STATUTORY INSTRUMENT
No. 108 OF 1999

BELIZE:

REGULATIONS made by the Minister of Budget Planning and Management, Economic Development, Investment and Trade in exercise of the powers conferred upon him by sections 12, 14, 15, 16, 17, 18, 21 and 64 of the Social Security Act, Chapter 34 of the Laws of Belize, Revised Edition 1980-90; and all other powers thereunto him enabling.

(Gazetted 18th September, 1999.)

1. These Regulations may be cited as the

SOCIAL SECURITY (BENEFIT) (AMENDMENT) REGULATIONS, 1999,

and shall be read and construed as one with the Social Security (Benefit) Regulations which, as amended, are hereinafter referred to as the principal Regulations.

2. Regulation 48 of the principal Regulations is hereby repealed and replaced as follows:-

"(48) (1) Subject to the provisions of this Regulation and the Fourth Schedule hereto, an insured person who suffers from a prescribed disease or injury during the course of ...

1. In cases where the insured person is hospitalized, the medical doctor may request an approved physical therapist to attend to the insured person, and the Board shall meet the cost of treatment provided by the approved physical therapist.

2. In cases of ambulatory insured persons, the approved physical therapist shall make an invoice payable by the Board, and for the purposes of payment shall attach thereto the written request of the referring medical doctor, or the purchase order of the Board, together with written progress reports of the patient when required (these may be required by the Board at a later date). In cases of hospitalized insured persons, and submit it to the hospital, which in turn shall submit it to the Board for payment. Payment shall be made within five working days after receipt of the invoice.

E. PHARMACIES

3. An approved pharmacy may dispense medications to an insured person under treatment for a prescribed or injury in the following circumstances and using the following procedures; namely:-

(a) the prescription shall be written by any of the medical personnel referred to in subparagraphs (a) to (c) of paragraph 2 of this Schedule;

(b) the prescription forms shall be in triplicate, duly signed, and with the official seal and address of the medical personnel referred to in paragraph (a) above who issued the prescription;

(c) each of the three prescription forms shall bear a caption that it is issued under the "Belize Social Security Board Injury Benefits Schedule",

(d) of the three copies, one copy shall be given by the pharmacist to the insured person, one copy shall be retained on record by the pharmacy and the original copy shall be submitted together with the pharmacy's invoice to the Board for payment purposes.

4. Private medical practitioners or facilities providing medical treatment to insured persons pursuant to Regulation 48 and this Schedule shall:-

(a) in the case of private medical practitioners, be registered under the Medical Practitioners Registration Act and in possession of a valid practising certificate;

(b) in the case of private medical facilities, be accredited and recognised by the Ministry of Health;

(c) first apply to the Board for registration by the Board as providers of medical treatment to insured persons pursuant to Regulation 48 and this Schedule;

(d) first agree to the terms and conditions set out by the General Manager of the Board for participating in the provision of the medical treatment services to insured persons.

5. Government medical facilities and institutions referred to in subparagraphs (e) to (h) of paragraph 2 of this Schedule shall automatically upon the commencement of these Regulations be medical treatment providers.

6. Subject to Regulation 48(2), the Board will make payment to any Government pharmacy, or to any private which qualifies to dispense medications to insured persons pursuant to Regulation 48, for all medications dispensed in accordance with a prescription duly issued by an approved medical practitioner, dental practitioner, or a medical or surgical specialist, but payments for medications prescription shall only be allowed with the prior written approval of the Board, given by an officer of the Board designated in that behalf.

7. Subject to Regulation 48(2), the Board will make payment to any Government laboratory, or to any private laboratory which qualifies to offer laboratory examinations and tests to insured persons pursuant to Regulation 48, for all laboratory examinations and tests issued by such laboratory to an insured person on the recommendations of an approved registered medical practitioner, dental practitioner or a medical or surgical specialist, but payment for examinations and tests which are not recommended as aforesaid shall only be allowed with the prior written approval of the Board, given by an officer of the Board designated in that behalf.

8. Subject to Regulation 48(2), the Board will make payment to any Government diagnostic service facility, or to any approved diagnostic service provider, for all diagnostic services offered to an insured person on the recommendations of an approved registered medical practitioner, dental practitioner or a medical or surgical specialist, but payment for diagnostic services not recommended as aforesaid shall only be allowed with the prior written approval of the Board, given by an officer of the Board designated in that behalf.

9. Subject to Regulation 48(2), the Board will make payment to any Government diagnostic services for insured persons requiring it due to prescribed disease or injury arising from the insurable employment. Payment for such services shall include payment for accommodation and meals at standard ward level rates, physical and nursing services, surgery, drugs and related preparations when administered in the hospital, as well as laboratory and diagnostic services offered in the hospital, use of an operating room, anaesthetic facilities, surgical equipment and neccessary supplies and equipment. The Board shall also make payment for outpatient fees for medical consolation required after hospitalization.

10. The Board may cancel the approval given to any medical provider referred to in paragraph 2 of this Schedule because of any unethical behaviour of such medical provider.

II
REFERRAL PROCEDURES
A. FIRST CONSULTATION

11. All employees suffering a job related prescribed diseases or injury estimate of the treatment for prior approval by the Board before performing the treatment or referring the insured person to a specialist dental practitioner.

36. In the case of ambulatory insured persons referred to an approved general dental practitioner, the practitioner shall charge his services to the Board, and for the purposes of payment shall attach

to his invoice a written certificate from the referring doctor or a purchase order from the Board together with the written medical reports' of the insured person. In the case of hospitalized insured persons, the approved general dental practitioner shall submit his invoice to the hospital, which in turn shall forward the invoice to the board for payment. Payment shall be made within five working days.

D. REFERRAL TO A PHYSICAL THERAPIST

37. An approved medical doctor may refer an insured person under treatment for a prescribed disease or injury to an approved physical therapist, and the therapist shall evaluate the condition of the insured person.

38. An approved physical therapist may upon the request of an approved medical doctor attend to an insured person suffering from a prescribed disease or injury as an ambulatory patient or as a hospitalized patient.

39. After initially attending to an ambulatory insured person referred to him pursuant to paragraphs 37 or 38 of this schedule, the approved physical therapist shall make an evaluation based on his observations and the comments of the medical doctor who referred the ambulatory insured person, and immediately thereafter design a plan of treatment and a cost estimate for such treatment which shall be approved by the medical doctor and referred by the doctor to the Board for prior approval before the treatment programme begins.

40. On the completion of the treatment programme, the approved physical...

18. A general medical practitioner may order basic, relevant laboratory tests, X-rays and USG studies to aid in his diagnosis and determination as to whether to treat or refer the insured person.

19. When upon assessment, the general medical practitioner determines that the insured person cannot be treated or does not fall within the categories specified in paragraph 17 above, he shall refer the insured person to a specialist registered with the Board pursuant to Regulation 48 of these Regulations for further treatment and examination.

20. Where additional services have been provided by the general medical practitioner, these shall be paid by the Board.

21. The general medical practitioner shall charge the Board, except in the case of a first consultation, for his services and shall for this purpose submit a purchase order of the Board, together with written medical reports when required (these may be required at a later date by the Board). payment shall be made by the Board within five working days.

B. REFERRAL TO A MEDICAL OR SURGICAL SPECIALIST

22. A general medical practitioner may refer a person to a medical or surgical specialist and such shall evaluate, treat or refer for hospitalization the insured person referred to him.

23. Upon referral under paragraph 22 of this Schedule, the insured person shall either present to the medical or surgical specialist a purchase order from the Board, or at his option elect to pay the expenses related to the treatment and claim reimbursement from the Board:

Provided that in the case of emergency referrals, the employer or his representative shall be responsible for the payment and shall be reimbursed by the Board after confirmation that the prescribed

24. Upon receiving a person referred to him pursuant to paragraph 22 of this Schedule, the medical or surgical specialist shall thenceforth be the principal medical doctor of the referred person, unless he further refers such person to another specialist.

25. Where the prescribed disease or injury cannot be treated in Belize, it shall be the duty of the medical or surgical specialist to inform the Board without undue delay, but specialists shall as far as possible exhaust all possible treatment services available in Belize before informing the Board that treatment is not available in Belize.

26. Where the medical or surgical specialist considers it necessary, the insured person may be

referred to a physical therapist for treatment.

27. Where the medical or surgical specialist considers it necessary, the insured person may be hospitalised for treatment; and the specialist may continue acting as the insured person's principal medical doctor.

28. Where the medical or surgical specialist acting as Principal Medical doctor considers it necessary, he may refer the insured person to a consultant medical or surgical specialist who shall assist him in the diagnosis and treatment of the insured person. For purposes of payment by the Board, a written request by the medical or surgical specialist to the consultant shall suffice if the insured person is hospitalised, but in cases of ambulatory insured persons, the medical or surgical specialist shall first advise the Board in writing before referring the insured person to the consultant, and a purchase order from the Board shall be issued thereafter to cover the cost of treatment.

29. In the case of ambulatory insured persons referred to in paragraph 28 of this Schedule, the consultant medical or surgical specialist shall charge the board for his services and for this purpose shall attach a written certificate of the referring specialist or the purchase order of the Board, as the case may be, together with written medical reports of the insured person. The Board shall make payment to the consultant within five working days after receipt of the consultants invoice in the case of hospitalized insured persons referred to in paragraph 28 above, the consultant shall submit his invoice to the hospital or clinic which in turn shall submit such invoice to the Board for payment.

C. REFERRAL TO A DENTAL SPECIALIST

30. An approved general dental practitioner shall evaluate, treat, refer or hospitalize an insured person referred to him by an approved medical practitioner, medical or surgical specialist, or the Board.

31. In normal circumstances, the insured person seeking treatment shall present to the approved general dental practitioner a purchase order from the Board, but in cases of emergency the insured person or his employer or the employers' representative shall make payment for such treatment and claim a refund for the treatment expenses from the Board, after confirmation that the prescribed disease or injury occured at the work place.

32. A dental practitioner may attend to an insured person as an ambulatory patient or as a hospitalized patient upon the written request of the medical doctor treating the insured person.

33. An approved general dental practitioner may perform urgent dental treatment required for teeth extractions, suturing of wounds in oral cavity, and reduction of fractures.

34. Where an approved general dental practitioner is of the opinion that maxillo-facial surgery is necessary, or that a dental specialist is required in a specific case, he shall refer the insured a person to surgical or dental specialist and inform the doctor who referred the insured person to him accordingly.

35. Where an approved general dental practitioner is of the opinion that the treatment of an insured person requires prosthesis, or special procedures and services such as root canal treatment, or orthodoncy in order to reestablish the adequate functioning of the mouth, and he is further of the opinion that such treatment is not of an urgent nature, he shall first submit to the Board an evaluation and cost..

12. In cases where no general medical practitioner is available, any medical personnel may perform initial evaluation of the injured or sick person and then refer the insured person as deemed necessary to a specialist or to a general medical practitioner.

13. The employer or his representative, or the insured person, shall be responsible for paying for the first consultation but shall be reimbursed by the Board after confirmation that the prescribed disease or injury occurred at the workplace.

14. Subject to these Regulations, follow-up consultations shall require a purchase order from the Board.

15. Where the cause for first consultation is a job-related prescribed disease, the insured person

shall present a purchase order from the Board. A medical report will be required by the Board to substantiate the claim. If in the course of an examination the physician examining an insured person determines that the insured persons' prescribed disease id job-related in accordance with Regulation 58 and the Third Schedule hereto, the examiner will treat or refer the patient and provide the board with a written medical report for his findings.

16. When on examination a general medical practitioner determines that the prescribed disease or injury is minor he will prescribe treatment and follow-up consultation to the insured person.

17. Minor prescribed diseases or injuries will include those that:-

(a) are minimal injuries, not involving dental or maxillo-facial injuries or injuries to the cornea or the sclera;

(b) do not involve injuries to tendons, ligaments and bones;

(c) do not require hospitalization for their treatment,

(d) may be resolved within a period of two weeks; or

(e) require minimal diagnostic services (laboratory, X-rays, ultra sonogram, (USG), etc.)

"FOURTH SCHEDULE (REG. 48)

1

AUTHORISATION OF APPROVED PRIVATE MEDICAL PRACTITIONERS AND FACILITIES TO PROVIDE MEDICAL TREATMENT TO INSURED PERSONS WHO SUFFER PRESCRIBED DISEASE OR INJURY ARISING FROM THEIR INSURABLE EMPLOYMENT

The Board shall be the purchaser of the medical treatment services provided to an insured person pursuant to Regulation 48 (1) of these Regulations.

Subject to the provisions of Regulation 48 of these Regulations and this Schedule, an insured person may seek medical treatment from any of the following medical treatment providers; namely:-

(a) Government or Private General Medical Practitioners;

(b) Government of Private Medical or Surgical Specialists;

(c) Government or Private Dental Practitioners

(d) Government or Private Physical Therapists,

(e) Government or Private Pharmacies;

(f) Government or Private Diagnostic or Imaging Services;

(g) Government or Private Laboratories;

(h) Government or Private Hospitals or Clinics.

The Board shall, subject to Regulations 48 and 58 of these Regulations and this Schedule, honour all payments for the treatment of prescribed diseases and/or injuries arising from an insured person's insurable employment.

44. Bills for medications dispensed by approved pharmacies within hospitals shall be submitted to the Board by the hospital upon the discharge of the insured.

45. Payments shall be made by the Board within five working days of the receipt of the pharmacy's invoice by the Board.

F. DIAGNOSTIC SERVICES

46. An approved provider of diagnostic services may provide such services to insured persons under treatment from a prescribed disease or injury under the following circumstances and using the

following procedures; namely:-

(a) the diagnostic services shall be done on the written request of any of the medical personnel referred to in subparagraphs (a) to (c) of paragraph 2 of this Schedule;

(b) diagnostic services may be performed for insured persons treated as ambulatory or hospitalized patients;

(c) a requisition form for the diagnostic services shall be in duplicate and written by any of the medical personnel referred to in paragraph (a) above requesting such services, duly signed, and with the official seal and address of the medical personnel requesting such services;

(d) each of the two requisition forms shall bear a caption that it is issued under the "Belize Social Security Board Injury Benefits Scheme";

(e) a copy of the requisition form shall be retained by the diagnostic service provider on record, and the original thereof shall be submitted together with the providers invoice to the Board for payment purposes.

47. Bills for diagnostic services performed by diagnostic services performed by diagnostic service providers within hospitals shall be submitted to the Board by the hospital upon the discharge of the insured person.

48. Payments shall be made by the Board within five working days of the receipt of the provider's invoice by the Board.

G. LABORATORIES

49. An approved laboratory may perform diagnostic services requested by the medical personnel referred to in subparagraphs (a) to (c) of paragraph 2 of this Schedule in respect of insured persons under treatment for prescribed diseases or injuries under the following circumstances and in accordance with the following procedures; namely:-

(a) diagnostic services may be performed for insured persons who are treated as ambulatory or hospitalized patients;

(b) a written requisition form in duplicate shall be signed by the medical personnel referred to in subparagraphs (a) to (c) of paragraph 2 of this Schedule requesting the diagnostic services and each form shall duly signed, have the official seal and address of the medical personnel requesting the services and provide that it is issued under the "Belize Social Security Board Injury Benefits Schedule".

(c) the original requisition form shall be submitted to the Board together with the diagnostic service providers' invoice for payment purposes, and the duplicate shall be retained by the provider on record.

50. Bills for laboratory services performed within hospitals shall be submitted to the Board by the hospital upon the discharge of the insured person.

51. Payments shall be made by the Board within five working days of the receipt of the providers' invoice by the Board.

H. HOSPITALIZATION

52. An insured person suffering from a prescribed disease or injury arising from his insurable employment may be hospitalized and attended to by any of the medical personnel referred to in paragraph 2 of this schedule and, when so attended, the attended medical doctor shall be the principal treatment doctor of the insured person during and after hospitalization, and for referrals relating to diagnostic and rehabilitation services, unless stated otherwise by the doctor or the insured person.

53. Upon discharge of the insured person from hospital, the board shall pay for the treatment services offered to the insured person, including payments to treating specialists and other consultants. Such payments shall be made within five working days after the receipt by the Board of the medical providers' invoice .

I. CHOICE OF PROVIDERS

54. The choice of medical providers shall primarily be the responsibility of the insured person, acting on the advice of his treating specialist or medical practitioner.

J. GENERAL

55. All other services, medications, etc.; which may be required by the insured person but are not specifically authorised by the medical practitioner shall require the prior written approval of the Board, and the Board may in appropriate cases refuse to make payment where the Board's prior written authorization was not obtained.

(ii) by adding the following to Column (2) of Item 4:-

"After exposure to fertilizers, cement, waste chemicals.";

(iii) by repealing Columns (1) and (2) of Item 11;

(iv) by adding a new Column 20 immediately after Column 19 as follows:-

Column (1) 19	Column (2)
Pulmonary disease due to inhalation of cement dust (cementosis)	Handling, loading and loading cement. Construction industry and ancillary work places."

4. These Regulations shall come into force on the 6th day of September, 1999