

DRAFT Podiatry 2007

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY PODIATRISTS, EFFECTIVE FROM 1 JANUARY 2007

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	All accounts must be presented with the following information clearly stated: <ul style="list-style-type: none"> · name of practitioner · qualifications of the practitioner; · BHF practice number; · postal address and telephone number; · date on which service(s) were provided; · The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered; · the surname and initials of the member; · the first name of the patient; · the name of the scheme; · the membership number of the member; and · the name and practice number of the referring practitioner, if applicable. 	05.03
B	The rate in respect of more than one procedure performed at the same consultation or visit, shall be the full rate for the major procedure plus half the rate in respect of each additional procedure carried out in the treatment of any one condition.	04.00
C	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
D	The amount charged in respect of medicines and scheduled substances shall not exceed the limits prescribed in the Regulations Relating to a Transparent Pricing System for Medicines and Scheduled Substances, dated 30 April 2004, made in terms of the Medicines and Related Substances Act, 1965 (Act No 101 of 1965). In relation to all other materials, items are to be charged (exclusive of VAT) at net acquisition price plus - * 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; and * a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands.	05.03

Modifiers

0002	For procedures 021 to 031 carried out in a day clinic or unattached operating theatre unit, the rate shall be reduced to two-thirds.	04.00
0004	Consultation or treatment in a nursing facility/hospital	04.00
0006	Consultation or treatment at the patient's residence	04.00

ITEMS

	Modifier 0004 must be quoted for consultation or treatment rendered in a nursing home or hospital.	04.00
	Modifier 0006 must be quoted for consultations or treatment rendered at the patient's residence.	04.00

CONSULTATIONS.

Code	Description	Ver	Add	Podiatry	
				RVU	Fee
301	Consultation (initial or follow up) 5-10 minutes	06.04		7.500	55.20 (48.40)
302	Consultation (initial or follow up) 11-20 minutes	06.03		15.000	110.40 (96.80)
303	Consultation (initial or follow up) 21-30 minutes	06.03		25.000	184.10 (161.50)
304	Consultation (initial or follow up) 31-45 minutes	06.03		37.500	276.10 (242.20)
006	More than one patient seen at a residence (See note below).	06.02		8.500	62.60 (54.90)
	NOTE : This code is a blanket code for home visits away from the practitioners rooms where more than one but up to and including six patients are treated. The code may be used again if seven to twelve patients are seen.	06.02			
101	Appointments 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).	04.00		-	-

INJECTIONS.

009	Administration of injection, per administration	04.00		1.300	9.57 (8.39)
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ROUTINE TREATMENTS.

401	General podiatric care 0-15 mins	07.00		7.500	55.20 (48.40)
402	General podiatric care 15-30 mins	07.00		22.500	165.70 (145.40)

Code	Description	Ver	Add	Podiatry	
				RVU	Fee
403	Extended podiatric care each additional full 15 mins beyond 30mins	07.00		15.000	110.40 (96.80)
VERRUCA TREATMENTS.					
	Note : No consultation fee shall be charged for the same session unless the procedure is performed at the time of the initial consultation				04.00
014	Verruca Pedis (Chemotherapy first lesion)	07.00		7.000	51.50 (45.20)
015	Subsequent lesion.	04.00		10.000	73.60 (64.60)
016	Cryotherapy first lesion	07.00		7.800	57.40 (50.40)
017	Subsequent lesion.	04.00		3.900	28.70 (25.20)
018	Diathermy first lesion	07.00		6.900	50.80 (44.60)
019	Subsequent lesion.	04.00		3.500	25.80 (22.60)
Nail Surgery.					
	Note : No consultation fee shall be charged for the same session unless the procedure is performed at the time of the initial consultation				04.00
021	Nail wedge resection with matrix phenolisation : one nail - one side (including consultation).	04.00		19.000	139.90 (122.70)
022	Two nails - one side.	04.00		25.000	184.10 (161.50)
024	Two nails - both sides.	04.00		36.400	268.00 (235.10)
023	One nail - two sides (including consultation).	04.00		25.000	184.10 (161.50)
025	Avulsion with matrix phenolisation (including consultation).	04.00		19.600	144.30 (126.60)
031	Avulsion without matrix phenolisation (including consultation).	04.00		12.800	94.20 (82.60)
Other.					
040	Infection control, per patient	04.00		1.200	8.84 (7.75)
041	Remedial therapy.	04.00		4.900	36.10 (31.70)
042	Sterile pack.	06.03		5.900	43.40 (38.10)
044	Suturing (includes consultation).	04.00		7.800	57.40 (50.40)
046	Incision Biopsy.	04.00		5.900	43.40 (38.10)
047	Removal of foreign body.	04.00		8.900	65.50 (57.50)
146	Excision biopsy.	04.00		8.900	65.50 (57.50)
	Items 215, 217 or 219 may be used for corrective or supportive strapping or padding placed into footwear. The area of the foot must be specified.	04.00			
215	Padding and strapping : Digital, per foot	04.00		2.800	20.60 (18.10)
217	Padding and strapping: Metatarsal, per foot	04.00		3.500	25.80 (22.60)
219	Padding and strapping: Heel, per foot	04.00		3.500	25.80 (22.60)
Appliances and Orthotics					
	(By arrangement with the scheme concerned).				04.00
043	Biomechanical examination.	04.00		15.700	118.80 (104.20)
051	Neutral impression Plaster of Paris casting	04.00		8.500	62.60 (54.90)
052	Orthotic repair.	04.00		12.800	94.20 (82.60)
053	Temporary orthotic or corrective component.	04.00		12.800	94.20 (82.60)
054	Prescription covering and soft tissue supplements.	04.00		8.900	65.50 (57.50)
056	Computerised gait analysis	06.02		19.600	148.30 (130.10)
057	Template measurement.	04.00		2.900	21.40 (18.80)

