

Department of Health: National Health Reference Price List (NHRPL)

Appendix A

Procedures for addition, deletion or change to fee items

Submission of Code Changes

The Department of Health will consider code proposals submitted by national professional associations, specialty societies (through the appropriate national professional associations) national regulatory agencies and other organisations.

Guidelines

Change requests include revisions, additions and deletions. Revision requests may be submitted at any time. All revision requests received will be considered for inclusion in future versions of the NHRPL Schedules. The deadline for addition and deletion requests for the next annual NHRPL Schedules is June 2007.

A procedure/service code consists of the following components:

- a. *Schedule*: A schedule contains the price list items applicable to one or more provider groups.
- b. *Provider Group*: A professional group or sub-group (discipline, sub-discipline) or health service provider category to which a particular schedule applies.
- c. *Item Code*: A five digit numeric code that is unique to a particular schedule.
- d. *Item Type*: A one-letter field used to indicate whether the item is an actual service item, or a modifier, note or rule relating to the use of one or more service items.
- e. *Item Terminology/Nomenclature*: A brief written definition of the price list item. Each item must have a terminology.
- f. *Descriptor*: A written narrative that provides further definition and the intended use of the item. A descriptor is optional.
- g. *Relative Value Unit (RVU)*: A numeric value that expresses the value of this item relative to all the other items in the schedule. A RVU is multiplied by a Rand Conversion Factor (RCF) to obtain the price of the item. RVUs can vary by provider group for each item in a schedule.
- h. *Benefit Factor*: In general all items in a reference price list will have a benefit factor of 1. Health care funders may negotiate with individual health care providers to vary this factor in order to reimburse by agreement either above or below the reference price for an item.

The following guidelines should be followed when submitting change requests. Any requests that do not meet these guidelines are not likely to receive favourable consideration during the evaluation process:

- A suggested procedure/service should be a distinct service that is part of current clinical/technical practice (i.e. that the proven clinical efficacy has been established and documented) and is not now included in the relevant Schedule;

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- The frequency of occurrence should be considered when submitting a request. The suggested procedure/service should be performed across the country in multiple locations and by many providers (per discipline) as the Schedules are not intended to accommodate procedures that are delivered on an infrequent basis;
- A suggested service/procedure should be neither a fragmentation of an existing procedure/service nor currently reportable by one or more existing codes;
- A suggested service/procedure should not be requested as a means to report extraordinary circumstances related to the performance of a procedure/service already having a specific code;
- A suggested revision should address omissions or ambiguities within a current procedure/service code's terminology or descriptor;
- A suggested deletion should address a procedure/service that is no longer considered current or acceptable clinical/technical practice;
- The Professional Organisations' "Acceptance" or "Approval" programmes shall not be the sole basis on which a procedure code is added;
- Additions, deletions or changes to the Schedules may be considered to allow for compliance with Government's and Provinces' rules and regulations relating to treatment.
- Previously submitted but not accepted change requests must be accompanied by new information in order to be reconsidered;
- A suggested Relative Value Unit / NHRPL Rate should include all information and address all aspects to be considered in determining a RVU/Rate.

Evaluation Criteria

Requested changes to the NHRPL Schedules are evaluated by the Advisory Committee (AC), a body that has representation appointed by the Acting minister of Health. Requests for addition, revision or deletion that meet the ten submission Guidelines noted here above are also evaluated by the AC using additional criteria that include the following considerations:

- Is the procedure/service currently taught in an accredited training school, or in an accredited post-graduate programme?
- Is the procedure/service currently accepted therapy?
- Does the procedure/service apply to treatment provided by generalists and specialists without differentiation?
- Does the procedure/service endorse or reflect a product-specific technique?

The goal of the evaluation process is to maintain the best possible NHRPL Schedules. These would be code sets that includes only those procedures needed to adequately maintain patient records and to support claim submission.

Information provided in a 'vignette' assists in the evaluation of requests for additions or revisions. A 'vignette' provides a description of the typical patient and the clinical procedure as performed by the practitioner, as well as whether it is appropriate to report

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the procedure with any others. For a stand-alone procedure/service the 'vignette' should note which other procedures must be reported at the same time, and which must not.

Instructions

Please consider the following when completing either version (addition, revision, deletion) of the request:

- A separate request is required per code for each desired action related to the code.
- Provide substantive justification for proposing the request. Please avoid reasons such as "no code currently available."
- Include vignettes, if helpful. A vignette must include the following information:
 - Description of the typical patient for whom the procedure is used.
 - Description of the clinical procedure itself.
 - An indication whether it is appropriate to report the procedure with any others.
 - For a stand-alone procedure a note on other procedures that must be reported at the same time, and those which must not.
- When requesting a new procedure code that represents new technology, attach available supporting peer-reviewed literature.
- Attach literature, when available, indicating widespread usage and acceptance of the procedure.
- When requesting a deletion, provide an alternate code that is not an unspecified code for reporting the procedure. If there is no alternative or the procedure is believed to be obsolete, express this in writing.
- A suggested Relative Value Unit / NHRPL Rate must include the following information:

Time (Unit Value):

Indicate the average time required (expressed in minutes) to perform all steps necessary to complete the defined procedure once. Use the following as guideline and indicate the time required per category as indicated:

- Clinical time refers to the time required to complete the actual procedure/service, as well as pre-, inter- and post- procedural activities for which no other distinct procedure codes exists.

Distinct procedures are other independent procedures that are reported in addition to this code. For example, preparing a surgical site and the changing of instruments needed to render the procedure/service are considered clinical time. The time required to obtain anaesthesia before the procedure can commence, is however excluded if local anaesthesia is reported in addition to this code.

- Assistant time, also known as aide time, includes the mixing of materials, developing of radiographs, etc.

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- Clerical time includes recording the procedure on the patient's record and if applicable, converting the clinical findings to a meaningful report.

Responsibility (Responsibility Value):

Indicate the responsibility to provide the procedure/service. The following must be considered:

- *Experience and knowledge:* The actual observation or practical acquaintance required to provide the service. This is analogous to the level of education or training required to provide the service.
- *Judgement and mental effort:* The mental exertion or striving involved in the formation of an opinion or notion concerning the provision of the service.
- *Skill and physical effort:* The ability, competence, technique, and physical exertion or striving required to provide the service.
- *Risk and stress to the patient:* The clinical and technical risks involved to the patient, as well as the strained effort and demand on physical and mental energy on the patient receiving the service (and thus also the medico-legal risk to the practitioner in providing the service).

Example: Select a current procedure/service as the "experience standard" for a discipline and plot on the on the scale. The "experience standard" should be a procedure/service which is rendered by the 'average' practitioner; for the 'average' patient; simple (unaccompanied by complications); frequently performed, and limited in variation of technique.

Experience Standard: Code _____ (Number) – _____ (Description)

Experience and knowledge required:	Irrelevant	: : : : X : : : : : :	Important
Judgement and mental effort involved:	Active	: : : : : : : : X : : : :	Passive
Skill and physical effort required:	Easy	: : : : X : : : : : : : :	Difficult
Risk and stress to the patient:	High	: : : : : : : : X : : : :	Low

Note: The experience standard have to be plotted only once per discipline and will be used as reference for that discipline to determine the responsibility value of all other procedures/services.

Use the "experience standard" as a reference and rate the new/revised procedure.

New/Revised Procedure/Service: Code _____ (No) – _____ (Description)

Experience and knowledge required:	Irrelevant	: : : : : : : : X : : : :	Important
Judgement and mental effort involved:	Active	: : : : : : : : X : : : :	Passive
Skill and physical effort required:	Easy	: : : : : : : : X : : : :	Difficult
Risk and stress to the patient:	High	: : : : : : : : X : : : :	Low

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Indicate other current and similar procedure codes with which this procedure relates (if any).

Equipment and Materials:

- An indication of the equipment and material(s) required to provide the procedure.
- An indication of the cost of the equipment and material(s) to provide the procedure.
- An indication if the equipment used are considered as "standard equipment" for a "standard practice" within the discipline.

Location and Other Services:

- An indication if the procedure is provided in the Health Care Professional's (HCP) own practice, hospital, etc. or both.
- An indication if the services of other HCPs' are required to provide the procedure/service. Examples include laboratory services, anaesthetist, etc.