

Mental Health Institutions 2009

NATIONAL REFERENCE PRICE LIST IN RESPECT OF MENTAL HEALTH CARE FACILITIES WITH EFFECT FROM 1 JANUARY 2009

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 mental health institutions 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
E.3.3	Mental Institutions refers to all institutions registered with the Department of Health in terms of the Mental Health Care Act 17 of 2002 having practice code numbers commencing with the digits 55.	06.04
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"> · length of stay · level of care · theatre procedures <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"> · length of stay · level of care · theatre procedures <p>5 Reporting of length of stay and level of care</p> <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. <p>6 Discharge ICD-10 and CPT-4 coding</p> <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. To be done as accurately as practically possible by the hospital. <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"> · Liaison means communication and sharing of information between case managers, but does not include active case management by the hospital. 	04.00

SCHEDULE

8	INSTITUTIONS REGISTERED IN TERMS OF THE MENTAL HEALTH ACT 1973 WITH A PRACTICE NUMBER COMMENCING WITH "55"			
Code	Description	Ver	Add	Mental Health Institutions
				RVU Fee
004	General ward fee: with overnight stay	04.00		10.000 928.40 (814.40)
005	General ward fee: without overnight stay	04.00		7.355 682.80 (599.00)
006	General ward fee: under 5 hours stay	04.00		3.808 353.50 (310.10)

Code	Description	Ver	Add	Mental Health Institutions	
				RVU	Fee
045	Ward and dispensary drugs. The amount charged in respect of dispensed 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 other ward stock (materials and/or medicines), the amount charged shall not exceed the net acquisition price (inclusive of VAT) or the exit price as determined in terms of Act No 101 of 1965.	05.03		-	-
055	Electroconvulsive therapy (ECT) (No theatre fee chargeable)	04.00		4.997	463.90 (406.90)
231	Monitors	06.04		1.463	135.80 (119.10)
273	To take out. Dispensed items including ampoules, over the counter and proprietary items issued to patients. All items must be shown on accounts. Dispensed items including ampoules, over the counter and proprietary items issued to patients. The same principles as in code 045 apply.	04.00		-	-