



**APPENDIX**  
(Form H558)

**DEPARTMENT OF HEALTH**  
**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 will be related to the ending of the present freeze on professional incomes.

**SCHEDULE OF FEES**

*(See Part II for the interpretation of this Schedule)*

**A. NORMAL SERVICES**

1. Antenatal services—	\$
First attendance .....	6.50
Usual attendance .....	3.25
Urgent attendance .....	4.75
2. Conduct of labour and delivery .....	47.00
3. Care of mother and baby in the puerperium (14 days)—	
For each attendance .....	3.25
(Attendances in excess of four to be the subject of an explanatory note on claim form.)	
4. Postnatal examination—	
Mother .....	7.00
Baby .....	3.00

**B. OTHER SERVICES**

1. Prolonged attendance; for each half hour in excess of 1½ hours ..... 10.75
2. Caesarean section (emergency or elective, performed in a private hospital)—
  - (a) Performed by doctor responsible for normal services; \$80 in lieu of fee specified in A2.
  - (b) Performed by any other doctor called in consultation \$64.00; 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. .... 12.00
2. Attendance at miscarriage .....  
If, during the following 14 days, further attendances are required, up to four attendances may be paid for subject to an explanatory note on claim form.  
Fee for each attendance ..... 3.25
3. Post-miscarriage examination ..... 7.00

E. **BLOOD TRANSFUSION**

Exchange transfusion on a baby ..... 48.00

F. **CONSULTATIONS**

1. Opinion only ..... 13.50
2. (a) For effecting delivery ..... 47.00  
(b) The doctor providing normal services to be paid the fee specified in A2 provided he is involved in conduct of labour.

G. **GENERAL ANAESTHETIC SERVICES**

1. Normal basic fee for first half hour ..... 18.00
2. Special basic fee at nights, weekends, and public holidays for first half hour ..... 26.00
3. Special additional basic fee for caesarean section, first half hour ..... 6.00
4. Additional fee for time in excess of first half hour ..... 7.00
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 ..... 12.00
6. Where an anaesthetist is engaged and attends, but his services are not ultimately required, the normal basic anaesthetic fee of \$18, plus motor vehicle fee (where applicable), is payable.

H. **EPIDURAL ANAESTHETIC SERVICES**

1. Normal basic fee ..... 24.00
  2. Special basic fee at nights, weekends, and public holidays ..... 30.00
  3. Each subsequent attendance ..... 8.00
- Total amount payable in any one case limited to \$56 in H1 or \$62 in H2.

I.

### **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.

J.

### **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. They are 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, except for the anaesthetic service involved which may be the subject of a maternity benefit claim if administered in a private hospital.

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. It is envisaged that, in general, only one such fee would be payable 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 such fee could be payable. An explanatory note on the claim form would be necessary in such cases.

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.

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 now 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 times 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. Cases where considerable time is involved may justify a claim under the section "Miscellaneous Fee".

3. The miscarriage fee is now 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 required. 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 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. 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 to a surgical degree (but see 4 below and G6 in the Schedule of Fees).

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 in terms of paragraph 1 of this section, even though a separate fee is not payable to the doctor providing the normal services.

4. The epidural anaesthetic fee is payable to specialist anaesthetists and those practitioners who have been recognised by the Director-General of Health as proficient in epidural anaesthetic techniques. It is considered, however, that the doctor effecting delivery should not also administer an epidural anaesthetic even though he is recognised as proficient. Therefore, the epidural anaesthetic fee will not normally be payable in these circumstances. The only exception would be an emergency situation which will require an explanation to the Medical Officer of Health.

5. Anaesthetic fees are payable in respect of miscarriage services including the operation of dilatation and curettage.

#### 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 nearest available doctor provided the total distance travelled is 13 kilometres or more (8 or more miles). The doctor who is rendering normal services, the doctor who is called as a consultant and the doctor who is called in an emergency are deemed to be "the nearest available doctor" in each case.

3. A doctor who has contracted out of maternity benefits and a doctor who has declined to attend the particular patient are not regarded as being "available" even though they may be nearer than the doctor called.

4. 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.

5. 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.

6. 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.

7. If a doctor considers it necessary to convey his patient to hospital by car, motor vehicle fees are payable.

8. 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 cannot be adequately compensated within 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. Some of 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.

31 May 1977.

Division of Clinical Services

Department of Health.