

NEPHROLOGY

These listings cannot be correctly interpreted without reference to the Preamble.

		\$	Anes. Level
Referred Cases			
33710	Consultation: To consist of examination, review of history, laboratory, X-ray findings, and additional visits necessary to render a written report.....	153.50	
33712	Repeat or limited consultation: Where a consultation for same illness is repeated within six months of the last visit by the consultant, or where in the judgment of the consultant the consultative services do not warrant a full consultative fee	73.69	
33714	Prolonged visit for counselling (maximum, four per year)	50.18	
	<i>Note: See Preamble, Clause B.4.c.</i>		
	Group counselling for groups of two or <u>more patients</u>:		
33713	- first full hour	102.76	
33715	- second hour, per 1/2 hour or major portion thereof	51.35	
	<u>Continuing care by consultant:</u>		
33706	Directive care	42.77	
33707	Subsequent office visit.....	44.68	
33708	Subsequent hospital visit.....	26.34	
33709	Subsequent home visit	47.01	
33705	Emergency visit when specially called	104.17	
	(not paid in addition to out-of-office-hours premiums)		
	<i>Note: Claim must state time call placed</i>		
<u>Telehealth Service with Direct Interactive Video Link with the Patient</u>			
P33730	Telehealth Consultation: Shall include a detailed history and physical examination, review of previous medical records, discussion with family, friends or witnesses, evaluation of appropriate laboratory, X-ray and ECG findings and report of opinions and recommendations in writing to the referring physician	153.50	
	<i>Note: Restricted to FRCP Infectious Diseases Physicians.</i>		
P33732	Telehealth Repeat or Limited Consultation: To apply where a consultation is repeated for the same condition within six months of the last visit by the consultant or where in the judgment of the consultant the consultative service does not warrant a full consultative fee.....	73.69	
P33736	Telehealth directive care	42.77	
P33737	Telehealth subsequent office visit	43.87	
P33738	Telehealth subsequent hospital visit	26.34	

Dialysis Fees

(A) Acute renal failure

a) Hemodialysis:

33750	Blood dialysis - physician in charge	511.26
33751	Repeat blood dialysis - physician in charge	192.13

Notes:

- i) Maximum number of repeat dialysis on one patient is four. Thereafter bill as chronic renal failure, under fee item 33758.
- ii) When Items 33750 or 33751 are charged, there should be no charge under items 33710, 33708, or 00081.

33752	Blood dialysis - fee for cut down by surgeon to be charged in addition to items 33750 or 33751	129.25
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b) Peritoneal dialysis:

33755	Dialysis (initial), to include consultation and two weeks care	382.49
33756	Reinsertion of peritoneal catheter after 10 days from initial insertion	50.25

Note: Item 00081 not to be charged in addition to item 33755.

Where an initial peritoneal dialysis is performed and for various reasons, haemodialysis initiated within next 48 hours, the subsequent service should be charged under item 33758 plus item 33756 for the insertion of catheter.

(B) Chronic renal failure:

a) Hemodialysis:

33758	Performance of haemodialysis - fee to include supervision of the procedure, history, physical examination, appropriate adjustment of solutions, and other problems during dialysis, for each dialysis	49.34
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Note: Other medical situations which may arise such as septicaemia, etc., to be covered by item 00081 and always to be accompanied by an explanation when billing the Plan.

b) Peritoneal Dialysis:

33723	Performance of initial peritoneal dialysis to include consultation and two weeks' care	382.49
33759	Performance of each peritoneal dialysis thereafter, - fee to include supervision of procedure, history, physical examination, appropriate adjustments of solutions, and any other problem that may arise during dialysis.....	50.25

Notes:

- i) Other situations requiring medical care such as bacteraemias, etc., to be covered by item 00081 in the Payment Schedule and always to be accompanied by an explanation.
- ii) If a period greater than three months elapses since last dialysis, then charge as initial dialysis 33755.

Home Dialysis

33761	Supervision of home dialysis - per week	60.75
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Note: This fee item covers all services per week necessary for home or limited care dialysis and includes consultations and visits of all types. Should a patient take ill with a condition totally unrelated to renal care or require hospitalization for any reason, then other appropriate fee items may be billed in lieu of fee item 33761.

\$ Anes.
Level

Miscellaneous

33790 Care of renal transplant patient, including immediate preparation and
fourteen days post-operative care1,137.61