hour discharge	--	\$20,675	--
602	Paediatric Autologous <72 hour discharge	--	\$24,809	--
603	Adult Autologous >72 hour	16 days	\$46,518	\$1,723
604	Paediatric Autologous >72 hour	13 days	\$62,025	\$3,101
605	Adult Allogeneic excl. matched unrelated donor (MUD) patients	25 days	\$107,050	\$1,838
606	Paediatric Allogeneic	25 days	\$132,549	\$3,331
607	Adult Allogeneic MUD patients	25 days	\$129,219	\$1,838

Refer to the Rules of Application for Bone Marrow and Stem Cell Transplant Services.

*Prior to September 1, 1998, refer to Service Codes 105 and 107 on the Interprovincial Billing Rates for High Cost Procedures (effective for discharges on or after April 1, 1998), and the Rules of Application for Billing Transplant Services.*

## **RULES OF APPLICATION FOR BONE MARROW AND STEM CELL TRANSPLANT SERVICES**

1. Any inpatient stay, separate and distinct from an admission for a bone marrow/stem cell transplant (i.e. for pre-procedure assessment, stabilization, etc.), will be billed at the authorized per diem rate of the hospital.
2. Each outpatient visit will be billed at the authorized interprovincial outpatient rate.
3. Each block rate includes all facility costs associated with a single transplant episode including inpatient and diagnostic costs. For purposes of calculating the Maximum Length of Stay, the inpatient stay includes the date of admission but not the date of discharge.
4. The Add-on Standard High Cost Per Diem can be billed for inpatient days in excess of the Maximum Length of Stay during the inpatient admission in which the transplant was performed.
5. Acquisition Costs:
  - a) When bone marrow/stem cell is acquired within Canada, the costs are included in the block rate. The transplant centre is responsible for paying the acquisition cost.
  - b) When bone marrow/stem cell is acquired from outside Canada, the actual invoice cost paid by the transplant centre can be billed to the recipient's home province. The actual invoice must accompany the reciprocal billing claim.
6. Cases discharged within 72 hours from date of procedure are to be billed at the 72-hour discharge (adult or paediatric) rate by the hospital which performed the transplant service.
7. Paediatric refers to person 17 years of age and under.
8. Persons who are discharged and develop complications related to a bone marrow or stem cell transplant, may be re-admitted for inpatient stays at the authorized per diem rate of the hospital and not the Add-on Standard High Cost Per Diem.
9. Any repeat inpatient stay for the same patient for a repeat bone marrow or stem cell transplant will be treated as a new case and will be billable as described in these Rules.
10. With the exception of acquisition costs in 5(b), claims for bone marrow/stem cell transplants must be billed as a complete claim at the time of discharge.
11. Diagnostic coding is mandatory and should indicate the principle cause or final diagnosis of the transplant case.
12. Bone marrow/stem cell transplants performed as part of clinical trials or for diagnoses for which the treatment is still considered experimental are not eligible for reciprocal billing.