



THE SOUTH AFRICAN SPINE SOCIETY DIE SUID-AFRIKAANSE SPINALE VERENIGING

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Dear Members

I would like to thank the members that responded to my circular on the proposed tariff for the facet rhizotomy.

The suggestions of the respondents were as follows:

15 responses

1. **9 in favour of having a single code for the procedure, and that the proposal of code 2793** (as intended for Trigeminal High Frequency Coagulation) carrying a unit value of 170 Units, (NHRLP value R1080.70) was acceptable.
2. **4 did not do the procedure**, therefore did not want to venture opinion, and one suggested that guidance should be left to the Spine Society.
3. **2 agreed on a single code, but that it should be maintained at the current code 2927** (as intended for open surgical Rhizotomy: Extradural but intraspinal) carrying a unit value of 320 Units, (NHRLP value R2034.20).
4. **1 member suggested to retain code 2927, and a single code for all lumbar rhizotomies done at one sitting, and if the cervical area was done at the same time then it should then also carry a similar code- i.e. 2927 X2 for the total procedure.**

I have met with Discovery Health subsequent to this and have put the "majority opinion" as outlined above, to be considered instead of their proposal to use a converted CPT4 code and arriving at a unit value of 45.8 units (R288.61) for the first level, and then discounting thereafter for second level at R216.45, and third level at R144.30. It would appear that they are willing to accept the Society's "majority opinion" and will put this forwards to their tariff committee for final approval.

From my interactions so far with Discovery Health, they seem very open to discussion with respect to **clinical guidelines concerning our practice of spinal treatment**, and have indicated that they will fully accept and adopt any guidelines as published by the Society. **Funding decisions** are however their prerogative and domain, but will consider representations if made through the Society, but final decision will be theirs.

It must be emphasised that the Society is not involved in any of the Funders' Policy making decisions and does not endorse or support criteria that are used as screening for treatment, admission or surgical procedures.

From time to time however, Funders ask our opinion on Scientific material published, such as the various Cochrane studies with respect to treatment outcomes, and application to their treatment policies, or comment on proposals for education or treatment for their members (recently they have made a proposal for a specific benefit available for multidisciplinary outpatient back rehabilitation, and wanted comment).

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Therefore from all of the above, it is clear that to be as **effective and inclusive** as possible in our opinion and advice, I urge all members to be forthcoming and responsive to circulars in the future. In this way we hope to be representative relating to the practice of the majority of the spinal surgeons in this country.

I believe that the Society has a major role to play in outlining Guidelines for the acceptable practice of spinal treatment and surgery. As we all know this is highly dynamic and constantly evolving, emotive and controversial in many parts, but we as spinal surgeons need to be involved at every level of decision making that involves our practice. Therefore we need to be **stubbornly interactive**, in trying to achieve our quest, and not succumb to the massive frustrations imposed on us by the various bureaucracies.

I recommend that all members log onto the Society's web page, (<http://www.saspine.org>), as we are updating some of the current Guidelines, and as noted some of the major funders are going to be accepting these as their standard of acceptable care. It is clear that practice is dynamic and the Guideline will need periodic updating as the need arises. We would welcome any input with respect to the Guidelines.

The Guidelines that are in line for updating are those relating to facet injections and rhizotomies. In this respect, it may take a few weeks for the update and revision to become effective. Furthermore, Discovery at our recommendation, has dropped the 6 week period of waiting between a diagnostic block and a RF rhizotomy

Yours sincerely.

GIAN MARUS
PRESIDENT: THE SA SPINE SOCIETY