

## Dieticians 2004

### NATIONAL REFERENCE PRICE LIST FOR SERVICES BY DIETICIANS EFFECTIVE FROM 1 JANUARY 2004

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.

#### Preamble

The following rates are a guide for schemes who wish to determine the level of benefits in respect of services rendered by dieticians.

It is recommended that, when such benefits are granted, the following should be clearly specified in the scheme's rules.

1. Services must only be on referral.
2. For which illness or conditions such benefits will be granted.
3. The limitation, if any, for such benefits.

#### GENERAL RULES.

001	In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by the practitioner, such higher fee as may be agreed upon between the practitioner and the patient may be charged			C
002	Medical schemes are not obliged to provide benefits for services by dieticians, it is recommended that enquiries should be made by the member regarding the benefits which are provided by the medical scheme			C
003	Dietary services are per individual patient.			C
004	Each practitioner must acquaint him-/herself with the provisions of the Medical Schemes Act, as amended, and the regulations promulgated under the Act and 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  · The name and practice code number of the referring practitioner. · 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 code number of the procedure used in the National Reference Price List.			C
005	When multiple diagnoses apply every applicable diagnosis shall be specified on the statement.			C
006	Monetary values to be rounded off to the nearest ten cents, on the basis that monetary values ending with 1 to 4 cents be rounded downwards and 5 to 9 be rounded upwards.			C
007	Visiting codes may be charged additional to the applicable fee only once per day and not with every visit to a domicile or to a hospital.			C
008	Composite fees may not be used with any other items except for 101 and 103.			C
009	When individual codes are used a primary consultation may not exceed 7.25 RVU's and a secondary consultation may not exceed 5 RVU's.			C
010	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
	Modifiers			
0021	Services to hospital inpatients: Quote modifier 0021 on all accounts for services performed on hospital inpatients.			C
	DIETICIANS RECOMMENDED REIMBURSEMENT RATES			
	Monetary value of one unit = R28.46 VAT Included			

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1.	COMPOSITE CODES			
Code	Description	RVU	Price	Status
051	Regular Care Primary Consultation (RCPC) Assessment of relevant aspects of : · lifestyle · biochemistry · anthropometry (W (weight), H (height) & BFS (body frame size) · diet (24 hour habitual nutrition intake recall/3 day nutrition records and nutrient specific food frequency questionnaire, including analysis of data)  Nutrition counselling · education · diet planning	6.50	185.00 (162.30)	C
053	Regular Care Secondary Consultation (RCSC) Nutrition counselling · monitoring · education · meal planning	3.00	85.40 (74.90)	C
054	General ward secondary consultation · Nutrition counselling · Monitoring · Education · Biochemical assessment	2.00	56.90 (49.90)	C
055	Critical Care Primary Consultation (CCPC) Assessment of relevant aspects of : · biochemistry · clinical · anthropometry Diet planning : · nutrition education · diet planning	2.75	78.30 (68.70)	C
057	Critical Care Secondary Consultation (CCSC) Assessment of implementation : · monitoring	1.50	42.70 (37.50)	C
059	Group therapy, to a maximum of 12 patients per group, per patient · Monitoring · Education · Meal planning	1.25	35.60 (31.20)	C
2.	ASSESSMENT CODES			
131	Lifestyle Assessment Data collection and interpretation of relevant lifestyle aspects	0.50	14.20 (12.50)	C
133	Biochemical Assessment Data collection and interpretation of relevant biochemistry	0.25	7.12 (6.25)	C
135	Clinical Assessment Clinical evaluation & interpretation of signs	0.25	7.12 (6.25)	C
137	Anthropometric Assessment L1 Evaluation of height & body frame size	0.25	7.12 (6.25)	C
139	Anthropometric Assessment L2 Evaluation of body composition	1.00	28.50 (25.00)	C
141	Anthropometric Assessment L3 Evaluation of body circumferences	0.25	7.12 (6.25)	C
143	Nutrition Assessment Using 24 hour habitual nutrition intake recall/ 3 day nutrition record and nutrient specific food frequency questionnaire and analysis	2.50	71.20 (62.50)	C
145	Monitoring Evaluation of treatment implementation	0.75	21.30 (18.70)	C

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147	Assessment in ICU/High care ward: Biochemical Clinical evaluation and anthropometry Lifestyle Assessment Diet Planning (TPN or Nasogastric Tube Feed)	3.50	99.60 (87.40)	C
	It is recommended that schemes reimburse item 147 not more than twice a week			
3.	TREATMENT CODES			
081	Nutrition Education Explanation of nutrition principles	1.50	42.70 (37.50)	C
083	Diet planning Determination of diet prescription and diet plan for energy and macro-nutrition's	1.50	42.70 (37.50)	C
084	Meal planning (May not be charged in conjunction with item 053) Explanation of: The food guide pyramid as tool to plan meals. The exchange system as tool to plan meals. Planning or 7-day individualised menu with recipes	2.50	71.20 (62.50)	C
086	Lifestyle counselling (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).	0.00	- (-)	C
4.	VISITING CODES			
101	Hospital/Nursing unit treatment Treatment of patient in hospital/nursing care unit	1.00	28.50 (25.00)	C
103	Domiciliary treatment Treatment of patient at home	2.00	56.90 (49.90)	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).	0.00	- (-)	C