

Podiatry 2008

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY PODIATRISTS, EFFECTIVE FROM 1 JANUARY 2008				
<p>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.</p> <p>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.</p> <p>VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.</p>				
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 - <ul style="list-style-type: none"> * 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 60.70 (53.20)
302	Consultation (initial or follow up) 11-20 minutes	06.03		15.000 121.50 (106.60)
303	Consultation (initial or follow up) 21-30 minutes	06.03		25.000 202.50 (177.60)
304	Consultation (initial or follow up) 31-45 minutes	06.03		37.500 303.70 (266.40)
006	More than one patient seen at a residence (See note below).	06.02		8.500 62.20 (54.60)
	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 9.52 (8.35)
ROUTINE TREATMENTS.				
010	General podiatric care up to 15 minutes including the following: Trim nails, Debride and cut dystrophic nails; one to five, Evacuation of sub-ungual haematoma, Paring or cutting of benign hyperkeratotic lesion; single lesion, Drain paronychia; one nail and Nail spike removal; single	04.00		3.900 28.50 (25.00)

Code	Description	Ver	Add	Podiatry	
				RVU	Fee
011	General podiatric care (30 minutes) including the following: Debride and cut dystrophic nails: six or more, Nail spike removal; two to four, Paring or cutting of benign hyperkeratotic lesion; two to four lesions, Paring or cutting of benign hyperkeratotic lesion; more than four lesions, Reduction of heel fissures, Enucleation of interdigital corns; more than two	04.00		7.800	57.10 (50.10)
012	Extended care for chronic disease management or ulcer management (applicable to diabetes, arthritis and peripheral vascular diseases)	04.00		7.400	54.20 (47.50)
013	General podiatric care more than 30 minutes (a combination of items 010 and 011)	04.00		11.800	86.40 (75.80)
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) (consultation and treatment).	04.00		5.900	43.20 (37.90)
015	Subsequent lesion.	04.00		2.900	21.20 (18.60)
016	Cryotherapy first lesion (consultation and treatment).	04.00		7.800	57.10 (50.10)
017	Subsequent lesion.	04.00		3.900	28.50 (25.00)
018	Diathermy first lesion (consultation and treatment).	04.00		6.900	50.50 (44.30)
019	Subsequent lesion.	04.00		3.500	25.60 (22.50)
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		19.600	143.50 (125.90)
022	Two nails - one side.	04.00		25.500	186.70 (163.80)
024	Two nails - both sides.	04.00		36.400	266.40 (233.70)
023	One nail - two sides (including consultation).	04.00		25.500	186.70 (163.80)
025	Avulsion with matrix phenolisation (including consultation).	04.00		19.600	143.50 (125.90)
031	Avulsion without matrix phenolisation (including consultation).	04.00		12.800	93.70 (82.20)
Other.					
040	Infection control, per patient	04.00		1.200	8.78 (7.70)
041	Remedial therapy.	04.00		4.900	35.90 (31.50)
042	Sterile pack.	06.03		5.900	43.20 (37.90)
044	Suturing (includes consultation).	04.00		7.800	57.10 (50.10)
046	Incision Biopsy.	04.00		5.900	43.20 (37.90)
047	Removal of foreign body.	04.00		8.900	65.10 (57.10)
048	Suturing / Wound closure material : Cost of material plus 10%	06.03		-	-
146	Excision biopsy.	04.00		8.900	65.10 (57.10)
201	Sterile Surgical Blades (maximum of 2 per patient)	06.03		1.000	7.32 (6.42)
203	Wound dressing material (maximum of 2 per patient)	06.03		2.000	14.60 (12.80)
205	Plaster of Paris bandage roll (maximum of 2 per patient). At net acquisition price.	06.03		-	-
207	Moulded Orthotic material fee	06.03		11.800	86.40 (75.80)
209	Simple insole material fee	06.03		5.900	43.20 (37.90)
211	Local anaesthetic medication per ampoule (maximum of 5 per patient)	06.03		2.000	14.60 (12.80)
213	Injection medication fee (other than local anaesthetic). At net acquisition price.	06.03		-	-
	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	20.50 (18.00)
217	Padding and strapping: Metatarsal, per foot	04.00		3.500	25.60 (22.50)

Code	Description	Ver	Add	Podiatry	
				RVU	Fee
219	Padding and strapping: Heel, per foot	04.00		3.500	25.60 (22.50)
Appliances and Orthotics					
	(By arrangement with the scheme concerned).				04.00
043	Biomechanical examination.	04.00		15.700	114.90 (100.80)
051	Neutral impression Plaster of Paris casting	04.00		8.500	62.20 (54.60)
052	Orthotic repair.	04.00		12.800	93.70 (82.20)
053	Temporary orthotic or corrective component.	04.00		12.800	93.70 (82.20)
054	Prescription covering and soft tissue supplements.	04.00		8.900	65.10 (57.10)
055	Silicone devices: Digital	04.00		5.400	39.50 (34.60)
056	Computerised gait analysis	06.02		19.600	143.50 (125.90)
057	Template measurement.	04.00		2.900	21.20 (18.60)
058	Immobilisation casting	06.04		10.600	77.60 (68.10)
059	Simple insole - one foot.	04.00		11.100	81.30 (71.30)
061	Simple insoles - both feet.	04.00		20.100	147.10 (129.00)
060	Silicone devices: metatarsal	04.00		10.700	78.30 (68.70)
064	Silicone devices: heel	04.00		15.900	116.40 (102.10)
	The rates for items 063 and 065 include the cost of intrinsic and extrinsic posting adjustments	04.00			
063	Prescription orthotic : one foot.	04.00		19.100	139.80 (122.60)
065	Prescription orthotics : both feet.	04.00		38.300	280.40 (246.00)
067	Preformed moulded insoles: Adult, both feet	04.00		22.100	161.80 (141.90)
069	Preformed moulded insoles: Adult, one foot	04.00		11.000	80.50 (70.60)
071	Preformed moulded insoles: Child, both feet	04.00		17.000	124.40 (109.10)
073	Preformed moulded insoles: Child, one foot	04.00		8.500	62.20 (54.60)

