

DRAFT Unattached Operating Theatre Units 2007

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 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	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
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.	04.00
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.	04.00
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.	04.00
F	Accommodation fees include the services listed below: The minimum services that are required are: <ol style="list-style-type: none"> 1. Pre-authorisation (up to the date of admission) of: <ul style="list-style-type: none"> - length of stay - level of care - theatre procedures 2. Provision of ICD-10 and procedural codes when requesting pre-authorisation 3. Notification of admission 4. Immediate notification of changes to: <ul style="list-style-type: none"> - length of stay - level of care - theatre procedures 5. Reporting of length of stay and level of care <ul style="list-style-type: none"> - In standard format for purposes of creating a minimum dataset of information to be used in defining an alternative reimbursement system. 6. Discharge ICD-10 and procedural coding <ul style="list-style-type: none"> - In standard format for purposes of creating a minimum dataset of information to be used in defining an alternative reimbursement system. - Including coding of complications and co-morbidity, the definition of which will be negotiated between the two parties early in the year 2000. To be done as accurately as practically possible by the hospital. 7. Case management by means of standard documentation and liaison between scheme and hospital appointed case managers <ul style="list-style-type: none"> - Liaison means communication and sharing of information between case managers, but does not include active case management by the hospital. <p>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>	07.00

SCHEDULE

UNATTACHED OPERATING THEATRE UNITS AND DAY CLINICS WITH A PRACTICE NUMBER COMMENCING WITH '76'

Code	Description	Ver	Add	Unattached operating theatres / Day clinics	
				RVU	Fee
005	Local anaesthetic theatre, Per minute	04.00		-	7.62 (6.68)
010	General anaesthetic theatre, Per minute	04.00		-	23.90 (21.00)
015	Dental anaesthetic theatre (Applicable to units registered for dental procedures only), Per minute	04.00		-	16.10 (14.10)
061	Excimer laser theatre fee, per minute	04.00		-	17.10 (15.00)
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.	04.00		-	281.00 (246.50)

Code	Description	Ver	Add	Unattached operating theatres / Day clinics	
				RVU	Fee
025	Day rate.	04.00		-	322.30 (282.70)
Emergency units					
035	Theatre drugs 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).	04.00		-	-
301	For all consultations including those requiring basic nursing input, e.g. BP measurement, urine testing, application of simple bandages, administration of injections.	04.00		-	-
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.	04.00		-	277.10 (243.10)
Non-chargeable items (1)					
040	Theatre items: Refer to Appendix B.	05.03		-	-
Non chargeable items (2)					
060	Wards: Refer to Appendix B.	05.03		-	-
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	04.00		-	279.00 (244.70)
228	Operating microscope - manually operated. Applicable to a binocular operating microscope with manual focusing, positioning and multistep magnification changer. Microscopic surgery only: Per case	04.00		-	137.90 (121.00)
335	Excimer laser: Hire fee per eye	04.00		-	1949.20 (1709.80)
337	Microkeratome used with an excimer laser, per operation	04.00		-	358.00 (314.00)
GASES					
Oxygen and Nitrous Oxide					
	For both gases together, per minute				04.00
283	PWV area	04.00		-	2.89 (2.54)
701	Cape Town	04.00		-	3.98 (3.49)
702	Port Elizabeth	04.00		-	3.53 (3.10)
703	East London	04.00		-	3.91 (3.43)
704	Durban	04.00		-	3.63 (3.18)
705	Other areas	04.00		-	3.25 (2.85)
Oxygen, ward use					
	Fee for oxygen, per quarter hour or part thereof, outside the operating theatre complex				04.00
284	PWV area	04.00		-	4.25 (3.73)
710	Cape Town	04.00		-	7.06 (6.19)
711	Port Elizabeth	04.00		-	6.77 (5.94)
712	East London	04.00		-	6.51 (5.71)
713	Durban	04.00		-	5.52 (4.84)
714	Other areas	04.00		-	5.25 (4.61)
Oxygen, recovery room and emergency units					
	Flat rate for oxygen per case				04.00
720	PWV area	04.00		-	8.46 (7.42)
721	Cape Town	04.00		-	14.00 (12.30)
722	Port Elizabeth	04.00		-	13.50 (11.80)
723	East London	04.00		-	13.00 (11.40)
724	Durban	04.00		-	11.10 (9.74)
725	Other areas	04.00		-	10.50 (9.21)
Oxygen in Theatre					
	Fee for oxygen per minute in the operating theatre when no other gas administered.				04.00
730	PWV area	04.00		-	0.26 (0.23)
731	Cape Town	04.00		-	0.46 (0.40)
732	Port Elizabeth	04.00		-	0.45 (0.39)
733	East London	04.00		-	0.45 (0.39)
734	Durban	04.00		-	0.36 (0.32)
735	Other areas	04.00		-	0.34 (0.30)

Code	Description	Ver	Add	Unattached operating theatres / Day clinics	
				RVU	Fee
Carbon Dioxide					
291	Per minute	04.00		-	0.51 (0.45)
Laser					
292	Per minute	04.00		-	10.20 (8.95)
Entonox					
293	Per 30 minutes	04.00		-	96.70 (84.80)
Inhalation anaesthetics					
285	Halothane (Halothane): per minute	04.00		-	1.09 (0.96)
752	Ethrane (Enflurane): per minute	04.00		-	5.75 (5.04)
753	Forane (Isoflurane): per minute	04.00		-	5.39 (4.73)
754	Isofor (Isoflurane): per minute	04.00		-	4.90 (4.30)
755	Ultane (Sevoflurane): per minute	04.00		-	9.90 (8.68)
756	Suprane (Desflurane): per minute	04.00		-	8.43 (7.39)
757	Aerrane (Isoflurane): per minute	04.00		-	4.40 (3.86)
758	Alyrane (enflurane): per minute	04.00		-	4.42 (3.88)
759	Fluothane (Halothane): per minute	04.00		-	1.05 (0.92)
ANNEXURES					
	APPENDIX A				07.00
	LAPAROSCOPIC AND THORACOSCOPIC CPT CODES AND CATEGORIES				
	CATEGORY 1 (CPT4 2000 code numbers included where possible)				
	Diagnostic laparoscopy (49320)				
	Laparoscopy, surgical; with fulguration of oviducts (with/without transection) (58670)				
	Laparoscopy, surgical; with occlusion of oviducts (e.g.band, clip, Falope ring) (58671)				
	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 fulguration 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)				

Code	Description	Ver	Add	Unattached operating theatres / Day clinics	
				RVU	Fee
	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 (47562) 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) Laparoscopy, surgical; oesophagogastric fundoplasty eg Nissen, Toupet procedures) (43280) Unlisted laparoscopic procedure, uterus (58578) Unlisted hysteroscopy procedure, uterus (58579) Unlisted laparoscopic procedure, oviduct, ovary (58679) Unlisted laparoscopic spleen procedure (38129) Unlisted laparoscopic lymphatic procedure (38589) Unlisted laparoscopic oesophagus procedure (43289) Unlisted laparoscopic stomach procedure (43659) Unlisted laparoscopic intestinal procedure (except rectum) (44209) Unlisted laparoscopic appendix procedure (44979) Unlisted laparoscopic biliary tract procedure (47579) Unlisted laparoscopy procedure, abdomen, peritoneum & omentum (49329) Unlisted laparoscopic hernia procedure (49659) Unlisted laparoscopic renal procedure (50549) Unlisted laparoscopic procedure, testis (54699) Unlisted laparoscopic procedure, spermatic cord (55559) Unlisted laparoscopic procedure, maternity care and delivery (59898) Unlisted laparoscopic endocrine procedure (60659)				
	<p>THORACOSCOPY, SURGICAL</p> <p>THORACOSCOPY, SURGICAL pleurodesis</p> <p>THORACOSCOPY, SURGICAL partial pulmonary decortication</p> <p>THORACOSCOPY, SURGICAL total pulm. Decortication</p> <p>THORACOSCOPY, SURGICAL removal interpleural foreign body</p> <p>THORACOSCOPY, SURGICAL control traum. Haemorrhage</p> <p>THORACOSCOPY, SURGICAL exc./plication bullae</p> <p>THORACOSCOPY, SURGICAL parietal pleurectomy</p> <p>THORACOSCOPY, SURGICAL wedge resection</p> <p>THORACOSCOPY, SURGICAL removal clot/foreign body from pericardial space</p> <p>THORACOSCOPY, SURGICAL creation pericardial window</p> <p>THORACOSCOPY, SURGICAL total pericardectomy</p> <p>THORACOSCOPY, SURGICAL exc pericard. Cyst, tumor, mass</p> <p>THORACOSCOPY, SURGICAL exc mediastinal cyst, tumor, mass</p> <p>THORACOSCOPY, SURGICAL lobectomy, total or segmental</p> <p>THORACOSCOPY, SURGICAL with sympathectomy</p> <p>THORACOSCOPY, SURGICAL with esophagomyotomy</p> <p>New codes for Category 2</p> <p>CPT42000 CPT4 2001</p> <p>Laparoscopy, surgical; radical nephrectomy 50545</p> <p>Laparoscopy, surgical; nephrectomy including partial ureterectomy 50546</p> <p>Laparoscopy, surgical; nephrectomy with total ureterectomy 50548</p> <p>Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement 50948</p> <p>Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement 50948</p> <p>Unlisted laparoscopic procedure, ureter 50949</p>				
	<p>APPENDIX B</p> <p>PRINCIPLES</p> <p>The following principles are applicable:</p> <ol style="list-style-type: none"> At all times best clinical practice must be adhered too. 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. 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: 				07.00

Code	Description	Ver	Add	Unattached operating theatres / Day clinics		
				RVU	Fee	
	Note: Or generic equivalents. All tubes feeds subject to Case Management					