



COUNCIL FOR MEDICAL SCHEMES

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**To:
All medical schemes, administrators, health
care provider organizations and other
interested parties**

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CIRCULAR 15 OF 2004

INVITATION TO PROVIDE INPUT INTO NATIONAL HEALTH REFERENCE PRICE LIST 2005

1. The Council for Medical Schemes will again be publishing a National Health Reference Price List ("NHRPL") for 2005, and as an interested party, you are hereby invited to make submissions to this process. Before making your submissions, please ensure that you have carefully read the contents of this circular.
2. Getting where we want to be on the NHRPL will take some years, because incrementally we'd want the NHRPL in its entirety to reflect the results of detailed studies into underlying cost structures in the environment. But we are already planning to do things "smarter, simpler, better" based on our experience of developing and maintaining the 2004 list.
3. First, down to basic principles that will inform the way we review submissions for NHRPL this year:

a. Fairness and equity

- i. Principles of fairness and equity are considered to be very important in the development of NHRPL 2005.
- ii. There has been a perception that historically some provider groups have been specifically advantaged over others and some funders specifically disadvantaged relative to others. We will not perpetuate this practice.

b. Cost Neutrality

- i. The principle of cost neutrality in development of the NRPL will continue to be applied in instances where we are not satisfied with available evidence on actual cost structures or in the absence of some other good reason to depart from it. This principle of cost neutrality would apply within provider groups (e.g. within "medical practitioners" as a group), and considerations of fairness and equity would apply in terms of distribution of financial reward within that group.

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- ii. However, the principle of cost neutrality is not inviolable and we will not hesitate to depart from the principle where there is good reason to do so.
- iii. As a result, the financial implications of the NHRPL will not necessarily be on par with the official projections of CPIX for next year. Where there is a significant deviation from cost neutrality for any particular discipline, this will be made explicit and quantified so that schemes and providers can plan accordingly.
- iv. The result of this is that medical schemes wishing to maintain cost neutrality in their benefits are likely to need to define their benefits as some proportion relative to the NHRPL (e.g. 80% of NHRPL or 105% of NRPL for a particular discipline).
- v. This is consistent with the notion that the NHRPL is a reference price list, as opposed to a recommended scale of benefits.
- vi. We commit ourselves to publishing the NHRPL in as close to complete form as possible by the end of August, so that schemes can determine their benefits accordingly.

c. Actual cost

- i. Ideally, we would like the NHRPL to reflect actual input costs for each of the items.
- ii. This is a long-term project though, and it would have to be done incrementally as time and budget allow for costing studies to be performed.
- iii. In the meantime, we welcome robust evidence of actual costs to be presented as part of submissions and we will undertake limited audits and costing to the extent that time and finance permit.

d. Zero-rating

- i. Zero-rated benefits are, in principle, incompatible with the concept of a reference price list. In principle, every item included on the NHRPL should have a reference price. The only exceptions to this principle are temporary zero-ratings for new items during a period of price evaluation.
- ii. Accordingly, the NHRPL 2005 will as far as possible eliminate all zero-rated codes. It will be specifically indicated which codes which were zero-rated in NHRPL 2004 have been changed to reflect reference prices in 2005.
- iii. To the extent that medical schemes decline to reimburse for previously zero-rated codes, these would be required to be adequately reflected in the exclusions provided for in their rules – if general exclusions do not adequately cover the

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codes, then specific codes would need to be additionally excluded in the rules if benefits are defined in terms of the NHRPL.

e. Balance of interests

Considerations of fairness to providers, and financial impact to medical schemes and their members, will be taken into account in NHRPL determinations.

f. Equipment versus procedure codes

As a general principle, we would like to reduce or eliminate the use of equipment codes in the NHRPL, and rather build equipment-related costs into appropriately valued procedure codes.

g. Relative value units

- i. Aside from the grouped fee-type structure described below in relation to the various identified disciplines, we would like to base the NHRPL as far as possible on appropriately determined relative value units between items.
- ii. We do not support the principle that reference prices need not conform to the relative value units associated with particular items, and that reference prices can effectively be manipulated through the use of multiple rand conversion factors. The long-term development of the NHRPL demands that prices should follow relativities.
- iii. In the determination of work-related units, as a general principle we will defer to the recommendations of the professions through relevant professional associations.
- iv. However, it is important to accept that relativities may also have significant financial implications to members or funders (especially given the principle outlined in the preceding paragraph), and therefore where there is an irreconcilable difference between stakeholder interests on a particular relativity, some form of arbitration on the relativity will be required given the respective motivations.

h. Time-based codes

- i. We recognize that differentiation of prices on a time-basis (through tiered coding) is appropriate and equitable.
- ii. For 2005 it is important for us to establish an appropriate mechanism to give effect to this principle, in such a way that it minimizes opportunity and likelihood for abuse.

i. Composite codes

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- i. In general, we do not believe that it serves the interests of providers, funders or members, for increasingly complex coding.
- ii. There appears to have been a trend historically to create a new code for every slight modification of procedure. As a consequence coding lists became longer, billing became more complex, interpretation of coding became increasingly difficult, fund administrators had to engage in more and more micro-analysis of accounts, costs of administration went up, provider experienced greater rates of rejection of accounts for technical irregularities and so on. This does not make sense.
- iii. As a general principle, therefore, we favour a trend toward fewer, more composite codes as opposed to greater and greater differentiation by detail. This principle applies whether or not there is buy-in to the proposal for global fee structures set out below.

j. Publication

- i. Free availability of the NHRPL is in the public interest. Whereas the 2004 list was subject to certain publication restraints imposed by certain parties, we are committed to ensuring that the entire NHRPL 2005 is freely available to anyone who requires it.

4. Submissions for the NHRPL 2005 are invited to receive us no later than Friday 2 July 2004. Submissions should be emailed to s.harrison@medicalschemes.com, with hard copies sent for the attention of Stephen Harrison, Council for Medical Schemes, Private Bag X34, HATFIELD, 0028 or hand-delivered to Hadebelds Block E, 1267 Pretorius Street, HATFIELD.

5. For addition or alteration to items on existing lists, the following information should accompany submissions, at a minimum:
- a. name of list in which item should be added or altered (e.g. medical practitioners, radiology etc);
 - b. item description;
 - c. proposed item code for new item;
 - d. if this item is making one or more other items redundant, their codes;
 - e. where this service has been rendered before, how was it coded in the absence of the requested alteration or new code;
 - f. where applicable, the equivalent item in other coding lists (e.g. CPT-4, CDT etc);

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- g. where applicable, suggested relative value units, and the basis for calculating the relative value units;
 - h. as far as possible, full details of costing studies that have been performed in relation to the relevant services, together with full breakdown of costs of the relevant services;
 - i. motivation for addition or alteration; and
 - j. impact analysis, including projected utilization and impact on the use of other items.
- 6. Please note that changes to the coding structure (including codes, descriptors or RVUs), and in particular the inclusion of new codes, will be referred to funders and the relevant provider associations for comment and input. Providers wishing to propose such changes are requested to direct such changes via their relevant provider associations – in the absence of a motivation in support of the change from the relevant association, we are unlikely to support it.**
7. Proposals for new lists must be accompanied by:
- a. detailed motivation of the need for the new lists, together with all relevant information pertaining to the history of the proposal;
 - b. details of relevant practice code numbers;
 - c. full details of costing studies that have been performed in relation to the relevant services, together with full breakdown of costs of the relevant services;
 - d. details of any relevant technology assessments that have been conducted;
 - e. proposed item descriptions;
 - f. proposed item codes;
 - g. where applicable, equivalent items in other coding lists (e.g. CPT-4, CDT etc);
 - h. where applicable, suggested relative value units, and the basis for calculating the relative value units;
 - i. motivation for addition or alteration;
 - j. impact analysis, including projected utilization and impact on the use of any other codes in the NHRPL;
 - k. where these services have historically been provided, the basis on which billing has taken place; and
 - l. motivation from any relevant professional associations.

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8. As circumstances may have changed, we cannot presume that submissions made for NHRPL 2004 still hold. To the extent that submissions may duplicate last year's submissions, please resubmit in their entirety.

9. **PROPOSAL FOR GLOBAL FEE STRUCTURES**

- a. In line with the principle of composite fees, set out in paragraph 3(l) above, we have developed a proposal for **GLOBAL FEE STRUCTURES** for certain disciplines, which we'd like to present to you for your consideration.
- b. We are enthusiastic about the advantages that this proposal holds for both providers and funders, and **if there is general buy-in from both funders and providers**, we would like to implement it for the NHRPL 2005. However, we realize it is a totally new concept and **we're not wedded to it**. If funders and/or providers do not want to proceed with the concept this year, we'll either go back to the drawing board or we'll put it on hold for consideration the following year.
- c. The disciplines for which we would like to implement the new structure initially are the following:
- i. Art Therapy
 - ii. Biokinetics
 - iii. Chiropractors
 - iv. Dieticians
 - v. Genetic Counsellors
 - vi. Hearing Aid Acousticians
 - vii. Homeopaths
 - viii. Nursing Agencies
 - ix. Occupational Therapy
 - x. Orthoptists
 - xi. Physiotherapy
 - xii. Podiatry
 - xiii. Radiography
 - xiv. Registered Nurses in Private Practice
 - xv. Social Workers
 - xvi. Speech Therapists and Audiologists.
- d. We don't believe the proposal holds much financial risk to funders (see discussion of variations below). But because it's a new concept, to allay concerns of funders we have chosen these disciplines to start with because they cumulatively account for a relatively small percentage of medical scheme expenditure and are traditionally managed through relatively low monetary benefit limits.
- e. There are a couple of variations of the proposal, which we explain below. But basically, the proposal involves consolidating all the existing individual codes into, say, six or seven composite codes, namely:

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- i. consultations;
 - ii. patient education or counseling;
 - iii. diagnostic procedures;
 - iv. medication / material;
 - v. preparation or fitting of appliances;
 - vi. treatment (therapeutic procedures) or care; and possibly,
 - vii. global fee for comprehensive care.
- f. A full breakdown of the individual codes that would make up the composite codes, per discipline (subject to any further input that may be received), is attached as Appendix A.
- g. So, for example, instead of an occupational therapist selecting between 100 codes on which to bill, s/he would select between only six.
- h. Subject to the variations set out below, the pricing per composite code would be equivalent to the weighted average (adjusted for utilization) of all the individual codes that previously made up the composite code. The nett result is that, whereas previously, the practitioner would have billed slightly less for one procedure within a code category and slightly more for another procedure within that same code category, s/he would now bill on a single code at one price – and in some instances make slightly more than s/he would previously have made, and in other instances make slightly less. But, overall, the practitioner would come out more or less the same financially.
- i. The advantages of this system for providers are –
 - i. reduced billing complexity;
 - ii. the ability to introduce new techniques without going through a complex new code approval procedure – and accordingly greater flexibility in clinical practice and billing processes;
 - iii. greater ease in assisting patients to plan their benefit usage to allow for effective and flexible treatment plans;
 - iv. less difficulty in interpretation of the NHRPL; and
 - v. reduced scope for rejection of accounts on technicalities.
- j. The advantages of this system for funders are –

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- i. reduced administration expenditure on analysis and processing of accounts (the 80/20 principle – if these disciplines which cumulatively account for approximately 16% of overall medical expenditure can be largely managed by benefit limits as opposed to micro-management of accounts, claims processing resources can focus more intensively on the major cost drivers of medical schemes);
 - ii. considerably less complexity in administrative and interpretive issues around the NHRPL;
 - iii. reduced call centre queries and less potential for friction with providers; and
 - iv. facilitation of opportunities to engage more readily with providers on alternative reimbursement mechanisms.
- k. The advantages of this system for the Council for Medical Schemes, as custodians of the NHRPL, are –
 - i. considerably less complexity in development and maintenance of the NHRPL; and
 - ii. opportunities for more meaningfully comparing costs between disciplines and considering issues of interdisciplinary parity.

l. Financial implications:

- i. If we were to introduce this system with cost neutrality across disciplines, there would be some professions which would financially benefit somewhat and others which would lose somewhat.
 - ii. We redid the calculations to ascertain the financial impact for medical schemes if no discipline were to lose financially, and every discipline were to remain at least cost neutral. This is projected to have a 2% increase in net payment by funders on these disciplines (about R10 million in absolute terms).
 - iii. A third alternative would be to establish cost neutrality on a discipline by discipline basis, so (assuming no change in case mix) there would be no financial implications for either funders or providers.
- m. We would like to discuss these proposals (as well as some possible variations) with funders and relevant providers.
- n. Accordingly, we would like to invite representatives of relevant professional associations of the affected disciplines to meet with us to discuss the proposals on the morning of Friday 25 June, and representatives of medical schemes and administrators to meet with us on the afternoon of Friday 25 June, at a venue to be determined (depending on numbers) in Johannesburg or Pretoria.**

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- o. If you represent a funder or a professional association of an affected discipline, and would like to meet with us to discuss these proposals, please RSVP to Carrie-Anne Osman (c.osman@medicalschemes.com) no later than Thursday 17 June 2004. Please restrict numbers.**

Sincerely



T P Masobe
REGISTRAR OF MEDICAL SCHEMES

Art Therapy**Appointment not kept**

Procedures of Interviewing, Guidance and Consultancy

- 107 Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arr

Consultations

- 101 Interview.
105 Consultation - irrespective of duration.

Diagnostic Procedures

Procedures of Initial Evaluation to Determine the Treatment.

- 201 Observation and screening.
203 Specific evaluation for a single aspect of dysfunction (Specify which aspect).
205 Specific evaluation of dysfunction involving one part of the body for a specific functional problem (Specify part and as
207 Specific evaluation for dysfunction involving the whole body (Specify condition and which aspects evaluated).
209 Specific in depth evaluation of certain functions affecting the total person (Specify the aspects assessed).
211 Comprehensive in depth evaluation of the total person (Specify aspects assessed)

Patient Education or Counselling

Procedures of Interviewing, Guidance and Consultancy

- 103 Guidance.

Preparation or Fitting of Appliances

Measurement for designing.

- 227 Specific built-in musical aids

Procedures Required to Promote Treatment.

- 401 Recommendations as regards to assistive devices, environmental adaptations, alternative/compensatory methods, handling the
415 Designing and constructing a static orthosis.
433 Designing and planning an environmental control unit.

Treatment (Therapeutic Procedures) or Care

Procedures of Therapy.

- 301 Group treatment in a task-centered activity, per patient (Treatment time 60 minutes or more).
303 Placement of a patient in an appropriate treatment situation requiring structuring the environment, adapting equipment a
305 Groups directed to achieve common aims, per patient) (Treatment time 60 minutes or more).
307 Simultaneous treatment with two to four patients, each with specific problems, utilising individual activities, per pati
308 Simultaneous treatment with two to four neuro-behavioural and stress related conditions or severe head injury patients,
309 On level one (15 minutes).
311 On level two (30 minutes).
313 On level three (45 minutes).
315 On level four (60 minutes).
317 On level five (90 minutes).
319 On level six (120 minutes).

Procedures Required to Promote Treatment.

- 403 On level one.
405 On level two.
407 On level three.
409 On level four.
411 On level five.
413 On level six.
431 Planning and preparing in depth home programme on a monthly basis.

Biokinetics**Appointment not kept**

Consultations

- 107 Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arr

Consultations

- 901 Initial consultation including: a problem focused history; a short problem focused examination; and
903 Subsequent consultation for the same condition (global fee covering a problem focused interval history and re-examinatio
905 Consultation at hospital (global fee including a problem focused history; a problem focused examination; and

Diagnostic Procedures

EVALUATION

- 908 Simple evaluation at the first visit only (to be fully documented)
- 909 Complex evaluation at the first visit only (to be fully documented).
- 912 Anthropometric/body composition assessment
- 913 Ergological testing evaluation of body segment, limb or joint
- 914 Neurological patients: Ergological evaluation
- 915 Postural analysis and/or analysis of activities of daily living, gait and specific motor acts
- 916 Perceptual motor evaluation (perception and gross motor function)
- 917 Physical work capacity (treadmill or bicycle ergometer/other electronic equipment) / Musculoskeletal assessment (strengt
- 918 Physical work capacity with full ECG
- 920 Isotonic, isometric or EMG testing by means of specialised electronic equipment
- 921 Isokinetic testing by means of specialised electronic equipment

Patient Education or Counselling

PHYSICAL REHABILITATION

- 922 Patient education (based upon the evaluation outcomes)

PREVENTION

- 936 Health promotion and lifestyle modifications

Treatment (Therapeutic Procedures) or Care

PHYSICAL REHABILITATION

- 923 Proprioception, balance and motor co-ordination exercise therapy session with or without equipment
- 925 Hydrotherapy where the condition of the patient is such that it requires the undivided attention of the Biokineticist
- 926 Exercise on Isokinetic apparatus/Isotonic/Isometric resistance equipment.
- 927 Posture, gait and activities of daily living (ADL), with/without equipment use
- 928 A rehabilitative exercise prescription
- 929 Callisthenics exercises
- 930 Group session with high risk patients, per patient (maximum 10 patients)
- 931 Passive and active range of motion exercise therapy

PREVENTION

- 933 Programme prescription for an individual with CHD health risks including hyperlipidemia, metabolic disorders, Low-Back p
- 934 Group exercise sessions, per patient

Chiropractors**Appointment not kept**

CONSULTATIONS

- 107 Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arr

Consultations

- 001 Initial consultation
- 002 Subsequent consultation and manipulation
- 003 Subsequent consultation where no treatment is required

Diagnostic Procedures

RADIOLOGY

049	Ankle, per view
051	Cervical Spine, per view (Maximum 7 views as per Davis Series)
055	Elbow, per view
057	Foot, per view
059	Femur, per view
060	Hand, per view
062	Hip, per view
064	Knee, per view
066	Lumbosacral, per view
067	Lumbar spine & Pelvis
068	Pelvis
070	Ribs
072	Radius/Ulna
073	Spine - Full spine study (AP & LAT)
076	Spine - single studies
077	Shoulder, per view
079	Spine - Thoracolumbar, per view
080	Spine - Thoracic, per view
081	Tibia/Fibula
082	Wrist, per view

Medication/material**CONSUMABLES**

100	Consumables at net acquisition price plus VAT (unless the service provider is not registered as a VAT vendor).
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Preparation or Fitting of Appliances**Immobilisation**

201	Hard and Soft Immobilisation
203	Supportive Strapping, Bracing, Splinting and Taping
205	Supportive devices

Therapeutic Exercise

191	Prosthetic Fitting and Training
193	Orthotic Fitting and Training

Treatment (Therapeutic Procedures) or Care**Acupuncture**

181	One or more needles without electrical stimulation
183	One or more needles with electrical stimulation

Cold Applications

171	Cryomatic/Cryotherapy
173	Cold Packs

CONSULTATIONS

004	Manipulation/Treatment of additional complaint concurrent with first complaint (Apply Modifier 0001 to these procedures)
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Deep Heating Radiation

111	Short Wave Diathermy
113	Microwave Diathermy
115	Ultrasound

Service Type Allocation

Appendix A

- 141 Galvanism/Faradic & Sine Wave
- 143 Low Voltage Galvanic Iontophoresis
- 145 Combined Ultrasound & Electric Stimulation
- 147 Combined Ultrasound & Electric Stimulation
- 149 Interferential
- 151 Vacutron/Vasopneumatic Devices
- 153 Vacutron plus Interferential
- 155 Vibration Therapy
- 157 High Voltage Pulsed Direct Current
- 159 Electro-Stim 180
- 161 Transcutaneous Electrical Nerve Stimulation (TENS)
- 163 Micro Current Modalities
- 165 Traction: Mechanical/Static, etc
- 167 Laser Therapy

Soft Tissue Manipulation

- 101 Massage
- 103 Myofascial Pain Therapy

Superficial Heating Therapy

- 121 Hydrocollator/Ice Pack - Hot or Cold Packs
- 123 Infra Red
- 125 Ultra-Violet
- 127 Paraffin Bath/Wax Unit
- 129 Whirlpool/Hubbard Tank Immersion
- 131 Fluidotherapy
- 133 Sitz Bath

Therapeutic Exercise

- 187 Proprioceptive Neuromuscular Facilitation
- 189 Gait Training

Dietitians

Appointment not kept

VISITING CODES

- 107 Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arr

Consultations

COMPOSITE CODES

- 051 Regular Care Primary Consultation (RCPC)
- 053 Regular Care Secondary Consultation (RCSC)
- 054 General ward secondary consultation
- 055 Critical Care Primary Consultation (CCPC)
- 057 Critical Care Secondary Consultation (CCSC)

Diagnostic Procedures

ASSESSMENT CODES

- 131 Lifestyle Assessment
- 133 Biochemical Assessment
- 135 Clinical Assessment
- 137 Anthropometric Assessment L1
- 139 Anthropometric Assessment L2
- 141 Anthropometric Assessment L3
- 143 Nutrition Assessment
- 145 Monitoring
- 147 Assessment in ICU/High care ward:

Patient Education or Counselling

TREATMENT CODES

- 081 Nutrition Education
- 086 Lifestyle counselling

Treatment (Therapeutic Procedures) or Care

COMPOSITE CODES

059 Group therapy, to a maximum of 12 patients per group, per patient

TREATMENT CODES

083 Diet planning

084 Meal planning (May not be charged in conjunction with item 053)

VISITING CODES

101 Hospital/Nursing unit treatment

103 Domiciliary treatment

Genetic Counsellors**Appointment not kept**

SCHEDULE

107 Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arr

Consultations

001 Consultation

003 Long consultation after first 45 minutes: per 15 minutes

Hearing Aid Acousticians**Appointment not kept**

HEARING AID ACOUSTICIANS RECOMMENDED REIMBURSEMENT RATES

107 Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arr

Consultations

001 First consultation (comprehensive)

003 Consultation (screening interview)

Diagnostic Procedures

021 Test - air conduction

023 Test - bone conduction

025 Test - speech hearing tests

027 Test - free field

029 Test - insertion gain (per ear)

031 Test - binaural loudness balance test, per ear

053 Hearing Aid Evaluation, per ear (refer to General Rule 003)

059 Tympanogram

061 Reflex test (stapedial reflex)

Industrial Hearing Assessment

100 Test - air conduction

102 Test - Bone conduction

108 Tympanogram

110 Reflex test (stapedial reflex)

Preparation or Fitting of Appliances

HEARING AID ACOUSTICIANS RECOMMENDED REIMBURSEMENT RATES

051 Global charge for supply and fitting of hearing aid and follow-up (By arrangement with scheme)

055 Technical adjustment or replacement of earmolds

057 Repairs/service per instrument (3 X services/4 year cycle)

Homoeopaths**Appointment not kept**

Consultations

107 Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arr

Consultations

001 First Consultation

002 Subsequent Consultation

003 Hospital visit (BY ARRANGEMENT)

004 Long consultations in excess of 45 minutes (To be charged with item 001 only) (BY ARRANGEMENT)

Medication/material

Medicines

- 201 Proprietary homeopathic medicine, all forms. Net acquisition price, inclusive of VAT (unless the service provider is not
- 202 Non-proprietary Homoeopathic Medicine - Tablets & Capsules (each)
- 203 Non-proprietary Homoeopathic Medicine - Liquid drops (per ml)
- 204 Non-proprietary Homoeopathic Medicine - Pillules & granules (per ml)

Nursing Agencies**Consultations**

ASSESSMENTS (Diagnosis must be stated)

- 001 Initial assessment and preparation of treatment plan in hospital or at patient's home (minimum of 30 minutes)
- 002 Initial assessment and preparation of treatment plan in hospital or at patient's home (minimum of 1 hour).
- 114 For emergency consultation/visit, all hours - See General Rule 2

STOMALTHERAPY NURSING.

- 415 Clinic visits after 6 months per half hour plus one procedure - eg irrigation, enema, etc. - plus material

Diagnostic Procedures

RESPIRATORY SYSTEM.

- 042 Peak flow measurement.

SPECIMENS.

- 010 When a registered nurse specifically visits the patient, obtains and then delivers a specimen to the laboratory (state t

Global fee for comprehensive care

STOMALTHERAPY NURSING.

- 400 Global fee - Simple Stoma - Permanent: Includes the following:
- 406 Global fee - Moderate Stoma - Permanent (Includes the following):
- 410 Global fee: Complex stoma - Permanent (Includes the following):

Medication/material

MATERIALS & PHARMACEUTICALS (CONSUMABLES)

- 301 Materials used may be charged for at net acquisition cost.

STOMALTHERAPY NURSING.

- 085 Stoma products used may be charged at net acquisition price.

Preparation or Fitting of Appliances

GASTRO INTESTINAL SYSTEM.

- 060 Nasogastric tube insertion, feeding and removal.

MUSCULOSKELETAL SYSTEM.

- 050 Application or removal splints and prosthesis.
- 051 Application and removal of traction
- 052 Application of skin traction

STOMALTHERAPY NURSING.

- 079 Stomal irrigation - 60 minutes. May not be used in conjunction with the global fees.
- 080 Complex stoma - a poorly constructed, non-sited stoma requiring convexity or build up. Difficult to pouch. Severe perist
- 081 Simple stoma - a well constructed, sited stoma which is easy to pouch. Very little or no peristomal skin excoriation.
- 082 Moderate stoma - a fairly well constructed, sited stoma which may require straight forward convexity or build up. Mild t

URINARY SYSTEM.

- 072 Condom catheter application, penile dressing, catheter care including bag change or catheter removal.

Treatment (Therapeutic Procedures) or Care

ADMINISTRATION OF MEDICATION.

- 011 May only be charged when a registered nurse specifically visits a patient to administer intra-muscular or intravenous in

CARE OF WOUNDS (The pathology must be stated).

- 020 Treatment of simple wounds/burns requiring dressing only.
- 021 Treatment of moderate wounds / burns eg with drains
- 022 Treatment of extensive wounds/burns requiring extensive nursing management eg irrigation, etc.
- 023 Aftercare treatment plan as negotiated by and pre-authorised by the scheme
- 045 Laser treatment for wound healing where prescribed by medical practitioner. (Schemes will not necessarily grant benefits

COMPOSITE FEES

- 030 Low intensity care (Presenting problem(s) that are of low severity. The patient is stable, recovering or improving).
- 031 Medium intensity care (Presenting problem(s) that are of moderate severity. The patient is responding inadequately to th
- 032 High intensity care (this item presenting problem(s) that are of high complexity. The patient is unstable or has develop

Service Type Allocation

Appendix A

061 Enema administration (retained/disposable).

062 Faecal impaction/manual removal.

HIRE OF EQUIPMENT.

302 Equipment hire per day. Exact details of the equipment must be indicated. The hire cost for the total period may not exc

OPAT (Antibiotics, Chemotherapy, Blood Products and Dehydration)

015 All inclusive global fee for the setting up of an IV line and administration of the intravenous therapy by a registered

016 When a SRN returns to add medication to an existing IV infusion

RECOMMENDED RATES FOR REGISTERED NURSING AGENCIES

035 Enrolled Nursing Auxiliary, per hour

036 Enrolled Nurse, per hour

037 Registered Nurse, per hour

RENAL DIALYSIS

090 Peritoneal dialysis per day

091 Haemodialysis

RESPIRATORY SYSTEM.

040 Nebulization/Inhalation.

041 Tracheostomy care.

STOMALTHERAPY NURSING.

083 After care treatment plan as negotiated and pre-authorised by scheme.

084 Colonic lavage

URINARY SYSTEM.

070 Any urinary tract procedure including catheterisation, bladder stimulation and emptying.

071 Incontinence management (30 minutes) This fee includes intermittent catheterisation, external sheath drainage, taking of

Occupational Therapy

Appointment not kept

PROCEDURES OF INTERVIEWING, GUIDANCE AND CONSULTANCY

107 Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arr

Consultations

101 Interview.

105 Consultation - irrespective of duration.

Diagnostic Procedures

PROCEDURES OF INITIAL EVALUATION TO DETERMINE THE TREATMENT.

201 Observation and screening.

203 Specific evaluation for a single aspect of dysfunction (Specify which aspect).

205 Specific evaluation of dysfunction involving one part of the body for a specific functional problem (Specify part and as

207 Specific evaluation for dysfunction involving the whole body (Specify condition and which aspects evaluated).

209 Specific in depth evaluation of certain functions affecting the total person (Specify the aspects assessed).

211 Comprehensive in depth evaluation of the total person (Specify aspects assessed)

Medication/material

Annexure C

901 Therapeutic putty

902 Wood, leather, sisal

903 Sponge

904 Elastonet

905 Silicon gel sheeting

Patient Education or Counselling

PROCEDURES OF INTERVIEWING, GUIDANCE AND CONSULTANCY

103 Guidance.

Preparation or Fitting of Appliances

Annexure A

701	Static finger extension/flexion splint
702	Dynamic finger extension/flexion
703	Buddy strap
704	DIP/PIP flexion strap
705	MP, PIP, DIP flexion strap
706	Hand based static finger extension/flexion
707	Hand based static thumb extension/flexion/opposition/ abduction
708	Hand based dynamic finger flexion/extension
709	Hand based dynamic thumb flexion/extension/opposition/abduction
710	Static wrist extension/flexion
711	Dynamic wrist extension/flexion
712	Flexion glove
713	Forearm based dynamic finger flexion/extension
714	Forearm based dorsal protection
715	Forearm based volar resting
716	Static elbow extension/flexion
717	Dynamic elbow flexion/extension splint
718	Shoulder abduction splint
719	Static rigid neck splint
720	Static soft neck splint/brace
721	Static knee extension
722	Static foot dorsiflexion

Annexure B

801	Glove to wrist
802	Glove to elbow
803	Gauntlet (Glove with palm and thumb only)
804	Sleeve: Upper/forearm
805	Sleeve: full
806	Vest + sleeves
807	Sleeveless vest
808	Upper leg
809	Lower leg
810	Full leg
811	Pants (trunk and full legs)
812	Briefs
813	Anklet
814	Knee length stocking
815	Chin strap
816	Full face mask
817	Neck only
818	Finger sock

Annexure D

1001	Hip abduction cushion
1002	Sponge on a stick
1003	Hand grips (for utensils)
1004	Bath bench
1005	Bath seat
1006	Transfer board
1007	Plate surround
1008	Wheelchair strap

- 213 A static orthosis.
- 215 A dynamic orthosis.
- 217 A pressure garment for one limb.
- 219 A pressure garment for one hand.
- 221 A pressure garment for the trunk.
- 223 A pressure garment for the face (chin strap only).
- 225 A pressure garment for the face (full face mask).

PROCEDURES REQUIRED TO PROMOTE TREATMENT.

- 401 Recommendations as regards to assistive devices, environmental adaptations, alternative/compensatory methods, handling t
- 415 Designing and constructing a static orthosis.
- 417 Designing and constructing a dynamic orthosis.
- 419 Limb.
- 421 Face (chin strap only).
- 423 Face (full face mask).
- 425 Trunk.
- 427 Hand.
- 429 Designing and planning an environmental adaptation.
- 431 Planning and preparing in depth home programme on a monthly basis.
- 433 Designing and planning an environmental control unit.

Treatment (Therapeutic Procedures) or Care

PROCEDURES OF THERAPY.

- 301 Group treatment in a task-centered activity, per patient (Treatment time 60 minutes or more).
- 303 Placement of a patient in an appropriate treatment situation requiring structuring the environment, adapting equipment a
- 305 Groups directed to achieve common aims, per patient) (Treatment time 60 minutes or more).
- 307 Simultaneous treatment with two to four patients, each with specific problems, utilising individual activities, per pati
- 308 Simultaneous treatment with two to four neuro-behavioural and stress related conditions or severe head injury patients,
- 309 On level one (15 minutes).
- 311 On level two (30 minutes).
- 313 On level three (45 minutes).
- 315 On level four (60 minutes).
- 317 On level five (90 minutes).
- 319 On level six (120 minutes).

PROCEDURES REQUIRED TO PROMOTE TREATMENT.

- 403 On level one.
- 405 On level two.
- 407 On level three.
- 409 On level four.
- 411 On level five.
- 413 On level six.

Orthoptists**Appointment not kept**

SCHEDULE

- 107 Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arr

Consultations

- 001 Orthoptic consultation (Ocular motility assessment, comprehensive examination)
- 005 Orthoptic consultation (Hess chart)

Diagnostic Procedures

- 007 Orthoptic visual fields charting or field of binocular single vision

Treatment (Therapeutic Procedures) or Care

- 003 Orthoptic treatment (Ocular motility imbalance)

Physiotherapy**Appointment not kept**

OTHER

- 117 Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arr

Consultations

EVALUATION

- 702 Complex evaluation/counselling at the first visit only (to be fully documented).
- 703 One complete re-assessment of a patient's condition during the course of treatment, and/or counselling of the patient or

Diagnostic Procedures

- 704 Lung function: Peak flow (once per treatment).
- 705 Computerised/Electronic test for lung pathology
- 707 Physical Performance test. Must be fully documented.
- 801 Electrical test for diagnostic purposes (including IT curve and Isokinetic tests) for a specific medical condition
- 803 Effort test - multistage treadmill.

Medication/material

OTHER

- 939 Cost of material: Items to be charged at net acquisition price

Patient Education or Counselling

EVALUATION

- 701 Evaluation/counselling at the first visit only (to be fully documented)

PHYSICAL MODALITIES

- 313 Ante and post natal exercises/counselling

REHABILITATION

- 506 Stress management
- 507 Respiratory Re-education and Training.

Preparation or Fitting of Appliances

MANIPULATION/MOBILISATION OF JOINTS OR IMMOBILISATION

- 407 Immobilisation (excluding materials). Rule 008 does not apply.

OTHER

- 940 Cost of appliances: Items to be charged at net acquisition price

Treatment (Therapeutic Procedures) or Care

HIGH FREQUENCY CURRENTS

- 201 Shortwave diathermy.
- 203 Ultrasound.
- 205 Microwave.

LOW FREQUENCY CURRENTS

- 103 Galvanism, Diodynamic current, Tens.
- 105 Muscle and nerve stimulating currents.
- 107 Interferential Therapy.

MANIPULATION/MOBILISATION OF JOINTS OR IMMOBILISATION

- 401 Spinal.
- 402 Pre meditated manipulation
- 405 All other joints.

OTHER

- 937 Bird or equivalent freestanding nebuliser excluding oxygen at hospital per day.
- 938 Bird or equivalent freestanding nebuliser excluding oxygen domiciliary per day.

- 300 Vibration
- 301 Percussion
- 302 Massage
- 303 Myofascial release/soft tissue mobilisation, one or more body parts
- 304 Acupuncture
- 305 Re-education of movement/Exercises (excluding ante- and post-natal exercises)
- 307 Pre- and post-operative exercises and/or breathing exercises
- 308 Group exercises (excluding ante- and post-natal exercises - maximum of 10 in a group)
- 309 Isokinetic treatment.
- 310 Neural tissue mobilisation
- 314 Lymph drainage
- 315 Postural drainage.
- 317 Traction.
- 318 Upper respiratory nebulisation and/or lavage
- 319 Nebulisation
- 321 Intermittent positive pressure ventilation.
- 323 Suction: Level 1 (including sputum specimen taken by suction)
- 325 Suction: Level 2 (Suction with involvement of lavage as a treatment in a special unit situation or in the respiratory co
- 327 Bagging (used on the intubated unconscious patient or in the severely respiratory distressed patient).
- 328 Dry needling

RADIATION THERAPY / MOIST HEAT / CRYOTHERAPY

- 001 Infra-red, Radiant heat, Wax therapy Hot packs
- 005 Ultraviolet light
- 006 Laser beam
- 007 Cryotherapy

REHABILITATION

- 501 Rehabilitation where the pathology requires the undivided attention of the physiotherapist. Rule 008 does not apply.
- 502 Hydrotherapy where the pathology requires the undivided attention of the physiotherapist. Rule 008 does not apply.
- 503 Rehabilitation for Central Nervous System disorders - condition to be clearly stated and fully documented (No other trea
- 504 EMG Biofeedback treatment
- 505 Group rehabilitation. Treatment of a patient with disabling pathology in an appropriate facility requiring specific equi
- 508 Hourly rehabilitation facility fee

VISITING CODES

- 901 Treatment at a nursing home : Relevant fee plus (to be charged only once per day and not with every hospital visit
- 903 Domiciliary treatments : Relevant fee plus.

Podiatry**Appointment not kept****CONSULTATIONS.**

- 101 Appointments not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By ar

Consultations

- 001 First consultation (includes history and examination).
- 002 Consultation away from rooms.
- 003 Subsequent consultation (within 2 months for same condition).
- 004 Subsequent consultation away from rooms.
- 006 More than one patient seen at a residence (See note below).
- 008 Extended consultation (See note below).

Diagnostic Procedures**Appliances and Orthotics**

- 043 Biomechanical examination.
- 051 Neutral impression Plaster of Paris casting
- 056 Computerised gait analysis or footpressure measurement and analysis
- 057 Template measurement.

Other.

- 046 Incision Biopsy.
- 146 Excision biopsy.

Medication/material

Appliances and Orthotics

054 Prescription covering and soft tissue supplements.

Other.

042 Sterile pack.

048 Suturing / Wound closure material : Cost of material plus 10%

201 Sterile Surgical Blades (maximum of 2 per patient)

203 Wound dressing material (maximum of 2 per patient)

205 Plaster of Paris bandage roll (maximum of 2 per patient). At net acquisition price.

207 Moulded Orthotic material fee

209 Simple insole material fee

211 Local anaesthetic medication per ampoule (maximum of 5 per patient)

213 Injection medication fee (other than local anaesthetic). At net acquisition price.

215 Padding and strapping : Digital, per foot

217 Padding and strapping: Metatarsal, per foot

219 Padding and strapping: Heel, per foot

Preparation or Fitting of Appliances

Appliances and Orthotics

052 Orthotic repair.

053 Temporary orthotic or corrective component.

055 Silicone devices: Digital

059 Simple insole - one foot.

060 Silicone devices: metatarsal

061 Simple insoles - both feet.

063 Prescription orthotic : one foot.

064 Silicone devices: heel

065 Prescription orthotics : both feet.

067 Preformed moulded insoles: Adult, both feet

069 Preformed moulded insoles: Adult, one foot

071 Preformed moulded insoles: Child, both feet

073 Preformed moulded insoles: Child, one foot

Treatment (Therapeutic Procedures) or Care

058 Plaster of Paris Immobilisation casting

INJECTIONS.

009 Administration of injection, per administration

Nail Surgery.

021 Nail wedge resection with matrix phenolisation : one nail - one side (including consultation).

022 Two nails - one side.

023 One nail - two sides (including consultation).

024 Two nails - both sides.

025 Avulsion with matrix phenolisation (including consultation).

031 Avulsion without matrix phenolisation (including consultation).

Other.

040 Infection control, per patient

041 Remedial therapy.

044 Suturing (includes consultation).

047 Removal of foreign body.

ROUTINE TREATMENTS.

010 General podiatric care up to 15 minutes including the following:

011 General podiatric care (30 minutes) including the following:

012 Extended care for chronic disease management or ulcer management (applicable to diabetes, arthritis and peripheral vascu

013 General podiatric care more than 30 minutes (a combination of items 010 and 011)

VERRUCA TREATMENTS.

014 Verruca Pedis (Chemotherapy first lesion) (consultation and treatment).

015 Subsequent lesion.

016 Cryotherapy first lesion (consultation and treatment).

017 Subsequent lesion.

018 Diathermy first lesion (consultation and treatment).

019 Subsequent lesion.

Radiography

Consultations

MISCELLANEOUS

- 179 Attendance at operation in theatre or at radiological procedure performed by a surgeon or physician in x-ray department

Diagnostic Procedures

ABDOMEN

- 125 Control films of the abdomen (not being part of examination for barium meal, barium enema, pyelogram, cholecystogram, ch
127 Acute abdomen or equivalent studies

ALIMENTARY TRACT

- 073 Sialography (plus 80% for each additional gland)
075 Pharynx and oesophagus
077 Oesophagus, stomach and duodenum (control film of abdomen included) and limited follow through
079 Small bowel meal (control film of abdomen included, except when part of item 081)
081 Barium meal and dedicated gastro-intestinal tract follow through (including control film of the abdomen, oesophagus, duo
083 Barium enema (control film of abdomen included)
085 Biliary tract: ERCP (choledogram and/or pancreatography screening included)
087 Gastric/oesophageal/duodenal intubation control
089 Hypotonic duodenography (077 included)

ATTENDANCE IN CATHETERISATION LABORATORY

- 191 Preparation in catheterisation laboratory for purposes of cardiac catheterisation and/or invasive intravascular procedur
192 Post-processing in catheterisation laboratory for purposes of cardiac catheterisation and/or invasive intravascular proc
193 Coronary angiogram per 30 minutes or part thereof provided that such part comprises 50% or more of the time
194 Right heart investigation of valve and venous system of the right heart
195 PTCA per 30 minutes or part thereof provided that such part comprises 50% or more of the time
196 Left heart investigation of valve of the left heart and ventricle
197 Stent procedure per 30 minutes or part thereof provided that such part comprises 50% or more of the time
199 Vascular Study per 30 minutes or part thereof provided that such part comprises 50% or more of the time
207 Electro-physiological studies per 30 minutes or part thereof provided that such part comprises 50% or more of the time
209 Bleomycin and other studies per 30 minutes or part thereof provided that such part comprises 50% or more of the time
211 Intra vascular ultrasound per 30 minutes or part thereof provided that such part comprises 50% or more of the time
213 Rotablator/Laser procedures per 30 minutes or part thereof provided that such part comprises 50% or more of the time
215 Embolisation per 30 minutes or part thereof provided that such part comprises 50% or more of the time

BILIARY TRACT

- 091 Oral cholecystography
093 Intravenous
095 Operative: First series
097 Subsequent series
099 Post-operative: T-tube
101 Trans-hepatic, percutaneous
103 Tomography of biliary tract: Add

BRONCHOGRAPHY

- 115 Unilateral
117 Bilateral
119 Pleurography
121 Laryngography
123 Thoracic inlet

CHEST

- 105 Larynx (tomography included)
107 Chest (item 167 included)
109 Chest and cardiac studies (item 167 included)
111 Ribs
113 Sternum or sterno-clavicular joints

- 155 Head, single examination, full series
- 157 Head, repeat examination at the same visit, after contrast, full series
- 159 Chest
- 161 Abdomen (including base of chest and/or pelvis)
- 163 Multiple examinations: For an additional part, the lesser fee shall be reduced to
- 165 Limbs and other limited examinations

CYSTO-URETHROGRAPHY

- 137 Retrograde
- 139 Retrograde-prograde pyelography
- 143 Tomography of renal tract: Add

GYNAECOLOGY AND OBSTETRICS

- 145 Pregnancy
- 147 Pelvimetry
- 149 Hysterosalpingography

LIMBS

- 001 Finger, toe
- 003 Limb per region, e.g. shoulder, elbow, knee, foot, hand, wrist or ankle (an adjacent part which does not require an addi
- 005 Smith-Petersen or equivalent control, in theatre
- 007 Stress studies, e.g. joint
- 009 Length studies per right and left pair of long bones
- 011 Skeletal survey under 5 years
- 013 Skeletal survey over 5 years
- 015 Arthrography per joint

MISCELLANEOUS

- 167 Fluoroscopy: Per half hour: Add (not applicable to items 107 and 109)
- 169 Where a C-arm portable x-ray unit is used in hospital or theatre: Per half hour: Add
- 171 Sinography
- 173 Bone densitometry
- 175 Mammography: Unilateral or bilateral
- 177 Repeat mammography, unilateral or bilateral for localisation of tumour

MYELOGRAPHY

- 029 Lumbar
- 031 Thoracic
- 033 Cervical
- 035 Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)
- 037 Discography

PORTABLE UNIT EXAMINATIONS

- 185 Where portable x-ray unit is used in the hospital or theatre: Add
- 187 Theatre investigations with fixed installation : Add

SKULL

- 039 Skull studies
- 041 Paranasal sinuses
- 043 Facial bones and/or orbits
- 045 Mandible
- 047 Nasal bone
- 049 Mastoid: Bilateral

SPINAL COLUMN

- 017 Per region, e.g. cervical, sacral, coccygeal, one region thoracic
- 021 Stress studies
- 025 Scoliosis studies
- 027 Pelvis (sacro-iliac or hip joints only to be added where an extra set of views is required)

- 051 One quadrant
- 053 Two quadrants
- 055 Full mouth
- 057 Rotation tomography of the teeth and jaws
- 059 Temporo-mandibular joints: Per side
- 061 Tomography: Per side
- 063 Localisation of foreign body in the eye
- 065 Ventriculography
- 067 Post-nasal studies: Lateral neck
- 069 Maxillo-facial cephalometry
- 071 Dacryocystography

TOMOGRAPHY AND CINEMATOGRAPHY

- 151 Tomography (conventional except where otherwise specified): Add 100% provided that if it is more than one dimension, fee
- 153 Tomography (multi-dimensional in motion): Add 150%

URINARY TRACT

- 129 Control film included and bladder views before and after micturition
- 133 Waterload test: Add
- 135 Cystography only or urethrography only (retrograde)

Medication/material

MISCELLANEOUS

- 181 Setting of sterile trays

Treatment (Therapeutic Procedures) or Care

ATTENDANCE IN CATHETERISATION LABORATORY

- 201 Temporary pacemaker procedure per 30 minutes or part thereof provided that such part comprises 50% or more of the time
- 203 Permanent pacemaker procedure in catheterisation laboratory per 30 minutes or part thereof provided that such part compr
- 205 Intra-aortic balloon pump procedure per 30 minutes or part thereof provided that such part comprises 50% or more of the

CYSTO-URETHROGRAPHY

- 141 Aspiration renal cyst

Registered Nurses In Private Practice

Consultations

CONSULTATIONS (the Pathology/Diagnosis must be stated)

- 001 Consultation /Discharge planning (minimum 30 minutes).
- 002 Prolonged consultation/discharge planning after 30 minutes
- 003 Consultation at patient's home
- 014 For emergency consultation/visit, all hours - See General Rule 2.

Only for nurses with a psychiatric qualification registered as such with SANC

- 506 Initial consultation and assessment
- 508 Prolonged consultation after 30 minutes

Psychiatric Nursing Therapy may only be performed by a nurse with a Masters Degr

- 500 Individual interview/assessment. Adult, child, school, employer - per hour.

STOMALTHERAPY NURSING.

- 250 Clinic visits after 6 months per half hour plus one procedure - eg irrigation, enema, etc. - plus material

WELL BABY CLINICS

- 450 Consultation

Where the global fee is not applicable, the following will apply:

- 406 Visit to patient during first stage labour (may not be charged in conjunction with item 400)
- 420 Ante natal visits (excluding ante-natal exercises) (maximum of 10 visits), per visit
- 421 Post natal visits (excluding post- natal exercises) (maximum 3 visits), per visit

Diagnostic Procedures

CARDIO-VASCULAR SYSTEM.

- 061 Performing ECG only.
- 062 Effort test - bicycle.
- 063 Effort test - multistage treadmill.

For advanced midwives registered with SANC only:

- 404 Cardiotocography - maximum three times per pregnancy.

Service Type Allocation

Appendix A

025 Where a consultation was not performed and the nurse attended to the patient with the sole purpose of doing an observati

RESPIRATORY SYSTEM.

052 Peak flow measurement.

053 Flow volume test: inspiration/expiration using ELF/similar machine.

SPECIMENS.

020 This must form part of a consultation where a consultation is charged. Where a consultation was not performed and the nu

Where the global fee is not applicable, the following will apply:

400 First Stage Monitoring (max 10 hours)

Global fee for comprehensive care

Global Obstetric Fees

399 Global Obstetric Fee - Hospital Birthing Unit

403 Global Obstetric Fee - Home Birth. (To be charged if the entire confinement is completed at home).

407 Global fee for childbirth education: 8 - 10 sessions. By arrangement with scheme/patient.

RENAL DIALYSIS

612 Home dialysis

STOMALTHERAPY NURSING.

230 Global fee - Simple Stoma - Permanent: Includes the following:

234 Global fee - Moderate Stoma - Permanent (Includes the following):

238 Global fee: Complex stoma - Permanent (Includes the following):

Medication/material

205 Stoma products used may be charged at net acquisition cost.

WELL BABY CLINICS

454 Supply of Vaccine (only for nurses with Section 22A 12 Permit)

Patient Education or Counselling

Only for nurses with a psychiatric qualification registered as such with SANC

510 Individual counselling minimum 30 minutes

512 Prolonged counselling in excess of 30 minutes (to be motivated)

514 Group counselling per patient (specify number)

Psychiatric Nursing Therapy may only be performed by a nurse with a Masters Degr

502 Family/marital/group per patient - specify number.

RENAL DIALYSIS

608 Home dialysis training in centre per 30 minutes

610 Home dialysis training or follow up at patient's home per 30 minutes (to maximum of 24 hours)

REPRODUCTIVE HEALTH COUNSELING/HIV TESTING

701 Individual counselling minimum 30 minutes

703 Prolonged counselling in excess of 30 minutes

Preparation or Fitting of Appliances

GASTRO INTESTINAL SYSTEM.

080 Nasogastric tube insertion, feeding and removal.

MUSCULOSKELETAL SYSTEM.

070 Application or removal splints and prosthesis.

071 Application or removal of traction

072 Application of skin traction

STOMALTHERAPY NURSING.

079 Stomal irrigation - 60 minutes. May not be used in conjunction with the global fees.

200 Simple stoma - a well constructed, sited stoma which is easy to pouch. Very little or no peristomal skin excoriation.

201 Complex stoma - a poorly constructed, non-sited stoma requiring convexity or build up. Difficult to pouch. Severe perist

202 Moderate stoma - a fairly well constructed, sited stoma which may require straight forward convexity or build up. Mild t

URINARY SYSTEM.

091 Condom catheter application, penile dressing, catheter care including bag change or catheter removal.

Treatment (Therapeutic Procedures) or Care

ADMINISTRATION OF MEDICATION.

030 Where a consultation was not performed and the nurse attended to the patient with the sole purpose of administering intr

CARDIO-VASCULAR SYSTEM.

060 Cardiopulmonary resuscitation.

- 040 Treatment of simple wounds/burns requiring dressing only.
- 041 Treatment of extensive wounds/burns requiring extensive nursing management eg irrigation, etc.
- 042 Treatment of moderate wounds/Burns eg drains or fistulas and inserting of sutures
- 043 Aftercare treatment plan as negotiated by and pre-authorised by the scheme
- 045 Laser treatment for wound healing where prescribed by medical practitioner. (Schemes will not necessarily grant benefits

GASTRO INTESTINAL SYSTEM.

- 082 Enema administration
- 083 Aspiration of stomach/gastric lavage.
- 084 Faecal impaction/manual removal.

GENERAL CARE.

- 100 This includes all aspects of elementary nursing care performed at a patient's home which may include : Bath/ bedbath, ge

HIRE OF EQUIPMENT.

- 302 Equipment hire per day. Exact details of the equipment must be indicated. The hire cost for the total period may not exc

OPAT (Antibiotics, Chemotherapy, Blood Products and Dehydration)

- 035 All inclusive global fee for the setting up of an IV line and administration of intravenous therapy by a registered nurs
- 036 When a SRN returns to add medication to an existing IV infusion

Psychiatric Nursing Therapy may only be performed by a nurse with a Masters Degr

- 501 Individual therapy. (irrespective of time)
- 503 Play therapy/Home stimulation programme.
- 504 Co-therapist.

RENAL DIALYSIS

- 092 Peritoneal dialysis per day

RESPIRATORY SYSTEM.

- 050 Nebulization/Inhalation.
- 051 Tracheostomy care.

STOMALTHERAPY NURSING.

- 081 Colonic lavage
- 204 After care treatment plan as negotiated and pre-authorised by scheme.

URINARY SYSTEM.

- 090 Any urinary tract procedure including catheterisation, bladder stimulation and emptying.
- 093 Incontinence management (30 minutes) This fee includes intermittent catheterisation, external sheath drainage, taking of

WELL BABY CLINICS

- 452 Immunisation

Where the global fee is not applicable, the following will apply:

- 401 Second and Third stage labour. Vaginal delivery including episiotomy/tear and repair and general obstetric care.
- 402 Fourth Stage.
- 405 Phototherapy, per day (maximum of 3 days).
- 410 Assisting at delivery (if a medical practitioner is requested to take over delivery due to complications during a home d

Social Workers

Appointment not kept

SOCIAL WORKERS RECOMMENDED REIMBURSEMENT RATES

- 107 Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arr

Consultations

- 001 Initial consultation: Extended session (60 minutes)
- 002 Initial consultation at patients home: Extended session (60 minutes)
- 004 Initial consultation at hospital/health facility: Extended session (60 minutes)
- 006 Initial consultation where more than one patient seen at a residence, hospital or health facility, per patient: Extended
- 050 Initial consultation: Short Session (20 minutes)
- 051 Initial consultation: Intermediate session (40 minutes)
- 060 Initial consultation at patients home: Short session (20 minutes)
- 061 Initial consultation at patients home: Intermediate session (40 minutes)
- 070 Initial consultation at hospital/health facility: Short session (20 minutes)
- 071 Initial consultation at hospital/health facility: Intermediate session (40 minutes)
- 080 Initial consultation where more than one patient seen at a residence, hospital or health facility, per patient: Short se
- 081 Initial consultation where more than one patient seen at a residence, hospital or health facility, per patient: Intermed
- 172 Telephone consultation

Diagnostic Procedures

174 Written Psycho-social assessment.

Patient Education or Counselling

003 Individual therapy: Extended session (60 minutes)
 005 Marital/Couple* therapy: Extended session (60 minutes)
 007 Family therapy: Extended session (60 minutes)
 009 Child therapy: Extended session (60 minutes)
 011 Group therapy: Extended session (60 minutes) per person
 013 Directive therapy to the family: Extended session (60 minutes)
 090 Individual therapy: Short session (20 minutes)
 091 Individual therapy: Intermediate session (40 minutes)
 101 Marital/Couple* therapy: Short session (20 minutes)
 102 Marital/Couple* therapy: Intermediate session (40 minutes)
 120 Family therapy: Short session (20 minutes)
 121 Family therapy: Intermediate session (40 minutes)
 130 Child therapy: Short session (20 minutes)
 131 Child therapy: Intermediate session (40 minutes)
 140 Group therapy: Short session (20 minutes) per person
 141 Group therapy: Intermediate session (40 minutes) per person
 142 Group therapy: Fee per person per 80 minute session
 150 Directive therapy to the family: Short session (20 minutes)
 151 Directive therapy to the family: Intermediate session (40 minutes)
 160 Trauma debriefing: Short session (20 minutes)
 161 Trauma debriefing: Intermediate Session (40 minutes)
 162 Trauma debriefing: Extended session (60 minutes)
 163 Trauma debriefing: Session up to 80 minutes

Speech Therapists and Audiologists**Appointment not kept**

Speech, Voice and Language Disorder

107 Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arr

Consultations

Audiology.

011 Consultation (detailed initial interview up to 1 hour).
 012 Consultation (screening or subsequent interview up to 30 minutes).

Speech, Voice and Language Disorder

001 Initial consultation and assessment (1 1/2 hours).

Diagnostic Procedures

Audiology.

- 013 Pure Tone Audiogram (Air conduction). (3273)
- 015 Pure Tone Audiogram (Bone conduction). (3274)
- 017 Full Speech Audiogram including speech reception threshold and discrimination at two or more levels. (3277)
- 018 Speech audiogram screening.
- 021 Immittance Measurements (Impedance) (Tympanometry).
- 022 Immittance Measurements (Impedance) (Stapedial reflex). (3276)
- 023 Other tests (Sisi, Stenger, Tone Decay, Reflex Latency) per test. (3278)
- 025 Peripheral Hearing Testing of Babies. This item to be used when visual reinforcement audiometry and/or combined play aud
- 030 Short latency brainstem evoked potentials, neurological examination, single decibel, bilateral. (2692)
- 031 A.E.P. (ABR) Full Audiological examination (bilateral). (2694)
- 032 Bilateral mid or long latency auditory evoked potentials. (2698)
- 033 Electro-nystagmography for spontaneous and positional nystagmus. (3253)
- 035 Caloric test done with electro-nystagmography. (3255)
- 036 Oto-acoustic emissions, comprehensive diagnostic evaluation.
- 037 Electrocochleography or Videonystagmoscopy: Unilateral (2699)
- 038 Bilateral (2700)
- 039 Oto-acoustic emissions - limited (single stimulus level, either transient or distortion product) for the use in universa
- 046 Facial nerve function test (3224)
- 047 Test battery for Central Auditory Processing Disorders. Minimum of two tests - tests to be specified.
- 053 Insertion gain measurement, per ear.

Industrial Hearing Assessment

- 100 Pure Tone Audiogram (Air conduction). (3237)
- 102 Pure Tone Audiogram (Bone conduction) (3274)
- 104 Full Speech Audiogram including speech reception threshold and discrimination at two or more levels (3277)
- 106 Speech audiogram screening
- 108 Immittance Measurements (Impedance) (Tympanometry)
- 110 Immittance Measurements (Impedance) (Stapedial reflex) (3276)

Preparation or Fitting of Appliances

Audiology.

- 029 Hearing Aid Evaluation, per ear (refer to General Rule B).
- 041 Cochlea Implants: Pre-implant round window promontory testing (Subject to pre-authorisation and motivation by ENT Special
- 042 Cochlea Implants: Full electrode (i.e. 24 electrodes) mapping (approx. 1 hour) (Subject to pre-authorisation and motivat
- 043 Cochlea Implants: Subsequent electrode mapping (approx. 30 minutes) (Subject to pre-authorisation and motivation from EN
- 048 Cochlea Implant; Implant test; Four test modes (Subject to motivation by ENT specialist)
- 049 Cochlea Implant; Neural Response Telemetry (Subject to motivation by ENT specialist)
- 050 Cochlea Implant: Electrical Stapedius Reflex Thresholds (Subject to motivation by ENT specialists)
- 051 Global charge for supply and fitting of hearing aid and follow-up (By arrangement with scheme).
- 052 Technical adjustment or replacement of behind-the-ear earmolds, per ear. (Specify the ear)
- 054 Technical adjustment or replacement of in-the-ear/canal moulds, per ear (Specify ear)
- 057 Repairs to hearing aids. Ex gratia by arrangement with each scheme.

Treatment (Therapeutic Procedures) or Care

- 044 Aural Rehabilitation - treatment in rooms (30 minutes). THIS CANNOT BE USED IN CONJUNCTION WITH ITEM 003.
- 045 Aural Rehabilitation - treatment in rooms (60 minutes). THIS CANNOT BE USED IN CONJUNCTION WITH ITEM 004.

Speech, Voice and Language Disorder

- 003 Treatment at rooms (30 minutes).
- 004 Treatment at rooms (60 minutes).
- 005 Therapy: per treatment at hospital/residence up to 30 minutes. (No travelling costs involved)
- 006 Therapy: per treatment at hospital/residence up to 60 minutes. (Travel costs and petrol included)
- 007 Group therapy: per patient at rooms (Maximum of 3 patients per therapy)
- 009 Home programmes, per month.