



# South African Renal Society

[www.sa-renalsociety.org](http://www.sa-renalsociety.org)

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## SA Renal Society Position/Statement on principles of billing for prescription and supervision of outpatient dialysis therapy

04 September 2019

The Renal Society has been approached by medical aids and SAMA to clarify the code 1851 billing principles.

In some instances, Nephrologists provide supervision to dialysis units located in remote areas and have been billing the code 1851 without being able to physically see patients.

The Renal society feels that the expansion of dialysis services to patients residing in areas outside of major cities is a vital component of improved access to healthcare for all. However, currently Nephrology services are available mainly in the major cities.

We seek to improve access of renal patients to Nephrology services across the entire country.

When providing Nephrology clinical services and dialysis supervision in remote areas where patients cannot be physically visited, the principle of “remote supervision” should apply. Currently there is no dedicated billing code for “remote supervision” available.

Due to a lack of designated remote codes, the Renal Society in consultation with some medical aids has agreed to support the use of the 1851 billing code without the physician physically attending to such patients.

## SARS Committee Members:

Dr Geoff Bihl  
Dr Errol Gottlich  
Dr Peter Nourse  
Dr N Unati Nqebelele

Dr Malcolm Davies  
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Dr Glenda Moonsamy  
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The SA Renal Society is an affiliate of [International Society of Nephrology \(ISN\)](http://www.isn-online.org)



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SARS trusts that expanding Nephrology services to the remote locations will better serve the healthcare needs of the public:

- Such supervision is expected to reduce hospital admission rates, improve morbidity, outcomes and overall cost of care for kidney failure patients;
- The dialysis unit staff and/or patients receive telephonic guidance from an attending physician on daily issues like dialysis therapy amendments, procedure complications, medication adjustments, vascular access decisions, transplant eligibility workup and maintaining active status on the organ waiting list;
- Remote dialysis patients can be referred to such physicians for in-hospital care if or when required, further improving efficiency and saving costs on inter-hospital transfers.

The Renal Society is committed to develop appropriate remote dialysis supervision codes in cooperation with SAMA and the Medical Schemes. Until such codes are available, we expect our members to bill 1851 for remote supervision under the following provisions:

- The dialysis patient cannot be visited by a Nephrologist or an accredited physician within a reasonable amount of time or distance;
- The attending Nephrologist/Physicians' clinical input must be documented;
- Since no routine dialysis rounds can be done in remote locations, regular weekly billing of the code 1851 without visiting the patient cannot be supported;
- When remote dialysis patients travel to see Nephrologists in their rooms the code 1851 can be charged in addition to the room's consultation codes 0190-0193, since dialysis related issues will be attended to, in addition to the general evaluation.

Within dialysis units located in main centres/cities, the code 1851 can only be used after physically seeing the patient at least once a week.

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