



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

31 May 1978.

CLINICAL SERVICES LETTER NO. 179

TO MEDICAL PRACTITIONERS

MATERNITY BENEFITS—NEW SCHEDULE OF FEES

1. The Government has approved a revised Schedule of Fees for medical services in relation to Maternity Benefits. The date of implementation is to be 1 July 1978.

2. The new Schedule and Interpretation is enclosed as an appendix. The Schedule reflects the agreement reached with representatives of the New Zealand Medical Association during negotiations initiated by the Minister of Health. The Interpretation Section was also discussed by the Maternity Benefits Negotiating Committee.

3. The Government has agreed that there will be a further meeting of the negotiating committee in late 1978 and that the basic starting point for these negotiations will be 1 July 1978.

4. Schedule of Fees

Apart from a general increase in fees the Schedule shows some changes. The major changes are:

(a) *Caesarean Section*—\$100

One fee level is paid for elective or emergency caesarean sections whether performed by a doctor responsible for normal services or by a doctor called in consultation.

(b) *Anaesthetic Services*

There is now one fee structure for all anaesthetic services and epidural anaesthesia is no longer listed separately with a different scale of fees. The Epidural List as such is therefore abolished from 1 July 1978. It should be noted that an anaesthetic fee is only payable when the services of another doctor are obtained. A prolonged attendance fee is payable for anaesthetic services that extend beyond half an hour.

5. Claim Form

The claim form will be amended in accordance with the new Schedule and supplies will eventually be available from medical officers of health. For the present, existing claim forms should be used and modified as necessary. The need for "Explanatory Notes" must be emphasised and was strongly supported by the Maternity Benefits Negotiating Committee. The use of brief explanatory notes does much to facilitate the payment of claims and reduces the need for medical officers of health or their staff to make inquiries.

6. Obstetric Standards

The Maternity Benefits Negotiating Committee discussed statistics of maternity benefit claims for 1976 collated by the department and expressed its concern about the trends revealed in obstetric care. The committee has forwarded several important recommendations to the New Zealand Medical Association directed at improving obstetric standards. Some of the information considered by the committee has received publicity following consideration by the Maternity Services Committee of the Board of Health; it is therefore included in this letter.

TABLE 1
Confinement Responsibility

			1971		1976	
			No.	%	No.	%
General Practitioner	.....	.....	41,630	64.6	28,312	51.3
Specialist	.....	.....	9,282	14.4	6,154	11.2
Public Hospital	.....	.....	13,548	21.0	20,639	37.5
Total Births			64,460	100.0	55,105	100.0

TABLE 2
General Practitioner Delivery Claims

No. of Deliveries Claimed	1971			1976		
	No.	%	Cumulative %	No.	%	Cumulative %
1—5	109	11.3	11.3	216	19.8	19.8
6—10	51	5.3	16.6	101	9.3	29.1
11—15	61	6.3	22.9	77	7.1	36.2
16—20	67	7.0	29.9	107	9.8	46.0
21—25	68	7.1	37.0	69	6.3	52.3
26—30	54	5.6	42.6	113	10.4	62.7
31—35	62	6.4	49.0	64	5.9	68.6
36—40	58	6.0	55.0	52	4.8	73.4
41—45	52	5.4	60.4	48	4.4	77.8
46—50	56	5.8	66.2	49	4.5	82.3
51—55	41	4.3	70.5	31	2.8	85.1
56—60	35	3.6	74.1	33	3.0	88.1
61—65	35	3.6	77.7	32	2.9	91.0
66—70	26	2.7	80.4	20	1.8	92.8
71—75	34	3.5	83.9	12	1.1	93.9
76—80	22	2.3	86.2	14	1.3	95.2
81—85	12	1.2	87.5	7	0.6	95.8
86—90	20	2.1	89.6	10	0.9	96.7
91—95	10	1.0	90.6	9	0.8	97.5
96—100	14	1.5	92.1	10	0.9	98.4
101 plus	76	7.9	100.0	16	1.6	100.0
Totals	963	100.0		1,090	100.0	

7. Future Negotiations

Since further negotiations are to begin at the end of 1978 practitioners with suggestions for improving the Schedule or clarifying the Interpretation Section are asked to make submissions to the department or the New Zealand Medical Association.

D. A. Andrews

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Director,

A. G. Scott

(A. G. Scott)
Deputy Director,

Division of Clinical Services.

DEPARTMENT OF HEALTH

APPENDIX
(Form H 558)

PART I

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

The following Schedule has been fixed by agreement between the Minister of Health and the New Zealand Medical Association.

DATE OF COMMENCEMENT

This Schedule will be effective 1 July 1978.

SCHEDULE OF FEES

(See Part II for the interpretation of this Schedule)

A.

NORMAL SERVICES

1. Antenatal services—

					\$
First complete examination	.....	.....	.....	.....	8.00
Usual attendance	.....	.....	.....	.....	4.00
Urgent attendance	.....	.....	.....	.....	6.00

2. Conduct of labour and delivery 60.00

3. Care of mother and baby in the puerperium (14 days)

For each attendance	4.00
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(Attendances in excess of four to be the subject of an explanatory note on claim form)

4. Postnatal examination—

Mother	.....	.....	.....	.....	8.50
Baby	.....	.....	.....	.....	4.75

B.

OTHER SERVICES

1. Prolonged attendance; for each half hour in excess of 1½ hours 13.50
2. Caesarean section (emergency or elective, performed in a private hospital)—

- (a) Performed by doctor responsible for normal services; \$100 in lieu of fee specified in A2.
(b) Performed by any other doctor called in consultation \$100; the doctor providing normal services during labour to be paid the fee specified in A2.

C.

MULTIPLE BIRTHS

- In addition to the fee specified in A2, for the delivery of two or more babies 15.00

D.

MISCARRIAGE

	\$
1. Prior services as in A1.	
2. Attendance at miscarriage	15.00
3. For each subsequent attendance	4.00
(Attendances in excess of four to be the subject of an explanatory note on claim form.)	
4. Post-miscarriage examination	8.50

E.

BLOOD TRANSFUSION

Exchange transfusion on a baby	60.00
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F.

CONSULTATIONS

1. Opinion only	16.50
2. (a) For effecting delivery	60.00
(b) The doctor providing normal services to be paid the fee specified in A2 provided he is involved in conduct of labour.	

G.

ANAESTHETIC SERVICES

1. Normal basic fee for first half hour	22.50
2. Special basic fee at nights, weekends, and public holidays for first half hour	32.50
3. Special additional basic fee for caesarean section, first half hour	7.50
4. Additional fee for each half hour beyond the first half hour	9.00
5. Special fee for the doctor providing normal services who administers an anaesthetic at the request of a consultant effecting the delivery. This is the only anaesthetic fee payable in these circumstances	15.00
6. Where an anaesthetist is engaged and attends, but his services are not ultimately required, the normal basic anaesthetic fee of \$22.50 plus motor vehicle fee (where applicable), is payable.	

H.

MOTOR VEHICLE FEE

For any necessary visit involving travel of 13 kilometres or more (8 or more miles); 28 cents per kilometre (45 cents per mile) 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 to the Medical Officer of Health for possible consideration and recommendation by the Medical Services Advisory Committee.

ACCEPTANCE OF FEES

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

PART II

INTERPRETATION

The contents of this part are not contained in the Agreement with the New Zealand Medical Association although the section is discussed with the Maternity Benefits Negotiating Committee. Amendments are made with the agreement of committee members; the requirement for annotation has the full support of the committee. The interpretation section is concerned with points of interpretation and the policy adopted by the Department of Health in administering the benefit.

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 cervical cytology, blood count, 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; and one post-miscarriage consultation (including cervical cytology, blood count, and contraceptive advice when appropriate).
5. Visits to a patient who, because of some complication of 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. Any service, other than the postnatal examination, given more than 14 days after the delivery.
3. Services afforded later than 14 days after miscarriage, except one post-miscarriage examination.
4. The operation of dilatation and curettage for the purpose of procuring a therapeutic abortion, or other procedure for the same purpose.
5. 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 the names are included in the claim form.

2. A doctor employed whole-time by a hospital board is entitled to claim fees for anaesthetic or emergency maternity services afforded in a maternity annexe *provided* the approval of the board has been given and the terms of appointment do not require him to afford emergency services as part of his engagement.

3. A doctor employed on a part-time basis by a hospital 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.

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 accepting full responsibility for care of the patient during her pregnancy. In some circumstances, however (such as when a patient transfers to another practitioner for 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 at nights, weekends, and public holidays. The criteria for such claims are to be similar to urgent general medical services consultations or visits; namely 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 p.m. and 8 a.m. 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, requires an explanatory note to the medical officer of health.

5. The provision of an unusually high number of antenatal services without evidence of a specialist consultation will require explanation to the medical officer of health who may refer such claims to the Medical Services Advisory Committee.

6. Antenatal services cease at the onset of labour.

E.

CONDUCT OF LABOUR AND DELIVERY AND PUERPERAL CARE

1. Where a doctor providing the normal services is not available to conduct the delivery and makes prior arrangements for another doctor to attend in his stead, the first doctor may claim the full delivery fee and make his

own apportionment, or alternatively the second doctor may make his 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 was prevented for reasons beyond his control from arriving in time. It will, of course, be understood that he is required to attend as soon as possible.

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

4. It should be noted that where there are more than four 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 four 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.

5. 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 "owner" doctor 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 services provided. A complication arises, however, where more than four puerperal care attendances have been provided overall, but neither doctor is aware of this. If both claims indicate that another doctor was involved with puerperal care no problem 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 "owner" doctor.

F.

CAESAREAN SECTIONS

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 hospital 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 a hospital board, anaesthetic fees are not payable in respect of caesarean section. If the anaesthetist does not hold a hospital appointment he should look to the hospital board for his remuneration.

3. Post-operative medical care of a patient delivered by caesarean section in a hospital board maternity unit is not the subject of a maternity benefit, except when the patient is transferred after the operation.

4. If the "owner" doctor is involved in the conduct of labour preceding a caesarean section, the delivery fee may be claimed.

G.

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 cervical cytology, haemoglobin estimations, 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 "owner" doctor providing the same service, the prior right to the fee must be accorded to him since only one fee may be paid.

H.

PROLONGED ATTENDANCE FEE

1. The prolonged attendance fee is payable from the onset of labour and for the duration of labour and delivery, and is calculated on a cumulative basis. Full details, including total time of attendance, should accompany the claim to the medical officer of health.

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.

I.

MISCARRIAGE

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

2. Services to prevent a miscarriage are payable as antenatal services. It should be noted that a higher fee is now payable for an emergency antenatal attendance, although prolonged attendance fee is *not* payable.

3. The miscarriage fee is payable for attendance at the miscarriage only. If further attendances are required during the following 14 days, these may be paid for at the puerperal care rate. An explanatory note on the claim will be necessary if more than four 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.

J.

CONSULTATIONS

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

2. A consultation means that an invitation was extended to another doctor who conducted an examination, and that a meeting was held to discuss the case, or a report was supplied.

3. If a doctor called as a consultant during the antenatal period takes over or shares the responsibility for a patient, one consultation fee is payable. Subsequent services are paid in accordance with the Schedule of Fees.

4. If a doctor called in as a consultant takes over and performs the delivery, the usual delivery fee is payable to the consultant. In this case the consultation fee for "opinion only" is not payable as well unless two quite distinct services are provided. The delivery fee, however, is not payable if the delivery is by caesarean section.

5. If the "owner" doctor was involved in the conduct of labour before handing over to a consultant, he is also entitled to claim the usual delivery fee.

6. If the consultant and the "owner" doctor 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 E5 above.

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

8. A consultation fee is payable to a doctor who acts as a consultant and later as an anaesthetist for the same patient.

K.

ANAESTHETIC SERVICES

1. 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.

2. The special basic fee is payable for services given after 6 p.m. and before 8 a.m. and at all times on Saturday, Sunday, and public holidays.

3. An anaesthetic fee is payable for procedures included in "normal services" which necessitate the administration of an anaesthetic, even though a separate fee is not payable to the doctor providing the normal services.

4. A separate schedule of payments for epidural anaesthesia no longer exists and the Epidural List is abolished from 1 July 1978. One scale of fees now applies to both general and epidural anaesthesia.

5. Anaesthetic fees are not payable in respect of the operation of dilatation and curettage performed for the purpose of procuring a therapeutic abortion, or other procedures for the same purpose.

6. The total time involved in administering an anaesthetic must be stated when an additional fee in excess of the first half hour is claimed.

L.

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 of the doctor provided the total distance travelled is 13 kilometres or more (8 or more miles).

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 medical officer of health may authorise the payment of additional motor vehicle fees if he considers that the mode of transport was unduly expensive or time-consuming and was necessary in the circumstances.

5. The medical officer of health may reduce or disallow a claim for motor vehicle fees if he considers 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.

M.

MISCELLANEOUS FEE

Occasionally practitioners provide services for maternity patients which are not included in the Schedule of Fees. In these circumstances, practitioners may submit a written application to the medical officer of health for a special fee to be set. These applications may need to be considered by the Medical Services Advisory Committee.

N.

LATE CLAIMS

1. A 10 percent penalty may be applied by the medical officer of health to maternity benefit claims rendered later than 1 year after birth or miscarriage.

2. Claims rendered later than 3 years after the date of birth will be regarded as lapsed and no maternity benefits payable unless the Minister of Health determines otherwise in the circumstances.

Division of Clinical Services.

Department of Health

31 May 1978.