



COUNCIL FOR MEDICAL SCHEMES

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**To:
All medical schemes, administrators, health
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interested parties**

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Enquiries: Stephen Harrison

Date: 1 November 2004

CIRCULAR 51 OF 2004

DRAFT NATIONAL HEALTH REFERENCE PRICE LIST 2005:

- ☐ **Hearing Aid Acousticians**
- ☐ **Homeopaths**
- ☐ **Orthoptists**

1. Attached are the draft 2005 National Health Reference Price List (NHRPL) schedules for hearing aid acousticians, homeopaths and orthoptists. Comments on these schedules are requested by no later than **8 November 2004**. Major changes in the schedules from the NHRPL 2004, as well as some of the principal reasoning behind the changes, are described below.
2. Note: in the "status" columns of the schedules:
 - 2.1. "C" denotes "current," meaning there has been no change to item description or unit value;
 - 2.2. "U" denotes "updated";
 - 2.3. "A" denotes "added."

Hearing Aid Acousticians

3. No better costing models on hearing aid acousticians were provided. Accordingly, for 2005, we have no basis on which to deviate from cost neutrality on NHRPL 2004. The schedule has therefore been compiled to ensure an overall utilization-adjusted expenditure increase of 5.2%, equivalent to the projection of CPIX for 2005.

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

4. Please note the deletion of the preamble and rules 001 and 002, as these items are considered to be inappropriate for inclusion in a reference price list. Should schemes wish to incorporate similar wording in their rules, they are at liberty to do so.
5. In rule 004, the last item has been replaced with the words: "The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered." This is consistent with intention for industry-wide utilization of ICD10 codes in 2005.
6. The section entitled "Industrial Hearing Assessment" (which immediately followed code 107, and comprised codes 100, 102, 108 and 110) was deleted in its entirety. Following from that, under code 003, the words "Items 021, 023, 059 and 061 may not be used for Industrial Hearing Assessment - Refer to items 100, 102, 108 and 110" were deleted. The inclusion of this zero-rated section was considered to be inconsistent with the principles of the NHRPL, and schemes may wish to consider comparable exclusions in their rules, if deemed appropriate.

Homeopaths

7. No better costing models on homeopaths were provided. Accordingly, for 2005, we have no basis on which to deviate from cost neutrality on NHRPL 2004. The schedule has therefore been compiled to ensure an overall utilization-adjusted expenditure increase of 5.2%, equivalent to the projection of CPIX for 2005.
8. The preamble has been deleted, as it was considered to be inappropriate for inclusion in a reference price list. Should schemes wish to incorporate similar wording in their rules, they are at liberty to do so.
9. In rule 1, the sixth item has been replaced with the words: "The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered." This is consistent with intention for industry-wide utilization of ICD10 codes in 2005.
10. The words "Please note: The suggested/recommended fee for homoeopathic consultations and medication as proposed by the Homoeopathic Liaison Committee should not exceed R475.00 per month, per patient." This was considered inappropriate for inclusion in a reference price list. Should schemes wish to incorporate similar benefit restrictions in their rules, they are at liberty to do so.
11. Code 201 has been replaced with the wording: "Proprietary homeopathic medicine, all forms. The amount charged in respect of proprietary homeopathic medicines shall not exceed the limits prescribed in the Regulations Relating to a Transparent Pricing System for Medicines and Scheduled Substances, dated 30 April 2004, made in terms of the Medicines and Related Substances Act, 1965 (Act No 101 of 1965)."

Orthoptists

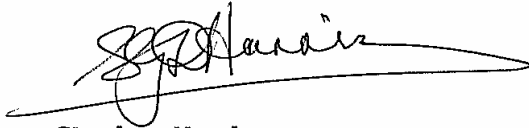
12. No better costing models on homeopaths were provided. Accordingly, for 2005, we have no basis on which to deviate from cost neutrality on NHRPL 2004. The schedule has therefore

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been compiled to ensure an overall utilization-adjusted expenditure increase of 5.2%, equivalent to the projection of CPIX for 2005.

13. The preamble was deleted, as this was considered inappropriate for inclusion in a reference price list.

Sincerely

A handwritten signature in black ink, appearing to read 'Stephen Harrison', with a long horizontal flourish extending to the right.

Stephen Harrison
SENIOR SPECIALIST: POLICY AND SPECIAL PROJECTS

DRAFT Hearing Aid Acousticians 2005



NATIONAL REFERENCE PRICE LIST FOR SERVICES BY HEARING AID ACOUSTICIANS EFFECTIVE FROM 1 JANUARY 2005

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.

In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.

VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

GENERAL RULES

003	The fee in respect of more than one evaluation shall be the full fee for the first evaluation plus half the fee in respect of each additional evaluation, but under no circumstances may fees be charged for more than three evaluations carried out.	C
004	Each practitioner shall render a monthly account in respect of any service rendered during the month, irrespective of whether or not the treatment has been completed. NB. Every account shall contain the following particulars : <ul style="list-style-type: none"> · The practice code number of the supplier of service · The name of the collaborating medical practitioner or audiologist. · The name of the member. · The name of the patient. · The name of the medical scheme. · The membership number of the member. · The nature of the treatment. · The date on which the service was rendered. · The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered. 	U
005	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.	C

ITEMS

Code	Description	St	Add	38300	
				RVU	Value
001	First consultation (comprehensive)	C		15.700	64.60 (56.70)
003	Consultation (screening interview)	C		10.000	41.10 (36.10)
021	Test - air conduction	C		10.000	41.10 (36.10)
023	Test - bone conduction	C		10.000	41.10 (36.10)
025	Test - speech hearing tests	C		14.000	57.60 (50.50)
027	Test - free field	C		12.800	52.60 (46.10)
029	Test - insertion gain (per ear)	C		10.900	44.80 (39.30)



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031	Test - binaural loudness balance test, per ear	C		12.800	52.60 (46.10)
051	Global charge for supply and fitting of hearing aid and follow-up (By arrangement with scheme)	C		-	-
053	Hearing Aid Evaluation, per ear (refer to General Rule 003)	C		12.800	52.60 (46.10)
055	Technical adjustment or replacement of earmolds	C		21.100	86.80 (76.10)
057	Repairs/service per instrument (3 X services/4 year cycle)	C		-	-
059	Tympanogram	C		10.000	41.10 (36.10)
061	Reflex test (stapedial reflex)	C		10.000	41.10 (36.10)
107	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	C		-	-



DRAFT Homoeopaths 2005



NATIONAL REFERENCE PRICE LIST FOR SERVICES BY HOMOEOPATHS EFFECTIVE FROM 1 JANUARY 2005

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well. C

In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.

VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

GENERAL RULES

1	All accounts must be presented with the following information clearly stated: <ul style="list-style-type: none">· name of homoeopath;· qualifications of the homoeopath;· BHF practice number;· postal address and telephone number;· date on which service(s) were provided;· The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered;· the nature of treatment;· the surname and initials of the member;· the first name of the patient;· the name of the scheme;· the membership number of the member;· where the account is a photocopy of the original, certification by way of a rubberstamp or the signature of the homoeopath; and· a statement of whether the account is in accordance with the National Reference Price List.	U
2	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.	C

Definition: Consultations



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	<p>First consultation: Refers to a situation where a Homoeopathic Practitioner takes down a patient's full history and (where applicable) performs an appropriate examination, and repertorisation of the case and study of Materia Medica and/or prescribes or administers treatment and/or medicine or assists the patient with advice. (The method of repertorisation and selection of medicine is determined by the practitioner).</p> <p>Multiple complaints attended to during same visit: Only one consultation fee is chargeable although the patient may present with a number of complaints. If the patient has an unrelated complaint at the time of administering e.g. a homoeopathic injection as part of a course only a fee for a visit is appropriate.</p> <p>Subsequent consultation: Refers to a voluntary scheduled consultation for the same condition within four (4) months (although the symptoms may differ from those presented during the first consultation). It may imply taking down a history and/or repertorisation of the case and study of Materia Medica and/or examination and/or prescribing or administering of treatment and/or medicine and/or counselling.</p> <p>Long consultations: This item may, by arrangement with scheme/patient, be used by homoeopaths at first consultation where applicable.</p> <p>A visit with a duration of more than 45 minutes to the rooms of a homoeopathic practitioner. The duration of long visits should be reflected on accounts.</p> <p>Hospital visits: at hospital or nursing home (all hours). By arrangement with scheme/patient.</p>	C
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Definition: Medicines

	<p>Prescribed medicine: Homoeopathic medicines are prescribed in accordance with the homoeopathic principles and philosophy. The philosophy may consist a classical, a clinical or a combined classical/clinical approach. The prescription may include proprietary homoeopathic medicine, or patient specific compounded medicine or a combination of both. The prescription may also include specially imported medicine. The medicine may be prescribed in the form of a tablet, capsules, ampoules, liquid drops, liquid syrup, ear drops, nose drops, eye drops, pillules, granules, powders, ointments, creams, suppositories, stickers, etc. The medicine may be prescribed in a simplex potency, mother tincture (Æ), low potency, multi-potency, etc and/or complex form.</p> <p>Proprietary homoeopathic medicine: These are homoeopathic medicines which are manufactured and/or prepared in accordance with homoeopathic principles and/or techniques.</p> <p>Non-proprietary homoeopathic medicine: These are homoeopathic medicines which are formulated and/or prepared and/or manipulated, and/or compounded in-house by the registered homoeopathic practitioner, and/or by a registered homoeopathic medicine manufacturer in accordance with the prescription and/or formula of the registered homoeopathic practitioner and which is not available in the market/trade.</p>	C
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General Rules on Medicines, supplies, material and use of own equipment in treatment and procedures

	<p>Item 201 provides for the charge of material and medicine used in treatment.</p> <p>Please note: the specifications of this item in this schedule differs from those in the profession's private recommended fee structure.</p> <ul style="list-style-type: none"> · All materials used should be specified on all accounts. · Medicine, bandages and other essential materials for home-use by the patient must be obtained from a chemist on prescription or, if a chemist is not readily available, the practitioner may supply it from own stock provided a relevant prescription is attached to the account. · Not appropriate for items such as spatulas that are normally used in examinations in the rooms. · Not appropriate for items such as syringes, needles and gloves, etc. · Practitioners are not allowed to sell sphygmomanometers (blood pressure meters) or electro-medical devices to patients. · For side room testing by practitioners no extra charge in terms of item 201 is applicable for material or kits used. 	U
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ITEMS

1.	Consultations				
Code	Description	St	Add	40800	
				RVU	Value
001	First Consultation	C		10.000	86.80 (76.10)
002	Subsequent Consultation	C		9.000	78.10 (68.50)
003	Hospital visit (BY ARRANGEMENT)	C		-	-



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004	Long consultations in excess of 45 minutes (To be charged with item 001 only) (BY ARRANGEMENT)	C		-	-
107	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	C		-	-
2.	Medicines				
201	Proprietary homeopathic medicine, all forms. The amount charged in respect of proprietary homeopathic medicines shall not exceed the limits prescribed in the Regulations Relating to a Transparent Pricing System for Medicines and Scheduled Substances, dated 30 April 2004, made in terms of the Medicines and Related Substances Act, 1965 (Act No 101 of 1965).	U		-	-
202	Non-proprietary Homoeopathic Medicine - Tablets & Capsules (each)	C		0.100	0.87 (0.76)
203	Non-proprietary Homoeopathic Medicine - Liquid drops (per ml)	C		0.230	2.00 (1.75)
204	Non-proprietary Homoeopathic Medicine - Pillules & granules (per ml)	C		0.230	2.00 (1.75)



DRAFT Orthoptists 2005



NATIONAL REFERENCE PRICE LIST IN RESPECT OF ORTHOPTISTS WITH EFFECT FROM 1 JANUARY 2005

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.

In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.

VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

ITEMS					
Code	Description	St	Add	37400 RVU	Value
001	Orthoptic consultation (Ocular motility assessment, comprehensive examination)	C		10.000	74.20 (65.10)
003	Orthoptic treatment (Ocular motility imbalance)	C		8.700	64.50 (56.60)
005	Orthoptic consultation (Hess chart)	C		11.100	82.30 (72.20)
007	Orthoptic visual fields charting or field of binocular single vision	C		21.700	160.90 (141.10)
107	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	C		-	-