

DEPARTMENT OF HEALTH,
P.O. BOX 5013,
WELLINGTON.

24 September 1969.

CLINICAL SERVICES LETTER NO. 89
TO MEDICAL PRACTITIONERS

Dear Doctor,

SPECIALIST CONSULTATION BENEFIT

1. Government has approved commencement of the specialist consultation benefit for specialist services provided on and after 1 October 1969. The principal terms and conditions of the benefit are as follows:

- (a) The patient must be referred to a recognised specialist by another doctor, either a general practitioner or a specialist.
- (b) In the case of inter-specialist referral, the letter of referral must state that concurrence of the doctor who referred the patient in the first instance, has been obtained to this further referral.
- (c) The benefit is payable only for the initial consultation under any one referral to a particular specialist.
- (d) Where the initial consultation service is provided by a recognised specialist physician, psychiatrist, neurologist, neurosurgeon, or paediatrician, a maximum benefit of \$5 is payable.
- (e) For other recognised specialists, a maximum benefit of \$3.50 is payable.

2. *Non-eligible services*—Medical services which are the subject of an existing health benefit under Part II of the Social Security Act, will not qualify for the specialist benefit. Services in relation to maternity, laboratory diagnostic tests and diagnostic X-rays are therefore excluded. Services which are excluded for the purposes of the general medical services benefit are similarly not eligible for the specialist benefit, e.g., extraction of teeth, services the subject of workers compensation or damages.

3. *Subsequent visits*—In respect of specialist medical services other than the initial consultation, benefits are payable as follows:

- (a) For beneficiaries, pensioners, their dependant wives and children who qualify for the higher G.M.S. benefit, \$1.50 per attendance for services provided on or after 1 October 1969.
- (b) In the case of all other patients, the current rate of 75 cents.

4. *Recognition of specialists*—For purposes of the specialist benefit, a specialist is a medical practitioner so recognised by the Minister of Health, on the basis of reports and recommendations by the Director-General of Health and the Council of the Medical Association of New Zealand. As you know, action has been taken through the Medical Council of New Zealand to establish provisional lists for the various specialities, for submission to the Minister. Copies of these lists will be held by the medical officers of health and will be available for inspection at district health offices. Where doctors are initially in doubt as to whether a consultant is a "recognised specialist", they should inquire from the medical officer of health for their area. As soon as practicable, full lists of recognised specialists will be issued in a Clinical Services Letter.

5. *Legislative provision*—The foregoing provisions are embodied in an amendment to Part II of the Social Security Act 1964, which is being dealt with in the present Parliamentary session.

6. *Referral of patients*—

(a) *Initial referral*—For an initial consultation to qualify for the specialist benefit, a letter of referral from another medical practitioner is necessary in all cases. In the claim forms, specialists are asked to certify that they hold these letters.

(b) *Inter-specialist referral*—As stated in paragraph 1, the concurrence of the original referring doctor must be obtained to inter-specialist referral of a patient, if this referral is to qualify for the specialist consultation benefit. The inter-referral letter must state that this concurrence has been obtained. An exception to this requirement will arise where a specialist refers one of his own patients in his capacity as the patient's usual medical adviser. This should be stated in the letter of referral.

7. *Benefit Claims*—As with G.M.S., the specialist benefit may be claimed either by a refund to the patient, or on a direct claim by the specialist.

(a) *Refund to patient*—

(i) *For initial consultation only*—(\$5 or \$3.50). A refund claim form (GMS. 22) should be issued to the patient in respect of initial consultations. Supplies will be obtainable from district health offices. Section B of the claim form calls for a certificate from the specialist, to enable the patient to obtain the benefit. The co-operation of specialists is requested in providing this assistance.

(ii) *Later attendances*—The existing GMS. 1 claim form will continue to be used in the meantime, for claims relating to subsequent visits.

(iii) *Beneficiaries and pensioners*—Where the patient is a beneficiary or pensioner and is entitled to claim the higher rate of benefit of \$1.50, an application slip (GMS. 21) should be supplied when payment is made by the patient, along with the usual GMS. 1 and the doctor's receipt. Supplies may be obtained from district health offices.

(b) *Direct claim*—Specialists who claim direct should use the form provided for the purpose (GMS. 23). It can be obtained from district health offices. It is similar in lay-out to the G.M.S. daily schedule, but with separate columns for initial consultations, attendances at 75 cents, and the \$1.50 rate for beneficiaries, pensioners and their dependants.

8. The medical officer of health for your district will be pleased to answer any inquiries you may wish to raise concerning the introduction and operation of the benefit.

Yours faithfully,

A. W. S. Thompson.

(A. W. S. Thompson)
Director, Division of Clinical Services.