



## **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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Date: 23 December 2005

### **CIRCULAR 71 OF 2005**

#### **NATIONAL HEALTH REFERENCE PRICE LIST 2006:**

#### **CONSULTATION CODES: MEDICAL PRACTITIONERS**

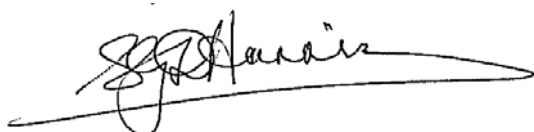
1. In Circular 1 of 2004, medical schemes were advised that –
  - 1.1. the South African Medical association had omitted item 0109 (hospital follow-up visits) from the SAMA Guide to Billing 2004;
  - 1.2. the consequence of this structure was that doctors would instead bill the 0181-series or 0141-series plus the “away from rooms” modifier 0145;
  - 1.3. the NHRPL had retained 0109 because the tiered codes plus 0145 combination is substantially more expensive; and
  - 1.4. to address this issue, medical schemes had the option of rejecting the tiered codes plus 0145 combination or defaulting the combination to the value of 0109.
2. The NHRPL, after consultation with SAMA in relation to the NHRPL 2006, was of the view that this matter had been resolved with SAMA reintroducing 0109 into their Doctors’ Billing Tables following an increase in the NHRPL unit value for 0109 from 10 units to 15 (an increase which the NHRPL in any event considered appropriate).
3. In November this year, however, SAMA indicated that it would be introducing changes to the Doctor’s Billing Tables (DBT) to provide for the billing of 0145 in addition to 0109 – whereas the NHRPL specifically precludes this combination. Part of the motivation for this change was that some medical schemes are currently paying for item 0141 + item 0145 for hospital follow-up visits and that the new consultation structure would bring a reduction in the remuneration of what is already being paid for hospital follow-up visits. In addition, two new codes (0178 and 0179) were introduced by SAMA for prolonged hospital follow-up visits – to be added to 0109, when appropriate.
4. The relevant portion of the SAMA DBT now reads as follows:

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	0109	Hospital follow-up visit to patient in ward or nursing facility - Refer to general rule G(a) for post-operative care) (may only be charged once per day) (not to be used with items 0111, 0146, 0147 or ICU items 1204-1214)		15.00	154.00	15.00	154.00
NHRPL	0109	Applicable to National Health Reference Price List only: Item 0109: Hospital follow-up visit to patient in ward or nursing facility - Refer to general rule G(a) for post-operative care) (may only be charged once per day) (not to be used with items 0111, 0145, 0146, 0147 or ICU items 1204-1214)		15.00	154.00	15.00	154.00
	0178	Hospital follow-up visit to patient in ward or nursing facility with a duration of 31-60 minutes: ADD to item 0109, as appropriate	+	15.00	Not recognised by NHRPL	15.00	Not recognised by NHRPL
	0179	Prolonged face-to-face attendance to a patient: ADD only to item 0178 as appropriate, for each 15-minute period only if service extends 10 minutes or more into the next 15-minute period following on the first 60 minutes	+	15.00	Not recognised by NHRPL	15.00	Not recognised by NHRPL
	0145	For consultation/visit away from the doctor's home or rooms (non-emergency): ADD only to the consultation/visit items 0190-0192, items 0173-0175, items 0161-0164, items 0166-0169, or item 0109 as appropriate. Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof	+	6.00	61.60	6.00	61.60
NHRPL	0145	Applicable to National Health Reference Price List only: Item 0145: For consultation/visit away from the doctor's home or rooms (non-emergency): ADD only to the consultation/visit items 0190-0192, items 0173-0175, items 0161-0164 or items 0166-0169, as appropriate. Note: Only one of items 0145, 0146 or 0147 may be charged and not combinations thereof	+	6.00	61.60	6.00	61.60

5. The NHRPL Review Committee expressed serious concern about these changes which were introduced in the process once decisions about structural changes to the consultation structure had already been made and communicated by the NHRPL – and had been used by medical schemes in finalizing their benefit and contribution structures.
6. As evident from the table above, the NHRPL has not incorporated these changes. Medical schemes are nevertheless advised of these discrepancies which now exist in the consultation coding structures of the NHRPL and the SAMA DBT.
7. Please be advised that an additional discrepancy between the NHRPL and the SAMA DBT has arisen following introduction in the DBT of a new pathology item 4590 [Special procedures (confined to polarization, decalcification and submission of blocks for radiological examination to identify microcalcifications)] at 6.70 units and 4.50 units. This item was not accepted in the NHRPL for 2006, due to the lateness of the request and insufficient information on which to make a determination.



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

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