

Ambulance Services 2006

NATIONAL REFERENCE PRICE LIST FOR AMBULANCE SERVICES, EFFECTIVE FROM 1 JANUARY 2006

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.

ALL PRICES ARE VAT EXCLUSIVE.

Preamble

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

- The limitation, if any, for such benefits.

REGULATIONS DEFINING THE SCOPE OF THE PROFESSION OF EMERGENCY CARE

GENERAL RULES

001	Long distance claims (items 111, 129 and 141) to be rejected unless distance travelled by patient is reflected. Long distance charges may not include item codes 100, 103, 125, 127, 131 or 133. Long distance claims (items 112, 130 and 142) to be rejected unless the distance is reflected. Long distance charges may not include item codes 100, 103, 125, 127, 131 or 133.	04.00
002	No after hours fees may be charged	04.00
003	Item code 151 may only be charged for services provided by a second vehicle (either ambulance or response vehicle) and shall be accompanied by a motivation.	04.00
004	Guidelines for information required on each account : <ul style="list-style-type: none"> · Name of service · BHF practice number · Address · Telephone number · Pre-authorisation number · The name of the member · The name of the patient · The name of the medical scheme · The membership number of the member · Diagnosis of patient's condition · Summary of medical procedures undertaken on patient and vital signs of patient · Summary of all equipment used · The date on which the service was rendered. · Name and HPCSA registration number of care providers · Name, practice number and HPCSA registration number of medical doctor · Response vehicle: Details of vehicle driver and intervention undertaken on patient · The code number of the procedure used in the National Reference Price List. 	04.00
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.	04.00
006	A BLS service (Practice type "51200") may not charge for ILS or ALS, an ILS service (Practice type "51100") may not charge for ALS. An ALS service (Practice type "51000") may charge all codes.	05.04

Definitions of Ambulance Patient Transfer	
<p>Basic Life Support - A callout where patient assessment, treatment administration, interventions undertaken and subsequent monitoring fall within the scope of practice of a registered Basic Ambulance Assistant whilst patient in transit.</p> <p>Intermediate Life Support - A callout where the patient assessment, treatment administration, interventions undertaken and subsequent monitoring fall within the scope of practice of a registered Ambulance Emergency Assistant (AEA). (e.g. Initiating and/or maintaining IV therapy, nebulisation etc.) whilst patient in transit.</p> <p>Advanced Life Support - A callout where patient assessment, treatment administration, interventions undertaken and subsequent monitoring fall within the scope of practice of a registered Paramedic (CCA and NDIP) whilst patient in transport. This includes all incubated neonatal transfers.</p> <p>NOTES:</p> <p>Incubator transfers require ALS trained personnel in accordance with the HPCSA ruling.</p> <ul style="list-style-type: none"> · If a hospital or the attending physician requires a Paramedic to accompany the patient on a transfer in the event of the patient needing ALS intervention the doctor requesting the Paramedic must write a detailed motivational letter in order for ALS to be charged. · If a hospital or the attending physician requires a Paramedic to accompany the patient on a transfer in the event of the patient needing ILS intervention the doctor requesting the Paramedic must write a detailed motivational letter in order for ILS to be charged. · In order to bill as an advanced life support call, a registered advanced life support provider must have examined, treated and monitored the patient while in transit to hospital. · In order to bill as an intermediate life support call, a registered intermediate life support provider must have examined, treated and monitored the patient while in transit to hospital. · Where an ALS provider is in attendance at a callout but does not do any interventions at an ALS level on the patient or ALS monitoring and presence is not required, the billing will be based on a lower level dependent on the care given to the patient. (e.g. Paramedic sites IV line or nebulises patient with a B agonist - this falls within the practice of an AEA and thus is to be billed as an ILS call not an ALS call). <p>Where an ILS provider is in attendance at a callout but does not do any interventions at an ILS level on the patient or ILS monitoring and presence is not required, the billing will be BLS.</p> <ul style="list-style-type: none"> · Where the management undertaken by a paramedic or AEA fall within the scope of practice of a BAA the call must be at a BLS level. <p>Please Note :</p> <ul style="list-style-type: none"> · The amounts reflected in the NRPL for each level of care is inclusive of any disposables (except for pacing pads, heimlich valves, high capacity giving sets, dial a flow, intra-osseous needles) and drugs used in the management of the patient, as per attached nationally approved medication protocols. · Haemaccel and colloid solution may be charged separately. · Claims for patient discharges home will only be entertained if accompanied by a written motivation from the attending physician who requested such transport - clearly stating why an ambulance is required for such a transport and what medical assistance the patient requires on route. 	04.00

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DEFINITION: RESPONSE VEHICLES		04.00
<p>Response vehicles only - Advance Life Support (ALS)</p> <p>A clear definition must be drawn between the acute primary response and a booked call.</p> <p>1. The Acute Primary Response is defined as follows: A call that is received for medical assistance to a member of the public who is ill or injured at work, home or in a public area e.g. motor vehicle accident. Should a response vehicle be dispatched to the scene of the emergency and the patient is in need of Advanced Life Support and which is rendered by ALS Personnel e.g. CCA or National Diploma, the respective service shall be entitled to bill on item 131, for such service. However, the service which is transporting the patient shall not be able to levy a bill, as the cost of transportation is included in the ALS rate under items 131 and 133. Furthermore the ALS response vehicle personnel must accompany the patient to hospital to entitle the service to bill for said ALS services rendered.</p> <p>2. In the event of a service rendering ALS and not having its own ambulance in which to transport the patient to a medical facility, and makes use of another service, only the bill for the response vehicle may be levied as the ALS bill under items 131 and 133. Since the ALS tariff already includes transportation, the response vehicle service is responsible for the bill for the other service provider, which will be levied at a BLS rate. This ensures that there is only one bill levied per patient. Furthermore the response vehicle ALS personnel must accompany the patient to hospital in the ambulance to entitle the service to bill for said ALS services rendered.</p> <p>3. Should a response vehicle go to a scene and not render any ALS treatment then the said response vehicle may not levy a bill.</p> <p>4. Notwithstanding that, item 151 applies to all ALS resuscitation per the notes in this schedule.</p> <p>Response vehicle only - Intermediate Life Support (ILS)</p> <p>A clear definition must be drawn between the acute primary response and a booked call.</p> <p>1. The Acute Primary Response is defined as follows: A call that is received for medical assistance to a member of the public who is ill or injured at work, home or in a public area e.g. motor vehicle accident. Should an ILS response vehicle be dispatched to the scene of the emergency and the patient is in need of Intermediate Life Support and which is rendered by ILS Personnel e.g. AEA, the respective service shall be entitled to bill on item 125, for such service. However, the service which is transporting the patient shall not be able to levy a bill, as the cost of transportation is included in the ILS rate under items 125 and 127. Furthermore the ILS response vehicle personnel must accompany the patient to hospital to entitle the service to bill for said ILS services rendered.</p> <p>2. In the event of a service rendering ILS and not having its own ambulance in which to transport the patient to a medical facility, and makes use of another service, only the bill for the response vehicle may be levied as the ILS bill under items 125 and 127. Since the ILS tariff already includes transportation, the response vehicle service is responsible for the bill for the other service provider. This ensures that there is only one bill levied per patient. Furthermore the response vehicle ILS personnel must accompany the patient to hospital in the ambulance to entitle the service to bill for said ILS services rendered.</p> <p>3. Should a response vehicle go to a scene and not render any ILS treatment then the said response vehicle may not levy a bill.</p>		

1 BASIC LIFE SUPPORT									
Metropolitan area									
Code	Description	Ver	Add	Ambulance Services : Advanced Life Support		Ambulance Services : Intermediate Life Support		Ambulance Services : Basic Life Support	
				RVU	Fee	RVU	Fee	RVU	Fee
100	Up to 45 minutes	05.04		171.276	692.90	171.276	692.90	171.276	692.90
102	Up to 60 minutes	05.04		228.156	923.10	228.156	923.10	228.156	923.10
103	Every 15 minutes thereafter or part thereof, where specially motivated	05.04		57.084	231.00	57.084	231.00	57.084	231.00
Long distance									
111	Per km (> 100 km) DISTANCE TRAVELLED BY PATIENT	05.04		2.843	11.50	2.843	11.50	2.843	11.50
112	Per km (> 100 km) (BLS return - non patient carrying kilometres) to a maximum of R1986.40	06.02		1.000	4.04	1.000	4.04	1.000	4.04

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2	INTERMEDIATE LIFE SUPPORT									
Metropolitan area										
125	Up to 45 minutes	05.04		231.226	935.40	231.226	935.40	-	-	-
127	Every 15 minutes thereafter or part thereof, where specially motivated	05.04		77.075	311.80	77.075	311.80	-	-	-
Long distance										
129	Per km (> 100 km) DISTANCE TRAVELLED BY PATIENT	05.04		3.850	15.60	3.850	15.60	-	-	-
130	Per km (> 100 km) (ILS return - non patient carrying kilometres) to a maximum of R1986.40	06.02		1.000	4.04	1.000	4.04	-	-	-
3	ADVANCED LIFE SUPPORT / INTENSIVE CARE UNIT									
Metropolitan area										
131	Up to 60 minutes	05.04		406.641	1645.10	-	-	-	-	-
133	Every 15 minutes thereafter or part thereof, where specially motivated.	05.04		101.660	411.30	-	-	-	-	-
Long distance										
141	Per km (> 100 km) DISTANCE TRAVELLED BY PATIENT	05.04		5.072	20.50	-	-	-	-	-
142	Per km (> 100 km) (ALS return - non patient carrying kilometres) to a maximum of R1986.40	06.02		1.000	4.04	-	-	-	-	-
4	ADDITIONAL VEHICLE OR STAFF FOR INTERMEDIATE LIFE SUPPORT, ADVANCED LIFE SUPPORT AND INTENSIVE CARE UNIT									
151	Resuscitation fee, per incident	04.00		454.000	1836.70	454.000	1836.70	-	-	-
153	Doctor per hour	04.00		130.000	526.00	130.000	526.00	-	-	-
	Note : A resuscitation fee may only be billed when a second vehicle (response car or ambulance) with staff (inclusive of a paramedic) attempt to resuscitate the patient using full ALS interventions. These interventions must include one or more of the following: <ul style="list-style-type: none"> · Administration of advanced cardiac life support drugs. · Cardioversion-synchronised or unsynchronised (defibrillation) · External cardiac pacing · Endotracheal intubation (Oral or nasal) with assisted ventilation 	04.00								
	Note : Where a doctor callout fee is charged the name and HPCSA registration number and BHF practise number of the doctor must appear on the bill.									04.00
5.	AEROMEDICAL TRANSFERS									
	BY ARRANGEMENT WITH MEDICAL SCHEME									04.00
Rotorwing Rates										
	Definitions: 1. Helicopter rates are determined according to aircraft type 2. Day light operations are defined from Sunrise to Sunset (and night operations from Sunset to Sunrise) 3. If flying time is mostly in night time (as per definition above), then bill night time operation rates (type C) 4. Call out charge includes Basic Call Cost plus other flying time incurred, Staff and consumables cost can only be charged if a patient has been treated. 5. Flying time is billed for minimum of 30 minutes and thereafter in 15 minute increments. 6. A 2nd Patient is transferred at 50% reduction of Basic Call and Flight cost, but Staff and Consumables costs remain per patient. (Only if aircraft capability allows for multiple patients) 7. Rates are calculated according to time; from throttle open, to throttle closed. 8. Group A - C must fall within the Cat 138 Ops as determined by Civil Aviation. 9. Hot loads restricted to 8 minutes ground time and must be denoted.									04.00

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	AIRCRAFT TYPE A (RA): HB206L, HB204 / 205, HB407, AS360, EC120, MD600, AS350, A119											04.00
	AIRCRAFT TYPE B (RB) & Ca (DAY OPERATIONS) (RC) BO105, 206CT, AS355, A109											
	AIRCRAFT TYPE Cb (NIGHT OPERATIONS) (RC) HB222, HB212 / 412, AS365, S76, HB427, MD900, BK117, EC135, BO105											
	AIRCRAFT TYPE D (RESCUE) H500, HB206B, AS350, AS315, FH1100											
500	Basic Call Cost (Start up)	04.00										
Flying Time												
531	30 minutes	04.00										
533	45 minutes	04.00										
535	60 minutes	04.00										
537	75 minutes	04.00										
539	90 minutes	04.00										
541	105 minutes	04.00										
543	120 minutes	04.00										
Staff and Consumables												
581	30 minutes	04.00										
583	45 - 75 minutes	04.00										
585	90 - 105 minutes	04.00										
587	120 minutes	04.00										
Aircraft Type D												
591	Hourly rate plus 20%	04.00										
Winching												
595	Winching, per lift	04.00										
Fixed Wing Rates												
	DEFINITIONS:											04.00
	1. Group A must fall within the Cat 138 Ops as determined by Civil Aviation.											
	2. Please note that no fee structure has been provided for Group B, as emergency charters could include any form of aircraft. It would be impossible to specify costs over such a broad range. As these would only be used during emergencies when no Group A aircraft are available, no staff or equipment fee would be advised. The definition of use of these aircraft needs to be narrowed down further to eliminate abuse.											
	3. Staff and consumables cost can only be used if patient has been treated.											
	5. 2nd patient transferred at 50% reduction of Basic Call and Flight Cost, but Staff and consumables costs remain per patient. (only if aircraft capability allows for multiple patients)											
Group A (FA)												
	Composed of flying cost per kilometer, staff cost per hour and equipment cost											04.00
Staff cost per hour												
621	Doctor	04.00										
623	ICU Sister	04.00										
625	Paramedic	04.00										

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Equipment Cost										
631	Per patient, per hour	04.00								
Aircraft cost (per kilometer)										
651	Beechcraft Duke	04.00								
653	Lear 24F	04.00								
655	Lear 35	04.00								
657	Falcon 10	04.00								
659	King Air 200	04.00								
661	Mitsubishi MU2	04.00								
663	Cessna 402	04.00								
665	Beechcraft Baron	04.00								
667	Citation II	04.00								
669	Pilatus PC12	04.00								
Group B - Emergency Charters										
	1. No staff and equipment fee allowed. 2. Cost to be reviewed per case. 3. Only allowed if a Group A aircraft is not available within an optimal period for transportation and stabilisation of the patient.									04.00
6 NATIONALLY APPROVED MEDICATIONS WHICH MAY BE ADMINISTERED BY HPCSA-REGISTERED AMBULANCE PERSONNEL ACCORDING TO HPCSA-APPROVED PROTOCOLS										
	Registered Basic Ambulance Assistant Qualification · Oxygen · Entonox · Oral Glucose Registered Ambulance Emergency Assistant Qualification As above, plus · Intravenous fluid therapy · Intravenous dextrose 50% · B2 stimulant nebuliser inhalant solutions (Hexoprenaline, Fenoterol, Sulbutamol) · Soluble Aspirin Registered Paramedic Qualification As above, plus · Oral glyceryl trinitrate, activated charcoal · Ipratropium bromide inhalant solution · Endotracheal Adrenaline and Atropine · Intravenous Adrenaline, Atropine, Calcium, Hydrocortisone, Lignocaine, Naloxone, Sodium bicarbonate, Hetacloramide · Intravenous Diazepam, Flumazenil, Furosemide, Hexoprenaline, Midazolam, Nalbuphine and Tramadol may only be administered after permission has been obtained from the relevant supervising medical officer. · Pacing and synchronised cardioversion require the permission of the relevant supervising medical officer.									04.00