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**REQUIREMENTS FOR APPLICATION AND ALLOCATION OF PRACTICE CODE NUMBERS  
MADE UNDER THE MEDICAL AID FUNDS ACT, 1995 (ACT NO. 23 OF 1995) AS AMENDED**

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The Namibia Association of Medical Aid Funds has under Regulation 5(2) of the Regulations made in of the Medical Aid Funds Act, 1995 (Act No. 23 of 1995), determined the requirements for application and allocation of a practice number as contemplated in Regulations 5 (1) thereof.

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**Dr. Lea Namoloh**  
**President**

**Windhoek**

**2023**

## 1. Definitions

In these Requirements, unless the context otherwise indicates –

“Abuse” means payment for items or services when there is no legal entitlement to that payment and the individual or entity has not knowingly and/or intentionally misrepresented facts to obtain payment.

“Health facility” means an institution, facility, building or place, other than a hospital, where patients receive treatment, diagnostic or therapeutic interventions or other health services as defined under section 30 of the Hospitals and Health Facilities Act, 1994 (Act No. 36 of 1994).

“Group” means where more than one practitioner of the same discipline, similar scope of practice and registered by the same Council under the HPCNA practice together for one account.

“HPCNA” means the Health Professions Council of Namibia.

“Hospitals” means a private hospital established in accordance with the provisions of the Hospitals and Health facilities Act, Act 36 of 1994.

“*Locum tenens*” means a health practitioner or supplier of healthcare services who conducts professional practice for personal profit on a temporary basis in various facilities by substituting other practitioner (place holder).

“Namaf” means Namibia Association of Medical Aid Funds established in terms of section 10 of the Medical Aid Funds Act, 2010 (Act No. 23 of 1995) as amended.

“MoHSS means the Ministry of Health and Social Services.

“Medical device” means any instrument, appliance, material, machine, apparatus, implant, or diagnostic reagent used or purported to be suitable for use for medical or veterinary purposes and includes a part or an accessory of a medical device as contemplated in the Medicines and Related Substances Act, 2003 (Act No. 13 of 2003).

“Multi-disciplinary” means where practitioners from different disciplines, with different scope of practice and registered and regulated under different legislations of 2004 by the HPCNA practice together to render a specific clinical service.

“Self-referral” means referral of clients or patients to any facility or private hospital in which the healthcare provider or a close family member or business associate has a financial interest or potential conflict of interest (e.g., X-ray facilities, Cathlab, Pathlab, or other services) if such referral would constitute over-servicing.

“*Solus*” means an individual health practitioner or supplier of healthcare service to whom a practice number is issued and conducts individual professional practice as such for personal profit.

“State hospital” means a state hospital established or deemed to be established under section 30 (1) of the National Hospital Act, 2015 (Act No. 2 of 2015).

“Split billing” occurs when a patient or member is billed separately for the amount to be paid by the patient or member which the fund does not cover, and the fund is billed separately. In other words, the account to the member reflects only the amount which the member is responsible for, while the claim or account to the fund reflects only the amount equal to the benefits the fund is prepared to pay for the services rendered and does not reflect the out-of-pocket payment by the member.

“Over-servicing” means the supply, provision, administration, use or prescribing treatment or care (including diagnostic and other testing, medicine, and medical devices) which is medically and clinically not indicated, unnecessary or inappropriate under the circumstances or which is not in accordance with the recognized treatment protocols and procedures, without due regard to both the financial and health interests of the patient.

“The Act” means the Medical Aid Funds Act, 1995 (Act No. 23 of 1995) as amended.

“Regulations” means the Regulations made in terms of section 44 of the Medical Aid Funds Act, 1995.

“Practice number” means a unique practice billing code number allotted to a supplier of healthcare services providing services to members of registered medical aid funds issued by Namaf.

“Private practice” means the conduct of professional practice, including the treatment of patients and provision of health services to patients, for personal profit as contemplated in the Hospitals and Health Facilities Act, 1994 (Act No. 36 of 1994)

“Practitioner or supplier of healthcare services” means -

(a) a health facility or hospital as defined in section 1 of the Hospitals and Health Facilities Act, 1994 (Act No. 36 of 1994); and

(b) a person who is registered and authorized to practice under the -

(i) Allied Health Services Professions Act, 2004 (Act No. 7 of 2004);

(ii) Medical and Dental Professions Act, 2004 (Act 10 of 2004);

(iii) Pharmacy Act, 2004 (Act No. 9 of 2004);

(iv) Nursing Act, 2004 (Act No. 8 of 2004); and

(v) Social Work and Psychology Act, 2004 (Act No 6 of 2004)

“Operating-theatre” means a room or a place where surgical activities are carried out and in which provision is made for those facilities as set out in these requirements.

“Unattached operating theatre-unit” means an operating-theatre unit not attached to a hospital or nursing home, and where a patient is operated for minor surgical procedures.

“Waste” means overutilization of services or other practices that, directly or indirectly, result in unnecessary costs to the healthcare system. It is not generally considered to be caused by criminally negligent actions, but by the misuse of resources.

## **2. Applicability**

These requirements apply to any supplier of healthcare services and suppliers of medical devices who seek to have their claims or statement account directly recognized by registered medical aid funds for healthcare services rendered or delivered to members of such funds.

## **3. The purpose of practice of numbers**

3.1 The purpose of a practice number is:

3.1.1 for identification of a supplier of healthcare services or supplier of medical devices in claims submitted to registered funds;

3.1.2 for the proper administration and processing of claims by registered funds; and

3.1.3 to give access to the holders thereof to applicable coding structure namely, diagnostic,

procedure, codes for medicines and surgical consumables and associated benchmark tariffs.

#### 4. General requirements for issuance of a practice number

4.1 Complete an on-line application form: a supplier of healthcare services, be it in their capacities as an owner, employee, assistant during surgery, *locum tenens* or visiting healthcare practitioner, who wish to have their professional work / services to be paid for directly by the registered medical aid funds, shall complete an on-line application form and submit same to Namaf. Exceptions to this requirement are:

4.1.1 Staff employed by a facility, in cases where there are no requirements to obtain special approval from the HPCNA to be so employed and their services form an integral part of the services offered by such a facility such as, theatre services and nursing care.

4.1.2 All clinically qualified staff who at law are allowed to be employed by practitioners in their practices where the services of such clinically qualified staff form part of the fee already raised by such appointing practitioners. Without derogating from the intent of the exception, examples include but is not limited to:

(a) Radiographers employed by a facility to work in Cathlabs;

(b) Radiographers employed by a Radiologist;

(c) Dental Therapists employed by Dentists;

(d) Nurses employed by Medical Practitioners to assist in the Consulting Rooms;

(e) Laboratory Technologists employed by a Pathologist;

(f) Psychological Counsellors employed by Psychologist; and

(g) Any other discipline/profession who may not practice independently as determined by the HPCNA, such as Oral Hygienist, Assistants, and Interns.

4.2 A valid licence for a private health facility issued by the Ministry of Health and Social Services under section 31 of the Hospital and Health Facilities Act, 1994 (Act No. 36 of 1994).

4.3 A valid registration certificate for private hospitals issued by the Ministry of Health and Social Services (MoHSS) as contemplated in section 23 of the Hospitals and Health Facilities Act, 1994 (Act No. 36 of 1994). Suppliers of healthcare services who are exempted from the provisions of this Act must provide written confirmation from the MoHSS that no inspection certificate is required if no patients are consulted / treated at the rooms for which an application for a practice number was submitted.

4.4 A registration card issued by the HPCNA indicating scope of practice, except for suppliers of medical devices (090 discipline) such as but not limited to prosthetics, wheelchairs, oxygen, and external appliances.

4.5 A work permit in case of non-Namibian healthcare providers. A practice number will be allotted to practice only per the conditions stipulated in his or her work permit issued by the Ministry of Home Affairs.

4.5.1 A non-Namibian provider of healthcare services with a restricted or limited work permit will not be granted a practice number to practice independently.

4.5.2 For a non-Namibian supplier of healthcare services with a conditional work permit linking them to a specific practice, an HPCNA registration certificate with the main employer indicated thereon must be submitted.

4.5.3 Where a supplier of healthcare services is in full-time employment of any institution/employer, wishes to engage in limited private practice / conduct additional work outside his / her normal working hours, the following shall apply:

(a) The main employer, as indicated on the HPCNA registration certificate (in the case of foreigners), must provide written permission for the Healthcare Professional to conduct work at another facility/practice.

(b) The work permit must indicate the additional place of work, in line with the permission granted by the Healthcare Professional's main employer.

4.6 In all the cases where a supplier of healthcare service who is using Ministry of Health and Social Services licence issued in the name of their employers, such applicants must provide a letter confirming their employment with such owners of such facilities and that such facilities have sufficient consulting rooms to accommodate them.

4.7 A bank confirmation letter valid for a period of three (3) months providing the bank account details in which claims in respect of services rendered to members of registered Funds will be reimbursed. In cases where healthcare practitioners are working in a group practice, the reimbursement of claims shall be paid to one bank account. The name of the bank account must correspond with the name of the practice/facility as set out on the Ministry of Health and Social Service certificate or licence.

## **5. Further requirements for issuance practice numbers in case of:**

### **5.1 Practices that emit radiation source or nuclear material**

A valid licence issued by the National Radiation Protection Authority for all practices that emits radiation source or nuclear material as contemplated in section 16 and 21 of the of the Atomic Energy and Radiation Protection Act, 2005 (Act No. 5 of 2005) e.g., for X-rays.

### **5.2 Laboratories**

5.2.1 In the case of Laboratories:

(a) Except for depots, every Laboratory where testing takes place must be identified and must apply for a practice number to identify the laboratory.

- (b) Each Pathologist must apply for a practice number to be identified for the analysis and interpretation of samples done by him / her, in a laboratory where Pathologists, Laboratory Technologists and Technicians are employed (in the case of 052 practice type Laboratories).
- (c) Each Laboratory Technologist must apply for a practice number for the identification of services provided in a Laboratories where only Laboratory Technologists and / Technicians are employed (in the case of 037 practice type Laboratories). The use of a Pathologist by these practices on a consulting basis does not waive the requirement (in the case of 037 practice type Laboratory Technology Laboratories).

### 5.3 Private Hospitals

In addition to a valid registration certificate issued by the Ministry of Health and Social Services under section 23 of the Hospitals and Health Facilities Act, 1994 (Act No. 36 of 1994), an application for a private hospital must meet the requirements set out in **Annexure A**.

### 5.4 Sub-acute Facilities

5.4.1 **Sub-acute facility** means any self-contained and functionally independent nursing facility that treats patients with set clinical and functional outcome-based protocols in conjunction with a multi-professional team, appropriately qualified and skilled. The patients should all be stable to be discharged but not ready to go home, and do not require high technological diagnosis and treatment or surgery. The case mix typically consists of post-operative, restorative, medical transitional, chronic, or long-term care patients, but excludes:

- (a) Direct out-patient walk-in.
- (b) Any consulting room, surgery or dispensary of a medical practitioner or dentist.
- (c) An unattached operating theatre unit.
- (d) A hospital or other institution licensed for the reception and detention of mental ill persons of section 46 of the Mental Health Act, 1973 (Act 18 of 1973).
- (e) An institution, building or place for the treatment or nursing care of aged people attached to an old age home as defined in the Aged Persons Act, 1967 (Act No. 81 of 1967).
- (f) Maternity/pediatric/Psychiatric units.

**But may include** a dedicated entrance, either to the building or the facility with appropriate signage and the facility.

5.4.2 In addition to a valid licence issued by the Ministry of Health and Social Services under section 31 of the Hospitals and Health Facilities Act, 1994 (Act No. 36 of 1994).

## **5.5 Rehabilitation centers accommodation and physical care of persons who are dependent on dependence producing substances or physical or mental treatment**

In addition to a valid licence issued by the Ministry of Health and Social Services under section 31 of the Hospitals and Health Facilities Act, 1994 (Act No. 36 of 1994), an application for a practice number relating to the accommodation and physical care of persons who are dependent on dependence producing substances or in which persons receive mainly physical or mental treatment must submit a registration or temporary registration certificate contemplated in section 20 (3) or (4) of the Abuse of Dependence-Producing Substances and Rehabilitation Centres Act, 1971 (Act No. 41 of 1971).

## **5.6 Ambulance Services**

5.6.1 In the case of Ambulance Services:

- (a) The ambulance service must apply for a practice number to enable Funds to identify the emergency service who is providing the service.
- (b) Every Emergency Care Technician, Basic, Intermediate and Advanced Life Support must apply for a practice number for the identification of who provided treatment to a patient, whether it is during ground or air transport.
- (c) Each Ambulance must also apply for a practice number (the implementation of this requirement is dependent on availability of system support for the infrastructure).
- (d) A valid licence issued by the Ministry of Health and Social Services as contemplated in the Hospital and Health Facilities Act, 1994 (Act No. 36 of 1994).

## **5.7 Unattached Operating Theatre Unit**

A valid registration certificate issued by the Ministry of Health and Social Services under section 23 of the Hospital and Health Facilities Act, 1994 (Act No. 36 of 1994).

## **5.8 Multidisciplinary practices**

5.8.1 In line with HPCNA's ethical rules stance that a healthcare professional should at all times act in the best interest of the patient and place the clinical need of the patient paramount, Namaf recognizes the need to obviate the related perverse incentives embedded in multidisciplinary practices such as over-servicing, split billing, waste, abuse, self-referral and conflict of interest among others.

5.8.2 As an exception to the rule, where practitioners from different disciplines, with different scope of practice and registered by different Councils by the HPCNA seeks to practice

together either in one building or render a specific clinical service, clinical justification in the holistic interest of the patient (e.g., drug dependency where psychologist, social worker, psychiatrist, and occupational therapist service are required; physical rehabilitation (where services of prosthetist, physiotherapist and occupational therapist are required), and mental health (where services of occupational therapist, psychiatrist and psychologist services are required) must be presented to Namaf.

5.8.3 Irrespective of the soundness of the clinical justification, the following requirements shall apply to multidisciplinary practices:

- (a) Special permission should be provided by the HPCNA;
- (b) each practitioner must apply for a practice number under his or her scope of practice;
- (c) each practitioner must claim under his/her own practice number and discipline code regardless of the multidisciplinary set-up.

5.8.4 The decision for allotment of a multi-disciplinary practice number shall on recommendation of the Clinical and Coding be considered by the Management Committee (MC).

## **5.9 Diagnostic Radiology / Radiography Practices**

- 5.9.1 Every Diagnostic Radiology / Radiography Practice where testing takes place must be identified and must apply for a practice number to identify the practice.
- 5.9.2 Every Radiologist must apply for a practice number for the identification of services and interpretation provided (in the case of 038 practice type Radiology practices).
- 5.9.3 Diagnostic Radiology practices who employ a Radiographer, does not have to apply for a practice number as the fees of the Radiographer is included in the Radiologist fee.
- 5.9.4 Every Radiographer/Sonographic must apply for a practice number for the identification of services provided in the case of a Radiography practice. The use of a Radiologist by these practices on a consulting basis does not waive the requirement (in the case of 039 practice type Radiography practices).

## **5.10 Pharmacies**

- 5.10.1 All pharmacies must apply for a practice number to identify the pharmacy who provides the service.
- 5.10.2 All Responsible Pharmacists must apply for an individual practice number to identify such Pharmacist in terms of the Pharmacy Act, 2004 (Act No. 9 of 2004).



## 5.11 Mental Health Institutions

In addition to a valid licence issued by the Ministry of Health and Social Services under section 31 of the Hospitals and Health Facilities Act, 1994 (Act No. 36 of 1994), an application for a practice number relating to institutions for the reception of mentally ill persons certificate contemplated in section 46 of Mental Health Act, 1973 (Act No. 18 of 1973).

## 5.12 Suppliers of medical devices

5.12.1 For suppliers of medical devices, a certified copy of registration of a company or legal entity.

## 5.13 *Locum Tenens*

5.13.1 A provider who regularly uses *locum tenens* to run his/her facility must submit to Namaf the full names of such *locum tenens* and a copy of:

- (a) Full certificate of registration issued by the HPCNA.
- (b) A letter explaining why the provider requires the continued use of the *locum tenens* to run the facility, and not appoint such locum as an employee.
- (c) Practice number of the *locum tenens*.

5.13.2 If the registered provider is not running the facility personally, Namaf may impose a time limit on the arrangement and retain the power to cancel the practice number of such a facility/ consulting room.

5.13.3 Healthcare providers will only be allowed to use *locum tenens* who are in the same profession/ scope of practice/discipline of the employing Healthcare Provider.

5.13.4 A distinction must be made between the following two types of *locum tenens* when applying for a practice number:

- (a) A healthcare practitioner who is standing in for another healthcare practitioner who might be unavailable for a short period of time, due to various reasons although he / she might own their own practice / employed by another practice.
- (b) A healthcare practitioner who prefers to only work as *locum tenens* and who is not attached to another practice on a permanent basis. In other words, the healthcare practitioner is providing his / her services only as *locum tenens* (temporary place holder) at various practices at any given time.

## 5.14 Mobile Clinics

5.14.1 Despite a licence issued by the MoHSS in terms of section 31 of the Hospital and Health Facilities Act, 1994 for providers of healthcare services who voluntarily conduct mobile practice, Namaf will not issue practice number for mobile clinic.

5.14.2 For claims or statement of account in respect of services rendered in a mobile clinic to be recognized by registered medical aid funds, the provider of healthcare services must have an established and licensed health facility with a valid practice number to which the mobile clinic is linked.

## **6. Validity of practice number**

6.1 Irrespective of the date of allotment of a practice number, a practice number is valid until the 31st day of December in each year.

6.2 Subject to paragraph 6.1 above, a practice number allotted to healthcare providers holding a work permit will only be valid up to the expiry date of such work permit. Proof to be provided to Namaf of extension / renewal granted by Ministry of Home Affairs.

6.3 Requests to backdate or alter the original starting date of the practice number shall be prohibited.

## **7. Renewal, suspension, and cancellation of practice number**

7.1 All Healthcare providers must renew their practice numbers annually on or before 30 May each year.

7.2 Healthcare providers who fail to renew their practice numbers will have their practice numbers suspended from the 31<sup>st</sup> day of May annually.

7.3 The practice number which has been suspended will stay dormant until such time the holder of that practice reinstates the practice number.

7.4 To reinstate a suspended practice number, supporting documentation, such as the HPCNA card and MoHSS certificate and any other relevant documentation as per the practice number category as determined must be submitted.

7.5 From the date of suspension of a practice number, all claims or statement of account raised by the provider of healthcare services for services rendered to members of the registered medical aid funds is invalid as set out in regulation 6.

7.6 Reinstatement of practice numbers will only be effective from the submission date of a fully complete reinstatement application form.

7.7 When a registered provider submits the required documents, Namaf shall issue an information sheet in the name of that registered person / practice as proof containing the following:

7.7.1 the full names and surname of the registered person concerned to who the practice number is issued;

7.7.2 contact details of the registered person / facility concerned to whom the practice number is issued;

- 7.7.3 particulars of the profession in respect of which the person concerned is registered; and
- 7.7.4 such additional particulars as Namaf may determine.
- 7.8 A practice number shall subject to rules of natural justice be suspended on occurrence of one or both of the following grounds:
- 7.8.1 If a holder of a practice number has been convicted / suspended by the HPCNA for the transgression of the ethical rules, Namaf will subject to the rules of natural justice suspend the practice number for the duration as determined by the HPCNA.
- 7.8.2 If the holder of a practice number contravenes the conditions for utilization of the practice number.

## 8. Conditions for Utilization of Practice Number

- 8.1 All the claims in respect of services rendered by healthcare providers/ supplier of medical services to members of Medical Aid Funds must be submitted in the name of the healthcare provider / supplier of medical services who rendered such service using his/her own practice number for identification.
- 8.2 In all cases where a healthcare provider / supplier of medical services is practicing as a *solus* (alone) at his/her facility one practice number will be sufficient for the purpose of these requirements.
- 8.3 In all other instances where a healthcare provider or supplier of medical services is practicing from more than one facility each facility from whence such service is rendered must obtain a practice number for the identification of the location where such service is rendered, as contemplated in section 31 of the Hospital and Health Facilities Act, 1994 (Act No. 36 of 1994).
- 8.4 In all other instances where a healthcare provider or supplier of medical services is practicing with other healthcare providers/ at the same facility every healthcare provider working in such a group and multi-disciplinary practices must obtain an individual practice number for the identification of his/her work and/or service he/she rendered.
- 8.5 No provider shall use another provider's individual practice number, not even when such practitioner is deployed as *locum tenens* or visiting healthcare provider.
- 8.6 Practice numbers are not transferrable from one healthcare provider / practitioner / facility to another.
- 8.7 In case of non-adherence to the conditions for utilization of a practice number, a practice number shall subject to the rules of natural justice be withdrawn and direct payment to the provider of healthcare services may be suspended and all irregular payments recovered by the registered medical aid fund.

## **9. Correction of a practice number allotted erroneously**

- 9.1 Upon detection that a practice number was erroneously allotted owing to human error or misrepresentation of services rendered in the facility, Namaf shall inform the provider and issue a correct practice number *mero mutu*.
- 9.2 The holder of the erroneously allotted practice number shall not be required to complete application form a new.
- 9.3 The erroneously allotted practice number shall be deactivated forthwith.

## **10. Commencement**

As amended, these requirements for application and allocation of practice numbers shall come into operation on the 26<sup>th</sup> day of July 2023.