

## Physical Rehabilitation Hospitals 2009

<b>NATIONAL REFERENCE PRICE LIST IN RESPECT OF REHABILITATION HOSPITALS WITH A PRACTICE NUMBER COMMENCING WITH "59" WITH EFFECT FROM 1 JANUARY 2009</b>				
<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>				
<b>GENERAL RULES</b>				
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
B.1	Procedure for the classification of hospitals:			04.00
B.1.1	Inspections of sub-acute facilities, private hospitals, rehabilitation hospitals or sub-acute facilities having practice code numbers commencing with the digits 059 will be conducted by an independent agency on behalf of BHF. Applications to be addressed in writing to BHF.			04.00
C	All accounts submitted by rehabilitation hospitals 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	<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"> <li>• length of stay</li> <li>• level of care</li> <li>• theatre procedures</li> </ul> <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"> <li>• length of stay</li> <li>• level of care</li> <li>• theatre procedures</li> </ul> <p>5 Reporting of length of stay and level of care In standard format for purposes of creating a minimum dataset of information to be used in defining an alternative reimbursement system.</p> <p>6 Discharge ICD-10 and CPT-4 coding 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> <p>7 Case management by means of standard documentation and liaison between scheme and hospital appointed case managers Liaison means communication and sharing of information between case managers, but does not include active case management by the hospital.</p>			04.00
<b>SCHEDULE</b>				
<b>7</b>	<b>GLOBAL FEE FOR REHABILITATION WITH A PRACTICE NUMBER COMMENCING WITH "59"</b>			
	The following rehabilitation categories will be treated in recognised and accredited rehabilitation hospitals: Stroke, Brain dysfunction (traumatic and non-traumatic), Spinal cord dysfunction (traumatic and non-traumatic), Orthopaedic (lower joint replacements), Amputation (lower extremity), Cardiac, Pulmonary, Major multiple trauma. Other neurological or orthopaedic impairments will require specific letters of motivation.			04.00
	This section is only applicable to facilities registered as Physical Rehabilitation Hospitals and not Sub-acute facilities.			04.00
<b>Rehabilitation</b>				
Code	Description	Ver	Add	Physical Rehabilitation Hospitals
				RVU      Fee
100	Out patients, 3 hours per day (maximum 18 days)	04.00		10.000 453.80 (398.00)
101	Out patients, 6 hours per day (maximum 18 days)	04.00		21.103 957.60 (840.00)

Code	Description	Ver	Add	Physical Rehabilitation Hospitals	
				RVU	Fee
105	General care (maximum 27 days)	04.00		42.013	1906.40 (1672.30)
107	High care (maximum 36 days)	04.00		49.522	2247.10 (1971.10)
109	Rehabilitation ICU (maximum 7 days)	04.00		89.005	4038.70 (3542.70)