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SPECIAL INTEREST GROUP OF THE SOUTH AFRICAN MEDICAL ASSOCIATION

NATIONAL PATHOLOGY GROUP GUIDELINE

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Version 4.2
February 2011

PREAMBLE:

In the early 1990's the executive of the National Pathology Group agreed that regulation of pathology testing and indications for testing was warranted. From that date rules and guidelines for pathologists who are members of the National Pathology Group have been compiled.

Over the past twelve months, we have again reviewed this guide extensively. An external academic expert committee of both pathologists and clinicians who are not NPG members has compiled the current guide. All profiles, individual tests and billing codes have been reviewed and approved by this group.

Rules related to ethical behaviour and marketing practices have been encompassed in the National Pathology Group Code of Conduct, and compliance with that and the guidelines as set out below constitute a pre-requisite for membership of the National Pathology Group.

Guidelines are as stated "guidelines" for utilization and marketing of pathology services by our members. Guidelines are not rigid, nor can they be applied all of the time. There are no "nevers" in Medical practice. There may be very cogent reasons why a member is perceived on rare occasions to transgress the outlines as set out below.

The National Pathology Group has a peer review system, which is part of this document, and perceived outliers should be addressed through this system. Any allegations of aberrant practice or billing should first be discussed with the provider of service prior to implementing the peer review process.

Unnecessary harassment based on perceptions of transgression or aberration of practice will not be tolerated. The guidelines, as set out below, will not be used as a vehicle whereby relations between pathology providers of the National Pathology Group, requesting doctors or funders may be detrimentally influenced.

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Association incorporated under section 21, Reg. No. 1927 / 000136 / 08

“The Guidelines” is a document designed to inform and regulate the provision of pathology services by the providers of such services and constitutes a service for the funding industry to understand the utilization of that which it is funding.

Pathologists are the bridge between the clinician and the laboratory. They are specialist consultants. The use of their expertise should be encouraged by their clinical colleagues to ensure the most appropriate investigation for patients.

This document will be periodically modified by decision of the executive committee on advice from the newly constituted expert panel. The contents of this document supersede all other guidelines that have been published by the NPG and until modified by later editions is the definitive guide to utilization of the group.

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TJAART ERASMUS
PRESIDENT

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THE NPG PEER REVIEW / TRIBUNAL

Discrepancies regarding utilization of pathology testing, interpretation of the tariff code system or alleged contravention of the terms and clauses of this agreement must initially first be referred to the managing partner of the member practice concerned.

Failure to reach resolution between the two parties requires that the issue then be referred to the National Pathology Group Peer Review Committee. In order for this process to be initiated details should be forwarded to the National Pathology Group secretariat at :

P O Box 803
FLORIDA PARK
1716

110, First Floor, Flora Centre Office Block
Cnr Ontdekkers- & Conrad Roads
FLORIDA HILLS

from whence it will be referred to the NPG Chairman and the chairman of the tariff committee. The Peer Review process related to this guide is set out in this document. (Page 36)

REQUEST FORM

The National Pathology group discourages the use of hand written request forms that lead to transcription errors and the misreading of test requests.

In the event that a request for investigation is hand written and where more than one profile is available for testing (i.e. liver function, cardiac or lipid profiles), and where there is no stipulation as to the exact profile requested, the full profile will be performed, such that a complete investigation of the biochemical or other parameters can be assessed.

Layout Profiles/Group Tests:

Both profiles and their constituent tests are to be listed on request forms or binders/folders. It must be possible for a referring doctor to request tests that form part of recognised profiles as individual items.

Profiles must be listed first in each department or disease related group.

Profiles/group tests: Only profiles accepted by the National Pathology Group may appear on request forms.

The profiles should appear as indicated in the protocol, and should contain only the tests as listed.

The laboratory should make the contents of profiles known to the requesting doctor/user and this information should be available with the request form.

Specific/Generic request forms:

These request forms must comply with NPG profile guidelines.

ADDITIONAL TESTING:

In line with specialist medical practice in other disciplines the interaction of the specialist pathologist in laboratory testing will result in additional testing. Such testing will take place when abnormal results are found which require further investigation to elucidate the diagnostic problem. Accusations of over-servicing in such regard will not be accepted. Laboratories must maintain an audit trail when tests are added, either showing why a pathologist added them or indicating that a referring doctor telephoned in to have them added.

CODING:

Members of the NPG must ensure that appropriate tariff codes are used for investigations performed in their laboratories.

CLAIMS ISSUES:

Multiple patient incidents should not be billed on one laboratory request number.

A tariff code item may be charged more than once on a laboratory accession number as some gazette codes are not specific and will relate to tests using the same methodology. Such generic codes may occur more than once in an account, but must be accompanied by individual descriptions for each test performed. This will include histology and cytology where multiple specimens may be examined under the same laboratory accession number.

UNBUNDLING:

Unbundling of group tests such as full-blood count, urea and electrolyte codes and blood gas analysis is unacceptable. Where several tests are included in one tariff item number, such tests cannot be split into their component parts and billed separately.

However, it may happen that components of a group test, such as Hb & Total WBC maybe requested as separate tests, as only these will be charged for they must not be seen as “unbundling”. The total of the individual tests must remain less than that of the group test.

CONSULTATION FEES:

Where specific consultation, examination or monitoring of a patient is required and is performed by a pathologist, consultation fees may be charged.

UTILIZATION:

Where tests are listed separately on request forms, but utilization reviews shows that certain combinations of tests are being ordered excessively then such examples should be brought to the attention of the NPG Peer Review Committee.

FUNDERS:

Hard wiring of exclusions into computer systems will result in erroneous rejection and will result in deteriorating relationships between the funders and the National Pathology Group. The guidelines, protocols and rules as set out in this document are the specific intellectual property of the National Pathology Group, which will have discussions with individual funder bodies, but will retain its right to make specific changes and review issues.

The guide, code of conduct, constitution and all attachments are applicable to National Pathology Group members only. The documents are copyright to the National Pathology Group.

Permission for use must be obtained from the NPG secretariat in writing. This will entail registration of your details and will enable the secretariat to update the users with the most current version of the guide.

CHEMISTRY

GENERAL RULES:

- 1) Faecal Occult blood (4351) and Monoclonal Occult blood (4352) could be requested together but in a very low percentage of cases < 5%. Should not be on one request line.
- 2) HbA_{1c} and Fructosamine (4063) could be requested together but in a very low percentage of cases < 5%. Should not be on one request line.
- 3) Serum Creatinine (4032) could be charged together with serum –urea (4151) in a very high percentage of cases > 90%.
- 4) Not more than one tumour marker should appear on one line on request form.
- 5) Amylase and Lipase should not appear on one line on the request form.
- 6) Free PSA should be performed where the total PSA result is between 2.5 and 10 ng/ml
- 7) The 2nd trimester Downs screen should be charged using code 4552 at 38.22 units
- 8) **Complement:** There are numerous complement components which the laboratories can measure e.g. C3, C4, C5, C6 etc. Prior to the early 1990's all components were measured by the radial immunodiffusion method (code 3963, which has a similar unit value to code 3971 = immunodiffusion test : per antigen) this remains the only method currently available to measure, albeit inaccurately, C5 and C6 levels.

During the 1990's more accurate nephelometric and immunoturbidometric methods became available to measure the more important complement components i.e. C3 and C4. For this method code 4182 (quantitative protein estimation: nephelometer or turbidometric method) should be coded.

Most laboratories are using the nephelometric or immunoturbidometric method to measure C3 and C4 levels and should be using code 4182.

For the rare or esoteric C5 and C6 measurements, this can currently only be measured by the radial immunodiffusion method and here we recommend that code 3963 be used.

- 9) **Drug of abuse screening:**
(4370) Drug level in biological fluid: Monoclonal immunological
(4287) Identification of drug: Qualitative

Most laboratories are using automated analysers that produce quantitative drug results (4370); if so, the quantitative code should be charged.

- 10) **Micro-albumin (4261) and Creatinine (4221):**
All reputable laboratories measure both the micro-albumin and the creatinine level and report the ratio. Therefore both codes are charged. *April 2006 SAMJ supplement on HT guidelines – page 340 in table ii*

11) **Free testosterone:**

Free testosterone is considered the parameter to measure for assessing testosterone bio-activity status in both males and females, as opposed to the old total testosterone.

There are two ways of measuring free testosterone. There is a direct assay and there is a mathematical derivation from the total testosterone and SHBG levels. Because there are major deficiencies with the direct free testosterone assay and it is generally acknowledged not to achieve its objective with sufficient accuracy. Derivation of the free testosterone from the total testosterone and SHBG levels is considered far superior for this purpose. It provides a far more accurate index of testosterone bio-activity.

Bill for free testosterone using total testosterone (4501) and sex hormone binding globulin (4526).

BLOOD GASES:

1. pH, pCo₂, Std.HCO₃, BE, pO₂: (4076) maximum six per patient per 24 hours
2. The following ancillary tests are included as part of the 4076 code if performed on a bloodgas analyser: Na, K Hb, Ionized Calcium, magnesium, glucose, bilirubin, urea, lactate and oximetry parameters.
3. Tests falling within the "ancillary test" group, which are performed on a discreet analyser (not bloodgas analyser), either of the point-of-care or laboratory type, can be charged for separately on a different requisition number from the bloodgas charge, over and above the "6 X 4076" rule. However, this should usually only happen when the bloodgas analyser at the hospital in question is of the simple type that does not perform ancillary tests. It is however recognised that clinicians will occasionally request that such ancillary tests be performed separately/in the laboratory, even when the resident bloodgas analyser is capable of performing such tests.

No additional charge for saturation.

CHEMISTRY GROUP TESTS/PROFILES:

CHEST PAIN PROFILE:

- | | |
|------------------------|----------------|
| 1. CK | (4132) |
| 2. CK-MB Mass | (4152 or 4153) |
| 3. Troponin "I" or "T" | (4161) |

HIRSUTISM:

- | | |
|---|---------------------|
| 1. Free Testosterone or Total Testosterone / SHBG | (4502 OR 4526/4501) |
| 2. DHEA | (4500) |
| 3. 17-OH progesterone | (4520) |

A 24 hour urine free cortisol can be added to screen for Cushing's syndrome (4499)

IMMUNOGLOBULINS:

- | | |
|------------------------|--------|
| 1. IgA | (4182) |
| 2. IgM | (4182) |
| 3. IgG | (4182) |
| IgE should be separate | |

INFERTILITY – FEMALE:

- | | |
|--|-----------------------|
| 1. FSH | (4516) |
| 2. LH | (4517) |
| 3. Prolactin | (4537) |
| 4. Oestradiol | (4503) |
| 5. Progesterone (Day 21) | (4521) |
| 6. Free Testosterone or Total testo/SHBG | (4502 OR 4526 / 4501) |
| 7. Free T4 | (4452) |
| 8. TSH | (4507) |
| 9. DHEA | (4500) |

INFERTILITY – MALE:

Hormonal Infertility Male: (Profile 1)

- | | |
|--|------------------|
| 1. FSH | (4516) |
| 2. LH | (4517) |
| 3. Prolactin | (4537) |
| 4. Free testosterone or total testo/SHBG | (4502/4526/4501) |

Infertility Male: Profile 2:(With sperm antibodies)

1. Profile 1 + Sperm Antibodies (4435)

(Retain as investigative profile but remove from request forms)

IRON STUDIES:

1. Serum Iron (4071)
2. Ferritin (4528)
3. Transferrin **or** TIBC (not both) (4144)

LIPOGRAM:

(4025)

1. Total Cholesterol
2. HDL-Cholesterol
3. LDL-Cholesterol
4. Triglycerides

LIVER FUNCTION TESTS:

LIVER FUNCTION TESTS

1. Total/conjugated bilirubin (4009 / 4010)
2. Alk. Phos. (4001)
3. Gamma GT (4143)
4. Total protein (4117)
5. Albumin (3999)
6. AST (4130)
7. ALT (4131)

THYROID PROFILE

1. FTB_{4B} & TSH (4484)

FTB_{3B} and thyroid antibodies can be billed as well if requested separately.

- FTB_{3B} and thyroid antibodies can be requested by the clinician on the request form or added on by the pathologist in consultation with the clinician. This should be recorded on the computer – reason why and by whom.

HAEMATOLOGY

General Rules

Pathologists should define the parameters for performing reticulocyte counts in their own environment.

COAGULATION PROFILES:

Limited Screen for Bleeding Disorder

1. FBC and platelets (3755 and 3797)
2. INR (3805)
3. PTT (3837)
4. Bleeding time or PFA 100 (3713 / 0201/NAPPI)
5. Fibrinogen (3825)

Extended Bleeding Disorder Profile:

(May include the following tests amongst others)

1. FBC and Platelets (3755 and 3797)
2. INR (3805)
3. PTT (3837)
4. Bleeding time or PFA 100 (3713 + 0201)
5. Fibrinogen (3825)
6. Thrombin Time (3841)
7. Factor VIII (3757)
8. Von Willebrand Factor (3758)
9. Ristocetin Co-factor (3857)
10. Factor XIII (quantitative) (3757)
or Factor XIII (qualitative) (3744)
11. Platelet Function studies (3795 x 6)

Additional specialized factor or other assays should preferably be performed after consultation with a laboratory haematologist. The pathologist should record this on the patient file.

DIC Screen:

1. FBC, PLTS (3755 / 3797)
2. INR (3805)
3. PTT (3837)
4. D-Dimer (qualitative) (3854)
Or D-Dimer (quantitative) (3856)
And/or FDP (3853)
5. Fibrinogen (3825)

INHERITED THROMBOTIC SCREEN:

1. Activated Protein C Resistance (3726)

- | | |
|--------------------------|--------|
| 2. Factor V Leiden (PCR) | (3974) |
| 3. Prothrombin 20210A | (3974) |
| 4. Protein C | (3734) |
| 5. Protein S | (3730) |
| 6. Antithrombin | (3735) |
| 7. Homocysteine | (4040) |

Additional specialized factor or other assays should preferably be performed after consultation with a laboratory haematologist. The pathologist should record this on the patient file.

EXTENDED THROMBOTIC SCREEN

- | | |
|---|------------|
| 1. Activated Protein C Resistance | (3726) |
| 2. Factor V Leiden (PCR) | (3974) |
| 3. Prothrombin 20210A | (3974) |
| 4. Protein C | (3734) |
| 5. Protein S | (3730) |
| 6. Antithrombin | (3735) |
| 7. Homocysteine | (4040) |
| 8. Lupus Anticoagulant / Antiphospholipid antibody screen
(as per profile below) | |
| 9. Pre / post-stress Euglobulin Lysis time | (3767 x 2) |
| Or Tissue plasminogen activator release | (3750 x 2) |
| 10. Plasminogen | (3736) |
| 11. Fibrinogen | (3825) |
| 12. Thrombin time | |

Additional specialized factor or other assays should preferably be performed after consultation with a laboratory haematologist. The pathologist should record this on the patient file.

LUPUS ANTI-COAGULANT / ANTIPHOSPHOLIPID ANTIBODY SCREEN:

(Ideally at least 2 tests using different assay principles should be used)

- | | |
|---|--------|
| 1. dRVVT (dilute Russell viper venom time) | (3737) |
| 2. KCT (kaolin clotting time) or SCT (silica clotting time) | (3738) |
| 3. APTT using a sensitive reagent (PTT-LA) | (3837) |

If any test above is abnormal, 4 and/or 5 below are required:

- | | |
|---|------------------------|
| 4. Confirmation assay ("platelet neutralisation") of dRVVT or
KCT or SCT or PTT-LA | (3737 or 3738 or 3837) |
| 5. Mixing study of dRVVT or KCT or SCT or PTT-LA | (3737 or 3738 or 3837) |
| 6. Anticardiolipin IgG and IgM | (3948 & 3946) |
| 7. Anti-B2GP1 IgG and IgM | (3948 & 3946) |

If indicated:

- | | |
|--------------------------------|---------------|
| 8. Antiprothrombin IgG and IgM | (3948 + 3946) |
|--------------------------------|---------------|

HAEMOLYTIC PROFILE:

1. FBC/platelets	(3755 / 3797)
2. Reticulocytes	(3809)
4. Bilirubin total	(4009)
5. Bilirubin conjugated	(4010)
6. Haptoglobin serum	(3772)
7. LDH, serum	(4133)
8. Direct Coombs Test	(3709)
9. Indirect Coombs Test (If indicated)	(3709)

ABNORMAL HAEMOGLOBIN SCREEN:

1. Haemoglobin electrophoresis (both acid and alkaline may be done if required)	(3769)
2. HPLC may also be done in addition or as alternative to the above if indicated	(3998)
3. Column chromatography for HbA2	(3768)
4. Reticulocytes	(3809)
5. Alkali resistant haemoglobin	(3705)

It is likely that only the following will be used on the laboratory request form as profiles. This does not preclude laboratories from including additional profiles based on the principles above.

- LIMITED SCREEN FOR BLEEDING DISORDER
- DIC SCREEN
- INHERITED THROMBOTIC SCREEN
- LUPUS ANTI-COAGULANT / ANTIPHOSPHOLIPID ANTIBODY SCREEN
- HAEMOLYTIC PROFILE
- ABNORMAL HAEMOGLOBIN SCREEN

BONE MARROW:

Description	Code	A. Bone marrow done in the laboratory	B. Bone marrow done away from the laboratory in own rooms	C. Bone marrow done away from laboratory but in hospital	D. Bone marrow done away from laboratory but in theatre
<u>Aspiration only</u>					
Setting of sterile tray	0202	Y	Y	Y	Y
Aspiration needle (disposable)	0201+nappi	Y	Y	Y	Y
Bone marrow aspiration	3719	Y	Y	Y	Y
Bone marrow cytology	3717	Y	Y	Y	Y
Consultation	0190	Y	Y	Y	N
Visit hospital	0173	N	N	Y	N
Iron stain	3885	Y	Y	Y	Y
Attendance in theatre	4544	N	N	N	Y
Using own rooms	0004	Y	Y	N	N
Gloves	0201	Y	Y	Y	Y
<u>Aspiration and biopsy (UNILATERAL)</u>					
Setting of sterile tray	0202	Y	Y	Y	Y
Aspiration needle (disposable)	0201+nappi	Y	Y	Y	Y
Biopsy needle (disposable)	0201+nappi	Y	Y	Y	Y
Bone marrow aspiration & biopsy	3721	Y	Y	Y	Y
Bone marrow cytology	3717	Y	Y	Y	Y
Consultation	0190	Y	Y	Y	N
Visit hospital	0173	N	N	Y	N
Iron stain	4589	Y	Y	Y	Y
Attendance in theatre	4544	N	N	N	Y
Using own rooms	0004	Y	Y	N	N
Gloves	0201	Y	Y	Y	Y
Histology sections	As necessary: depending on what is done and how many sections are made. If done: serial step sections.				
<u>Aspiration and biopsy (BILATERAL)</u>					
Setting of sterile tray	0202	Y	Y	Y	Y
Aspiration needle (disposable)	0201+nappi	Y	Y	Y	Y
Biopsy needle (disposable)	0201+nappi	Y	Y	Y	Y
Bone marrow aspiration & biopsy	3721+3720	Y	Y	Y	Y
Bone marrow cytology	3717	Y	Y	Y	Y
Consultation	0190	Y	Y	Y	N
Visit hospital	0173	N	N	Y	Y
Iron stain	4589	Y	Y	Y	N
Attendance in theatre	4544	N	N	N	N
Using own rooms	0004	Y	Y	N	
Gloves	0201	Y	Y	Y	Y
Histology sections	As necessary: depending on what is done and how many sections are made. If done: serial step sections				

Pathologists may charge a consultation fee plus a procedure fee when doing bone marrow biopsies. The exceptions are:

- 1) When a pathologist has a consultation with a patient in the rooms and it is decided at this consultation that the procedure will be done at a later stage, no consultation fee may be charged again on the day of the procedure.
- 2) When an elective biopsy is done in theatre and the pathologist has not consulted with the patient, only the procedure fee may be charged.

Pathologists are allowed to charge for consultations when they personally consult/visit the patient. The consultation/visit must be coded as follows:

First visit in hospital: Item 0173 + 0145 + 3721

Emergency first hospital visit: Item 0173 + 0147 + 3721

Patient seen at the laboratory/own rooms: Item 0190 / 0192 (as appropriate) + Item 3721

If the pathologist was called out to do an emergency biopsy, modifier 0011 may be added to the procedure fee.

Refer to Rule L for procedures performed at time of visit: If a procedure is performed at the time of a consultation/visit, the fee for the visit PLUS the fee for the procedure is charged.

SEROLOGY

GENERAL RULES

Charging of code 4451 (Quantitative HCG) when a qualitative HCG has been performed is unacceptable. Code 4450 should be used. Codes 4450/4451 should not, **unless specifically requested**, be charged in combination.

S- PREGNANCY TESTS:

S-HCG Qualitative 4450
S-HCG Quantitative 4451



These two tests should not be charged together. Some practices only perform the Quantitative HCG 4451 and report it as such

RUBELLA IGM:

Affinity test or second Elisa test for confirmation of positive Rubella IgM: this should only be performed in pregnant woman and should occur in < (<2%- 3%) of cases billed.

GROUP TESTS:

RPR: Laboratories use code 3951 (RPR Quantitative) because they perform titration on all specimens to avoid false negative results. This is cheaper than the alternative of charging multiples of code 3949 (RPR qualitative) and is therefore acceptable

AUTO-IMMUNE PROFILE:

- | | |
|--|----------------------|
| 1. ANF | (3934) |
| 2. ENA Screen | (3948 x 1) |
| 3. Rheumatoid factor X 1 as screening test | (4182) |
| 4. CRP | (3947) |
| 5. FBC, platelets / ESR | (3755 / 3797 / 3743) |

If the ANF is positive, up to 5 dilutions of ANF can be performed.
6 x ENA markers can be billed under the IgG ELISA code 3948 (i.e. 6 x 3948) or Western blot code (3969 x 1), if the ENA screen is positive. The code used will depend on the method used by the laboratory.

HIV-MONITORING: (Adult)

- | | |
|---------------------------|--------|
| 1. HIV PCR (Quantitative) | (4429) |
| 2. CD4 | (3816) |

PCR for drug resistance only after consultation with clinician.

VIRAL HEPATITIS:

Hepatitis B status (acute):

- | | |
|-----------------------------------|------------|
| 1. Hep. B S Ag | (4531) |
| If positive add Hep B e Ag and Ab | (4531 X 2) |
| 2. Hep. B S Ab | (4531) |
| 3. Hep. B Core Ab (total) | (4531) |
| If positive Reflex Hep B core IgM | (4531) |

Hepatitis A and B Status (acute):

- | | |
|-----------------------------------|------------|
| 1. Hep. B S Ag | (4531) |
| If positive add Hep B e Ag and Ab | (4531 X 2) |
| 2. Hep. B S Ab | (4531) |
| 3. Hep. B Core Ab (Total) | (4531) |
| If positive add Hep B core IgM | (4531) |
| 4. Hep. A Ab (IgM) | (4531) |

Hepatitis A, B and C Status (prior exposure):

- | | |
|---------------------------------------|------------|
| 1. Hep. B S Ag | (4531) |
| If positive add Hep B e Ag and Ab | (4531 X 2) |
| 2. Hep. B S Ab | (4531) |
| 3. Hep. B Core Ab (Total) | (4531) |
| If positive add Hep B core IgM | (4531) |
| 4. Hep. A Ab (IgM) | (4531) |
| 5. Hep. C Ab (IgG) | (4531) |
| If positive add qualitative Hep C PCR | (3974) |

Hepatitis A, and B Immunity Profile:

- | | |
|----------------|--------|
| 1. Hep. A IgG | (4531) |
| 2. Hep. B S Ab | (4531) |

EBV SEROLOGY

- | | |
|-------------------|--------|
| EBV early antigen | (3948) |
| EBV VCA IgG | (3948) |
| EBV nuclear IgG | (3948) |
| EBV VCA IgG | (3946) |

Interpretive note: The titration of EBV early antigen was used by many clinicians in the mid 1980's through to 1990's as an aid in the diagnosis of chronic fatigue syndrome. There are very few clinicians who still request EBV early antigen titrations. Code 3970 has been deleted from SAMA billing guidelines and is no longer in use. It must be deleted from all billing guidelines.

If infectious mononucleosis (Glandular fever) is suspected, only an EBV VCA IgM (code 3946) needs to be requested by the referring clinician. The full EBV profile may be requested by the referring clinician for other EBV-related conditions.

MICROBIOLOGY

General Rules

1. Unbundling is not permitted.
2. Charging for more than two sensitivities on microbiology specimens: this is allowable when clinically appropriate. In practice this usually occurs with pus swabs. A third sensitivity charge should appear in < 1% of microbiology bills.
3. Mantoux tests are charged using 0221 + 0201/NAPPI code 8729308026. Mantoux reagent is supplied in multidose vials that expire 8 hours after opening (Manufacturers recommendations). In most cases it will therefore be necessary to charge an individual patient the full cost of the multidose vial.
4. Malaria antigen strip: code 3792 must be charged.
5. CSF: the full CSF examination (cell count, protein, glucose, chloride) must be billed using codes 4407 and 3783.

BILLING OF MICROBIOLOGY SAMPLES:

EAR SWABS:

Add fungal culture to the procedure, if sample not middle ear specimen

(3901)

SWAB/ASPIRATES FROM EARS OR SINUSES

SWABS FROM EXTERNAL EAR CANAL OR SINUS

Microscopy	(3867)
Culture	(3895)
Anaerobic culture	(3909)
Fungal culture	(3901)

ASPIRATES

Microscopy	(3867)
Culture	(3895)
Anaerobic culture	(3909)

Should organisms be identified and sensitivity tests are done, the following charges should be edited on:

Identification as per organism/type	(3924/3923/3927/4652) See identification of microorganisms
Sensitivity per organism	(3887/4652)

Special notes (additional charges):

- Bill for IDENTIFICATION and SENSITIVITY TESTING of micro-organisms as per ID and SENSITIVITY BILLING as set out in document.
- Enterobacteriaceae should be tested for ESBL production (3887)
- Beta-lactamase for Haemophilus/Moraxella (3911)
- Streptococcus pneumoniae penicillin MIC (4650) AND cefotaxime MIC (4650) or ceftriaxone MIC if the strain screens resistant on oxacillin disc testing
- Eosinophil count (3885) on sinus aspirates

EYE SAMPLES:

Currently no billing recommendation exists in the NPG document.

EYES SWABS OR ASPIRATES

If no history is given, set up the following procedures:

- Microscopy (3867)
- Culture (3895)

If the history indicates keratitis or endophthalmitis, fungal culture should be added. (3901)

If the history suggests keratitis, culture for acanthamoeba should be added (3879)

Special notes (additional charges):

- Bill for IDENTIFICATION and SENSITIVITY TESTING of microorganisms as per ID and SENSITIVITY BILLING as set out in document.
- Enterobacteriaceae should be tested for ESBL production (3887)
- Beta-lactamase for Haemophilus/Moraxella and penicillin-sensitive Staphylococcus aureus (3911)
- Viral, fungal, acanthamoeba, and chlamydia investigations need to be separately requested.
- Mycobacterial studies need to be separately requested.

SPUTUM EXAMINATION:

The following procedures are followed when sputum is sent in for microscopy, culture and sensitivity testing:

Microscopy	(3867)
TB microscopy (Zn)	(3881 ZN) or (3885) Fluorescent Stain
Culture	(3895)

Should organisms be identified and sensitivity tests are done, the following charges should be edited on:

Identification as per organism/type	(3924 / 3923 / 3927/4652) See identification of micro organisms
Sensitivity per organism	(3887/4653)

Special notes:

- Eosinophil stain should be separately requested as of 1 Jan 2003 (3885)
- Enterobacteriaceae should be tested for ESBL production (3887)
- Beta-lactamase for Haemophilus/Moraxella (3911)
- Streptococcus pneumoniae penicillin MIC (4650) and cefotaxime MIC (4650) or ceftriaxone MIC, if strain is resistant to oxacillin on disc testing
- TB culture should be separately requested
- Fungal culture should be separately requested (3901)
- Pneumocystis carinii detection should be separately requested
- Viral studies (e.g. direct fluorescence) need to be separately requested.

BRONCHOALVEOLAR LAVAGE, BRONCHIAL WASHINGS, BRONCHIAL BRUSHINGS, TRANSTHORACIC ASPIRATES AND TRANSTRACHEAL ASPIRATION:

The following procedures are followed when bronchoalveolar lavage, bronchial washings, bronchial brushings, transthoracic aspirates or transtracheal aspiration is sent in for microscopy, culture and sensitivity testing:

Microscopy	(3867)
TB microscopy (Zn)	(3881 (ZN) or (3885) Fluorescent Stain

Culture		(3895)
Anaerobic culture		(3909)
Fungal culture		(3901)
Mycobacterium culture on one of the samples		
	radiometric	(3916) OR
	non-radiometric automated	(4651) OR
LJ slope		(3915) OR
TB culture bottle	0201 / NAPPI (for radiometric and non-radiometric bottles)	

Should organisms be identified and sensitivity tests are done, the following charges should be edited on:

Identification as per organism/type	(3924/ 3923/ 3927/4652) See identification of micro organisms
Sensitivity per organism	(3887/4653)

Special notes:

- Eosinophil stain should be separately requested (3885)
- Enterobacteriaceae should be tested for ESBL production (3887)
- Beta-lactamase for Haemophilus/Moraxella (3911)
- Streptococcus pneumoniae penicillin MIC and cefotaxime MIC (4650) or ceftriaxone MIC, if strain is resistant to oxacillin on disc testing (4650)
- TB culture to be performed on one of the samples if multiple samples are submitted e.g. bronchial washings, bronchoalveolar lavage etc.
- Pneumocystis carinii detection, Legionella studies should be separately requested
- Viral studies (e.g. direct fluorescence) need to be separately requested.

NOSE EXAMINATION:

The following procedures are followed when nose swabs are sent in for microscopy, culture and sensitivity testing:

Microscopy	(3867)
Culture	(3895)

Should organisms be identified and sensitivity tests are done, the following charges should be edited on:

Identification as per organism/type (3924/3923 /3927/4652)
See identification of micro organisms

Sensitivity per organism (3887/4653)

Special notes:

- Enterobacteriaceae should be tested for ESBL production (3887)
- Beta-lactamase for Haemophilus/Moraxella (3911)
- Streptococcus pneumoniae penicillin MIC (4650) and cefotaxime MIC (4650) or ceftriaxone MIC if the isolates screen resistant on oxacillin disc testing
- Culture for Corynebacterium diphtheria should only be performed if separately requested. (3895)
- If culture for Staphylococcus aureus or MRSA is requested on nose swabs (this will also include swab from the groin and/or axilla), then bill under code 3893 (bacteriological culture – miscellaneous) and not under 3907 which is intended for mass screening for staphylococcal carriage in the food workers.

THROAT EXAMINATION:

The following procedures are followed when throat swabs are sent in for microscopy, culture and sensitivity testing:

Microscopy (3867)

Culture (3895)

Should organisms be identified and sensitivity tests are done, the following charges should be edited on:

Identification as per organism/type (3924 /3923/3927/4652)
See identification of micro organisms

Sensitivity per organism (3887/4653)

Special notes:

- Enterobacteriaceae should be tested for ESBL production (3887)
- Beta-lactamase for Haemophilus/Moraxella (3911)
- Streptococcus pneumoniae penicillin MIC (4650) and cefotaxime MIC (4650) or ceftriaxone MIC if the isolates screen resistant on oxacillin disc testing
- Culture for Corynebacterium diphtheria should only be performed if separately requested. (3895)

MOUTH SWABS

The following procedures are followed when mouth swabs are sent in for microscopy, culture and sensitivity testing:

Microscopy	(3867)
Culture	(3895)
Fungal culture	(3901)

Should organisms be identified and sensitivity tests are done, the following charges should be edited on:

Identification as per organism/type	(3924 /3923/3927/4652) See identification of micro organisms
Sensitivity per organism	(3887/4653)

FAECES EXAMINATION

The following procedures are followed when stools are sent in for microscopy, culture and sensitivity testing:

Microscopy	(3869)
Culture (fastidious)	(3893)
Selenite culture	(3893)
Campylobacter culture	(3879)
Cryptosporidium stain	(3885)

Notes: The PHLS also recommends culturing for campylobacter routinely and staining for Cryptosporidium routinely

Additional charges:

- In children younger than 5 years old, and in patient > 60 years rotavirus antigen is done (3939/3904). In patients 6 – 60 years, rotavirus should be separately requested (as the PHLS guidelines)
- In children younger than 5 years of age adenovirus antigen may be done (3939/3948). In older patients, adenovirus should be separately requested.

Many laboratories are now using the strip (ELISA test) that can detect both rotavirus and adenovirus. It is recommended that only 1 x 3948 (ELISA charge) be billed if the strip method is used.

- Culture for vibrio (3895) should be separately requested.
- Should pathogens be cultured, they need to be identified. Charge accordingly i.e. Enterobacteriaceae 3924, serotyping for Salmonella/Shigella/EPEC serotyping 3926.

- See section on identification for more details.

Non-lactose fermenters should be screened for non-pathogens using either urease or Singer's (code 3923) since this may save costs on expensive identifications.

- Should virulence genes be determined for potential EPEC strains, charge 4433.
- Check for ESBL producing Enterobacteriaceae - 3887.
Only if Disc susceptibility testing is performed
Not necessary if using Automated systems e.g. Vitek
- Sensitivity testing should be charged on enteric bacterial pathogens – 3887/4653.
- Faecal occult blood (monoclonal: 4352) should be ordered separately

Special notes: *Clostridium difficile* exotoxin determination is only done on special request when pseudo-membranous colitis is clinically suspected, 3889 or 3902, depending on the method used. PCR testing (3974) is recommended since it is more accurate and can detect both toxin A and B.

VAGINAL/CERVICAL AND URETHRAL SWAB EXAMINATION:

The following procedures are followed when vaginal/cervical swabs are sent in for microscopy, culture and sensitivity testing:

Microscopy	(3867)
Trichomonas	(3885)
Culture	(3895)
Yeast culture	(3901)
Mycoplasma/Ureaplasma culture	(3918 or 3917)

There is no reason why yeast culture should be performed at no charge.
The PHLS SOP recommends yeast culture for all vaginal, urethral and endocervical swabs.

Should organisms be identified and sensitivity tests be done, the following charges should be edited on:

Identification as per organism/type	(3924/3923/3927/4652) See identification of micro organisms
Sensitivity per organism	(3887/4653)

Special notes:

- Enterobacteriaceae should be tested for ESBL production on pure isolates only - 3887
Only if Disc susceptibility testing is performed
Not necessary if using Automated systems e.g. Vitek
- Beta-lactamase assay (3911) should be performed for *Neisseria gonorrhoeae* if this organism is isolated.
- Although acridine orange stain and wet preparations are less sensitive than culture, routine culture for trichomonas is not recommended

- Anaerobic cultures should not be done unless requested (e.g. actinomyces in IUCDs)
- In patients with cervicitis or urethritis, a Chlamydia PCR (3974) may be performed on adequately collected samples

URETHRAL DISCHARGE PROFILE

Urethral MCS:	as per urethral swab above
Urethral/urine Chlamydia PCR:	(3974)
Gonococcal PCR	(3974)

GENITAL ULCERATION PROFILE

HIV Elisa	(3932)
Syphilis PCR	(3974) OR
Syphilis serology	(3951+3948/3946)
Haemophilus ducreyi PCR	(3974) OR
Haemophilus ducreyi culture	(3893)
Herpes simplex virus PCR	(3974) OR
Herpes simplex virus culture	(3897/4591 x 2/3882 x 2)

CEREBROSPINAL FLUID EXAMINATIONS:

The following procedures are followed when cerebrospinal fluids are sent in for microscopy, culture and sensitivity testing:

Cell count, protein, glucose, chloride	(4407)
Microscopy (gram stain)	(3867)
Culture	(3895)
Cell count differential (stained method) (only if cells present)	(3783)

Should organisms be identified and sensitivity tests are done, the following charges should be edited on:

Identification as per organism/type	(3924/3923/3927/4652) See identification of microorganisms
Sensitivity per organism	(3887/4653)

Special notes:

- Capsular antigen detection 3939. Five capsular antigens may be determined if specially requested or if the CSF white cell count is elevated.
- Cryptococcus antigen titres are done if specially requested or if yeast cells are observed 3939 x 5 for dilution titre
- Enterobacteriaceae should be tested for ESBL production – 3887
Only if Disc susceptibility testing is performed
Not necessary if using Automated systems e.g. Vitek

- Viral culture and PCR assays for herpes simplex, enteroviruses etc should be separately requested.

Should herpes simplex virus serology be ordered on CSF, perform HSV PCR
Should Coxsackie serology be ordered on CSF, perform enterovirus PCR

- TB culture or TB-PCR should be separately requested.
- Syphilis serology (VDRL or syphilis IgG) needs to be separately requested.
If automated haematology analysers e.g. Advia, are used to screen and perform cell counts on CSF, the bill as follows:

Cell count	(3783)
CSF protein	(4419)
CSF Glucose	(4421)
CSF chloride (if performed)	(4409)

EXAMINATION OF SWABS OR ASPIRATES FROM SKIN/SUBCUTANEOUS TISSUES, WOUNDS, BURN WOUNDS AND, TISSUES:

The following procedures are followed when pus swabs from Skin/Subcutaneous tissues, wounds (including burn wounds), and tissues are sent in for microscopy, culture and sensitivity testing:

Microscopy	(3867)
Culture	(3895)
Anaerobic culture	(3909)

Should organisms be identified and sensitivity tests are done, the following charges should be edited on:

Identification as per organism/type	(3924/ 3923 /3927/4652) see identification of micro organisms
Sensitivity per organism	(3887/4653)

Special notes:

- **Enterobacteriaceae should be tested for ESBL production - 3887**
- Virus culture needs to be separately requested.
- Culture for fungi (3901) if the sample is from a burn wound or from a paronychia
- Perform a wet preparation microscopic examination 3867 on samples from liver abscess
- AFB and mycobacteria culture to be ordered separately or after consultation with clinician e.g. sterile abscesses

PLEURAL /PERITONEAL FLUID EXAMINATION:

The following procedures are followed when pleural or peritoneal fluid is sent in for microscopy, culture and sensitivity testing:

Microscopy (gram stain)	(3867)
Cell count	(4401)
Culture	(3895)
Anaerobic culture	(3909)
TB microscopy (Zn)	(3881)
Mycobacterium culture on one of the samples	
	radiometric (3916) OR
	non-radiometric automated (4651) OR
LJ slope	(3915) OR
TB culture bottle	0201 / NAPPI (for radiometric and non-radiometric bottles)

Should organisms be identified and sensitivity tests be done, the following charges should be edited on:

Identification as per organism/type	(3924 /3923 /3927/4652) See identification of micro organisms
Sensitivity per organism	(3887/4653)

- ADA should be separately requested
- Mycobacterium PCR should be separately requested

SYNOVIAL FLUID EXAMINATION:

The following procedures are followed when synovial fluid is sent in for microscopy, culture and sensitivity testing:

Microscopy (gram stain)	(3867)
Cell count	(4401)
Culture	(3895)
Anaerobic culture	(3909)
Crystal examination	(3878)

Should organisms be identified and sensitivity tests are done, the following charges should be edited on:

Identification as per organism/type	(3924/ 3923/ 3927/4652) See identification of micro organisms
Sensitivity per organism	(3887/4653)

- TB cultures (and microscopy) should be separately requested

URINE EXAMINATION:

A basic urine microscopy, culture and sensitivity consist of the following:

Chemistry	(4188)
Microscopy	(3867)
Culture	(3893)
Total viable count	(3922)
Antimicrobial substances	(3928)

Should organisms be identified and sensitivity tests are done, the following charges should be edited on:

Identification as per organism/type	(3924 /3923 /3927/4652) See identification of micro organisms
Sensitivities	(3887/4653)

Special notes:

- Direct sensitivity for urines containing significant pyuria: (3887)
- No identification or sensitivity testing should be undertaken if more than 2 organisms are isolated as this indicates contamination.
- In catheter or suprapubic specimens all isolates should be identified and have appropriate sensitivity testing done.
- Enterobacteriaceae should be screened for ESBL production: (3887)
Only if Disc susceptibility testing is performed
Not necessary if using automated systems e.g. Vitek
- Only perform bilharzias testing in patients with haematuria in local areas where bilharzias is endemic or there is travel history to an endemic area.
- Dark field microscopy should not be done unless requested
- Bile pigments (4211) should be requested separately
- Screening for Salmonellae (requiring selective enrichment media) should only be performed if separately requested.
- Screening for Chlamydia trachomatis via PCR should only be performed if specifically requested.
- AFB and Mycobacterium culture should be separately requested.

BLOOD CULTURES

It is recommended that two blood culture sets should be collected instead of multiple (up to 6 sets per day) collections per day. There may, however, be rare requests for multiple blood culture sets per day especially from cardiologists suspecting endocarditis.

Bill per blood culture bottle as follows:

Radiometric blood culture bottle or	(3894)
Non-radiometric blood culture or	(4651)
Standard blood culture bottle	(3891) or (3892)

PLUS:

For radiometric or non-radiometric blood culture bottles 0201 / NAPPI code per bottle submitted. Should organisms be identified and sensitivity tests are done, the following charges should be edited on:

On bottles with a positive signal, perform gram stain (3867) prior to setting up unnecessary identifications and sensitivity tests

Identification as per organism/type	(3924/3923/3927/4652) See identification of micro organisms
Sensitivity per organism	(3887/4653)

MYCOBACTERIAL CULTURES:

Mycobacterial examinations may be submitted from ANY source should the physician suspect Mycobacterium involvement.

The following procedures are followed when a sample is submitted for Mycobacterial examination:

TB microscopy	(3881) (ZN) or (3885) (fluorescence auramine)
Mycobacterium culture:	
radiometric	(3916)
non-radiometric automated	(4651)
LJ slope	(3915) PLUS
TB culture bottle	radiometric and non-radiometric 0201 / NAPPI

If Acid fast bacilli is requested and an auramine stain is performed on a concentrated sample, bill under code 4657.

Identification of Mycobacterium is performed using either:

DNA probes (e.g. Accuprobe)	(4431) or
Chemical methods (NAP)	(3929) or
Polymerase chain reaction	(4434) or
HPLC	(4656)

NOTES:

PCR assay to detect resistance genes to INH and rifampicin:

PCR assays have been developed to detect resistance genes to first line drugs i.e. INH and rifampicin (one assay i.e. code 1 x 3974) and to second line drugs (a second assay i.e. an additional 1 x 3974) including ethambutol, aminoglycosides, quinolones and capreomycin. In view the increasing prevalence of MDR tuberculosis and also XDR tuberculosis and the risk of spread

tuberculosis to uninfected patients in both the community and the hospital setting, these PCR assays to detect resistance to first line agents (and if resistance to INH and/or rifampicin is detected) a second line PCR should be performed. Hence one PCR charge (1 x 3974) is permissible for all new cases of tuberculosis, whilst a second PCR charge is allowed if INH and/or rifampicin resistance is detected with the first PCR assay.

TB-spot / Quantiferon assays:

The indirect assays to detect latent tuberculosis (TB-spot tests or the Quantiferon assay) are performed on request on blood samples using code 3978 x 1.

FUNGAL CULTURES:

Fungal cultures may be submitted from ANY source if the clinician requests or suspects a fungal aetiology e.g. hair, nail, skin, pus, sputum, CSF, vaginal source.

The following procedures are followed should a sample be submitted for fungal examination:

Microscopy	(3867)
Fungal culture	(3901)

Should organisms be identified and sensitivity tests are done, the following charges should be added on:

Mould/yeast identification	(3868)
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Special notes:

MIC sensitivity testing using RPMI media charged as 4650 per antifungal agent for deep-seated infection or on the request of the clinician.

IDENTIFICATION CHARGES:

Staphylococcus aureus	(3923)
Streptococcus: beta-haemolytic	(3923 + 3927)
Streptococcus: non-haemolytic	(3923)
Streptococcus: alpha-haemolytic	(3923)
Haemophilus	(3923)
Haemophilus influenzae serotyping b	(3925)
Neisseria	(3924)
Enterobacteriaceae - short	(3923)
Enterobacteriaceae - extended	(3924)
Yeasts and moulds	(3868)
Mycobacterium (DNA-probe)	(4431)
Mycobacterium (NAP)	(3929)
Microscan Rapid Panels	(4652)

Notes:

- Limit identification to 2 organisms for midstream urine- and sputum samples.

- For suprapubic and catheter urine samples, all isolates need be identified.
- In pus swabs (non-genital) and normally sterile fluids, all pathogens need to be identified.
- Automated identification system e.g. Vitek are superior to conventional/routine identification and susceptibility systems as they are quicker and more likely to detect resistance. They are recommended for testing on all samples including urine when a full identification and susceptibility is required. As multi-drug resistant organisms are also community acquired, this technology is appropriate for all specimen sources and is not restricted to the hospital infections only.

SENSITIVITY CHARGES:

1. Bill under code 3887 per organism isolated
2. Extended spectrum beta-lactamase screening (3887) should be looked for in all Enterobacteriaceae (not pseudomonas and non-fermenters)
Only if Disc susceptibility testing is performed
Not necessary if using automated systems e.g. Vitek
3. Assess for vancomycin resistant enterococci on Enterococcus species using a vancomycin breakpoint screen (3887).
4. If additional antibiotics, which are not routinely used in the antibiogram, are tested because of multi-drug resistance, then a once-off additional charge of 3887 can be billed for these additional antibiotic(s).
5. Assessment of teicoplanin resistance routinely using breakpoint methodology (3887) for coagulase negative Staphylococcus if the laboratory is using disc-screening methods.
6. Assessment of methicillin resistance routinely using a chromogenic agar plate with cefotoxin methodology (3887) for Staphylococci.
7. MICs (4650) for:
 - a) Streptococcus pneumoniae strains that are resistant to oxacillin on disc screening - MIC for penicillin (4650) and cefotaxime (4650) or ceftriaxone (4650)
 - b) Vancomycin resistant enterococci - MIC for vancomycin (4650) if resistant on breakpoint screening
 - c) Fungi - isolates from deep seated (normally sterile sites) or on request: 4650 per antifungal tested
 - d) Anaerobes - isolates from deep seated (normally sterile sites) or on request: 4650 per antibiotic tested
 - e) If the breakpoint screening methods with vancomycin and/or telcoplanin show a resistant Staphylococcus, this needs to be confirmed using MIC and are billed under code 4590 as MIC for vancomycin, and under code 4590 as MIC for telcoplanin.
 - f) Do beta-lactamase of all penicillin sensitive staphylococci
 - g) Perform penicillin E-test on viridians Streptococci from sterile sites
 - h) Perform a vancomycin and teicoplanin e-test on all methicillin resistance S aureus strains from sterile sites.
 - i) Perform ceftazidime and ciprofoxacin e-test on all Stenotrophomonas strains

Miscellaneous cost saving measures:

Instead of performing extensive identification on all microorganisms cultured, certain quick tests can be performed to differentiate significant pathogens from normal flora. Examples include:

1. Suspicious organism resembling Neisseria from genital tract samples - perform oxidase (3923) if negative. If positive, extended identification is required (3924)
2. Gram-stain (3867) on blood cultures showing a positive signal. This will assist in setting up the correct identifications and sensitivities.
3. Faeces: Non-lactose fermenters should be screened for non-pathogens using either urease or Singer's (code 3923) since this may save costs on expensive identifications.

PROFILES ENCOMPASSING SEVERAL DISCIPLINES

ARTHRITIS PROFILE:

- | | |
|--------------------------|--------|
| 1. ESR | (3743) |
| 2. CRP | (3947) |
| 3. Rheumatoid factor X 1 | (4182) |
| 4. Uric acid | (4155) |

ANTENATAL PROFILE:

(Without HIV)

- | | |
|-------------------------------|-------------------|
| 1. FBC +PLATELETS | (3755+3797) |
| 2. RPR & (TPHA OR FTA OR IgG) | (3949 / 3948) |
| 3. Blood grouping | (3764 + 3765) |
| 4. Indirect Coombs RHA | (3709 X 2) |
| 6. Rubella IgG/IgM | (3946 and / 3948) |
| 7. Hep. B S Ag | (4531) |

With HIV

(3932)

BILLING OF TRANSPORT COSTS:

Transport costs are not included in the test price, and hence the NPG recommends that the cost be recovered using code 4551.

This code can ONLY be used if submitting samples to a reference laboratory with no financial affiliation to the referral laboratory.

The invoice for transport costs must be available for scrutiny or preferably sent to the patient with the account.

As many medical administrators do not pay for these services, cash upfront payment may be requested at the prerogative of the laboratory.

PEER REVIEW PROCEDURE

In the event that conditions as set out in the foregoing document have not been complied with, or reasonable allegations of non-compliance could be brought against members of the group, the following sets out the procedure to be followed by either a member pathologist or a Medical Aid.

General

1. It is the right of a medical aid to request specific information regarding referral of requests for tests to a laboratory. It is only under these circumstances that the exact request of the referring doctor can be ascertained. It should also be noted that a competent audit trail of any further telephonic requests to the laboratory and of other investigations performed (ref Additional Testing in General Section of the Guide) must be kept and could be produced under such circumstances.
2. It is unacceptable for medical aids to harass practices by means of excessive requests for requisition forms. Requests for copies of referral forms should emanate from senior and responsible members in the direct employ of Funder organizations, (and not from third party persons or companies engaged as consultants as are stipulated in the Chairman's opening statement of this document), and should be forwarded to persons nominated by the NPG member practices giving reasons why such review is considered necessary.
3. If there is an indication that non-compliance with the guide is an issue, it would be appropriate to request only sufficient numbers of requisition forms so as to assess the suspicion for means of discussion between the funder and the practice concerned, or the peer review process as set out below.

If such an allegation is upheld or is not upheld then the laboratory or the funder must make changes to rectify the situation.

PROCEDURE

1. The funder alleging non-compliance with utilisation or an abnormal referral practice is first to bring such allegations to the chairman or managing partner of the practice concerned.

This may entail request for specific referral forms, which must be reasonable, as indicated in #2 above.

Payment for the **individual** services in question may be suspended pending discussion or peer review.

Such discussion should be either telephonic, via e-mail, or in person as appropriate.

If within ten working (10) days from the initial notification of dispute by either party to the other, resolution has not occurred, the issue must be forwarded to the secretariat of the National Pathology Group in writing either

By fax at 011 4823372
Or by e-mail at npg@mweb.co.za

3. When such a dispute is raised, a peer review committee will be convened, constituted by:
 - a. Two members of the National Pathology Group whose expertise is in the discipline of pathology in question and who are not members of the practice concerned;
 - b. A third independent pathologist whose expertise is also in the relevant pathology discipline;
 - c. The Chairman, President or Vice-chairman of the NPG and the Chairman of the tariff committee of the NPG

The deliberations of the peer review committee may be in writing by fax, e-mail or in person as appropriate. The complainant and respondent will place the complaint and response before the committee who will make a deliberation.

The peer review must be convened within a reasonable period not exceeding 30 days and all deliberations must be completed within a further 14 working days.

During this procedure, which is thus limited to 35 working days, the provider of service will not take any steps to bill a patient, and the funder is in under no obligation to pay for the procedure in dispute.

DECISIONS

Decisions reached by the peer review panel (whose brief is restricted to pathology test utilisation, as set out in the guide to utilisation alone and not to ethical or other issues as contained in the National Pathology Group code of conduct or any other document) will be final and binding on both the complainant and respondent.

Both parties must make specific corrections to comply with the decision.

Once the decision has been made, and unless there is non-compliance by either party or non-compliance by another member practice is alleged, the issue will not again be raised.

All NPG member practices will be informed by the secretariat of decisions that are made so that compliance by all members can be assured. The guide to utilisation will be amended as is appropriate.

COSTS

The costs of convening the Peer Review panel and all costs related to secretarial and any other service necessary for convening, recording and administrating the process will be for the account of the complainant in the event that the Committee finds in favour of the respondent, or for the respondent in the event that the Committee finds in favour of the complainant.

INDEMNITY

In that specific practices may under terms of this procedure be reported to the National Pathology Group and their peers, all signatories to this document who are members of the National Pathology Group and all parties involved in the deliberations that may take place indemnify both the complainant, the respondent and the National Pathology Group and the independent member of the peer review panel against any claim resulting from the reporting of the allegation of transgression and from any decisions relating to this process.