

**Final**

**Interprovincial Billing Rates for Designated High Cost Transplants Effective for Discharges on or after April 1, 2024**

**Organ Transplants**

<b>Service Code</b>	<b>Description</b>	<b>Rate (\$)</b>
99	In-Country Organ Procurement	34,386
100	Out-of-Country Organ Procurement: The actual out-of-country procurement costs can be billed. An invoice must accompany the reciprocal billing claim.	
101	Heart	29,686
102	Heart & Lung	36,012
103	Lung	23,470
104	Liver	24,428
106	Kidney	11,241
108	Kidney & Pancreas	13,871

**Rules of Application for Organ Transplants**

1. Any individual organ transplant (example: heart and kidney) may be billed at the authorized rate during a patient stay. This includes a repeat transplant of the same organ for the same patient.
2. Rates represent the hospital cost associated with the day of the transplant including the cost of the transplant itself. The appropriate in-patient per diem Ward/ICU rate may be billed for the length of the patient stay minus 1 day for the day of transplant.
3. Each outpatient visit separate from any inpatient stay associated with the high cost procedure may be billed at the authorized interprovincial outpatient rate.
4. Procurement is defined as all costs associated with the acquisition, storage, shipment and maintenance of the organ to be transplanted. Procurement includes the hospital and medical cost of maintaining the donor.
5. The recipient’s home province/territory is responsible for the associated in-country and out-of-country procurement costs in all cases.
6. In-country and out-of-country procurement costs are not included within the rates. Therefore, code 99 or 100 should be billed to recoup the cost of organ procurement.
7. An additional amount may be billed when an artificial heart is implanted as an interim step prior to a natural heart transplant.

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- 8. A province/territory may bill the transplant patient's province/territory of residence for the provision of donor testing or preparation services using the transplant recipient's health card number. The province/territory providing the donor testing or preparation services may bill the transplant patient's province/territory regardless of whether the donor tests positive or negative for transplantation.
- 9. Transplants listed on this rate schedule represent those high cost transplants for which a separate rate has been approved. For transplants that are not listed herein, only the per diem rate can be billed.

**Billing Scenarios for High Cost Organ Transplants**

**Scenario 1 – Organ Transplant Type - Heart**

Admission Date: 2024/04/01  
Discharge Date: 2024/04/10  
HCP Date: 2024/04/02

Ward Rate: \$1,108.00  
ICU Rate: \$5,432.00

**STEP 1 - Determining Length of Stay Cost**

Total Days (minus the day of transplant & discharge date) 8

# of Ward Days	0	\$0
# of ICU Days	8	\$43,456.00

**STEP 2 – Apply Block Rate for HCP**

Transplant block Rate Code 101 \$29,686

**STEP 3 – Determine if Artificial Heart required**

Was an artificial heart implanted prior to natural heart transplant? No

**STEP 4 – Determine procurement cost**

In-Country Organ Procurement	Yes	\$34,386
Out-of-Country Organ Procurement	No	

**STEP 5 – Confirm billing codes & amounts to claim**

Total Per Diem Cost Claimed (Ward + ICU)		\$43,456
HCP Claimed	Code 101	\$29,686
Procurement Cost Claimed	Code 99	\$34,386
Artificial Heart Claimed	-	-

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**Note:** When submitting claims for standard ward or ICU in-patient stays, the per diem hospital rate is multiplied by the number of days hospitalized, less two days – one for the transplant and one for the discharge date.

**Scenario 2 – Organ Transplant Type - Heart**

Admission Date: 2024/08/15

Discharge Date: 2024/09/28

HCP Date: 2024/08/18

Ward Rate: \$1,108.00

ICU Rate: \$5,432.00

**STEP 1 - Determining Length of Stay Cost**

Total Days (minus the day of transplant & discharge date) 43

# of Ward Days 19 \$21,052.00

# of ICU Days 24 \$130,368.00

**STEP 2 – Apply Block Rate for HCP**

Transplant block Rate Code 101 \$29,686.00

**STEP 3 – Determine if Artificial Heart required**

Was an artificial heart implanted prior to natural heart transplant? Yes

Cost of Artificial Heart \$95,000.00

**STEP 4 – Determine procurement cost**

In-country Organ Procurement No

Out-of-Country Organ Procurement Yes \$20,000.00

**STEP 5 – Confirm billing codes & amounts to claim**

Total Per Diem Cost Claimed (Ward + ICU) \$151,420.00

HCP Claimed Code 101 \$29,686.00

Procurement Cost Claimed Code 100 \$20,000.00

Artificial Heart Claimed \$95,000.00

**Note:** When submitting claims for standard ward or ICU in-patient stays, the per diem hospital rate is multiplied by the number of days hospitalized, less two days – one for the transplant and one for the discharge date.

### Scenario 3 – Organ Transplant Type - Lung

Admission Date: 2024/08/01

Discharge Date: 2024/09/10

HCP Date: 2024/08/08

Ward Rate: \$1,108.00

ICU Rate: \$5,432.00

#### STEP 1 - Determining Length of Stay Cost

Total Days (minus the day of transplant & discharge date) 39

# of Ward Days 15 \$16,620.00

# of ICU Days 24 \$130,368.00

#### STEP 2 – Apply Block Rate for HCP

Transplant block Rate Code 103 \$23,470.00

#### STEP 3 – Determine if Artificial Heart required

Was an artificial heart implanted prior to natural heart transplant? N/A

Cost of Artificial Heart N/A

#### STEP 4 – Determine procurement cost

In-country Organ Procurement Yes \$34,386

Out-of-Country Organ Procurement No

#### STEP 5 – Confirm billing codes & amounts to claim

Total Per Diem Cost Claimed (Ward + ICU) \$146,988.00

HCP Claimed Code 103 \$23,470

Procurement Cost Claimed Code 99 \$34,386.00

**Note:** When submitting claims for standard ward or ICU in-patient stays, the per diem hospital rate is multiplied by the number of days hospitalized, less two days – one for the transplant and one for the discharge date.

## Bone Marrow / Stem Cell Transplants

Service Code	Service Category	Maximum Length of Stay (MLOS)	Basic Block Rate (\$)	Add-on Standard High Cost <u>Per Diem</u> over MLOS (\$)
600	Acquisition costs (outside Canada) includes Monoclonal Antibody		Invoice Cost	Invoice Cost
601	Adult Autologous <72 hour discharge		39,697	
602	Paediatric Autologous <72 hour discharge		47,635	
603	Adult Autologous >72 hour	16 days	89,325	3,309
604	Paediatric Autologous >72 hour	13 days	119,098	5,953
605	Adult Allogeneic excl. matched unrelated donor (MUD) patients	25 days	205,554	3,534
606	Paediatric Allogeneic	25 days	254,518	6,397
607	Adult Allogeneic MUD patients	25 days	248,122	3,534

## Rules of Application for Bone Marrow / Stem Cell Transplants

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

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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.