

## Unattached Operating Theatre Units 2004

NATIONAL REFERENCE PRICE LIST IN RESPECT OF UNATTACHED OPERATING THEATRE UNITS AND DAY CLINICS WITH A PRACTICE NUMBER COMMENCING WITH '76' WITH EFFECT 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.

### GENERAL RULES

A	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	All accounts submitted by unattached operating theatre units/day clinics shall comply with all of the requirements in terms of the Medical Schemes Act, Act No. 131 of 1999. Where possible, such accounts shall also reflect the practice code numbers and names of the surgeon, the anaesthetist and of any assistant surgeon who may have been present during the course of an operation.
D	All accounts shall be accompanied by a copy of the relevant theatre accounts specifying all details of items charged, as well as all the procedures performed. Photocopies of all other documents pertaining to the patients account must be provided on request. Medical schemes shall have the right to inspect the original source documents at the rehabilitation hospital concerned.
E	All accounts containing items which are subject to a discount in terms of the recommended benefit shall indicate such items individually and shall show separately the gross amount of the discount.
F	<p>Accommodation fees includes the services listed below:</p> <p>A. The minimum services that are required are items 3, 5 and 6.</p> <p>B. If managed care organisations or medical schemes request any of the other services included in this list, no additional charge may be levied by the hospital.</p> <p>1 Pre-authorisation (up to the date of admission) of:</p> <ul style="list-style-type: none"> <li>· length of stay</li> <li>· level of care</li> <li>· theatre procedures</li> </ul> <p>2 Provision of ICD-10 and CPT-4 codes when requesting pre-authorisation</p> <p>3 Notification of admission</p> <p>4 Immediate notification of changes to:</p> <ul style="list-style-type: none"> <li>· length of stay</li> <li>· level of care</li> <li>· theatre procedures</li> </ul> <p>5 Reporting of length of stay and level of care</p> <ul style="list-style-type: none"> <li>· In standard format for purposes of creating a minimum dataset of information to be used in defining an alternative reimbursement system.</li> </ul> <p>6 Discharge ICD-10 and CPT-4 coding</p> <ul style="list-style-type: none"> <li>· In standard format for purposes of creating a minimum dataset of information to be used in defining an alternative reimbursement system.</li> <li>· Including coding of complications and co-morbidity. To be done as accurately as practically possible by the hospital.</li> </ul> <p>7 Case management by means of standard documentation and liaison between scheme and hospital appointed case managers</p> <ul style="list-style-type: none"> <li>· Liaison means communication and sharing of information between case managers, but does not include active case management by the hospital.</li> </ul>
	SCHEDULE
9	UNATTACHED OPERATING THEATRE UNITS AND DAY CLINICS WITH A PRACTICE NUMBER COMMENCING WITH '76'
	The following fees are a guide for schemes which wish to determine the level of benefits in respect of services rendered by institutions having a practice code number commencing with the digits 76.

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Code	Description	76
005	Local anaesthetic theatre, Per minute	6.61 (5.80)
010	General anaesthetic theatre, Per minute	20.70 (18.20)
015	Dental anaesthetic theatre (Applicable to units registered for dental procedures only), Per minute	14.00 (12.30)
061	Excimer laser theatre fee, per minute	14.80 (13.00)
	Ward fees (including recovery room)	
019	Out-patients facility fee for ambulatory admission - chargeable for patients NOT requiring general anaesthetic- No ward fees applicable.  Definition: Item 019 may only be used in conjunction with item 071 which is for pre-booked patients and may not be used in conjunction with items 301, 302, 061 and 335.	243.60 (213.70)
025	Day rate.	279.50 (245.20)
	Emergency units	
035	Theatre drugs The amount charged shall not exceed the net acquisition price (inclusive of VAT) (unless the facility is not a registered VAT vendor).	- (-)
301	For all consultations including those requiring basic nursing input, e.g. BP measurement, urine testing, application of simple bandages, administration of injections.	- (-)
302	For all consultations which require the use of a procedure room or nursing input, e.g. for application of plaster of Paris, stitching of wounds, insertion of IV Therapy. Includes the use of the procedure room. No per minute charge may be levied.	240.30 (210.80)
	Non-chargeable items (1)	
040	Theatre items. Refer to Appendix B.	- (-)
	Non chargeable items (2)	
060	Wards. Refer to Appendix B.	- (-)
	THE CHARGE FOR A MONITOR HAS BEEN INCLUDED IN THE THEATRE FEE. NO EXTRA CHARGE IS PAYABLE	
	STANDARD CHARGES FOR EQUIPEMENT AND MATERIALS	
227	Operating microscope - motorised. This is applicable to a binocular operating microscope with motorised focusing, positioning and zoom magnification changer. Spinal, intra-cranial and ophthalmic surgery only (all ENT and other surgery excluded): Per case	241.90 (212.20)
228	Operating microscope - manually operated. Applicable to a binocular operating microscope with manual focusing, positioning and multistep magnification changer. Microscopic surgery only: Per case	119.60 (104.90)
335	Excimer laser: Hire fee per eye	1690.30 (1482.70 )
337	Microkeratome used with an excimer laser, per operation	310.50 (272.40)
	GASES	
	Oxygen and Nitrous Oxide	
	For both gases together, per minute	
283	PWV area	2.51 (2.20)
701	Cape Town	3.45 (3.03)
702	Port Elizabeth	3.06 (2.68)
703	East London	3.39 (2.97)
704	Durban	3.15 (2.76)
705	Other areas	2.81 (2.46)
	Oxygen, ward use	

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	Fee for oxygen, per quarter hour or part thereof, outside the operating theatre complex	
284	PWV area	3.69 (3.24)
710	Cape Town	6.12 (5.37)
711	Port Elizabeth	5.87 (5.15)
712	East London	5.65 (4.96)
713	Durban	4.78 (4.19)
714	Other areas	4.55 (3.99)
	Oxygen, recovery room and emergency units	
	Flat rate for oxygen per case	
720	PWV area	7.34 (6.44)
721	Cape Town	12.20 (10.70)
722	Port Elizabeth	11.70 (10.30)
723	East London	11.20 (9.82)
724	Durban	9.57 (8.39)
725	Other areas	9.07 (7.96)
	Oxygen in Theatre	
	Fee for oxygen per minute in the operating theatre when no other gas administered.	
730	PWV area	0.23 (0.20)
731	Cape Town	0.40 (0.35)
732	Port Elizabeth	0.39 (0.34)
733	East London	0.39 (0.34)
734	Durban	0.30 (0.26)
735	Other areas	0.29 (0.25)
	Carbon Dioxide	
291	Per minute	0.45 (0.39)
	Laser	
292	Per minute	8.82 (7.74)
	Entonox	
293	Per 30 minutes	83.80 (73.50)
	Inhalation anaesthetics	
285	Halothane (Halothane): per minute	0.94 (0.82)
752	Ethrane (Enflurane): per minute	4.98 (4.37)
753	Forane (Isoflurane): per minute	4.68 (4.11)

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754	Isofor ( Isoflurane); per minute	4.25 (3.73)
755	Ultane (Sevoflurane): per minute	8.58 (7.53)
756	Suprane (Desflurane); per minute	7.31 (6.41)
757	Aerrane (Isoflurane): per minute	3.81 (3.34)
758	Alyrane (enflurane): per minute	3.83 (3.36)
759	Fluothane (Halothane): per minute	0.90 (0.79)
	ANNEXURES	

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### APPENDIX A

#### LAPAROSCOPIC AND THORACOSCOPIC CPT CODES AND CATEGORIES

##### CATEGORY 1 (CPT4 2000 code numbers included where possible)

Diagnostic laparoscopy (49320)

Laparoscopy, surgical; with fulgeration of oviducts (with/without transection) (58670)

Laparoscopy, surgical; with occlusion of oviducts (e.g. band, clip, Falope ring) (58771)

Hysteroscopy diagnostic (58555)

Hysteroscopy, with sampling of endometrium and/or polypectomy, with/without D&C (58558)

##### THORACOSCOPY, DIAGNOSTIC

THORACOSCOPY, DIAGNOSTIC with biopsy

THORACOSCOPY, DIAGNOSTIC lungs and pleural space, with biopsy

THORACOSCOPY, DIAGNOSTIC pericardial sac, without biopsy

THORACOSCOPY, DIAGNOSTIC pericardial sac with biopsy

THORACOSCOPY, DIAGNOSTIC mediastinal space without biopsy

THORACOSCOPY, DIAGNOSTIC mediastinal space with biopsy

##### CATEGORY 2

Laparoscopy, surgical; with salpingostomy (salpingoneostomy) (58673)

Laparoscopy, surgical; with fimbrioplasty (58672)

Laparoscopy, surgical; with fulgeration or excision of the ovary, pelvic viscera or peritoneal surface, any method (58662)

Laparoscopy, surgical; with lysis of adhesions (changed 1998 to salpigolysis, ovariolysis) (58660)

Laparoscopy, surgical; with removal leiomyomata (58551)

Laparoscopy surgical; with enterolysis (freeing intestinal adhesion) (44200)

Laparoscopy, surgical; with retroperitoneal node sampling (biopsy) (38570)

Laparoscopy, surgical, abdomen, peritoneum, omentum; with drainage lymphocele to peritoneal cavity (49323)

Laparoscopy, surgical; appendectomy (44970)

Laparoscopy, surgical, abdomen, peritoneum and omentum; with biopsy (49321)

Laparoscopy, surgical, abdominal, peritoneum and omentum; with aspiration of cavity or cyst (e.g. ovarian cyst) single or multiple (49322)

Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy) (58661)

Laparoscopy, surgical; orchiopexy for intra-abdominal testis (54692)

Laparoscopy, surgical; ligation spermatic veins for varicocele (55550)

Laparoscopy, surgical; ablation of renal cysts (50541)

Laparoscopy, surgical; urethral suspension for stress incontinence (51990)

Laparoscopy, surgical; sling operation for stress incontinence (51992)

Hysteroscopy with lysis intra-uterine adhesions (58559)

Hysteroscopy with removal impacted foreign body (58562)

Hysteroscopy with removal leiomyomata \ (58561)

Hysteroscopy with endometrial ablation \ (58563)

Laparoscopic treatment of ectopic pregnancy, without salpingectomy and/or oophorectomy (59150)

Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy (59151)

Laparoscopy, surgical; with vaginal hysterectomy. (Lap assisted vag. Hyst) (58550)

Laparoscopy, surgical; with bilat. Total pelvic lymphadenectomy (38571)

Laparoscopy, surgical; with bilat. Total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy) (38572)

Laparoscopy with adrenalectomy (60650)

Laparoscopy, surgical; pyeloplasty (50544)

Laparoscopy, surgical; nephrectomy (50540)

Laparoscopy, surgical; donor nephrectomy (50547)

Laparoscopically assisted nephroureterectomy (50548)

Laparoscopy, surgical, ureterolithotomy (50945)

Laparoscopy, surgical; transection of Vagus nerve, truncal (43651)

Laparoscopy, surgical; transection of Vagus nerves, selective or highly selective (43652)

Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy (47560)

Laparoscopy, surgical; with guided transhepatic cholangiography, with biopsy (47561)

Laparoscopy, surgical; cholecystoenterostomy (47570)

Laparoscopy, surgical; cholecystectomy with cholangiography (47563)

Laparoscopy, surgical; cholecystectomy with explor. common bile duct (47564)

Laparoscopy, surgical; splenectomy (38120)

Laparoscopy, surgical; gastrostomy, without construction of gastric tube (e.g. Stamm procedure) (43653)

Laparoscopy, surgical; jejunostomy (44201)

Laparoscopy, surgical; intestinal resection, with anastomosis (44202)

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### APPENDIX B

#### PRINCIPLES

The following principles are applicable:

1. At all times best clinical practice must be adhered too.
2. Items listed in the Recommended Guide to Reimbursement for Consumable and Disposable Items Charged by Private Hospitals and Same Day Surgery Facilities are described generically according to product classification and function. Trade names may be included, by means of example, for clarification purposes only. Photocopies of all documents pertaining to the patients account must be provided on request. Medical schemes shall have the right to inspect the original source documentation at the hospital/sameday surgical facilities concerned. The Recommended Guide to Reimbursement for Consumable and Disposable Items Charged by Sub-Acute Facilities, Private Hospitals and Sameday Surgery Facilities will be reviewed half-yearly.
3. The cost of consumable and disposable items used on a patient in a hospital must be recovered by means of a charge mechanism as follows:
  - ¢ Items included in the per minute theatre fee.
  - ¢ Items included in the per day ward or unit fee.
  - ¢ Items are charged to the patient's account where reimbursement is not granted by a medical scheme.
4. Any agreed difference on the basic interpretation of the Recommended Guide to Reimbursement for Consumable and Disposable Items Charged by Private Hospitals and Same Day Surgery Facilities list will be made in accordance with the approval of the duly appointed representatives of the individual contractor, medical aid, MCO and representatives of private hospitals. Such approval shall be ratified in writing and circulated to all parties concerned. Where the hospital uses an excessively priced product, a review process should be conducted, and appropriate price adjustment made.
5. Disposable items are single use only and must never be reused.
  - ¢ Single use items will be charged at 100%.
  - ¢ Hospitals will sign an ethical undertaking that single use items will only be used once. If a hospital does not conform it may be reported to the group head office. If an acceptable explanation is not supplied within 14 days, payment on that account may be withheld.
6. Limited life re-usable products are products intended for multiple use and endorsed as such by the manufacturers. Such products will be charged according to the "Fractional" charges as detailed and are under continual review. The item will be considered life re-usable (limited multiple use) if it can re re-used less than 100 times (endorsed as such by the manufacturer).
7. Where a hospital uses an excessively priced product, a review process with the parties as listed under 3 above should be conducted, and appropriate price adjustment made.
8. TTO's will be issued and charged according to the rules of the scheme.
9. All prescribed items will be recoverable according to the rules of the scheme.

#### Key Indicators

The different key indicators in the Recommended Guide to Reimbursement for Consumable and Disposable Items charged by Private Hospitals and Same Day Surgery Facilities List are as follows:

All prescribed items dispensed in wards or theatre are fully recoverable according to scheme's rules.

Key	Description
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THR	Theatre consumable and disposable items
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WRD	Ward consumable and disposable items
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NR	Item is non-recoverable
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C	Item is chargeable under certain circumstance
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R	Item is recoverable
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P	Item is recoverable from patient
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	<p>APPENDIX C</p> <p>Infectious Diseases</p> <p>CONDITION</p> <p>Acute Flaccid Paralysis</p> <p>Anthrax</p> <p>Chicken Pox</p> <p>Diphtheria</p> <p>Haemophyllis Influenza</p> <p>Haemorrhagic fevers of Africa:</p> <p>    ¢ Crimean-Congo Ebola</p> <p>    ¢ Lassa</p> <p>    ¢ Marburg</p> <p>    ¢ Rift Valley</p> <p>    ¢ Dengue</p> <p>Herpes Zoster</p> <p>HIV/AIDS</p> <p>Legionnaires Disease</p> <p>Measles:</p> <p>    ¢ Rubeola</p> <p>    ¢ Rubella</p> <p>Meningococcal infections</p> <p>Multi-drug Resistant Bacteria:</p> <p>    ¢ MRSA</p> <p>    ¢ VRE</p> <p>    ¢ MRSE</p> <p>Poliomyelitis</p> <p>Pyrexia unknown origin</p> <p>Rabies</p> <p>Small Pox</p> <p>Tuberculosis Pulmonary</p> <p>Typhus Fever</p> <p>Viral Hepatitis</p> <p>Whooping Cough (Pertussis)</p> <p>Note: The above is a general list and the clinical appropriate use of items for specific conditions is subject to Case Management.</p>	
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### APPENDIX D

#### Medically Prescribed Meals:

ORAL SUPPLEMENTS (oral and tube feeds)	Standard	Ensure	Fortisip
			Fortimel
			Fresubin Original drink (Vanilla)
			Nutren And Nutren Jnr (Gluten -
			free)
			Standard & Fibre
			Ensure with Fibre
			Nutren with Fibre
			Fresubin Original
			Fresubin Original Fibre
Capuchino)	Standard & Fibre	Ensure with Fibre	Jevity
			Osmolite
			Modulen N
			Osmolite HN
			Peptamen & Peptamen Jnr
			Fresubin Energy Fibre drink
			(Lemon, Banana, Chocolate &
			High Energy, High Protein & Fibre
			Fresubin Energy drink
			(Strawberry & Vanilla)
TUBE FEEDS	Semi-Elemental	Alitraq	Peptamen & Peptamen Jnr RTH
			Peptisorb
			Survimed OPD (Liquid)
			Vital
			Nutren RTH
			Nutrison
			Nutrison Energy
			Nutrison Paediatric
			Fresubin 750 MCT(HP Energy)
			Nutren Fibre RTH
DISEASE SPECIFIC	MaximumGlucose Tolerance	Fresubin Diabetes	Glucerna
			Nutren Diabetes
			Pulmocare
			Supportan
			Suplena
			Advera
			Survimed OPD
			Supportan
			Supportan drink (Milk Coffee),
			Stresson
Multi Fibre, Peptisorb	Pulmonary Insufficiency	Pulmocare	Supportan
			Suplena
			Advera
			Survimed OPD
			Supportan
			Supportan drink (Milk Coffee),
			Stresson
			Supportan
			Supportan drink (Milk Coffee),
			Stresson
MODULAR	Protein	Promod	Protifar
			MCT Oil
			Fresubin 750MCT(HP Energy)
			Glutapack-10
			Dipeptiven 50ml & 100ml
			Thick & Easy
			Fantomalt
			Polycose
			Version 01.11
			Version 01.11



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