## Reimbursement And Regulatory Update In Dialysis Access

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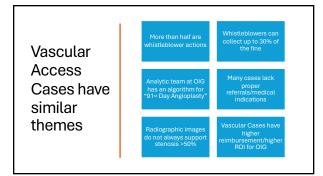
## **Dialysis Access Headwinds 2024**

- Post Pandemic Catheter Rate is more than 20%
- Staff shortages/new staff and travelers are impacting cannulation as well as referrals for timely access care
- More than 50% of the dialysis patients now have Medicare Advantage insurance
   Very difficult to obtain contracts and long delays in obtaining authorizations
- Many surveillance programs on hold due to lack of staff to perform testing
   Access Centers report increases in thrombectomy rates/Angioplasty rates are
   down/Catheter cases up
- Vascular Access management is a key component to Value Based Care
- · Kidney patients lose again!

Angiogram 36901		\$1,713	\$688	38%	95%
Angioplasty 36902	\$1,113	\$5,928	\$2,856	19%	39%
Stent 36903		\$11,639	\$7,650	33%	50%
Declot 36904		\$6,050	\$3,864	28%	43%
Declot+plasty36905	\$2,087	\$11,759	\$6,910	18%	30%
Declot+stent36906	\$4,905	\$18,439	\$12,265	27%	40%
Central plasty36907	\$545	NA	NA	NA	NA
Central stent36908	\$1,298	NA	NA	NA	NA
Embolization 36909	\$1,719	NA	NA	NA	NA
hysician Fee Schedule	Nonfacility Total				
	S Payment Rate + PFS Facility Total				

## United States Files Claims Alleging Fresenius Vascular Care, Inc. Defrauded Medicare and Other Healthcare Programs by Billing for Unnecessary Procedures As we fight rate Civil Fraud Complaint Alleges Unnecessary Procedures Performed on Patients with End Stage Renal Disease Were Potentially Harmful cuts, DaVita subsidiary under investigation by Feds for 'medical necessity' of dialysis a cases enforcement Vascular Surgeon Admits Doing Unnecessary Procedures actions harm Feng Qin, MD, will pay \$800,000 and be excluded from Medicare for 4 years our image Bay City Vascular Surgeon Pleads Guilty to Defrauding Medicare, Medicaid and Blue Cross Blue Shield \$88 million in Missoula vascular surgeon settles alleged health care fraud claims for \$3.7 million fines over last 6 Doctor Guilty in \$19M Fraud Used Dialysis, Blood Clot Dialysis Patients in Scheme years related to Vascular Access Centers L.P. has been accused of Medicare fraud, violating the False Claims Act, and have agreed to pay \$3.825 million to resolve the allestations **Dialysis Access**







- Compliance Program is Critical (OIG Website has model compliance program 7 standards)-Compliance Training for ALL staff
- Orders are required for interventions-Review your referral form
- Documentation is key-Medical necessity of all you do
   must be charted
- Know any Medicare Local or National Coverage Decisions · Ensure your billing group reviews coding
- Periodically have someone review your billing and images
   Review any request for Medical Records
- Make sure your billing team knows what to identify as possible investigation

