



Department of Health,
P.O. Box 5013,
Wellington.

31 May 1977.

CLINICAL SERVICES LETTER NO. 169

TO MEDICAL PRACTITIONERS

MATERNITY BENEFITS—NEW SCHEDULE OF FEES

1. On 18 April 1977 Government approved a revised Schedule of Fees for medical services in relation to Maternity Benefits. The date of its implementation will be related to the ending of the present freeze on professional incomes.

2. The new Schedule and Interpretation is enclosed as an appendix to this Letter. The Schedule reflects the agreement reached with representatives of the New Zealand Medical Association during negotiations conducted in the latter part of 1976.

3. Schedule of Fees

Apart from a general increase in fees the Schedule has also been restructured. The major changes are:

(a) *First Antenatal Attendance—\$6.50*

Because of the importance of early identification of high-risk patients who may require specialist consultation, a higher fee is paid for the first antenatal service. It is expected that this will be the first consultation at which a full medical and obstetric history is taken, a full examination performed, a diagnosis made, and any necessary investigations arranged.

(b) *Urgent Antenatal Attendance—\$4.75*

A new fee higher than the usual antenatal rate is payable. The criteria for these claims are similar to those relating to urgent general medical services consultations or visits.

(c) *Care of Mother and Baby in the Puerperium (14 days)*

The previous restriction on the number of puerperal care attendances which could be paid for has been lifted. Attendances in excess of four will need to be the subject of an explanatory note on the claim form.

(d) *Postnatal Examination: Mother \$7; Baby \$3*

This fee has been split in the hope that this will encourage these important examinations. Although in the past the fee was intended to cover examination of both mother and baby, reports indicate that both examinations have not always been carried out.

(e) Miscarriage Services

Previously a composite fee was payable for attendance at the miscarriage and any subsequent attendances for 14 days thereafter. There is now a fee for attendance at the actual miscarriage. If any further attendances are necessary, up to four attendances may be paid for at the puerperal care rate, i.e., \$3.25, by outlining the circumstances to the Medical Officer of Health on the claim form.

The time restriction on the payment of the fee for the post-miscarriage examination has been lifted. It may now be paid, on one occasion only, for a service provided at any time after the 14th day.

(f) Consultant Effecting Delivery—\$47

This fee has been brought into line with the usual delivery fee.

(g) Miscellaneous Fee

Over the years, it has become apparent that, occasionally, services are provided which do not fit exactly into the Schedule of Fees. This new provision will enable such cases to be considered. Practitioners should make their case in the first instance to the Medical Officer of Health.

4. Interpretation Section

This has been rewritten to take into account the revised Schedule of Fees. The opportunity has also been taken to clarify certain sections and to incorporate rulings already given in specific cases which have general application. Recent negotiations proceeded on the basis that, if possible, greater flexibility should be introduced into the administration of Maternity Benefits. With this in mind, a Miscellaneous Fee has been introduced, while the Interpretation Section lays greater stress than formerly on the submission of brief explanatory notes with claims.

5. The new Schedule of Fees and Interpretation will, of course, be of particular interest to those doctors actually involved in the practice of obstetrics. Extra copies will be obtainable from local Medical Officers of Health.

6. Claim Form

This has been amended in accordance with the new Schedule and supplies will be available shortly from local Medical Officers of Health. You will notice that space has been allocated to "Explanatory Notes". It is emphasised that brief notes greatly reduce the need for Medical Officers of Health or their staff to make inquiries and also facilitates payment of claims. Failure to supply such notes will negate much of the basis upon which negotiations proceeded. Experience with successive issues of the Maternity Benefits claim form has shown that it is an extremely difficult form to design and doubtless there will be criticisms from some practitioners about the new form. Its design has, however, been the subject of extensive discussion with various practitioners and district health offices, and was approved at a recent meeting of the Medical Services Advisory Committee.

7. Check Letters

The Department is concerned about cases of inappropriate or even fraudulent claiming of maternity benefits. Two such cases have been highlighted by recent hearings in the Magistrate's Court. During the recent round of negotiations, agreement was obtained to check letters being sent to maternity patients if it seems that such inquiries could resolve any doubts raised by an unusual pattern of claiming or demonstrate the need for further investigation. It is emphasised that any letters sent will be suitably worded and addressed and the utmost discretion will be used. They will not be sent out on a routine basis as is the case with general medical services benefit claims. The Medical Services Advisory Committee agrees with this procedure.

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