

Guide to Consultants

This page is designed to provide Specialists/Consultants with guidance on how we apply the terms of our **'your choice'** and **'HealthBridge'** policies in relation to treatment and fees.

The CS Healthcare schedule of fees has been produced for the use of consultant specialists and for our members, on whose behalf we reimburse treatment costs within the terms of their **'your choice'** and **'HealthBridge'** policy .

CS Healthcare recognises the importance of freedom of choice for patients to see the consultant of their choice. The contract for clinical service exists between the practitioner and the patient, not between the practitioner and CS Healthcare. However, settlement of fees may be made directly by CS Healthcare to the practitioner, for and on behalf of our members. Our goal is to reimburse customary and reasonable fees within the terms of our members' policy and the CS Healthcare fee schedule.

Fee Reimbursement

Surgeons Fees

Our schedule uses the codes and narrative description for each procedure as has been developed objectively by the Clinical Coding and Schedule Development group (CCSD). Benefit levels are set to reflect the complexity of a procedure, the time and skill involved in its performance and that which is customary and reasonable and a fair return for the service rendered.

The benefit levels include the immediate routine pre-operative and post-operative care appropriate to the procedure.

Consultants should, as part of their professional service to their patients, operate fair and consistent billing across their practice.

CSH does not seek to intervene in the clinical care of patients under specialist control. However, we may require further information from a specialist in order to determine whether the treatment being undertaken or proposed falls within the terms of the policy. Such information should be provided in a timely manner and appropriate detail.

Our role as insurer is to indemnify our customers against treatment costs in accordance with the contract that prevails between us and the patient.

In turn, a contract exists between you and your patients. In the event that your pre-advised fees are greater than our level of reimbursement, then it is the policyholder's duty to settle the difference. Policyholders and providers are strongly advised to seek pre-authorisation in order to avoid an unexpected shortfall.

It has come to the attention of the Competition and Markets Authority, that some customers with private medical insurance are being faced with significant shortfalls when presented with unexpected professional fees.

Anaesthetist Fees

Anaesthetic benefit levels take into account all elements that constitute optimal care such as pre-operative assessment, the introduction of catheters, drains, monitoring lines, nerve blocks including epidural and local wound infiltration, post-operative analgesia and routine post-operative management including High dependency / Intensive Care / Critical Care.

Routine arrangements should be in place to identify patients who have an increased risk of complications and morbidity/ mortality, e.g. early discussion between surgeon and anaesthetist after initial surgical consultation.

CSH expects that all patients will be assessed pre-operatively by an anaesthetist. This may typically be on the day of surgery. The cost is included in our current fee structure for anaesthetists.

CSH does not routinely pay for separate pre-operative consultations for any procedure although recognises that in certain circumstances it is necessary for a patient to be seen formally by an anaesthetist as a separate pre-operative consultation.

CSH will only consider funding such a consultation if it has been pre-authorised by us following receipt of a detailed summary and risk assessment, and also that the cost of the consultation is made clear to the patient in advance.

Local Anaesthesia/IV Sedation

No additional benefit is payable for the application of local anaesthesia and/or sedation where we consider this to be an integral part of the procedure based on accepted, standard medical practice.

CSH does however recognise that ongoing changes in medical practice mean that there are a number of occasions when a surgeon/anaesthetist will use a local anaesthetic and/or IV sedation for a procedure. In such circumstances we will reimburse up to the fee level of the appropriate code as per our fee schedule.

Unbundling

A single code is deemed to include those elements commonly performed as part of the main operation and without which the operation would be regarded as incomplete. No extra fee is chargeable for a surgical component of the main operation just because it has a stand-alone procedure code.

Guidance on combinations of codes considered unacceptable by CCSD can be found on www.ccsd.org.uk

Hospitals generally follow the codes used by the specialist in order to charge for their theatre fees. Errors in coding can therefore have a significant knock-on adverse financial effect, so it is essential that specialists take the utmost care to use the correct procedure code.

Multiple Procedure Policy

For those additional procedures carried out under the same anaesthetic

Up to 100% of the listed fee price for a primary procedure

Up to 50% of the second procedure in addition to the primary procedure

Up to 25% of the third procedure in addition to the primary and second procedure

No further benefit will be payable beyond the third procedure.

In the case that a procedure is performed bilaterally that cannot be billed under one CCSD code, benefit will be calculated in accordance with the multiple procedures rule.

Multiple specialists'

Assistant fee benefit is not payable for a procedure traditionally performed by a single well trained operator.

Where a procedure necessitates more than one discipline, and a second approved consultant specialist is required for best practice, CSH may consider a fee benefit supplement subject to pre-authorization.

Critical Care

Intensive care benefit is payable to recognised intensive care specialists on a daily basis to include the insertion of all lines, catheters and monitoring equipment. Procedure fee benefit or specialist's consultation fee benefit will be payable in addition, when required for specific expertise in the care of the patient. Please contact the Managed Care Team for pre-authorization and/or further advice on 020 8547 4998*.

Expected and planned attendance by an anaesthetist during intensive care (e.g. post cardiac surgery) is covered by the anaesthetic fee for the operation as it will be part of the routine post-operative management including initiation of intravenous infusion for pain relief - i.e. PCA.

Other information

'Standby' Fees: These are billed for surgeons and anaesthetist who may need to intervene in an event of an emergency, where appropriate, these fees will be reimbursed according to the correct CCSD code.

Attendance fee benefit

Routine pre and post-operative inpatient care is deemed to be included in the procedure benefit.

Attendance fee benefit during inpatient care of medical cases is payable to the admitting physician up to the time of discharge or transfer to another specialist. This will only be

considered for one primary specialist per day.

Additional consultation fee benefit may be payable to other specialists called in for specific medical problems

Uncoded Procedures:

We are aware that on occasions there might not be a CCSD code appropriate to the procedure or surgery which needs to be performed – in these instances please provide the details to the Managed Care Team, who can be contacted on 020 8547 4998*. Where you have a procedure which is likely to be performed on a regular basis and there is not a code you should inform the hospital that you are performing the procedure in, or member of the CCSD group at CCSD, c/o Capita Health, 65 Gresham Street, London, EC2V - or via their web site at www.ccsd.org.uk or by email at ccsd@capita.co.uk

Experimental Treatment & Clinical Trials

CS Healthcare policies do not cover experimental treatment, unproven procedures, unlicensed drugs including those using new technology or drugs, where safety and effectiveness have not been established or accepted or Clinical Trials. We may however cover cases where we would have covered an established procedure, up to a similar financial limit, providing a clear treatment plan is submitted to CS Healthcare, and we have the consent of the patient that they fully understand the nature of their treatment. Please contact the Managed Care Team for further advice on 020 8547 4998*.

Payment

To receive payment from CS Healthcare you will need to be recognised by us and added to our provider system. Therefore if you have not already received payments from CS Healthcare, you need to contact the Provider Services Team to register on 020 8247 4058* or email providerpayments@cshealthcare.co.uk.

Co-payments & Excesses

Some **your choice** policy holders will have opted for a co-payment or excess arrangement in return for paying cheaper premiums, in a situation such as this any sum which we are not able to pay will be detailed on the payment advice sheet sent by us. The patient will also be sent information on how much to settle with you. Please note **HealthBridge** members have a compulsory co-payment of 15% capped at £250.

Shortfalls

CS Healthcare makes every effort to avoid our members having a shortfall on the levels of fee reimbursement. If it is anticipated that a shortfall between the fees raised and the benefit level reimbursable is likely to occur, the provider has a duty of care to ensure that this is fully explained to the patient. This should be done at the earliest opportunity and before the treatment is undertaken as the patient would be responsible for the balance. We recommend that anaesthetists liaise closely with surgeons to ensure that their fees can also be made clear to patients at the earliest opportunity.

All CS Healthcare members must contact us prior to any consultations, investigations or treatment to enable us to confirm if benefit is available. They will then receive a Pre-Authorisation Certificate outlining the terms of their insurance for each procedure they undergo. This certificate clearly states what level of fees we would expect to reimburse for each procedure.

If you have any queries regarding fee reimbursement please call the Provider Services Team on 020 8247 4058* or email providerpayments@cshealthcare.co.uk

*Please note: Calls to CS Healthcare will be recorded and may be monitored for training, quality assurance purposes and/or prevention and detection of crime.