

## Registered Nurses In Private Practice 2004

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY REGISTERED NURSES IN PRIVATE PRACTICE, 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 registered nurses.

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

- The annual limitation, if any, for such.
- Any exclusions, applicable to this service.

### IMPORTANT

PLEASE NOTE : NO INSTITUTION, HOSPITAL, AGENCY, HOME CARE SERVICE OR BUSINESS MAY USE AN "88" PRACTICE NUMBER TO BILL MEDICAL SCHEMES FOR ANY INDIVIDUAL SERVICES OR FOR CONVALESCENT, CHRONIC CARE, FRAIL CARE OR ANY OTHER FACILITY.

### A GENERAL INFORMATION

This is a recommended reimbursement schedule for registered nurses and midwives only (NOT ENROLLED NURSES) in private practice.

A registered nurse or midwife is a nurse or midwife registered with the South African Nursing Council in terms of the Nursing Act 50 of 1978 (as amended).

All accounts must be presented with the following information clearly stated :

Name of nurse practitioner;

All qualification of the nurse practitioner;

BHF practice number;

Section 22A permit number (if applicable);

Postal address and telephone number;

Dates on which service/s were provided;

Applicable item codes;

Diagnosis (where a consultation and/or prolonged consultation is charged);

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 rubber-stamp and the signature of the nurse;

A statement of whether the account is in accordance with the National Reference Price List; and

Where the after care is taken over by the nurse practitioner, a letter of referral from the doctor with the diagnosis and treatment should be attached.

### B GENERAL RULES

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## Registered Nurses In Private Practice 2004

01	<p><b>CONSULTATIONS:</b></p> <p>Consultation: This refers to a situation where at the first interaction with the patient the registered nurse practitioner personally takes down a patient's history, performs an appropriate health examination including observations, and plans appropriate intervention(s)/treatment. A consultation may not be charged where the sole purpose of the visit was to perform a procedure. In all cases where a consultation is charged, a diagnosis is essential.</p> <p>Prolonged consultation: This refers to a consultation with a duration of longer than 30 minutes due to an emergency situation or the necessity for the nurse practitioner's prolonged attention to a patient. This may not be charged where the sole purpose of the visit was to perform a procedure and no other interaction between patient and nurse practitioner took place. In all cases where a prolonged consultation is charged, a diagnosis is essential, as well as the time spent, and reason for the prolonged consultation.</p>
02	<p><b>NORMAL HOURS VS AFTER HOURS VS EMERGENCY SERVICES</b></p> <p>Normal working hours refers to 24 hours a day, 7 days a week.</p> <p>Emergency visits: Bona-fide, justifiable emergency nursing services rendered to a patient, at any time, may attract a fee as specified in item 014. These specifically relate to home visits for procedures which become necessary outside those which have been pre-arranged, such as , but not exclusively, blocked urinary catheters, IV therapy which tissues or wound(s) which are draining excessively and require additional dressing. These should be accompanied by a written motivation.</p>
03	<p><b>PROCEDURES</b></p> <p>If a procedure is performed at the time of a consultation, the fee for the consultation plus the fee for the procedure(s) is charged. The fee in respect of more than one procedure performed at the same time shall be the fee in respect of the major procedure plus 50% in respect of each subsidiary or additional procedure. If the procedure fee is less than 50%, the lower fee shall be charged. Modifier 0002 to be quoted.</p>
04	<p><b>FEES</b></p> <p>The rates in this schedule may only be charged by the registered nurse performing the procedure, and whose practice number is reflected on the account.</p> <p>No additional fees may be charged for any procedure done by staff employed by registered nurses or midwives.</p> <p>The rate that may be charged in respect of rendering a service not listed in this benefit schedule shall be based on the rate in respect of a comparable service. Modifier 0003 to be quoted with the description of service rendered and the applicable item number used.</p> <p>Unless timely steps are taken to cancel an appointment for a consultation the relevant rate shall be charged. Timely shall mean up to 12 hours prior to the appointment. The patient shall be informed that a cancellation fee will be charged at the time of making an appointment. Each case shall, however be considered on merit and if circumstances warrant, no fee shall be charged.</p> <p>In exceptional cases where the fee is disproportionately low in relation to actual services rendered by a nurse practitioner, a higher fee may be negotiated. Modifier 0005 with the description of the services rendered to be applied with the applicable item number.</p> <p>Fees may be reduced, as the time and practice pattern of a private nurse practitioner varies and this may influence the fee charged. Where interest is charged on outstanding accounts, this is to be borne by the client and not the medical aid.</p>
05	<p><b>COST OF MATERIALS, MEDICINES AND LOTIONS</b></p> <p>Materials may be charged at the net acquisition price plus 10% or the exit price as determined by Act 90. The charges for ethical pharmaceutical products used in treatment may not exceed the net acquisition price. Item 0201 is to be quoted except for stomal products where item 205 is to be quoted.</p> <p>Please note : Medicines may only be purchased, stored and dispensed by nurses who are Section 22A (12) permit holders, in accordance with the schedule of medicine issued by the Department of Health. See Annexure "A".</p>
06	<p><b>EQUIPMENT HIRE</b></p> <p>In cases where a registered nurse is hiring her equipment to a patient this may be charged for under item 302. Exact details of the said equipment must be indicated on the account, and the hire fee for the total period may not exceed 50% of the cost of the product.</p>
07	<p><b>MIDWIFERY</b></p> <p>The global fee is to be charged where the midwife and any assistants attend to the entire four stages of delivery and includes 3 post natal visits and the 6 weeks post-natal visit. Item 399 or 403 to be quoted. No additional service fee may be levied, but pharmaceuticals may be charged under item 0201.</p> <p>Where intravenous infusions (including blood or blood cellular products) are administered as part of the after treatment after confinement, no extra fees will be charged as this is included in the global maternity fees. Should the attending midwife prefer to ask a medical practitioner to perform intravenous infusion, then the midwife (and not the patient) is responsible for remunerating such practitioner for the infusions.</p> <p>When a registered midwife treats a patient in the antenatal period and after starting the confinement requests a doctor to take over the case, the registered midwife shall calculate the her fee for work done up to the handover of the case.</p> <p>Should a midwife be required to hand over the case to a medical practitioner due to complications during a home delivery and she is required to assist, item 410 may be used.</p> <p>Where the confinement has not started and the midwife requests a doctor to take over the case, the fee for the visits during early labour shall be charged as item 406. This may not be combined with item 400.</p> <p>Antenatal/postnatal exercise or education classes are generally not covered by the schemes and payment is the responsibility of the member.</p>
08	<p><b>TRAVEL FEE</b></p> <p>Please note that generally schemes do not accept the responsibility for transport expenses, as they are deemed to be included in the fee.</p>

## Registered Nurses In Private Practice 2004

09	<b>WELL BABY CLINICS</b> Schemes generally do not cover the cost of well baby clinic visits, which would include the consultations and vaccinations, and this would therefore be the member's responsibility. Where vaccines are issued free by the state, no charge may be levied for the product. See Annexure B. Vaccines may only be purchased, stored and dispensed by nurses with a Section 22A (12) permit. Emergency equipment must be available in the clinic. See Annexure C.	
10	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.	
	<b>MODIFIERS</b>	
0002	Only 50% of the fee in respect of subsidiary/additional procedures may be charged.	
0005	In cases where the fee is disproportionately low in relation to the service rendered, a higher fee may be negotiated with the scheme. Motivation to be attached.	
0006	50% of the fee may be charged when item 100 is a subsequent procedure.	
	<b>REGISTERED NURSE'S RECOMMENDED REIMBURSEMENT RATES</b>	
	<b>CONSULTATIONS (the Pathology/Diagnosis must be stated)</b>	
Code	Description	88
001	Consultation /Discharge planning (minimum 30 minutes).	61.70 (54.10)
002	Prolonged consultation/discharge planning after 30 minutes	85.10 (74.60)
003	Consultation at patient's home	73.40 (64.40)
014	For emergency consultation/visit, all hours - See General Rule 2.	47.50 (41.70)
	<b>SPECIMENS.</b>	
020	This must form part of a consultation where a consultation is charged. Where a consultation was not performed and the nurse attended to the patient with the sole purpose of obtaining a specimen, and despatching to laboratory or using own machine to test - please state the specimen type and machine and test performed.	28.40 (24.90)
	<b>OBSERVATIONS. (Temperature, Pulse Respiration and B.P.)</b>	
025	Where a consultation was not performed and the nurse attended to the patient with the sole purpose of doing an observation.	28.40 (24.90)
	<b>ADMINISTRATION OF MEDICATION.</b>	
030	Where a consultation was not performed and the nurse attended to the patient with the sole purpose of administering intramuscular or intravenous medication. The route of administration of medication to be stated, as well as the name of the medication. Oral, rectal, vaginal medication excluded as well as the application of topical medicine.	28.40 (24.90)
	<b>OPAT (Antibiotics, Chemotherapy, Blood Products and Dehydration)</b>	
035	All inclusive global fee for the setting up of an IV line and administration of intravenous therapy by a registered nurse.	149.90 (131.50)
036	When a SRN returns to add medication to an existing IV infusion	75.30 (66.10)
	<b>CARE OF WOUNDS (The pathology must be stated).</b>	
040	Treatment of simple wounds/burns requiring dressing only.	54.30 (47.60)
041	Treatment of extensive wounds/burns requiring extensive nursing management eg irrigation, etc.	76.50 (67.10)
042	Treatment of moderate wounds/Burns eg drains or fistulas and inserting of sutures	67.90 (59.60)
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 in respect of this item, it will fall into the "Patient own account" category.	- (-)
	<b>RESPIRATORY SYSTEM.</b>	
050	Nebulization/Inhalation.	23.40 (20.50)
051	Tracheostomy care.	48.70 (42.70)
052	Peak flow measurement.	19.10 (16.80)

## Registered Nurses In Private Practice 2004

	For ICU trained nurses registered with SANC as such and nurses working in the occupational health setting but not for a company. (Item 053)	
053	Flow volume test: inspiration/expiration using ELF/similar machine.	80.80 (70.90)
	CARDIO-VASCULAR SYSTEM.	
	Only for ICU trained nurses registered as such with SANC. A medical practitioner must be available in the event of a resuscitation being required. (Items 062 and 063).	
060	Cardiopulmonary resuscitation.	141.90 (124.50)
061	Performing ECG only.	28.40 (24.90)
062	Effort test - bicycle.	104.30 (91.50)
063	Effort test - multistage treadmill.	236.90 (207.80)
	MUSCULOSKELETAL SYSTEM.	
070	Application or removal splints and prosthesis.	24.10 (21.10)
071	Application or removal of traction	47.50 (41.70)
072	Application of skin traction	47.50 (41.70)
	GASTRO INTESTINAL SYSTEM.	
080	Nasogastric tube insertion, feeding and removal.	56.80 (49.80)
082	Enema administration	29.60 (26.00)
083	Aspiration of stomach/gastric lavage.	42.60 (37.40)
084	Faecal impaction/manual removal.	53.70 (47.10)
	URINARY SYSTEM.	
090	Any urinary tract procedure including catheterisation, bladder stimulation and emptying.	58.60 (51.40)
091	Condom catheter application, penile dressing, catheter care including bag change or catheter removal.	35.80 (31.40)
093	Incontinence management (30 minutes) This fee includes intermittent catheterisation, external sheath drainage, taking of history, providing literature and teaching.	56.80 (49.80)
	GENERAL CARE.	
100	This includes all aspects of elementary nursing care performed at a patient's home which may include : Bath/ bedbath, getting patient out of bed, making of bed, hairwash, mouth hygiene, nail care, shave, put patient back to bed, pressure area care, per visit. (irrespective of time spent)	99.30 (87.10)
	STOMALTHERAPY NURSING.	
	Recommended for stomaltherapy trained registered nurses who are working as private practitioners and not for a company.	
	Please Note: Items 200, 201, 202, 204, 205, 079 and 081 may not be used in conjunction with items 230, 234, 238 and 250	
079	Stomal irrigation - 60 minutes. May not be used in conjunction with the global fees.	29.60 (26.00)
	Colonic lavage - may be performed by all nurse practitioners but only when prescribed by a medical practitioner, and the written prescription is attached.	
081	Colonic lavage	29.60 (26.00)
200	Simple stoma - a well constructed, sited stoma which is easy to pouch. Very little or no peristomal skin excoriation.	54.30 (47.60)
201	Complex stoma - a poorly constructed, non-sited stoma requiring convexity or build up. Difficult to pouch. Severe peristomal skin excoriation.	76.50 (67.10)
202	Moderate stoma - a fairly well constructed, sited stoma which may require straight forward convexity or build up. Mild to moderate peristomal skin excoriation.	67.90 (59.60)
204	After care treatment plan as negotiated and pre-authorised by scheme.	- (-)

## Registered Nurses In Private Practice 2004

205	Stoma products used may be charged at net acquisition cost.	- (-)
230	Global fee - Simple Stoma - Permanent: Includes the following: 1 X Pre-op consultation: includes history, stomal siting, counselling 3 X Post-op consultations - includes checking stoma and pouch, teach, advise on management, diet, lifestyle 2 X Clinic visits plus procedure (remove sutures, check stoma, skin integrity, show/teach other pouches, advise on diet and lifestyle: enema/irrigation/intermittent catheterisation) and materials (gloves, linen saver, gauze etc) 6 Month clinic visit and assessment: including materials (gloves, linen saver, gauze, etc)	770.60 (676.00)
234	Global fee - Moderate Stoma - Permanent (Includes the following): 1 X Pre-op consultation: includes history, stomal siting, counselling 3 X Post-op consultations - includes checking stoma and pouch, teach, advise on management, diet, lifestyle 2 X Clinic visits plus procedure (remove sutures, check stoma, skin integrity, show/teach other pouches, advise on diet and lifestyle: enema/irrigation/intermittent catheterisation) and materials (gloves, linen saver, gauze etc) 6 Month clinic visit and assessment: including materials (gloves, linen saver, gauze, etc)	846.50 (742.50)
238	Global fee: Complex stoma - Permanent (Includes the following): 1 X Pre-op consultation: includes history, stomal siting, counselling 3 X Post-op consultations - includes checking stoma and pouch, teach, advise on management, diet, lifestyle 2 X Clinic visits plus procedure (remove sutures, check stoma, skin integrity, show/teach other pouches, advise on diet and lifestyle: enema/irrigation/intermittent catheterisation) and materials (gloves, linen saver, gauze etc) 6 Month clinic visit and assessment: including materials (gloves, linen saver, gauze, etc)	986.60 (865.40)
250	Clinic visits after 6 months per half hour plus one procedure - eg irrigation, enema, etc. - plus material	61.70 (54.10)
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 exceed 50% of the cost of the product.	28.40 (24.90)
MIDWIFERY		
Gobal Obstetric Fees		
	This is charged where the midwife managed the entire four stages of delivery, and includes 3 post natal visits and the six week postnatal visit, but exclude ante natal visits.	
399	Global Obstetric Fee - Hospital Birthing Unit	1301.30 (1141.50)
403	Global Obstetric Fee - Home Birth. (To be charged if the entire confinement is completed at home).	1699.80 (1491.10)
407	Global fee for childbirth education: 8 - 10 sessions. By arrangement with scheme/patient.	- (-)
Where the global fee is not applicable, the following will apply:		
400	First Stage Monitoring (max 10 hours)	455.30 (399.40)
401	Second and Third stage labour. Vaginal delivery including episiotomy/tear and repair and general obstetric care.	556.50 (488.20)
402	Fourth Stage.	75.90 (66.60)
405	Phototherapy, per day (maximum of 3 days).	95.00 (83.30)
406	Visit to patient during first stage labour (may not be charged in conjunction with item 400)	61.70 (54.10)
410	Assisting at delivery (if a medical practitioner is requested to take over delivery due to complications during a home delivery)	170.30 (149.40)
420	Ante natal visits (excluding ante-natal exercises) (maximum of 10 visits), per visit	47.50 (41.70)
421	Post natal visits (excluding post- natal exercises) (maximum 3 visits), per visit	71.00 (62.30)
For advanced midwives registered with SANC only:		
404	Cardiotocography - maximum three times per pregnancy.	61.70 (54.10)
WELL BABY CLINICS		
	Emergency equipment must be available in the baby clinic	

## Registered Nurses In Private Practice 2004

450	Consultation	29.60 (26.00)
452	Immunisation	18.50 (16.20)
454	Supply of Vaccine (only for nurses with Section 22A 12 Permit)	- (-)
	PSYCHIATRY.	
	Only for nurses with a psychiatric qualification registered as such with SANC	
506	Initial consultation and assessment	61.70 (54.10)
508	Prolonged consultation after 30 minutes	85.10 (74.60)
510	Individual counselling minimum 30 minutes	61.70 (54.10)
512	Prolonged counselling in excess of 30 minutes (to be motivated)	85.10 (74.60)
514	Group counselling per patient (specify number)	17.30 (15.20)
	Psychiatric Nursing Therapy may only be performed by a nurse with a Masters Degree or advanced & qualifications registered as such with SANC	
500	Individual interview/assessment. Adult, child, school, employer - per hour.	133.30 (116.90)
501	Individual therapy. (irrespective of time)	189.40 (166.10)
502	Family/marital/group per patient - specify number.	38.30 (33.60)
503	Play therapy/Home stimulation programme.	104.30 (91.50)
504	Co-therapist.	104.30 (91.50)
	RENAL DIALYSIS	
	Note : Only for nurses with a RENAL qualification trained to do dialysis and registered with the SANC as such and only for nurses with a '88' practice number and who are not employed by any institution may perform this procedures	
092	Peritoneal dialysis per day	104.30 (91.50)
608	Home dialysis training in centre per 30 minutes	98.70 (86.60)
610	Home dialysis training or follow up at patient's home per 30 minutes (to maximum of 24 hours)	174.00 (152.60)
612	Home dialysis 1. Preparation of extra corporeal equipment 2. Preparation of needling patient's fistula and attaching patients to Haemodialysis machine or using subclavian catheter/permanent catheter/femoral catheter 3. Observation of patient whilst on dialysis 4. Monitoring Haemodialysis machine readings 5. Doing necessary nursing procedures to patient as required e.g. catheter site/wounds/mouth care, nursing care in general/helping to feed/prepare light meal/tea etc for patient whilst on dialysis 6. Termination of procedures e.g. giving blood back to patient and disposable of extra corporeal lines etc 7. Port dialysis observation of patient 8. Cleaning and sterilisation of dialysis machine and Reverse Osmosis machine	394.90 (346.40)
	REPRODUCTIVE HEALTH COUNSELING/HIV TESTING	
	Nurses with a qualification in HIV counselling or STD management, recorded by the S.A.N.C.	
701	Individual counselling minimum 30 minutes	61.70 (54.10)
703	Prolonged counselling in excess of 30 minutes	85.10 (74.60)
	ANNEXURE A	

## Registered Nurses In Private Practice 2004

	<p>CONCESSION IN TERMS OF SECTION 22A(12) OF THE MEDICINES AND RELATED SUBSTANCES CONTROL ACT, 1965 (ACT 101 OF 1965)</p> <p>MEDICINE LIST FOR NURSES IN PRIVATE PRACTICE</p> <p>Asprin (Acetylsalicylic acid tables 300mg)  Aluminium Hydroxide and Magnesium Trisilicate (Antacid Tablets and Suspension)  Ascabiol (Benzyl benzoate lotaion 25%)  Calamine lotion  Chloromycetin (Chloramphenicol ophthalmic ointment)  Savlon (Chlorhexidine solution in water 0.5%)  Hibitane (Chlorhexidine digluconate 20% for dilution)  Chlortrimetron (Chlorphenamine syrup 2mg/5ml)  Chlortrimetron (Chlorphenamine tablets 4mg)  Gentian violet aqueuos solution 0.5%  Ibuprofen 200mg tablets  Vermox (Mebendazole tablets)  Methyl Salicylate Oint.  Mycostatin (Nystatin oral solution 100 000IU/ml)  Nose drops - sodium chloride 0.9% nose drops  Oral Rehydration  Paracetamol tablets and syrup  Polyvidone iodine cream 5%  Unscheduled Cough mixture  Unscheduled laxatives  Vitamin B Co syrup  Vitamin B Co tablets  Water for injection  Zinc Oxide oint</p>	
	ANNEXURE B	
	<p>IMMUNISATION</p> <p>THIS IS AN ANNEXURE TO THE PERMIT ISSUED IN TERMS OF SECTION 22A(12) OF ACT 101 OF 1965 FOR THE FOLLOWING MEDICINES OR PREPARATIONS WHICH ARE REQUIRED FOR THE RENDERING OF IMMUNISATION SERVICES</p> <p>BCG vaccine (dried) injection  Diphtheria-pertussis-tatanus injection  Diphtheria-tetanus vaccine injection  Hepatitis B vaccine injection  HIB vaccine injection  Measles vaccine injection  Poliomyelitis vaccine oral solution  Tetanus vaccine injection  Rabies vaccine injection  Tuberculin, purified protein derivative (PPD) injection</p> <p>Anti-D immunoglobulin (human) injection 250mg  Anti-tetanus immunoglobulin (human) injection 500IU  Rabies immunoglobulin injection 150 IU/ml</p>	
	ANNEXURE C	

## Registered Nurses In Private Practice 2004

	<p>ANAPHYLACTIC / CARDIAC / HYPOVOLEMIC SHOCK</p> <p>The following injections</p> <p>Hydrocortisone soduim succunate 100mg Adrenaline 1:1000 (Epinephrine 1:1000) Aminophyllin IV 250mg Lidocaine 1% Atropine Suplhate 1mg Dextrose 50% Half strength Darrows and glucose solution Compound solution of sodium lactate Sodium chloride 0.9%</p> <p>NOTE: A PRESCRIPTION FOR SCHEDULE MEDICINES WHICH ARE NOT ON THIS LIST MUST BE GIVEN BY THE DOCTOR FOR DISPENSING IN THE PRIVATE SECTOR.</p>	
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