



COUNCIL FOR MEDICAL SCHEMES

**Private Bag X34, HATFIELD, 0028
Hadefields Block E, 1267 Pretorius Street, HATFIELD**

Phone: +27 (0) 12 431-0500

Fax: +27 (0) 12 430-7644

[Http://www.medicalschemes.com](http://www.medicalschemes.com)

To:

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

Telephone: 012 431 0507 / 033 701 1693

Fax: 012 430 7644 / 033 701 1695

Enquiries: Stephen Harrison

Date: 6 September 2004

CIRCULAR 25 OF 2004

NATIONAL HEALTH REFERENCE PRICE LIST: VERSION 1.11

1. The National Health Reference Price List (NHRPL) has been updated. Attached please find a Change Log, detailing all the relevant changes.
2. In order to give adequate opportunity for systems to be updated, subject to the exception below, all changes effected in version 1.11 will take effect on **Wednesday 15 September 2004**.
3. Changes to the chemotherapy codes (03250, 5790, 5793 and 5795), notice of which was given in Circular 24 of 2004 (02/09/04), **come into effect today (6 September 2004)**. Alternatively, as indicated in that circular, medical schemes may backdate these changes to Friday, 27 August 2004.

Sincerely

**Stephen Harrison
SENIOR SPECIALIST: POLICY AND SPECIAL PROJECTS**

Chairperson: Prof. Nicky Padayachee Vice-Chairperson: Ms Gando Matyumza Chief Executive & Registrar: Patrick Masobe

A STATUTORY BODY ESTABLISHED IN TERMS OF THE MEDICAL SCHEMES ACT, 1998 (ACT 131 OF 1998)

Change Log for Version 01.11

NHRPL

Summary Date Added 14-May-2004

Practice Types: Added code 31 for Rheumatology
Medical Practitioners: Change reference in Modifier 0004 to section G, to Section V.
Medical Practitioners: Item 0527. Reference to 'Adults' removed.
Medical Practitioners: Added values for Practice Type 31 for items 0130,0143,0144,0142 and 0141
Medical Practitioners: Corrected conversion factor for item 1229, with resulting change in value
Medical Practitioners: Wording change to modifier 0036
Medical Practitioners: Wording change to modifier 0049
Medical Practitioners: Wording change to modifier 0051
Medical Practitioners: Wording change to modifier 0055
Medical Practitioners: Wording change to item 0143
Medical Practitioners: Wording change to item 0294
Medical Practitioners: Wording change to item 1216
Medical Practitioners: Wording change to item 1634
Medical Practitioners: Wording change to item 1857
Medical Practitioners: Wording change to item 1897
Medical Practitioners: Wording change to item 1898
Medical Practitioners: Wording change to item 2254
Medical Practitioners: Wording change to item 2329
Medical Practitioners: Wording change to item 2614
Medical Practitioners: Wording change to item 2864
Medical Practitioners: Wording change to item 2906
Medical Practitioners: Wording change to item 5928
Medical Practitioners: Wording change to item 5143
Medical Practitioners: Wording change to item 5144
Medical Practitioners: Wording change to item 5145
Medical Practitioners: Wording change to item 5912
Medical Practitioners: Wording change to item 5913
Medical Practitioners: Wording change to item 5914
Medical Practitioners: Wording change to item 4078
Medical Practitioners: Wording change to item 4138
Medical Practitioners: Wording change to item 4327
Medical Practitioners: Wording change to item 4377
Medical Practitioners: Added section 20.10 Chemotherapy
Medical Practitioners: Added chemotherapy codes 5790, 5793 and 5795 and associated notes
Dental Practitioners: Item 8410 Lab indicator added
Dental Practitioners: Item 8132, changed Mouth part from ' T' to 'T' (without leading space)
Occupational Therapy : Fixed spelling of item 701,702
Radiology: Corrected units for item 41210
Optometrists : Added source 037 for optometry

Details

Items

Action	ItemID	Source	Code	Type	Description	TC	MP	Lab	AddOn
--------	--------	--------	------	------	-------------	----	----	-----	-------

Change Log for Version 01.11

NHRPL

U-Changed	6437	001	0004	M	Procedures performed in own procedure rooms: Procedures performed in doctors' own procedure rooms instead of in a hospital theatre or unattached theatre unit: per fee for procedure + 100%. See Section V for a list of procedures, which are often done in rooms to which Modifier 0004 should not be applied. Please note: Modifier 0004 may only be charged by the medical practitioner owning the facility and the equipment. Only one person may claim this modifier for procedures performed in doctors' own procedure rooms				
U-Original	6437	001	0004	M	Procedures performed in own procedure rooms: Procedures performed in doctors' own procedure rooms instead of in a hospital theatre or unattached theatre unit: per fee for procedure + 100%. See Section G for a list of procedures, which are often done in rooms to which Modifier 0004 should not be applied. Please note: Modifier 0004 may only be charged by the medical practitioner owning the facility and the equipment. Only one person may claim this modifier for procedures performed in doctors' own procedure rooms				
U-Changed	6466	001	0036	M	Fees for an anaesthetic administered by a general practitioner shall be two thirds (2/3) of the total number of units (basic plus time plus appropriate modifier) applicable to the specialist anaesthetist provided that no anaesthetic shall have a total value of less than 7.00 anaesthetic units. The monetary value of the unit is the same for both a specialist anaesthetist and a general practitioner anaesthetist.				
U-Original	6466	001	0036	M	Fees for an anaesthetic administered by a general practitioner shall be two thirds (2/3) of the total number of units (basic plus time plus appropriate modifier) applicable to the specialist anaesthesiologist provided that no anaesthetic shall have a total value of less than 7.00 anaesthetic units. The monetary value of the unit is the same for both a specialist anaesthesiologist and a general practitioner anaesthesiologist.				
U-Changed	6479	001	0049	M	Except where otherwise specified, in cases of compound fractures, 77,00 clinical procedure units (specialists) and 77,00 clinical procedure units (general practitioners) are to be added to the units for the fractures including debridement				
U-Original	6479	001	0049	M	Except where otherwise specified, in cases of compound fractures, 77,00 clinical procedure units are to be added to the units for the fractures including debridement				
U-Changed	6481	001	0051	M	Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Specialists add 77,00 clinical procedure units. General practitioners add 77,00 clinical procedure units				
U-Original	6481	001	0051	M	Fractures requiring open reduction, internal fixation, external skeletal fixation and/or bone grafting: Add 77,00 clinical procedure units.				
U-Changed	6483	001	0055	M	Dislocation requiring open reduction: Units for the specific joint plus 77,00 clinical procedure units for specialists. General practitioners add 77,00 clinical procedure units				
U-Original	6483	001	0055	M	Dislocation requiring open reduction: Units for the specific joint plus 77,00 clinical procedure units.				
U-Changed	6578	001	0143	I	Specialist: New and established patients: Consultation/visit of new or established patient with detailed history, complete clinical examination and moderately complex decision making and counselling. Typically occupies the doctor personally with the patient for between 30 and 40 minutes				
U-Original	6578	001	0143	I	Specialist: New and established patients: Consultation/visit of new or established patient with detailed history, complete clinical examination and moderately complex decision making and counselling. Typically occupies the doctor personally with the patient or between 30 and 40 minutes				
U-Changed	6684	001	0294	I	Vascularised bone graft with or without soft tissue with one or more sets of micro-vascular anastomoses				
U-Original	6684	001	0294	I	Vascularised bone graft with or without soft tissue with one or more sets micro-vascular anastomoses				
Added	9926	001	03250	N	Where patients are not treated in chemotherapy facilities, items 0213, 0214 and 0215 are used instead of items 5790, 5793 and 5795. Codes 0213, 0214 and 0215 are applicable to providers who only administer the drugs i.e. don't own or rent a facility and do not manage the patient.				
U-Changed	6798	001	0527	I	Osteotomy: Knee region				
U-Original	6798	001	0527	I	Osteotomy: Knee region: Adults				
U-Changed	7261	001	1112	I	Pharyngeal pouch operation				
U-Original	7261	001	1112	I	Pharyngeal poach operation				
U-Changed	7338	001	1216	I	Insertion of Swan Ganz catheter for haemodynamic monitoring				
U-Original	7338	001	1216	I	Insertion of Swan Ganz catheter for haemodynamics monitoring				
U-Changed	7645	001	1634	I	Enterectomy or Enterostomy				
U-Original	7645	001	1634	I	Enterectomy or Enterostomy				
U-Changed	7783	001	1857	I	Radical with regional lymphadenectomy for tumour				

Change Log for Version 01.11

NHRPL

U-Original	7783	001	1857	I	Radical with regional lymph adenectomy for tumour				
U-Changed	7804	001	1897	I	Ureterorrhaphy: Suture of ureter				
U-Original	7804	001	1897	I	Ureterorrhaphy: Suture of ureter				
U-Changed	7805	001	1898	I	Ureterorrhaphy: Lumbar approach				
U-Original	7805	001	1898	I	Ureterorrhaphy: Lumbar approach				
U-Changed	7851	001	2023	I	Vesico-urethropexy for correction or urinary incontinence: Abdominal approach				
U-Original	7851	001	2023	I	Vesico-urethropexy for correction or urinary incontinence: Abdominal approach				
U-Changed	7852	001	2025	I	Vesico-urethropexy with rectus sling				
U-Original	7852	001	2025	I	Vesico-urethropexy with rectus sling				
U-Changed	7973	001	2254	I	Pelvic lymphadenectomy				
U-Original	7973	001	2254	I	Pelvic lymph adenectomy				
U-Changed	8016	001	2329	I	Construction of vagina: Bowel pull-through operation: Two surgeons: Each				
U-Original	8016	001	2329	I	Construction of vagina: Bowell pull-through operation: Two surgeons: Each				
U-Changed	8156	001	2614	I	Global obstetric care: All inclusive fee that includes all modes of vaginal delivery (excluding caesarean section) and obstetric care from the commencement of labour until after the postpartum visit (6 weeks visit)				
U-Original	8156	001	2614	I	Global obstetric care: All inclusive fee that includes all modes of vaginal delivery (excluding caesarean section) and obstetric care from the commencement of labour until after the post-partum visit (6 weeks visit)				
U-Changed	8273	001	2864	I	Encephalocele (excluding frontal)				
U-Original	8273	001	2864	I	Encephalocoele (excluding frontal)				
U-Changed	8302	001	2906	I	Craniotomy with anterior fossa meningocele and repair of bony skull defect				
U-Original	8302	001	2906	I	Craniotomy with anterior fossa meningocele and repair of bony skull defect				
U-Changed	9448	001	4078	I	Oximetry analysis: MetHb, COHb, O2Hb, RHb, SulfHb				
U-Original	9448	001	4078	I	Oximetry analysis: MetHbCOHbO2HbRHbSulfHb				
U-Changed	9486	001	4138	I	CK-MB: Immunoinhibition/precipitation				
U-Original	9486	001	4138	I	CK-MB: Immunoinhibition				
U-Changed	9605	001	4327	I	Immunofixation: Total protein, IgG, IgA, IgM, Kappa, Lambda				
U-Original	9605	001	4327	I	Immunofixation: Total protein IgG IgA IgM Kappa Lambda				
U-Changed	9636	001	4377	I	Gallstone analysis: (Bilirubin, Ca, P, Oxalate, Cholesterol)				
U-Original	9636	001	4377	I	Gallstone analysis: (Bilirubin Ca P Oxalate Cholesterol)				
U-Changed	9104	001	5143	I	Artifacts: Simple				
U-Original	9104	001	5143	I	Artefacts: Simple				
U-Changed	9106	001	5144	I	Artifacts: Intermediate				
U-Original	9106	001	5144	I	Artefacts: Intermediate				
U-Changed	9108	001	5145	I	Artifacts: Complex (specify)				
U-Original	9108	001	5145	I	Artefacts: Complex (specify)				
Added	9927	001	5790	I	Non Infusional Chemotherapy: Global fee for the management of and related services delivered during oral chemotherapy (per cycle as per drug formulary), intramuscular (IMI), subcutaneous, intrathecal or bolus chemotherapy administration per treatment day - for exclusive use by oncology trained doctors working within chemotherapy facilities (consultations to be charged separately)				
Added	9928	001	5793	I	Infusional Chemotherapy: Global fee for the management of and related services delivered during infusional chemotherapy per treatment day - for exclusive use by oncology trained doctors working within chemotherapy facilities				

Change Log for Version 01.11

NHRPL

					only (i.e. one in which oncology medicines are purchased, stored, dispensed and mixed, and in which appropriately-trained medical, nursing and support staff are in attendance) (consultations to be charged separately)				
Added	9929	001	5795	I	Use of Infusional Chemotherapy Facility (i.e. one in which oncology medicines are purchased, stored, dispensed and mixed, and in which appropriately-trained medical, nursing and support staff are in attendance). This fee is chargeable by the Oncologist who owns or rents the facility, and by others e.g. hospitals or clinics that provide the services as per the appropriate billing structure. Said facilities are to be accredited under the auspices of SASMO and/or SASCRO (only to be added to item 5793 if own or rented facility is used).				+
U-Changed	9105	001	5912	I	Technical aids: Artifacts: Simple - design and construction (simple block or bolus) per artifact - TECHNICAL COMPONENT				
U-Original	9105	001	5912	I	Technical aids: Artifacts: Simple - design and construction (simple block or bolus) per artefact - TECHNICAL COMPONENT				
U-Changed	9107	001	5913	I	Technical aids: Artifacts: Intermediate - design and construction (multiple blocks, stents, bite blocks, special bolus) per artifact - TECHNICAL COMPONENT				
U-Original	9107	001	5913	I	Technical aids: Artifacts: Intermediate - design and construction (multiple blocks, stents, bite blocks, special bolus) per artefact - TECHNICAL COMPONENT				
U-Changed	9109	001	5914	I	Technical aids: Artifacts: Complex - design and construction (irregular blocks, special shields, compensators, wedges, molds or casts) per artifact - TECHNICAL COMPONENT				
U-Original	9109	001	5914	I	Technical aids: Artifacts: Complex - design and construction (irregular blocks, special shields, compensators, wedges, molds or casts) per artefact - TECHNICAL COMPONENT				
U-Changed	9073	001	5928	I	Intensity modulated radiotherapy (IMRT), single or multiple fields/arcs, via narrow spatially and temporally modulated beams (e.g. binary, dynamic multileaf collimation) - once off charge per course of treatment - TECHNICAL COMPONENT				
U-Original	9073	001	5928	I	Intensity modulated radiotherapy (IMRT), single or multiple fields				
U-Changed	4195	002	8132	I	Root canal therapy - gross pulpal debridement	B	T		
U-Original	4195	002	8132	I	Root canal therapy - gross pulpal debridement	B	T		
U-Changed	4794	002	8410	I	Provisional crown				+L
U-Original	4794	002	8410	I	Provisional crown				
U-Changed	139	004	701	I	Static finger extension/flexion splint				
U-Original	139	004	701	I	Static finger extension/flexion splint				
U-Changed	140	004	702	I	Dynamic finger extension/flexion				
U-Original	140	004	702	I	Dynamic finger extension/flexion				

Item Details

VAT Inclusive VAT Exclusive

Action	ItemID	Source	Code	Practice	Edition	CF	Units	BF	Value	Value	Flag	Notes
Added	6613	001	0130	31	2004	10	18.000	1.000	R142.70	R125.20		
Added	6576	001	0141	31	2004	10	27.000	1.000	R214.10	R187.80		
Added	6577	001	0142	31	2004	10	27.000	1.000	R214.10	R187.80		
Added	6578	001	0143	31	2004	10	27.000	1.000	R214.10	R187.80		
Added	6579	001	0144	31	2004	10	27.000	1.000	R214.10	R187.80		
U-Changed	7360	001	1229	14	2004	20	6.500	1.000	R37.30	R32.70		
U-Original	7360	001	1229	14	2004	30	6.500	1.000	R196.60	R172.50		
Added	9927	001	5790	23	2004	20	81.920	1.000	R470.20	R412.50		
Added	9927	001	5790	40	2004	20	81.920	1.000	R470.20	R412.50		

Change Log for Version 01.11

NHRPL

Added	9928	001	5793	23	2004	20	159.650	1.000	R916.40	R803.90		
Added	9928	001	5793	40	2004	20	159.650	1.000	R916.40	R803.90		
Added	9929	001	5795	23	2004	20	94.580	1.000	R542.90	R476.20		
Added	9929	001	5795	40	2004	20	94.580	1.000	R542.90	R476.20		
U-Changed	9906	029	41210	38	2004	410	9.800	1.000	R538.70	R472.50		SAMA 6455, 6411 CPT4 74150, 76375
U-Original	9906	029	41210	38	2004	410	37.000	1.000	R2 033.90	R1 784.10		SAMA 6455, 6411 CPT4 74150, 76375

Practice Types

Action	Practice	Description
Added	31	Rheumatology
U-Changed	57	Private Hospitals ('A' - Tariff)
U-Original	57	Hospice or other approved facilities

Sources

Action	Source	Description
Added	037	Optometrists
Added	999	Other

Sections

Action	Source	Section	Paragraph	Description	Parent
Added	001	23150	20.10	Chemotherapy	0
U-Changed	001	23150	20.10	Chemotherapy	22200
U-Original	001	23150	20.10	Chemotherapy	0

Items In Sections

Action	ItemID	Source	Code	Section	Sequence
Added	9926	001	03250	23150	0
U-Changed	9926	001	03250	23150	10
U-Original	9926	001	03250	23150	0
Added	9927	001	5790	23150	30
Added	9928	001	5793	23150	55
Added	9929	001	5795	23150	60