

16 October 1969.

CLINICAL SERVICES LETTER No. 91 TO MEDICAL PRACTITIONERS

Dear Doctor,

MATERNITY BENEFITS

It has become evident that there is considerable variation in the interpretation of the new scale of fees for maternity benefits. Before issuing any rulings, there have been further consultations with the Medical Association of New Zealand on all points on which difficulties of interpretation have come to the notice of the Department of Health. The following rulings will apply:

1. Caesarean Sections

(a) 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 employees or part-time medical officers and theatre facilities are regarded as "closed".

(b) 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 a Caesarean Section. If the anaesthetist does not hold a hospital appointment the usual anaesthetic fee is payable.

(c) Post-operative care of a patient delivered by Caesarean Section in a hospital board maternity unit is not the subject of a maternity benefit, except where the patient is transferred to an "open" bed after the operation.

2. Emergency Maternity Services by Full-time Hospital Board Staff

Subject to the Board's approval to retain fees and provided the terms of employment do not require a member of the Board's staff to afford emergency services as part of his engagement, claims may be made for such emergency maternity services as blood transfusions, anaesthetics, or acting in place of, or as an assistant to, a private practitioner engaged to attend to a patient in an "open" maternity unit.

3. Prolonged Antenatal Supervision of Patients in "Open" Beds

The need to retain an antenatal patient in an "open" maternity bed for a prolonged period, rather than transfer her to a general hospital bed, requires explanatory information to the Medical Officer of Health, as do cases where two doctors claim for antenatal fees concurrently for the same patient. There may be circumstances where, in addition to the normal antenatal care by the patient's doctor, the services of a physician are required to treat diabetes or heart conditions, etc. In such cases, separate claims for antenatal services may be made, provided a brief explanation is supplied.

4. Puerperal Care

Where a patient is discharged from a "closed" maternity unit and requires further services in relation to maternity within the 14-day period following the date of birth, a fee of \$6 is payable for services rendered by her doctor.

5. Miscarriage

(a) Provided a doctor attends a patient within a reasonable time after the occurrence of a miscarriage, the prescribed fee of \$8 is payable. He need not have attended at the actual time of the miscarriage.

(b) Where the doctor cannot attend within a reasonable time of the miscarriage, but provides related services within the ensuing 14-day period, a payment of \$1.50 for each service may be claimed, limited to a total of \$6.

6. Apportioning Fee for Delivery and Puerperal Care

(a) Where *prior arrangements* have been made to share these responsibilities, the total fee payable is \$25. Normally, the doctor providing the usual services would claim this fee and make his own arrangements to reimburse his colleague.

(b) The higher split-fee provided for in Mat. B. 20—A (2), of \$21.50 for delivery and \$6 for puerperal care is payable only if the responsibility to provide either of these services *arises unexpectedly*, or it is necessary to transfer the patient to another centre for delivery.

7. Consultations

(a) If a doctor who is called in consultation takes over and performs the delivery, a fee of \$20 only is payable. (Mat. B. 20—F (2) page 2.)

(b) In these circumstances, the fee of \$7.50 "*for opinion only*" is not payable in addition to the delivery fee of \$20.

(c) If the consultant continues his responsibility to include puerperal care, an additional fee of \$6 is payable.

(d) If the doctor originally responsible for the patient was involved in the conduct of labour, but is not responsible for puerperal care, he may claim a fee of \$21.50.

(e) If the doctor originally responsible for the patient was involved in the conduct of labour and is responsible for care in the puerperium, the normal fee of \$25 is payable.

Yours faithfully,



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

MEDROXYPROGESTERONE ACETATE INJECTION (DEPO PROVERA, DEPO PROVERA 150)

From the date of receipt of this letter, the availability of medroxy-progesterone acetate injection under the Drug Tariff will be restricted in the following way:

- (a) Approved condition.
- (b) Not available on a medical practitioners supply order.