

Billing Policy

A: Coding

1. The cost associated with the provision of anaesthetic services is determined by the coding rules as set out by the South African Society of Anaesthesiology and the South African Medical Association (SAMA)
2. A specific medical aid may not recognise the validity of any or all the codes as used by the anaesthetist
3. The anaesthetist will assume that the rules and guidelines as determined by SASA and SAMA as the correct and ethical interpretation

B: Fee determination

1. The anaesthetic fee is determined by the anaesthesiologist based on training, expertise, experience and practice cost and do not relate to any medical scheme rate (Competition Commission ruling 2006). The rates used to determine the fee is applicable to all patients, irrespective of circumstances or medical aid membership as required by the Consumer Protection Act.
2. The cost of an anaesthetic is dependent on time and procedure complexity. As it is impossible to predict how long a procedure will take, this makes estimating the cost of an anaesthetic extremely difficult.
3. A cost estimate does not include additional costs for preoperative consultation, ICU, pain control techniques, ultrasound, blood pressure control, procedures performed by the anaesthetist, paediatrics, fractures and emergency surgery or cases not booked on routine lists.
4. If the procedure takes longer than the estimated time the cost will increase according to the duration of the procedure.
5. If your BMI (body mass index) is greater than 35kg/m² you will be charged an additional 50% of the anaesthetic fee. To calculate BMI = weight (kg)/ height (m) x height (m)
6. Explanation of the codes on the account can be obtained from the South African Medical Association (www.samedical.org), your medical scheme or the South African Society of Anaesthesiologists (www.sasaweb.com)
7. Your medical aid will reimburse you for your anaesthetic account, a rate based on the plan you have selected and the rules of your medical aid fund. This can vary from 30% of the Anaesthetists fee to 100% of the Anaesthetist fee. The amount may not be covered by your medical aid. You will be responsible for the shortfall.
8. The anaesthesiologist is not a designated service provider (DSP) of any medical insurance company thus prescribed minimum benefit (PMB) condition may not be covered by your medical insurance.

C. Account Administration

The administration of the account remains the responsibility of the patient and or guarantor

D. Terms of payment

The patient and/or guarantor and/or employer remains responsible for the full amount of the account. Terms of full payment is strictly 30 days after service delivery. After the 30 day period has expired, the account will be handed to a lawyer for debt recovery.

E. Medical Aid payments and Motivation

The anaesthetist will NOT apply for motivation to Medical Aids and/or Hospitals for the use of any medication and/or procedures and/or equipment that may be required during the course of the anaesthetic. Examples of medications or procedures or equipment where the medical aid may refuse payment or require motivation include (list not complete):

- ✓ Gastroscopy/Colonoscopy/ Radiological/ Cosmetic/ Sterilisation procedure
- ✓ Bridion (Suggamadex)
- ✓ Dexmedetomidine (Precedex)
- ✓ Emergency medication (Noradrenalin/ Protamine/ Isosorbidenitrate/ Esmolol/ Iloprost)
- ✓ INVOS (Regional oxygen saturation monitoring)
- ✓ Use of ultrasound (Code 5103)
- ✓ Procedures for pain relief (Codes 2800, 2801, 2802, 2804)
- ✓ Pain Control Devices (Code 1221, 0201)
- ✓ Codes 0011, 0018, 0019, 0032, 0034, 0039, 0040, 0043, 0146, 0147, 1780, 1132)