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HEALTH BENEFITS LETTER No.1

PREAMBLE

This schedule of fees and its interpretation which appears below is by joint agreement between the Maternity Benefits Negotiating Committee and the Department of Health. The implementation of the Nurses Amendment Act 1990 and associated legislative changes means that the schedule of fees is also applicable to services provided by registered midwives in private practice.

The fees and circumstances pertaining to payment are updated annually and will be reviewed by an enhanced negotiating committee. Any difficulties or anomalies encountered in applying the provisions of the schedule should be notified to the claimant's representative organisation so that, where appropriate, such issues can be examined during the negotiating process.

TO MEDICAL PRACTITIONERS

MATERNITY BENEFITS

Increase in Schedule of Fees.

New rates of benefit apply to all services in respect of patients delivered on or after 1 August 1989.

From that date an overall increase of 6 percent has been set on all maternity fees including the motor vehicle allowance. The application of this increase to individual benefits has been agreed with the New Zealand Medical Association.

For those claims already paid at the old rates for this period, an arrears adjustment will be made by Regional Benefits Payment Offices as soon as possible. The amount already paid will be adjusted by an overall 6 percent for the services provided.

Eligible claims should now be prepared using the new Schedule of Fees. Any claims submitted at old rates will be adjusted to new rates by Regional Benefits Payment Offices before payment.

The revised schedule and its interpretation is attached and should be retained for reference purposes.
Your attention is drawn to the following changes:-

(F8) Provision of a new Urgent Puerperal Fee.
Interpretative comments are in Part II, F8.

(M1) Paediatric services are more clearly defined. Section F4 (a) & (b) of Clinical Services Letter 246, Part 1, has been amended. Claims for paediatric consultations are as in F1 & 2 thus allowing paediatricians now also to claim a fee for a second formal consultation on the same problem.

(M3) Provision of a new Out of Hours Fee for Paediatricians.
Interpretative comments are in Part II, M3.

PART 1

SCHEDULE OF FEES FOR MEDICAL SERVICES IN RELATION TO MATERNITY BENEFITS, SOCIAL SECURITY ACT 1964

DATE OF COMMENCEMENT

The Schedule is effective from 1 August 1989

ACCEPTANCE OF FEES

NB: The fees set out in this Schedule shall be accepted by medical practitioners in full settlement, except that recognised specialists are permitted to make an extra charge to patients.

SCHEDULE OF FEES

A. NORMAL SERVICES

		$
1.	Antenatal services -	
	First Complete Examination	41.30
	Usual Attendance	20.65
	Urgent Attendance (Refer Part II,D3)	41.30
2	Conduct of Labour and Delivery	285.00

3	Care of mother and baby in the puerperium (14 days)-	
	For each attendance	20.65
	(Attendances in excess of five to be subject to an explanatory note on the claim form)	
	Urgent Puerperal Attendance (Refer Part II, F8)	41.30
4	Postnatal Examination	
	Mother	41.30
	Baby	20.65

B. OTHER SERVICES

1	Prolonged attendance payable when justified by medical reasons or other special circumstances - For each half hour or part thereof in excess of 1½ hours	69.80
2	Caesarean section (emergency or elective, performed in a private hospital) -	
	(a) Performed by doctor responsible for normal services; (in lieu of fee specified in A2.)	507.20
	(b) Performed by any other doctor called in consultation (the doctor providing normal services during labour to be paid the fee specified in A2).	507.20
3	Manual removal of placenta (under anaesthesia only).	101.45

C. MULTIPLE BIRTHS

In addition to the fee specified in A2, for the delivery of two or more babies. 69.80

(In the event of two doctors being involved in the conduct of labour and delivery, this fee is only claimable by one of the doctors).

D. MISCARRIAGE/TERMINATION

1	Prior services as in A1	20.65
2	Attendance at a threatened miscarriage	41.30
3	Attendance at miscarriage	69.80
4	For each attendance at miscarriage or termination (Attendances in excess of four to be the subject of an explanatory note on the claim form)	20.65
5	Post miscarriage/termination	41.30

E. BLOOD TRANSFUSION

Exchange transfusion on a baby 272.20

F. CONSULTATIONS

Attention is drawn to Part II, L1-7 for interpretative comments

1	Opinion only consultation	
	(a) Specialist	76.20
	(b) General Practitioner	63.40
2	Further consultation on the same problem	
	(a) Specialist	38.10
	(b) General Practitioner	31.70
3	For opinion and effecting delivery	
	(a) Specialist	386.25
	(b) General Practitioner	285.00
	(Doctors providing normal services to be paid the fee specified in A2 provided they are involved in conduct of labour)	
4	Paediatric Services	
	(i) Consultation	
	(a) Specialist	78.60
	(b) General Practitioner	63.40
	(ii) Further Consultation on the same problem	
	(a) Specialist	39.35
	(b) General Practitioner	31.70
	(iii) Prolonged attendance at delivery. Additional fee for each half hour or part thereof beyond the first half hour	
	(a) Specialist	69.80
	(b) General Practitioner	51.95
	(iv) Paediatric Services, Out of Hours Fee Services performed between 6 pm and 8 am, at weekends and on Statutory holidays shall be paid at a rate of 1.5 times the standard rate. eg: Consultation	
	(a) Specialist	117.95
	(b) General Practitioner	95.10

G. ANAESTHETIC SERVICES

Payments of maternity benefits for anaesthetic services will be made at the rate of $25.60 per unit under the Relative Value Guide system (see pages 13-15).

The maximum total fee for any anaesthetic is $235.00 (If accompanied by an explanatory note, higher claims may be considered).

H. MOTOR VEHICLE FEE

For any necessary visit involving travel $1.60 per kilometre for the total distance travelled from either the surgery or residence from which the visit commenced.

I. MISCELLANEOUS FEE

For services not specifically covered by the Schedule of Fees, practitioners may make a case for consideration stating brief details, total time involved with the patient and whether this was within or outside of normal hours. The Medical Services Advisory Committee is available to consider any dispute over fees.

PART II

INTERPRETATION

The interpretation section is concerned with points of interpretation and the policy adopted by the Department of Health in administering the benefit. These interpretations have been discussed with the Maternity Benefits Negotiating Committee and the definitions drawn up with its agreement. The Medical Services Advisory Committee is available to consider any dispute in interpretation.

A. SERVICES COVERED BY THE SCHEDULE OF FEES

1 All antenatal advice and treatment which may be required.

2 All necessary medical attendance, care, and treatment during labour, at the delivery, and in respect of mother and baby, for a period of 14 days following delivery.

3 A postnatal examination of mother (including pelvic assessment and cervical cytology, plus laboratory tests, and contraceptive advice when appropriate) and baby.

4 All necessary services prior to, and in connection with a miscarriage and for a period of 14 days following the miscarriage.

5 A post-miscarriage consultation (including pelvic assessment and cervical cytology, plus laboratory tests, and contraceptive advice when appropriate).

6 All necessary services for a period of 14 days following termination of pregnancy.

7 A post-termination consultation (including pelvic assessment and cervical cytology, plus laboratory tests, and contraceptive advice when appropriate).

8 Visits to the patient who, because of some complication related to the pregnancy, is unable to attend the doctor's surgery.

B. SERVICES EXCLUDED FROM THE SCHEDULE OF FEES

1 Any service given for a condition which is not due to, or aggravated by, pregnancy, confinement or miscarriage.

2 The operation of caesarean section in a public hospital.

3 Any service, other than the postnatal examination, given more than 14 days after the delivery.

4 Services afforded later than 14 days after miscarriage/termination, except one post-miscarriage/post-termination examination.

5 The operation of dilatation and curettage for the purpose of procuring a therapeutic abortion, or other procedure for the same purpose.

6 The operation of circumcision.

C. GENERAL POINTS

1 If other doctors are involved in a particular case, the checking and payment of claims is facilitated if all the names are included on the claim form.

2 Consultation claims should clearly state the name of the primary obstetric medical practitioner and the consultant's status, "specialist", "paediatrician" or "general practitioner", to facilitate checking and payments.

3 A doctor employed whole-time by an Area Health Board is entitled to claim fees for anaesthetic or emergency maternity services afforded in a maternity annexe only when the approval of the board has been given and the terms of that practitioner's appointment do not require the performance of emergency services.

4 A doctor employed on a part-time basis by an Area Health Board is entitled to claim fees for maternity services, provided such services do not form part of the duties for which he is employed by the board.

5 Several services require some clinical details to be stated in support of a claim. These details should be brief, sufficient only to support the claim and need not affect practitioners' ethics regarding confidentiality.

D. ANTENATAL SERVICES

1 The first attendance at which pregnancy is diagnosed is an antenatal service unless the doctor has contracted out of maternity benefits.

2 Because of the importance of the first attendance at which a full medical and obstetric history is taken, a physical examination performed, and arrangements made for any appropriate investigations, a fee at double the usual antenatal rate is payable. This full examination will not necessarily be the patient's first attendance for antenatal care. Normally only one such fee is payable, usually to the practitioner for accepting full responsibility for care of the patient during her pregnancy. In some circumstances, however (such as when a patient transfers to another practitioner care during pregnancy), a second fee could be payable. An explanatory note on the claim form would be necessary in this case.

3 The fee for an urgent attendance is payable for nights, weekends, and public holidays. The criteria for such claims are that the service is afforded in response to an urgent request received by the doctor on Saturdays, Sundays, and public holidays or received between the hours of 6 pm and 8 am on other days. The essential phrase is "in response to an urgent request". It must appear to the doctor receiving the request that it is of such a nature as to demand immediate attention. It is the nature of the request, not the service ultimately provided, which must be urgent.

4 The retention of an antenatal patient in an "open" maternity bed for a prolonged period, instead of transfer to a general hospital bed, is not normally acceptable. Periods over 14 days require prior notification to the Medical Officer of Health. In unusual circumstances an explanatory note is required and may be referred to the Medical Services Advisory Committee.

5 The provision of an unusually high number of antenatal services without evidence of a specialist consultation will require explanation and may be referred to the Medical Services Advisory Committee.

6 Prostaglandin induction attendances are antenatal services.

7 Antenatal services cease when the cervix begins to dilate at the onset of labour.

E. SHARED CARE

1 Should formal or informal arrangements lead to shared care, the following will apply. One fee only will be payable. Claimants should arrange to apportion the between them and claim

accordingly. Claims should be annotated so that the agreed basis of patient management is clear.

2 The higher rate of benefit for specialist services only applies for consultative services, not when having assumed responsibility for care.

F. CONDUCT OF LABOUR AND DELIVERY AND PUERPERAL CARE

1 Where the primary obstetric medical practitioner is not available to conduct the delivery and makes prior arrangements for another doctor to attend in his/her place, the first doctor may claim the full delivery fee and then make whatever apportionment has been arranged or alternatively the second doctor may make his/her own claim. In either case the claim form should be annotated with brief details.

2 Situations arise where a doctor is unable to arrive in time for a delivery. The delivery fee is payable provided he/she was prevented for reasons beyond his/her control from arriving in time. It will, of course, be understood that he/she is required to attend as soon as possible.

3 The delivery fee is payable only in respect of registrable/viable births.

4 If the "primary obstetric medical practitioner" needs to call in a consultant (GP or specialist) to facilitate a delivery, the GP or specialist should only claim the fee for consultation effecting delivery (F3) and the Primary Obstetric Medical Practitioner claims the delivery fee.

5 It should be noted that for "shared care" one delivery fee only is payable at the rate in A2 and practitioners should arrange to apportion the fee between them.

6 The manual removal of placenta benefit applies to manual removal of placenta or exploration of the uterus by reason of abnormally retained placenta or post partum haemorrhage when the procedure is carried out under anaesthesia.

7 It should be noted where there are more than five attendances by the one doctor during the puerperium, an explanatory note is to be included on the claim. There must be a specific indication for more than five visits, for example, if complications occur or if domiciliary care is required following discharge from hospital. It is not sufficient for the practitioner to claim that it is his normal practice to visit daily.

8 An urgent fee is payable for services provided during the puerperium ie: 14 days following delivery. The fee for an urgent attendance is payable for nights, weekends, and public holidays.

The criteria for such claims are that the service is afforded in response to an urgent request received by the doctor on Saturdays, Sundays, and public holidays or received between the hours of 6 pm and 8 am on other days. The essential phrase is "in response to an urgent request". It must appear to the doctor receiving the request that it is of such a nature as to demand immediate attention. It is the nature of the request, not the service ultimately provided, which must be urgent.

9 Situations will increasingly arise where care in the puerperium is provided by two doctors. For example, where the patient has been delivered by a specialist but is transferred back to the primary obstetric medical practitioner responsible for care during the 14 day period, or where the patient has to travel to another district for delivery but returns to her home district during the next 14 days. In these circumstances each doctor should make his own claim for service provided. A complication arises, however, where more than five puerperal care attendances have been provided overall, but neither doctor is aware of this. If both claims indicate another doctor was involved with puerperal care no problems should arise. If a specialist is involved there should be no need to query the claims further as the fact that a specialist was called in indicates a measure of difficulty, otherwise, an explanatory note may be sought from the primary obstetric medical practitioner.

G. CAESAREAN SECTION

1 Fees for this service are payable only where the patient is delivered in a private hospital. Operating theatre facilities in public hospitals, maternity wards, annexes and separate units are staffed by an Area Health board whole-time or part-time staff and theatre facilities are regarded as "closed".

2 Where an anaesthetist holds a hospital appointment as an obstetrical anaesthetist in a maternity or obstetric unit controlled by an Area Health Board, anaesthetic fees are not payable in respect of caesarean section. If the anaesthetist does not hold a hospital appointment he/she should look to the Area Health Board for remuneration.

3 Post-operative medical care of a patient delivered by caesarean section in an Area Health Board maternity unit is not the subject of a maternity benefit except when the patient is transferred back to the private care of the "primary obstetric medical practitioner" or a designated private practitioner.

4 If the "primary obstetric medical practitioner" or consultant doctor is involved in the conduct of labour preceding a caesarean section, the delivery fee may be claimed.

5 If the "consultant" doctor is involved in the conduct of labour preceding a caesarean section a consultation fee may be

claimed. In some cases, however, a miscellaneous fee may be more appropriately claimed (Section P).

H. POSTNATAL EXAMINATION

1 Because of the importance attached to the necessity to examine both mother and baby, separate fees are payable.

2 The fee includes pelvic assessment and cervical cytology, plus laboratory tests and contraceptive advice when these are considered appropriate.

3 Fees for the postnatal examinations are payable during the period between 3 weeks and 3 months from the date of birth.

4 The postnatal fee may be paid even though the doctor claiming has not provided any prior services. In the event, however, of the original primary obstetric medical practitioner providing the same service, the prior right to the fee must be accorded to him/her since only one fee may be payable.

I. PROLONGED ATTENDANCE FEE

1 The prolonged attendance fee is payable from the onset of labour or surgical induction where applicable and for the duration of labour and delivery, and is calculated on a cumulative basis of the times actually spent with the patient. In the case of caesarean section, the prolonged attendance fee is payable on a cumulative time basis up to the time the decision is made to perform the operation. The Maternity Benefits Tribunal 1985 considered that such claims are subject to the qualification that either for medical reasons or because of other special circumstances, such attendances are justified. Full details, including total time of attendance, should accompany the claim.

2 In the event of two doctors being involved in the conduct of labour and delivery, prolonged attendance fees may be paid to both, if applicable.

J. MISCARRIAGE

1 Services given prior to a miscarriage are paid as antenatal services.

2 Attendance at a threatened miscarriage. This fee is not for prophylactic measures designed to prevent miscarriage. These are claimable under A1. There must be a real and imminent risk of miscarriage. It should be noted that this fee is set higher than a normal antenatal service recognising the frequent urgency of the service. There is no fee for "special" or "urgent" attendance at a threatened miscarriage.

3 The miscarriage fee is payable for attendance at the miscarriage only. The prolonged attendance fee is not claimable. If attendances are required during the following 14 days, these may be claimed for at the puerperal care rate. An explanatory note on the claim will be necessary if more than 4 services are required in the 14 days following miscarriage. Here again, two doctors may be involved in the provision of care. Each should make a separate claim including brief details and the name of the other doctor involved.

4 Fees for the post-miscarriage examination are payable during the period between 2-8 weeks from date of miscarriage. One fee only is payable and in the event of two doctors providing the same service prior right to the fee must be afforded to the doctor in attendance at miscarriage.

K. TERMINATION OF PREGNANCY

1 Maternity benefits are payable up to and including the actual consultation where the decision is made to seek a termination of pregnancy. These services are regarded as antenatal services. Further services, such as counselling after this occasion, are payable as general medical services.

2 The responsibility for payment of certifying consultants appointed by the Abortion Supervisory Committee making determinations in accordance with Section 33 of the Contraception, Sterilisation and Abortion Act 1977 lies with that Committee.

3 The post-termination examination fee is payable under maternity benefits on the same terms as the fee for post-miscarriage examination at 2 to 8 weeks post-termination. If subsequent attendances are required in the 14 days following termination these may be claimed at the puerperal care rate. An explanatory note on the claim will be necessary if more than 4 services are required in the 14 days following termination.

(NB: There is no longer any need to differentiate between Miscarriage and Termination of Pregnancy on the claim form.)

L. CONSULTATIONS

1 In this context a consultant is not necessarily a specialist.

2 The maternity consultation means:

(a) Where the Clinical indications justify a consultation.

(b) That a spontaneous request for the consultation was made by the practitioner normally responsible for the patient.

(c) That the consultative service is provided by a practitioner other than the practitioner responsible for the patient.

(d) That the patient is examined by the consultant and a meeting is held with the responsible practitioner to discuss the case or a report is made to the responsible practitioner.

NB: Brief clinical details should be provided for each consultation claimed.

3 The fee in F.1 is payable on more than one occasion only when a fresh referral is made for a different problem. Subsequent consultations concerning the same problem attract the fee in F2. Follow up visits are paid as normal services.

4 Where the practitioner being consulted subsequently assumes further responsibility wholly or partly for that patient during the same pregnancy, further attendances by that practitioner without a fresh referral for opinion, will be paid at the rates in the Schedule for the particular service provided, and not at consultation rates.

5 Where an "opinion only" consultation leads to a service claimable elsewhere in the Schedule of Fees (ie: conduct of delivery or administering an anaesthetic) then no "opinion only" fee is claimable as well, unless two quite distinct services are provided, and claims should be annotated accordingly.

6 If the primary obstetric medical practitioner was involved in the conduct of labour before handing over to a consultant, or if the consultant was involved in the conduct of labour preceding a caesarean section the fee in Part I F3 opinion and delivery should be claimed.

7 If the consultant and the primary obstetric medical practitioner are both involved in the provision of care in the puerperium, then each is entitled to claim the usual puerperal care fee. When preparing claims, reference should be made to F9 above.

8 A consultation fee is payable if the doctor providing the normal services calls in a partner. No fee is payable if an assistant calls in their principal or vice versa.

9 A consultation fee is payable to a doctor who acts as a consultant and later as an anaesthetist for the same patient. Attention is again drawn to the proviso that these must be two quite distinct services and attendances.

10 There is no maternity benefit payable solely for ultra-sound scans. Radiologists and others using this procedure may claim the fee stipulated in F1 for a consultation which includes a scan, provided the criteria in L2 are met. Attention is drawn to L3 whereby a subsequent consultation attracts the fee in F2 unless a fresh referral for a different problem is made.

M. PAEDIATRIC SERVICES

1 Consultation fees are claimable as set out in L1, 2 and 3 at the rates in Part I, F4 (i) - (iv).

2 A fee for a second consultation on the same problem has also been introduced (F4 (ii)).

3 Prolonged attendance is payable for paediatric services at delivery where a specific request has been made because of a medical condition. Such claims are subject to the qualification that for medical reasons such attendances are justified. Full details, including total time of attendance, should accompany the claim form.

4 An out of hours fee for paediatricians has been introduced to the schedule, see Part I, F4(iv). The fee for an urgent attendance is payable for nights, weekends, and public holidays. The criteria for such claims are that the service is afforded in response to an urgent request received by the doctor on Saturdays, Sundays, and public holidays or received between the hours of 6 pm and 8 am on other days. The essential phrase is "in response to an urgent request". It must appear to the doctor receiving the request that it is of such a nature as to demand immediate attention. It is the nature of the request, not the service ultimately provided, which must be urgent.

N. RELATIVE VALUE GUIDE FOR ANAESTHETIC SERVICES

The relative value of all anaesthetic services is determined by adding Basic Value Units which are related to the complexity of the anaesthesia, plus Modifying Units which are related to patient risk and urgency, plus Time Units for each quarter hour of anaesthesia time.

A BASIC UNIT VALUE is listed for anaesthetic services provided by a doctor other than the doctor conducting the labour or delivery. This includes the value of all usual services including the pre-operative examination, preparation for anaesthesia, administration of the appropriate anaesthesia whether general or epidural, administration of any intravenous fluids, together with the appropriate monitoring.

RVG CODE	PROCEDURE	BASIC UNIT VALUE
01	Obstetric standby	1
02	Obstetric vaginal procedures	3
03	Obstetric epidural pain relief	3
04	Caesarean Section Ectopic Pregnancy	5
05	Evacuation of uterus, (postpartum or miscarriage)	3

C2(O)	Obstetric anaesthetic consultation before labour (no modifying or time units to be added)	2 (total)

Standby applies when an anaesthetist is engaged and attends but his or her services are not ultimately required.

Obstetric Anaesthetic Consultation applies when the patient is seen as a separate attendance before the onset of labour or before admission for elective delivery or induction. The consultation shall be at the request of the attending doctor for the purpose of anaesthetic assessment. This is a specialist referral over and above the normal pre-operative visit which is part of the usual anaesthetic attendance and the fee for which is built into the basic unit structure.

MODIFYING UNITS are added to the Basic Value in obstetrics as follows:

A.S.A. STATUS	**8 am - 6 pm**	**OUT OF HOURS**
1	0	2
2	0	2
3	1	3
4	2	5
5(rare)	4	7

A.S.A. CLASSIFICATIONS

1 A normal healthy patient with no systemic disease.

2 A patient with mild systemic disease which is well controlled with or without medication.

3 A patient with severe systemic disease which limits activity but is not incapacitating (eg: grade 3 cardiac lesions). All insulin dependant diabetics and patients with severely reduced respiratory function. Women with severe pre-eclampsia requiring heavy sedation, blood pressure control, and extra monitoring.

4 A patient with incapacitating disease which is a threat to life. This is rare and would include grade 4 cardiac lesions also eclamptics requiring intensive monitoring and on heavy sedation. A very serious ante partum haemorrhage might fall into this category.

5 Patients in this grade would be extremely rare in obstetrics as this category is for patients who are expected to die in 24 hours with or without surgery.

All A.S.A. 3,4,5 cases should have a brief succinct annotation without going into lengthy clinical detail.

Out of hours in obstetrics means after 6 pm and before 8 am and at all times on Saturday, Sundays and public holidays.

TIME UNITS are added to the Basic Units and the Modifying Units. Anaesthesia time begins when the anaesthetist commenced preparing the patient for induction (general or epidural) and ends when the patient may be safely placed under nursing supervision on each occasion. For epidurals, anaesthesia time can only be claimed while the anaesthetist is actually working with the patient on each occasion.

Time units are added at the rate of one unit per ¼ hour or part thereof of anaesthesia time.

Motor vehicle fee is payable in addition to all necessary travel involved in providing the anaesthetic services.

Please note:

That the basic units specify consultation and attendance in labour as one service. The need for a separate consultant opinion should be a very rare occurrence and an explanation may be sought if such claims appear excessively. It is emphasised that a fee will be paid only where the anaesthetist attends the patient in person.

No anaesthetic fee is payable unless the service of another doctor is required for the administration of an anaesthetic, whether a general or an epidural anaesthetic.

O. MOTOR VEHICLE FEES

1 Motor vehicle fees are payable for any visit necessary to provide services covered by the Schedule of Fees.

2 Motor vehicle fees are payable for the distance from the surgery or residence from which the visit commenced.

3 If two or more maternity patients are visited in the course of the one journey, the distance common to two or more of the visits is to be included only once in the claim.

4 The payment of additional motor vehicle fees may be authorised if it is considered that the mode of transport was unduly expensive or time-consuming and was necessary in the circumstances.

5 A claim for motor vehicle fees may be reduced or disallowed if it is considered that arrangements could reasonably have been made which would have avoided the need to make any visit or would have reduced the amount of the claim.

6 If a doctor considers it necessary to convey his patient to hospital by car, motor vehicle fees are payable.

7 A special area medical officer cannot claim motor vehicle fees for visits to maternity patients in his own area.

P. MISCELLANEOUS FEE

Occasionally practitioners provide services for maternity patients which are not included in the Schedule of Fees, for example, premature labour; accompanying patients to base hospital, etc. In these circumstances, practitioners may submit a written application for a special fee to be set, including details on the actual time spent with the patient and whether this was within or outside of normal hours.

The Medical Services Advisory Committee is available to consider any dispute over fees.

Warren Thompson
Manager
Benefits and Subsidies

Philip Rushmer
Chairman
Maternity Benefits
Negotiating Committee