

## Nursing Agencies 2004

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY REGISTERED NURSING AGENCIES AND ACCREDITED HOME HEALTHCARE PROVIDERS AS AN ALTERNATIVE TO HOSPITALISATION, WITH AN 80 PRACTICE NUMBER EFFECTIVE 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.

Preamble

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

- Medical necessity  
The annual limitation, if any.
- Any exclusions, applicable to this service.  
The procedure/managed care procedures to be instituted for the implementation of this benefit

It is recommended that all treatment should be pre-authorized by the scheme not less than 24 hours prior to commencement of treatment. All nursing agencies and home healthcare organisations must be subject to accreditation by schemes.

### A DEFINITION

#### IMPORTANT NOTICE

NO INSTITUTION, HOSPITAL, AGENCY, HOME CARE SERVICE, BUSINESS OR PRIVATE NURSE PRACTITIONER MAY USE AN 80 PRACTICE NUMBER TO BILL MEDICAL SCHEMES FOR CONVALESCENT, CHRONIC CARE, FRAIL CARE OR ANY OTHER FACILITY.

1. Agency refers to:
  - a) An accredited business registered / licensed with the S A Nursing Council carrying out the business of providing Registered and supervised Enrolled Nursing services, as well as surgicals and equipment.
  - b) The agency should also be registered with a representative professional governing body.
2. Home healthcare organisations refers to:
  - a) An accredited business that provides registered and supervised Enrolled Nursing services, as well as surgicals and equipment for home care.
  - b) The accredited home care organisation should also be registered with a representative professional governing body.

### B GENERAL INFORMATION

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10	<p>This is a reference price list for registered accredited nursing agencies and accredited home healthcare organisations only (not nurses in private practices) i.e. if employed at an nursing agency or home healthcare organisation the private nurse practitioner may not submit claims on her / his individual practice number.</p> <p>All accounts must be presented with the following information clearly stated :</p> <p>Pre-authorisation code (when applicable).  Name of agency or home healthcare organisation.  BHF practice number of institute.  Postal address and telephone number.  Name of nurse.  All qualifications of the nurse and her registration number with the SANC and in the instance of a registered nurse his/her BHF practice number.  Dates on which services were provided.  Applicable service codes.  Medical diagnosis (NB: Medical practitioners referral and motivation for treatment must be attached).  The surname and initials of the member.  The first name of the patient.  The name of the scheme.  Date of birth of patient.  The membership number of the member.</p> <p>Where the account is a photocopy of the original, certification by way of a rubber-stamp and the signature of the appropriate representative agent.</p> <p>A statement of whether the account is in accordance with the BHF Recommended Reimbursement Rates.</p> <p>The fees in this schedule may only be charged by the registered agency / home healthcare organisation and not the nurse performing the procedure.</p>
	<b>GENERAL RULES</b>
1	<p><b>ASSESSMENT</b></p> <p>Assessment: This refers to a situation where at the registered nurse employed by the agency or home healthcare organisation personally takes down a patient's history either in hospital (prior to discharge) or at the patient's home at the first contact and if indicated performs an appropriate health examination including observations, and plans appropriate intervention(s)/treatment. A procedure may not be charged at this time.</p> <p>Prolonged assessment: This refers to an assessment with a duration of longer than 1 hour. In all such cases, a written clinical motivation is required.</p>
2	<p><b>NORMAL HOURS VS AFTER HOURS VS EMERGENCY SERVICES</b></p> <p>Normal working hours refers to 24 hours a day, 7 days a week.</p> <p>Emergency visits: Bona-fide, justifiable emergency nursing services rendered to a patient, at any time, may attract a fee as specified in item 014. These specifically relate to home visits for procedures which become necessary outside those which have been pre-arranged, such as , but not exclusively, blocked urinary catheters, IV therapy which tissues or wound(s) which are draining excessively and require additional dressing. These should be accompanied by a written motivation.</p>
	Note : The entire treatment plan to be pre-authorized by scheme. The doctors referral letter with the diagnosis and treatment to be attached to the claim.
3	<p><b>PROCEDURES</b></p> <p>If a composite fee, or hourly fee is charged, no additional fee for procedures may be charged.</p> <p>The fee in respect of more than one procedure performed at the same time shall be the fee in respect of the major procedure plus 50% in respect of each subsidiary or additional procedure. If the procedure fee is less than 50%, the lower fee shall be charged. Modifier 0001 to be quoted (except for item 100 which would be subject to modifier 0004).</p>

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4	<p><b>FEES</b></p> <p>NB: The rates in this schedule may only be charged by the registered agency/home healthcare organisation and not the nurse performing the procedure.</p> <p>No additional administration fees or levies may be charged by a nursing agency or home healthcare organisation for services rendered.</p> <p>The rate that may be charged in respect of rendering a service not listed in this benefit schedule shall be based on the fee in respect of a comparable service. Modifier 0002 to be quoted with the description of service rendered and the applicable item number used.</p> <p>Unless timely steps are taken to cancel an appointment for a consultation the relevant rate shall be charged. Timely shall mean up to 12 hours prior to the appointment. The patient shall be informed that a cancellation fee will be charged at the time of making an appointment. Each case shall, however be considered on merit and if circumstances warrant, no fee shall be charged.</p> <p>In exceptional cases where the rate is disproportionately low in relation to actual services rendered by a nurse practitioner, a higher rate may be negotiated. Modifier 0005 with the description of the services rendered to be applied with the applicable item number.</p> <p>Where interest is charged on outstanding accounts, this is to be borne by the client and not the medical aid.</p>	
5	<p><b>COST OF CONSUMABLES</b></p> <p>Single items may be charged for at the net acquisition price (item 301).</p>	
6	<p><b>MEDICINES</b></p> <p>Scheduled medicines may not be supplied by an institution. Intramuscular/Intravenous injection and OPAT may only be administered by a registered nurse.</p>	
7	<p><b>EQUIPMENT (HIRE &amp; SALES)</b></p> <p>Basic equipment sold or hired - to be negotiated with scheme e.g. Bedpans and urinals.</p> <p>In cases where a registered agency or home healthcare organisation is hiring their equipment to a patient this may be charged for under code 302. If equipment hire is charged exact details of the said equipment must be indicated on the account, the hire cost for the total period may not exceed 50% of the cost of the product.</p> <p>For equipment that is sold to a member, the net acquisition cost of the equipment may be charged (item 303). This should be on a separate invoice attached to the account as the cost of these items are refunded to the member and not paid to the supplier.</p>	
8	<p><b>TRAVELLING</b></p> <p>Please note that generally schemes do not accept responsibility for transport expenses, as they are deemed to be included in the fee.</p>	
9	<p>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.</p>	
	<p><b>MODIFIERS</b></p>	
0001	<p>Only 50% of the fee in respect of subsidiary/additional procedures may be charged.</p>	
0002	<p>The fee that may be charged in respect of the rendering of a service not listed in this recommended benefit schedule, shall be based on the fee in respect of a fee for a comparable service. Motivation must be attached.</p>	
0003	<p>In cases where the fee is disproportionately low in relation to the service rendered, a higher fee may be negotiated with the scheme. Motivation to be attached.</p>	
	<p><b>RECOMMENDED REIMBURSEMENT RATES</b></p>	
	<p><b>ASSESSMENTS (Diagnosis must be stated)</b></p>	
Code	Description	80
001	Initial assessment and preparation of treatment plan in hospital or at patient's home (minimum of 30 minutes)	63.60 (55.80)
002	Initial assessment and preparation of treatment plan in hospital or at patient's home (minimum of 1 hour).	87.60 (76.80)
114	For emergency consultation/visit, all hours - See General Rule 2	- (-)
	<p><b>SPECIMENS.</b></p>	
010	When a registered nurse specifically visits the patient, obtains and then delivers a specimen to the laboratory (state type of specimen). Otherwise included in the treatment plan.	28.40 (24.90)
	<p><b>OBSERVATIONS. (Temperature, Pulse, Respiration and B.P.)</b></p>	
	<p>This should form part of the treatment plan.</p>	

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ADMINISTRATION OF MEDICATION.		
011	May only be charged when a registered nurse specifically visits a patient to administer intra-muscular or intravenous injection(s), otherwise included in the treatment plan. The route of administration of the medication to be stated, as well as the name of the medicine. Oral, Rectal, Vaginal medication is excluded as well as application of topical medication.	28.40 (24.90)
OPAT (Antibiotics, Chemotherapy, Blood Products and Dehydration)		
015	All inclusive global fee for the setting up of an IV line and administration of the intravenous therapy by a registered nurse.	149.90 (131.50)
016	When a SRN returns to add medication to an existing IV infusion	75.30 (66.10)
CARE OF WOUNDS (The pathology must be stated).		
020	Treatment of simple wounds/burns requiring dressing only.	54.30 (47.60)
021	Treatment of moderate wounds / burns eg with drains	67.90 (59.60)
022	Treatment of extensive wounds/burns requiring extensive nursing management eg irrigation, etc.	76.50 (67.10)
023	Aftercare treatment plan as negotiated by and pre-authorised by the scheme	- (-)
045	Laser treatment for wound healing where prescribed by medical practitioner. (Schemes will not necessarily grant benefits in respect of this item, it will fall into the "Patient own account" category.	- (-)
COMPOSITE FEES		
Note : These fees may only be charged by members of an accredited home healthcare organisation for services rendered at patient's home. (Care givers are not included in the fee).		
This includes all post hospitalisation/nursing care during a 24 hour period or part thereof. Motivation by a medical practitioner required. Single procedures/visits are not to be charged as a composite fee.		
030	Low intensity care (Presenting problem(s) that are of low severity. The patient is stable, recovering or improving).	263.50 (231.10)
031	Medium intensity care (Presenting problem(s) that are of moderate severity. The patient is responding inadequately to therapy or has developed a minor complication).	380.70 (333.90)
032	High intensity care (this item presenting problem(s) that are of high complexity. The patient is unstable or has developed a significant new problem). By arrangement with scheme.	- (-)
The above fees includes : all nursing intervention in a 24 hour period; all visits of a supervisory nature; non-recoverable items e.g. disinfectants, soaps, towellets, hibitane, aprons, fractions of strapping etc.; all travelling costs; all administrative costs; delivery/courier costs where these are necessary but excludes : any drugs and surgicals required; equipment sale or hire; auxiliary services by paraprofessionals, e.g. OT's and physiotherapists.		
Note : Item 032 should not represent more than 4% of all claims received.		
RECOMMENDED RATES FOR REGISTERED NURSING AGENCIES		
035	Enrolled Nursing Auxiliary, per hour	18.50 (16.20)
036	Enrolled Nurse, per hour	31.50 (27.60)
037	Registered Nurse, per hour	35.80 (31.40)
1. The fee for 24 hour daily care may not exceed R 358.90 per day and no other procedure may be charged. 2. In the case of litigation, the registered nurse will be co-responsible for the practice of the enrolled nurse. 3. All services to be re-negotiated with the scheme every 7 days or such lesser period as stipulated in pre-authorisation.		
RESPIRATORY SYSTEM.		
Note : Where the sole purpose was to perform these procedures otherwise included in the treatment plan		
040	Nebulization/Inhalation.	23.40 (20.50)
041	Tracheostomy care.	48.70 (42.70)
042	Peak flow measurement.	19.10 (16.80)
MUSCULOSKELETAL SYSTEM.		

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	Note : Where the sole purpose was to perform these procedures otherwise included in the treatment plan / composite fee	
050	Application or removal splints and prosthesis.	24.10 (21.10)
051	Application and removal of traction	47.50 (41.70)
052	Application of skin traction	47.50 (41.70)
GASTRO INTESTINAL SYSTEM.		
	Note : Where the sole purpose was to perform these procedures otherwise included the treatment plan /composite fee.	
060	Nasogastric tube insertion, feeding and removal.	56.80 (49.80)
061	Enema administration (retained/disposable).	29.60 (26.00)
062	Faecal impaction/manual removal.	53.70 (47.10)
URINARY SYSTEM.		
	Note : Where the sole purpose was to perform these procedures otherwise included in general treatment plan / composite fee.	
070	Any urinary tract procedure including catheterisation, bladder stimulation and emptying.	58.60 (51.40)
071	Incontinence management (30 minutes) This fee includes intermittent catheterisation, external sheath drainage, taking of history, providing literature and teaching by a registered nurse.	58.60 (51.40)
072	Condom catheter application, penile dressing, catheter care including bag change or catheter removal.	35.80 (31.40)
GENERAL CARE.		
	This forms part of the treatment plan / composite fee.	
STOMAL THERAPY NURSING.		
	Please Note: Items 079, 080, 081, 082, 083, 084 and 085 may not be used in conjunction with items 400, 406, 410 and 415.	
	Recommended for stomaltherapy trained registered nurses who are working as for a company, agency or home healthcare organisation	
079	Stomal irrigation - 60 minutes. May not be used in conjunction with the global fees.	29.60 (26.00)
080	Complex stoma - a poorly constructed, non-sited stoma requiring convexity or build up. Difficult to pouch. Severe peristomal skin excoriation.	76.50 (67.10)
081	Simple stoma - a well constructed, sited stoma which is easy to pouch. Very little or no peristomal skin excoriation.	54.30 (47.60)
082	Moderate stoma - a fairly well constructed, sited stoma which may require straight forward convexity or build up. Mild to moderate peristomal skin excoriation.	67.90 (59.60)
083	After care treatment plan as negotiated and pre-authorised by scheme.	- (-)
	Colonic lavage - may be performed by all nurse practitioners but only when prescribed by a medical practitioner, and the written prescription is attached.	
084	Colonic lavage	29.60 (26.00)
085	Stoma products used may be charged at net acquisition price.	- (-)
400	Global fee - Simple Stoma - Permanent: Includes the following: 1 X Pre-op consultation: includes history, stomal siting, counselling 3 X Post-op consultations - includes checking stoma and pouch, teach, advise on management, diet, lifestyle 2 X Clinic visits plus procedure (remove sutures, check stoma, skin integrity, show/teach other pouches, advise on diet and lifestyle: enema/irrigation/intermittent catheterisation) and materials (gloves, linen saver, gauze etc) 6 Month clinic visit and assessment: including materials (gloves, linen saver, gauze, etc)	770.60 (676.00)
406	Global fee - Moderate Stoma - Permanent (Includes the following): 1 X Pre-op consultation: includes history, stomal siting, counselling 3 X Post-op consultations - includes checking stoma and pouch, teach, advise on management, diet, lifestyle 2 X Clinic visits plus procedure (remove sutures, check stoma, skin integrity, show/teach other pouches, advise on diet and lifestyle: enema/irrigation/intermittent catheterisation) and materials (gloves, linen saver, gauze etc) 6 Month clinic visit and assessment: including materials (gloves, linen saver, gauze, etc)	846.50 (742.50)

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410	Global fee: Complex stoma - Permanent (Includes the following): 1 X Pre-op consultation: includes history, stomal siting, counselling 3 X Post-op consultations - includes checking stoma and pouch, teach, advise on management, diet, lifestyle 2 X Clinic visits plus procedure (remove sutures, check stoma, skin integrity, show/teach other pouches, advise on diet and lifestyle: enema/irrigation/intermittent catheterisation) and materials (gloves, linen saver, gauze etc) 6 Month clinic visit and assessment: including materials (gloves, linen saver, gauze, etc)	986.60 (865.40)
415	Clinic visits after 6 months per half hour plus one procedure - eg irrigation, enema, etc. - plus material	61.70 (54.10)
MATERIALS & PHARMACEUTICALS (CONSUMABLES)		
301	Materials used may be charged for at net acquisition cost.	- (-)
HIRE OF EQUIPMENT.		
302	Equipment hire per day. Exact details of the equipment must be indicated. The hire cost for the total period may not exceed 50% of the net acquisition cost of the product.	28.40 (24.90)
303	Equipment sold to a member should be net acquisition cost.  This should be on a separate invoice attached to the account as the cost of these items are refunded to the member, and not paid to the supplier.	- (-)
RENAL DIALYSIS		
090	Peritoneal dialysis per day	104.30 (91.50)
091	Haemodialysis	394.90 (346.40)
	Preparation of extra-corporeal equipment.  Preparation and needling of patient's fistula and attaching patient to Haemodialysis machine or using subclavian catheter / permanent catheter / femoral catheter.  Observation of patient whilst on dialysis.  Monitoring Haemodialysis machine readings.  Doing necessary nursing procedures for the patient as required e.g. catheter site / wounds / mouth care, nursing care in general / helping to feed / prepare light meal / tea etc. for patient whilst on dialysis.  Termination of procedures e.g. giving blood back to patient and disposal of extra-corporeal lines etc.  Port dialysis observation of patient.  Cleaning and sterilisation of dialysis machine and Reverse Osmosis machine by registered ICU or certified Renal nurse.	