

Implementation of CBHPM fifth edition

*Guilherme Benjamin Brandão Pitta

The forums of the Brazilian Society of Angiology and Vascular Surgery (SBACV, in Portuguese) and the workshop of professional defense on medical procedures, guidelines, Exchange of Information about Supplementary Health (TISS, in Portuguese), Unified Terminology on Supplementary Health (TUSS, in Portuguese)² and resolution of the Federal Council of Medicine (CFM, in Portuguese) about medical audit and the new Code of Medical Ethics decided that it is important to our specialty to implement the Brazilian Hierarchical Classification of Medical Procedures (CBHPM)¹. The reasons are:

1. CBHPM represents the minimum parameter for payment of medical fees recommended by CFM³ and established by the Brazilian Medical Association (AMB, in Portuguese), which stands for a big step forward to value medical activities;
2. the National Health Agency (ANS)² adopted the codes of CBHPM as standard for supplementary health (private health insurance, cooperatives), that is, the health insurance agencies will have to adopt TUSS² as reference, also incorporating over 80% of the CBHPM fifth edition codes;
3. the fees of the procedures will be negotiated based on CBHPM by a commission (AMB, CFM and societies) and the private health insurance agencies;
4. To use CBHPM as standard for supplementary health is no longer considered to be a cartel, according to the decision of the fifth court of the Federal Court of Justice (http://www.amb.org.br/teste/index.php?acao=mostra_noticia&id=6273);
5. The AMB/SBACV guidelines are important for research^{4,5} and for the support to the decisions about procedures proposed by the CBHPM fifth edition.

All regional presidents must present the results of subjects discussed with associates and in the reunion of the presidents collegiate at the North-Northeast Meeting of Angiology and Vascular Surgery in Salvador (BA), Brazil, where the position of SBAVC concerning the support to the full implementation of CBHPM fifth edition will be decided together with the Brazilian Specialty Societies.

It is important that everyone participate and get acquainted with the relevance of this movement, considering that the non-involvement of medicine professionals in collective movements, regardless of class decisions, may be seen as ethical infraction by the Regional Council of Medicine (CRM, in Portuguese), Based on the new code of medical ethics³.

References

1. Classificação Brasileira Hierarquizada de Procedimentos Médicos – quinta edição. 2008. [on-line]. [cited Oct 7, 2010]. Available from: http://www.amb.org.br/teste/cbhpm/cbhpm_5a_ed.pdf.
2. Terminologia Unificada de a Saúde Suplementar (TUSS). 2008. [on-line]. [cited Oct 7, 2010]. Available from: <http://www.amb.org.br/teste/tuss.html>.
3. Código de Ética Médica. 2009. [on-line]. [cited Oct 7, 2010]. Available from: <http://www.amb.org.br/teste/downloads/novocodigoetica.pdf>.
4. Pitta GBB, Roque FP, Pitta MR. O sexteto mágico da pesquisa clínica. *Rev Bras Cir Cardiovasc*. 2009;24(2):113-5.
5. Pitta GBB, Castro AA. A pesquisa científica. *J Vasc Bras*. 2006;5(4):243-4.