

Transplant Center Organ Acquisition Services Billing Scenarios

Updated to Align with 4/16 Medicare
Provider Manual Ch. 31 Release

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Living Donor: Recipient is Not Known (Non-Directed Donor) or Recipient is Known and Has Medicare Primary

Outpatient Evaluation Services

Facility Fees

Reported as Ancillary Costs on Wksht D4 and written-off

Professional Fees

Hospital reimburses at 100% of Medicare FS, Reported in "Other" on Wksht A

Donation Inpatient Stay

Facility Fees

Reported as Routine Costs on Wksht D4 and written-off

Professional Fees

Billed to Medicare Part B under Recipient's Beneficiary #

Routine Post Services <90 days from donation

Facility Fees

Reported as Ancillary Costs on Wksht D4 and written-off

Surgeon Professional Fees

Not Billable (covered in surgery fee)

Non-Surgeon Professional Fees

Hospital reimburses at 100% of Medicare FS, Reported in "Other" on Wksht A

Donor Complications & Follow-up >90 days from donation

Inpatient Facility Fees

Billed to Medicare Part A under Recipient's Beneficiary #

Outpatient Facility Fees

Billed to Medicare Part B under Recipient's Beneficiary #

Professional Fees

Billed to Medicare Part B under Recipient's Beneficiary #

Living Donor: Recipient is Known and has a Non-Medicare Primary Payor

Outpatient Evaluation Services		Donation Inpatient Stay	
Facility Fees	Billed to Recipient's insurance and Reported as Ancillary Costs on Wksht D4	Facility Fees	Reported as Routine Costs on Wksht D4, LD SAC* billed to insurance
Professional Fees	Billed to Recipient's insurance, reported at 100% of Mcare FS in "Other" on Wksht A	Professional Fees	Billed to Recipient's insurance
Routine Post Services <90 days from donation		Donor Complications & Follow-up >90 days from donation	
Facility Fees	Reported as Ancillary Costs on Wksht D4	Inpatient Facility Fees	Billed to Recipient's insurance
Surgeon Professional Fees	Billed to Recipient's insurance	Outpatient Facility Fees	Billed to Recipient's insurance
Non-Surgeon Professional Fees	Billed to Recipient's insurance, reported at 100% of Mcare FS in "Other" on Wksht A	Professional Fees	Billed to Recipient's insurance

*LD SAC = Living donor standard acquisition charge

Living Donor: Donor & Recipient in a Kidney Paired Donation

Before Match and Actual Recipient is Not Yet Known, Recipient and Donor are at TC1

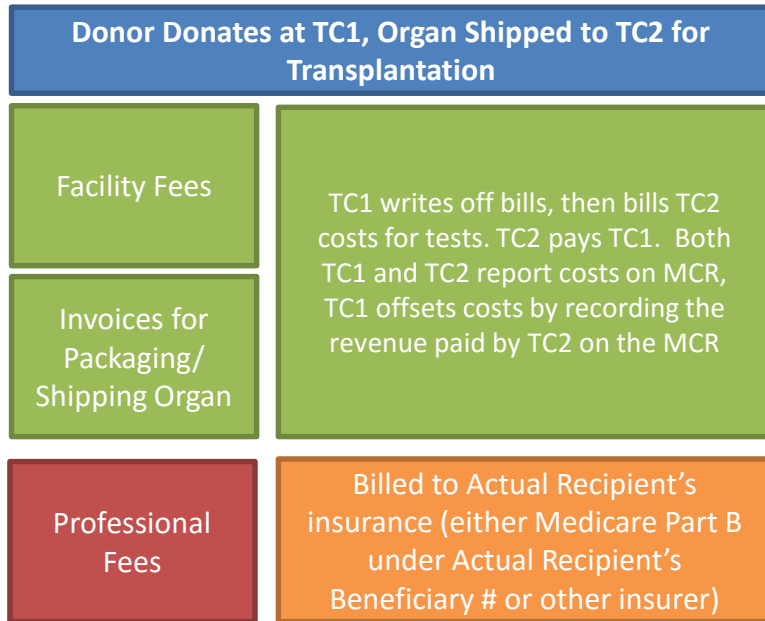
Evaluation Services, Intended Recipient Has Medicare Primary and is at TC1		Evaluation Services, Intended Recipient Has Non-Medicare Primary and is at TC1	
Facility Fees	Reported as Ancillary Costs on Wksht D4 of TC 1 MCR*, and written-off	Facility Fees	Billed to Recipient's insurance and Reported as Ancillary Costs on Wksht D4 of TC1 MCR
Professional Fees	TC1 reimburses at 100% of Medicare FS, Reported in "Other" on Wksht A of TC1 MCR	Professional Fees	Billed to Recipient's insurance, reported at 100% of Mcare FS in "Other" on Wksht A of TC1 MCR

After Match is Made and Recipient is Known, Recipient is at TC2

TC2 Orders Additional Evaluation Tests, Tests are done at TC1	
Facility Fees	TC1 writes off bills, then bills TC2 costs for tests. TC2 pays TC1 and reports costs as "Other" on Wksht A of TC2 MCR
Professional Fees	TC1 reimburses at 100% of Medicare FS and TC1 bills TC2 for these costs. TC2 pays and reports costs in "Other" on Wksht A of TC2 MCR

**MCR = Medicare Cost Report*

Living Donor: Donor & Recipient in a Kidney Paired Donation (continued)



Donor Travels to TC2 for Donation Surgery

Billing for donation surgery is the same as for non-KPD donor scenarios.

Post-Donation Routine Follow-up and Complication Billing is same as for non-KPD donor scenarios.