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GENERAL NOTICE

NOTICE 823 OF 2006

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO. 130 OF 1993)

1. I, Membathisi Mphumzi Shepherd Mdladlana, Minister of Labour, hereby give notice that, after consultation with the Compensation Board and acting under the powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No. 130 of 1993), I prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rules applicable thereto, appearing in the Schedule to this notice, with effect from **1 April 2006**.

2. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2006** and **Exclude VAT**.

M M S MDLADLANA
MINISTER OF LABOUR
19 May 2006

GENERAL INFORMATION / *ALGEMENE INLIGTING.*

(i) THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER.

The employee is permitted to choose freely his own service provider e.g. doctor, pharmacy, physiotherapist, hospital, etc. and no interference with this privilege is permitted as long as it is exercised reasonably and without prejudice to the employee himself or the Compensation Fund. The only exceptions to this rule are those cases where employers, with the Compensation Commissioner's approval, provide their own medical aid facilities in total, i.e. including hospital, nursing and other services—section 78 of the Act refers.

In terms of section 42 either the Compensation Commissioner or an employer may send the injured employee to another doctor chosen by him (Compensation Commissioner or employer) for a special examination and report. Special fees are payable for this service. This examination and report is usually done only by specialists.

In the event of a change of doctors attending a case, the first doctor in attendance will, except where the case is handed over to a specialist, be regarded as the principal, and payment will normally be made to him. **To avoid disputes, doctors should refrain from treating a case already under treatment without first discussing it with the first doctor**. As a general rule, changes of doctor are not favoured, unless there are sufficient reasons therefore.

If an injured employee is in need of emergency treatment, the doctor should act in the same manner as he would to any patient who needs his urgent help. He should not, however, ask the Compensation Commissioner to authorise such treatment before the claim has been admitted as falling within the scope of the Act.

It should be remembered that an employee seeks medical advice at his own risk. If, therefore, an employee represents to his medical service provider that he is a Compensation for Occupational injuries and Diseases Act case and yet fails to claim the benefits of the Act, leaving the Compensation Commissioner, or his employer, in ignorance of any possible grounds for a claim, the insurance fund concerned cannot accept any responsibility for any medical expenses incurred if the claim is not reported in the prescribed manner. The Compensation Commissioner can also have reason not to accept the claim lodged against the Fund. In such circumstances the employee would be in the same position as any other member of the public as regards payment of his medical expenses.

The amounts published in the tariff for COIDA for medical services are calculated without VAT. The only exclusion is die "per diem" tariff for Private Hospitals, that includes VAT The account for services rendered will be assessed and calculated without VAT. If VAT is applicable and a VAT registration number was indicated, it will be calculated and added to the payment without being rounded off

(i) DIE WERKNEMER EN DIE MEDIESE DIENSVERSKAFFER

Die werknemer het 'n vrye keuse van diensverskaffer bv. Dokter, apteek, fisioterapeut, hospitaal ens. en geen inmenging met hierdie voorreg word toegelaat solank dit redelik en sonder nadeel vir die werknemer self of die Vergoedingsfonds uitgeoefen word nie. Die enigste uitsonderings op hierdie reël is in daardie gevalle waar die werkgewers met die goedkeuring van die Vergoedingskommissaris hul eie geneeskundige dienste in die geheel voorsien, d.i. insluitende hospitaal- verplegings- en ander dienste—artikel 78 van die Wet verwys.

Kragtens die bepalings van artikel 42 mag die Vergoedingskommissaris of die werkgewer na gelang van die geval, 'n beseerde werknemer na 'n ander geneesheer deur hom (Vergoedingskommissaris of werkgewer) aangewys, stuur vir 'n spesiale ondersoek en verslag. Spesiale gelde is betaalbaar vir hierdie dienste. Hierdie ondersoek word uit die aard van die saak feitlik uitsluitlik deur spesialiste gedoen.

In die geval van verandering van geneeshere wat 'n geval behandel, sal die eerste geneesheer wat behandeling toegedien het, behalwe waar die geval aan 'n spesialis oorhandig is, as die lasgewer beskou word en betaling sal normaalweg aan hom gemaak word. **Ten einde geskille te voorkom, moet geneeshere hul daarvan weerhou om 'n geval wat reeds onder behandeling is te behandel sonder om dit eers met die eerste geneesheer te bespreek.** Oor die algemeen word veranderings van geneeshere, tensy voldoende redes daarvoor bestaan, nie aangemoedig nie.

In gevalle waar 'n beseerde werknemer noodbehandeling benodig, moet die geneesheer op dieselfde wyse as teenoor enige pasient wat sy hulp dringend nodig het optree. Hy moet egter nie die Vergoedingskommissaris vra om sulke behandeling goed te keur alvorens aanspreeklikheid vir die eis kragtens die Wet aanvaar is nie. Dit moet in gedagte gehou word dat 'n werknemer geneeskundige behandeling op sy eie risiko soek. As 'n werknemer dus aan 'n geneesheer voorgee dat hy 'n geval is onder die Wet op Vergoeding vir Beroepsbeserings en Siektes en tog versuim om die voordele van die Wet te eis deur die Vergoedingskommissaris of sy werkgewer in die duister te laat van enige moontlike gronde vir 'n eis, kan die betrokke versekeringsfonds geen aanspreeklikheid aanvaar vir geneeskundige onkoste wat aangegaan is nie as die besering nie aangemeld is op die voorgeskrewe wyse nie. Die Vergoedingskommissaris kan ook rede he om nie die eis teen die Fonds te aanvaar nie. Onder sulke omstandighede sou die werknemer in dieselfde posisie verkeer as enige lid van die publiek wat betaling van sy geneeskundige onkoste betref.

Die bedrae gepubliseer in die tarief vir COIDA is BTW uitgesluit. Die enigste uitsondering is die "per diem" tarief vir Privaat Hospitale, wat BTW insluit. Die rekening vir dienste gelewer word aangeslaan en bereken sonder BTW. Indien BTW van toepassing is en 'n BTW registrasie nommer aangedui is, word dit bereken en by die betalingsbedrag gevoeg sonder om afgerond te word.

CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS FOLLOWS •
EISE TEEN DIE VERGOEDINGSFONDS WORD HANTEER SOOS VOLG:

1. If the claim is **accepted** as a COIDA claim, reasonable medical expenses will be paid by the Compensation Commissioner • *As die eis teen die Fonds **aanvaar** word, word redelike mediese koste betaal deur die Vergoedings Kommissaris.*

2. If the claim is **rejected (repudiated)**, services will not be paid by the Compensation Commissioner. All parties are informed of this decision, including the service providers. The injured employee will be liable for payment. • *As die eis teen die Fonds afgekeur word **(gerepudieer)**, word dienste nie deur die Vergoedings Kommissaris betaal nie. Die betrokke partye word in kennis gestel van die besluit, ingesluit die diensverskaffers. Die beseerde werknemer is dan aanspreeklik vir die rekening.*

If **no decision** can be made due to a lack of information, the outstanding information is requested and upon receipt, the claim will again be adjudicated. Depending on the outcome, the accounts from the service provider, will be handled as set out in 1 and 2. Unfortunately, there are claims for which a decision might never be made due to a lack of forthcoming information • *Indien **geen besluit** geneem kan word nie, weens 'n gebrek aan inligting, word die uitstaande inligting aangevra. Met ontvangs word die eis heroorweeg. Afhangende van die uitslag, word die rekening hanteer soos uiteengesit in nommer 1 en 2. Ongelukkig is daar eise waar 'n besluit nooit geneem kan word nie aangesien die uitstaande inligting nie verskaf word nie*

BILLING PROCEDURE • EIS PROSEDURE:

1. The **first account** for services rendered to the injured employee (INCLUDING the First medical report) must be submitted to the employer who will collate all the documents (from other service providers etc.) and submit them to the Compensation Commissioner • *Die **eerste rekening** (INSLUITEND die Eerste mediese verslag) vir diens gelewer aan die beseerde werknemer, moet aan die werkgewer gestuur word, wat die eise (van ander diensverskaffers ens.) bymekaar sal sit en dit aanstuur na die Vergoedingskommissaris.*

2. New claims are registered by the Commissioner and the **employer is notified of the claim number** allocated to the claim. Enquiries for claim numbers should be directed to the employer and not to the Commissioner. The employer will be able to give you the claim number for the patient as well as indicate whether the Compensation Commissioner accepted the claim as a COIDA case • *Nuwe eise word geopen deur die Kommissaris en die **werkgewer word in kennis gestel van die eisnommer**. Navrae vir eisnommers moet aan die werkgewer gerig word en nie aan die Kommissaris nie. Die werkgewer kan die eisnommer verskaf en ook aandui of die Kommissaris die eis teen die Fonds aanvaar het of nie*

3. All new accounts are captured on the Commissioners database and a summarized notice is posted weekly to the service provider. This is only an **acknowledgement of receipt** and not a payment or a guarantee there of • *Alle nuwe rekeninge word vasgelê op die Kommissaris se databasis an 'n opsomming van rekeninge ontvang word weekliks aan die diensverskaffer gestuur. Dit is slegs 'n **erkenning van ontvangs** en nie 'n betaling of waarborg daarvan nie.*

4. If accounts are still outstanding after 60 days following submission and acknowledgement by the Commissioner Service providers should complete an enquiry form, W.CL 20, and submit it ONCE to the Commissioner. **DO NOT SUBMIT DUPLICATE ACCOUNTS WHEN AN ACKNOWLEDGEMENT WAS RECEIVED FOR THE PARTICULAR ACCOUNT** • *Indien die rekening nog uitstaande is na 60 dae na indiening an ontvangserkenning deur die Vergoedingskommissaris, moet die diensverskaffer 'n navraag vorm, W.CL 20 voltooi en EENMALIG indien na die Kommissaris. **MOENIE 'N DUPLIKAAT REKENING INDIEN AS ONTVANGS ERKEN IS VIR DIE BETROKKE REKENING NIE.***

5. If **no acknowledgement** was received and the account is unpaid **60 days <u>after</u>** it was submitted to the employer, a **duplicate account** must be submitted to the Commissioner directly. The account must be accompanied by any supporting documents e.g. PART B of the Employers Report of an Accident (W.CL 2), First (W.CL 4), and Progress/Final (W.CL 5/5F) medical reports • *Indien **ontvangs nie erken is 60 dae <u>na</u> versending** aan die werkgewer, moet 'n **duplikaatrekening** ingedien word by die Vergoedingskommissaris. Die rekening moet vergesel word van ander dokumentasie bv. DEEL B van die Werkgewer se Verslag oor 'n Ongeval (W.CL 2), Eerste (W.CL 4) en Vordering/Finale (W.CL 5/5F) mediese veslae.*

6. If the account is **partially paid** with no reason therefore indicated on the remittance advise, a duplicate account with the unpaid services clearly indicated must be submitted, accompanied

by a WCl 20 form. (*see website for example) • *Indien 'n rekening* ***gedeeltelik betaal*** *is met geen rede voorsien op die betaaladvies nie, kan 'n duplikaatrekening met die kortbetaling duidelik aangedui, vergesel van 'n WCl20 form ingedien word (*sien webblad vir voorbeeld van vorm).*

7. **Information NOT to be reflected** on the account: Details of the employee's medical aid and the practice number of the referring practitioner • ***Inligting wat NIE aangedui moet word*** *op die rekening nie: Besonderhede van die werknemer se mediese fonds en die verwysende geneesheer se praktyknommer.*

8. Service provider **should not generate** • *Diensverskaffer* ***moenie die volgende genereer****:*

   a. **Multiple accounts** for services rendered on the **same date** i.e. one account for medication and a second account for other services • ***Meer as een rekening*** *vir dienste gelewer op* ***dieselfde datum****, bv. Medikasie op een rekening en ander dienste op 'n tweede rekening.*
   b. **Accumulative accounts** but rather submit a separate account for every month • ***Aaneenlopende rekeninge****: aparte rekeninge per maand word verkies.*
   c. **Accounts on the old documents** (W.CL 4/5/5F) A *New First Medical Report (W.CL 4) and Progress/Final Report (W.CL 5/5F) forms are available. The old forms combined with the account (W.CL11), were replaced. **Accounts on the old medical reports will not be entertained** • ***Rekeninge op die ou voorgeskrewe dokumente*** *van die Vergoedingskommissaris. 'n *Nuwe Eerste mediese verslag (W.CL4) en Vordering/Finale verslag (W.CL5) is beskikbaar. Die vorige vorms gekombineer met die rekening (W.CL11) is vervang.* ***Rekeninge op die ou vorms is nie aanvaarbaar nie.***

*** Examples of the new forms (W.CL 4/5/5F) are available on the website www.labour.gov.za •**

**** Voorbeelde van die nuwe vorms (W.CL 4/5/5F) is beskikbaar op die webblad www.labour.gov.za***

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED • MINIMUM VEREISTES VIR REKENINGE GEHEF

1. **Minimum information** to be indicated on the account submitted to the Commissioner • ***Minimum besonderhede*** *wat aangedui moet word op 'n rekening vir die Vergoedingskommissaris:*

    a. Name of employee and ID number • *Naam van werknemer en ID nommer.*
    b. Name of employer and registration number if available. • *Naam van werkgewer en registrasie nommer indien beskikbaar.*
    c. CC claim number/ alternatively employer's registration number • *CC eisnommer/alternatiewelik die werkgewer se registrasie nommer.*
    d. DATE OF ACCIDENT (not only the service date) • *DATUM VAN BESERING (nie slegs die diensdatum nie)*
    e. Service provider's reference number • *Diensverskaffer se rekening nommer*
    f. The practice number (In case of address change, BHF must be notified) • *Die praktyknommer (in geval van'adresverandering moet dit by BHF verander word)*
    g. VAT registration number (The Compensation Commissioner will not pay VAT if a VAT registration number is not indicated on the account) • *BTW registrasie nommer (die Kommissaris sal nie BTW betaal as die BTW registrasie nommer nie aangedui word nie)*
    h. Date of service (Actual service date must be indicated. Invoice date is not acceptable) • *Diensdatum (die werklike diensdatum moet aangedui word. Rekening datum is nie aanvaarbaar)*
    i. Items according to the official published tariffs • *Items soos aangedui in die amptelik gepubliseerde tariewe.*
    j. Amount claimed per item and total for account • *Bedrag ge-eis vir item en totaal van rekening.*

2. Please note that **as from 1 January 2004** a **certified copy of an employee's identity document will be required** in order to register a claim with the Compensation Fund. If a copy of the identity document is not submitted the claim will not be registered but will be returned to you/the employer to attach a certified copy of the employee's identity document. Furthermore, all supporting documentation sent to this office must reflect the identity number as well. If it is not reflected, the documents will not be processed but will be returned to the sender to add the ID number. • *Neem asseblief kennis dat 'n* ***gesertifiseerde afskrif van van die werknemer se identiteits dokument benodig word vanaf 1 Januarie 2004*** *om 'n eis by die Vergoedingsfonds aan te meld. Indien 'n afskrif van die identiteitsdokument nie aangeheg is nie, sal die eis nie geregistreer word nie en die dokumente sal teruggestuur word aan die werkgewer/uself vir die aanheg van die dokument. Alle ander dokumentasie wat aan die kantoor gestuur word moet die identiteitsnommer aangedui hê. Indien nie aangedui nie, sal die dokumentasie nie verwerk word nie, maar teruggestuur word vir die aanbring van die identiteitsnommer.*

TARIFF OF FEES IN RESPECT OF PHYSIOTHERAPY SERVICES FROM 1 APRIL 2006
GELDTARIEF TEN OPSIGTE VAN FISIOTERAPEUTIESE DIENSTE VANAF 1 APRIL 2006

GENERAL RULES GOVERNING THE TARIFF
ALGEMENE REëLS VAN TOEPASSING OP DIE TARIEF

001 Unless timely steps are taken to cancel an appointment the relevant fee may be charged from the employee. Each case shall however, be considered on merit and if the circumstances warrant, no fee shall be charged. Modifier 0001 to be quoted. ● Tensy vroegtydig reëlings getref word om die afspraak te kanselleer, mag die toepaslike fooi van die werknemer geëis word. Elke geval sal egter op meriete oorweeg word en indien omstandighede dit regverdig, sal geen fooi gehef word nie. 'Wysiger 0001 ' moet vermeld word.

002 In exceptional cases where the tariff fee is disproportionately low in relation to the actual services rendered by a physiotherapist, a higher fee may be negotiated. Conversely, if the fee is disproportionately high in relation to the actual services rendered, a lower fee than that in the tariff should be charged. ● In buitegewone gevalle waar die tariefgelde buite verhouding laag is in vergelyking met die werklike dienste deur 'n fisioterapeut gelewer, is hoër gelde onderhandelbaar. Aan die anderkant, as die gelde buite verhouding hoog is met betrekking tot die werklike dienste gelewer, moet 'n laer bedrag as die wat in die geldetarief aangegee word, gevra word.

003 Where a physiotherapist uses equipment which is not owned by that physiotherapist, a reduction of 15 percent of the relevant tariff will be applicable. "Modifier 0003must be quoted where this rule is applied ● Waar 'n fisioterapeut toerusting gebruik wat nie aan daardie fisioterapeut behoort nie, sal 'n vermindering van 15 persent van die toepaslike tarief van toepassing wees. "Wysiger 0003" moet vermeld word om aan te dui dat hiedie reël gebruik word.

004 In the case of prolonged or costly treatments these should only be embarked upon after negotiations between the referring medical practitioner and the Compensation Commissioner.· ● In die geval van 'n langdurige of duur behandeling kan slegs daarmee voortgegaan word na onderhandeling tussen die verwysende mediese praktisyn en die Vergoedingskommissaris.

005 After a series of 20 treatments for the same condition, the physiotherapist must refer the employee back to the medical practitioner and report to him the progress already made. If further physiotherapy treatment is required the medical practitioner must submit a progress report to the Compensation Commissioner indicating the necessity for further treatment and the number of further treatments required. Without such a report payment for treatments in excess of 20 shall not be considered. ● Na 'n reeks van 20 behandelings vir dieselfde toestand, moet die fisioterapeut die werknemer terug verwys na die mediese pratisyn en die vordering wat reeds gemaak is aan hom rapporteer. Indien verdere fisioterapiebehandeling benodig word moet die mediese praktisyn die Vergoedingskommissaris van 'n vorderingsverslag voorsien waarin die noodsaaklikheid vir verdere behandeling en die aantal behandelings wat nog benodig word, duidelik aangedui word. Sonder so 'n verslag sal betaling vir meer as 20 behandelings nie oorweeg word nie.

006 "After hour treatments" shall mean those performed by arrangement at night between 18:00 and 07:00 on the following day or during weekends between 13:00 Saturdays and 07:00 on Monday. Public holidays are regarded as Sundays.

This rule shall apply for all treatments whether given in the physiotherapist's rooms, or at a nursing home or private residence only by arrangement when the patient's condition necessitates it.

The fee for all treatments under this rule shall be the total fee for the treatment plus 50 per cent. Modifier 0006 must then be quoted after the appropriate tariff number to indicate that this rule is applicable.

In cases where the physiotherapist's scheduled working hours extend after 18:00 during the week or 13:00 on a Saturday the above rule shall not apply and the treatment fee shall be that of the **normal listed tariff.**

"Na-uurse behandelings" beteken die behandelings wat gereël is in die nag tussen 18:00 en 07:00 van die volgende dag of gedurende naweke tussen 13:00 Saterdag en 07:00 Maandag. Openbare vakansiedae word beskou as Sondae.

Hierdie reel sal geld vir alle behandelings, hetsy dit in die fisioterapeut se kamers gegee word of by 'n verpleeginrigting, of by 'n private woning alleenlik indien vooraf gereël wanneer die pasient se toestand dit vereis.

Vir alle behandelings ooreenkomstig hierdie reël is die geld die volle tariefgeld vir die behandeling plus 50 persent. Na die betrokke tariefnommer moet dan die uitdrukking "wysiger 0006" vermeld word ten einde aan te dui dat hierdie reël van toepassing is.

In gevalle waar die fisioterapeut se vaste werksure gedurende die week strek tot na 18:00 of op 'n Saterdag tot na 13:00, geld bogenoemde reël nie en die geld vir behandeling is die **gewone gelyste tarief**.

007 The physiotherapist shall submit his/her account for treatment under the Act to the employer of the employee concerned ● Die fisioterapeut moet sy/haar rekening ten opsigte van behandeling kragtens die Wet aan die betrokke werknemer se werkgewer stuur.

008 The fee in respect of more than one procedure (except for codes: 72407, 72501, 72502, 72503, 72507, 72509, 72701, 72702, 72703, 72801, 72901 and 72903) performed at the same consultation or visit, shall be the tariff fee for the major procedure plus half the tariff fee in respect of each additional procedure, but under no circumstances may fees be charged for more than four procedures carried out in the treatment of one condition. Modifier 0008 must then be quoted after the appropriate tariff numbers for the additional procedures to indicate that this rule is applicable ● Die gelde vir meer as een prosedure (met uitsondering van kodes: 72407, 72501, 72502, 72503, 72507, 72509, 72701, 72702, 72703, 72801, 72901 en 72903) wat tydens dieselfde konsultasie of besoek uitgevoer word, is die tariefgeld vir die grootste prosedure plus die helfte van die tariefgeld vir elke bykomende prosedure, maar onder geen omstandighede mag die gelde gehef word vir meer as vier prosedures wat tydens die behandeling van 'n enkele toestand uitgevoer word nie. Na die betrokke tariefnommers moet dan die uitdrukking "wysiger 0008" vermeld word ten einde aan te dui dat hierdie reël van toepassing is op die addisionele prosedures.

009 When more than one condition requires treatment and each of these conditions necessitates an individual treatment time, they shall be charged as individual treatments. Full details of the nature of the treatments must be stated. Modifier 0009 must then be quoted after the appropriate tariff numbers to indicate that this rule is applicable. ● Wanneer meer as een toestand behandeling verg en elk van hierdie toestande 'n eie behandeling genoodsaak, word daar vir die onderskeie behandelings afsonderlike gelde gehef. Die volledige besonderhede van die aard van die behandelings moet verstrek word. Na die betrokke tariefnommers moet dan die uitdrukking "wysiger 0009" vermeld word ten einde aan te dui dat hierdie reël van toepassing is.

010 When the treatment times of two completely separate and different conditions overlap, the fee shall be the full tariff fee for the one condition and 50% of the fee for the other condition. "Modifier 0010" must then be quoted after the appropriate tariff numbers to indicate that this rule is applicable. ● Wanneer die behandelingstye van twee heeltemal afsonderlike en verskillende toestande oorvleuel, is die geld die volle tariefgeld vir een van die toestande en 50% van die geld vir die ander toestand. Na die betrokke tariefnommer moet dan die uitdrukking "wysiger 0010" vermeld word ten einde aan te dui dat hierdie reël van toepassing is.

011 Items 72305, 72501, 72503 and 72507 cannot be claimed simultaneously ● Items 72305, 72501, 72503 72507 kan nie gelyktydig geëis word nie.

012 Applies to VAT vendors only i.e. only when VAT is to be added to the tariff. The account for services rendered will be assessed and calculated without VAT. If VAT is applicable, it will be calculated and added to the payment amount. ● Uitsluitlik van toeassing by BTW betalers d.w.s. wanneer BTW by die tarief ingesluit moet word. Die rekening vir dienste gelewer word aangeslaan en bereken sonder BTW. Indien BTW van toepassing is, sal dit bereken word en by die betalingsbedrag gevoeg word.

013 Where a physiotherapist was called out from residence or rooms to an employees home or the hospital, traveling fees can be charged for travelling ***more*** than 16 kilometres in total. If more than one employee would be attended to during the course of a trip, the full travelling expenses must be divided pro rata between the relevant employees.

A physiotherapist is not entitled to charge for any traveling expenses or traveling time to his/her rooms.

Waar 'n fisioterapeut vanaf huis of kamers na 'n werknemer se woning of 'n hospitaal uitgeroep word, kan reisgelde gehef word indien ***meer*** as 16 kilometers in totaal gereis. Indien meer as een werknemer tydens 'n reis aandag geniet, moet die volle reisgelde pro rata tussen die werknemers verdeel word.

'n Fisioterapeut is nie geregtig om gelde te hef vir enige reiskoste of reistyd na sy/haar kamers nie.

014 Physiotherapy services rendered in a hospital or nursing facility • Fisioterapie dienste gelewer in 'n hospitaal of verpleeginrigting.

015 The services of a physiotherapist shall be available only on referral by a medical or dental practitioner. ● Die dienste van 'n fisioterapeut is beskikbaar slegs na 'n verwysing deur 'n mediese praktisyn of tandarts.

MODIFIERS GOVERNING THE TARIFF ● WYSIGERS VAN TOEPASSING OP DIE TARIEF

0001 To be quoted after appropriate treatment codes when rule 001 is implemented. ● Moet gekwoteer word na behandelings kodes wanneer reël 001 geimplementeer word.

0003 15 Percent of the relevant tariff to be deducted where equipment used is not owned by the physiotherapist. ● 15 Persent van die toepaslike tarief moet afgetrek word waar toerusting gebruik word wat nie aan die fisioterapeut behoort nie.

0006 Add 50 percent of the total fee for the treatment. ● Voeg 50 persent van die totale behandelingsgeld by.

0008 Only 50 percent of the fee for these additional procedures may be charged. ● Slegs 50 persent van die gelde vir die addisionele prosedures aldus aangetoon kan gehef word.

0009 The full tariff for the additional treatments may be charged ● Die volle tariefgelde vir die addisionele behandelings kan gehef word.

0010 Only 50 percent of the fee for the second condition may be charged. ● Slegs 50 persent van die gelde vir die tweede toestand kan gehef word.

0013 R5,00 per km for each kilometre in excess of 16 kilometres total travelled in own car: 19 km total = 3 x R5,00 = R15,00 (no travelling time). ● R5,00 per km vir elke kilometer verder as 16 kilometer in totaal, afgelê in eie motor: 19 km totaal = 3 x R5,00 = R15,00 (geen reistyd).

0014 Treatment in nursing facility ● Behandeling in verpleeginrigting.

Note: Monetary value of ten units for 2006 without VAT = R36.40
Let Wel: Geldwaarde van tien eenhede vir 2006 sonder BTW = R36.40

	PHYSIOTHERAPHY TARIFF OF FEES • GELDETARIEF VIR FISIOTERAPIE	U/E	R
1.	**RADIATION THERAPY / MOIST HEAT / CRYOTHERAPY • BESTRALINGSTERAPIE / VOGTIGE HITTE / KRIOTERAPIE**		
72001	Infra-red, · Radiant heat, · Wax therapy, · Hot packs • Infrarooi, · Stralingswarmte, · Was-terapie, Warmpak.	*10*	**36.40**
72005	Ultraviolet light • Ultravioletlig	*17*	**61.90**
72006	Laser beam • Laserstraal	*17*	**61.90**
72007	Cryotherapy • Ysterapie	*10*	**36.40**
2.	**LOW FREQUENCY CURRENTS • LAEFREKWENSIESTROME**		
72103	Galvanism, Diodynamic current, Tens • Galvanisme, Diodinamiese stroom, Tens	*10*	**36.40**
72105	Muscle and nerve stimulating currents • Spier- en senuweestimulerende strome	*12*	**43.70**
72107	Interferential therapy • Interferensieterapie	*15*	**54.60**
3.	**HIGH FREQUENCY CURRENTS • HOËFREKWENSIESTROME**		
72201	Shortwave diathermy • Kortgolfdiatermie	*15*	**54.60**
72203	Ultrasound • Ultraklank	*17*	**61.90**
72205	Microwave • Mikrogolf	*15*	**54.60**
4.	**PHYSICAL MODALITIES • FISIESE MODALITEITE**		
Note: Items 72305, 72501 and 72503 cannot be claimed simultaneously • **Let wel**: Items 72305, 72501 en 72503 kan nie gelyktydig geëis word nie			
72300	Vibration • Vibrasie	*10*	**36.40**
72301	Percussion• Perkussie	*16*	**58.20**
72302	Massage • Massering	*10*	**36.40**
72303	Myofascial Release / Soft Tissue Mobilisations, one or more body parts • Miofasiale Loslating / Sagte Weefsel Mobilisasie, een of meer liggaamsdele	*20*	**72.80**
72305	Re-education of movement/exercise • Heropleiding van beweging/oefeninge	*10*	**36.40**
72307	Pre- and Post-operative exercises/breathing exercises • Voor- en na-operatiewe oefeninge/ asemhalingsoefeninge	*10*	**36.40**
72310	Neural tissue mobilization • Neurale weefsel mobilisasie	*20*	**72.80**
72315	Postural drainage • Posturale dreinering	*13*	**47.30**
72317	Traction • Traksie	*20*	**72.80**
72319	Nebulisation • Verstuiwing	*15*	**54.60**
72321	Intermittent possitive pressure ventilation • Afwisselende positiewe drukventilasie	*15*	**54.60**
72323	Suction: Level 1. sputum specimen • Suiging: Vlak 1. sputum monster	*10*	**36.40**
72325	Section: level 2. in combination with lavage • Suiging:Vlak 2 in kombinasie met lavage	*20*	**72.80**
72327	Bagging (used on the intubated unconcious patient or in the severely respiratory distressed patient • Ambu (gebruik by geintubeerde bewustelose pasient of 'n pasient met erge respiratoriese nood	*10*	**36.40**
MANIPULATIONLMOBILISATION OF JOINTS OR IMMOBILISATION • MANIPULERING/MOBILISERING VAN GEWRIGTE OF IMMOBILISERING			
72401	Spinal • Rug	*25*	**91.00**
72402	Pre-meditated manipulation • Vooraf beplande manipulasie	*20*	**72.80**

	PHYSIOTHERAPHY TARIFF OF FEES • GELDETARIEF VIR FISIOTERAPIE	U/E	R
72405	All other joints • Alle ander gewrigte	*20*	**72.80**
72407	Immoblisation (excluding materials) • Immobilisering (materiale uitgesluit)	*15*	**54.60**
6.	**REHABILITATION • REHABILITASIE**		
72501	Rehabilitation first 30 minutes, where the pathology requires the undivided attention of the physiotherapist (Rule 008 does not apply) • Rehabilitasie eerste 30 minute wanneer die patologie die onverdeelde aandag van die fisioterapeut vereis (Reël 008 nie van toepassing nie)	*22*	**80.10**
72502	Hydrotherapy first 30 minutes, where the pathology requires the undivided attention of the physiotherapist (Rule 008 does not apply) • Hidroterapie eerste 30 minute wanneer die patologie die onverdeelde aandag van die fisioterapeut vereis (Reël 008 nie van toepassing nie)	*22*	**80.10**
72503	Rehabilitation of central nervous system disorders first 60 minutes - condition to be clearly stated and fully documented. No other treatment modalities may be charged in conjunction to this except for 72509.• Rehabilitasie vir sentrale senuweestelsel afwykings eerste 60 minute - toestand moet duidelik gespesifiseer en ten volle gedokumenteer word. Geen ander behandelings modaliteite mag saam geëis word nie behalwe vir 72509.	*50*	**182.00**
72504	EMG Bio-feedback treatment • EMG Bio-terugvoer behandeling	*20*	**72.80**
72507	Respiratory re-education and training (only applicable in hospital – quote modifier 0014 for payment) • Respiratoriese heronderrig en opleiding (slegs van toepassing in hospitaal. Dui wysiger 0014 aan vir betaling)	*22*	**80.10**
72509	Where the pathology requires the undivided attention of the physiotherapist. (Rule 0008 does not apply). Can only be used with codes 72501, 72502 or 72503 to indicate ***additional*** rehabilitation time of 15 minutes • Waar die patologie die onverdeelde aandag van die fisioterapeut vereis. (Reël 0008 nie van toepassing nie). Slegs van toepassing met kodes 72501, 72502 en 72503 om ***addisionele*** rehabilitasie van 15 minute aan te dui.	*11*	**40.00**
7.	**EVALUATION · EVALUASIE**		
72701	Specific evaluation and consultation at the first visit only (to be fully documented) • Eenvoudige evaluering en konsultering ten tye van die eerste besoek alleenlik (ten volle gedokumenteer te word)	*10*	**36.40**
	Please note: Item 72701 should not be used for examination of each so called "condition" at the first visit • ***Let wel:*** Item 72701 mag nie gebruik word vir ondersoek van afsonderlike "toestande" gedurende die eerste besoek nie.		
72702	Complex evaluation / consultation at the first visit only (to be fully documented) • Gekompliseerde evaluasie / konsultering slegs ten tyde van die eerste besoek (moet ten volle gedokumenteer word).	*25*	**91.00**
	Please note: Item 72702 should not be used for examination of each so called "condition" at the first visit • ***Let wel:*** Item 72702 mag nie gebruik word vir ondersoek van afsonderlike "toestande" gedurende die eerste besoek nie.		
72703	One complete re-assessment of a patient's condition or consultation of patient during a course of treatment to be used with procedures 72501, 72502 or 72503. This code also to be used for one physical performance test that must be fully documented and report provided to Commissioner • Een algehele herevaluering of konsultasie van die pasient se toestand gedurende 'n kursus om gebruik te word met prosedures 72501, 72502 of 72503. Hierdie kode kan ook gebruik word vir een fisiese prestasie toets wat ten volle gedokumenteer moet wees en verslag aan die Kommissaris voorsien word.	*15*	**54.60**
72801	Electrical test for diagnostic purposes (including IT curve and Isokinetic tests) for specific medical condition • Elektriese toets vir diagnostiese doeleindes (IT kurwe en Isokinetiese toets ingesluit) vir spesifieke mediese toestand	*20*	**72.80**

PHYSIOTHERAPHY TARIFF OF FEES • GELDETARIEF VIR FISIOTERAPIE		U/E	R
8.	**VISITING CODES • KONSULTASIE KODES**		
72901	Treatment at a nursing home (once per day only): relative fee plus. • Behandeling in 'n verpleeginrigting (slegs een keer per dag) betrokke geld plus	*10*	**36.40**
72903	Domiciliary treatments - apply only when medically motivated: relative fee plus • Tuisbehandeling - slegs van toepassing indien medies geregverdig: betrokke geld plus	*20*	**72.80**
9.	**COMPOSITE FEES • SAAMGESTELDE TARIEWE**		
	Note: Composite fees may not be used with any other items in the treatment of the same condition except for evaluation and visiting codes (items 72701-72903 + 72407.). Modalities used must be detailed with the first treatment. Only modifiers 0003, 0006, 0008, 0009, 0010 and 0014 may be used in conjunction with the composite fees.		
	Let wel: Saamgestelde fooie mag nie tesame met enige items tydens dieselfde behandelingsessie gehef word nie behalwe vir evaluasie en besoek kodes (items 72701-72903 +72407). Gedetaileerde uiteensetting van modaliteite gebruik by eerste behandeling moet aangedui word. Slegs wysigers 0003, 0006, 0008, 0009, 0010 en 0014 mag met saamgestelde fooie gebruik word.		
72921	Simple spinal treatment (a minimum of four modalities totaling 45 units must be used) • Eenvoudige spinale behandeling ('n minimum van vier modaliteite wat in totaal 45 eenhede beloop moet gebruik word)	*45*	**163.80**
72923	Peripheral joint treatment (a minimum of four modalities totalling 42,5 units must be used) • Perifêre gewrigbehandeling ('n minimum van vier modaliteite wat in totaal 42,5 eenhede beloop moet gebruik word)	*42,5*	**154.70**
72925	Level 1 Chest pathology (a minimum of four modalities totalling 31,5 units must be used) • Vlak 1 Longpatalogie ('n minimum van vier modaliteite met 'n totaal van 31,5 eenhede moet gebruik word)	*31,4*	**114.30**
72926	Level 2 Chest pathology (complex lung condition requiring the undivided attention of the physiotherapist using modalities totaling not less than 45 units) • Vlak 2 Longpatologie (komplekse longtoestand wat die onverdeelde aandag van die fisioterapeut benodig waar die totale modaliteite se eenheidswaarde nie minder as 45 eenhede mag wees nie)	*45*	**163.80**
72927	Soft tissue injury treatment (a minimum of four modalities totaling 40 units must be used) • Behandeling van sagteweefselbeserings ('n minimum van vier modaliteite wat in totaal 40 eenhede beloop moet gebruik word)	*40*	**145.60**
72939	Cost of materials: single items below **R1 557.50 (VAT included)**, may be charged for at cost price plus 20% for storage and handling. Invoice must be attached. • Koste van material: enkele items minder as **R1 557.50 (BTW ingesluit)** mag gehef word teen kosprys plus 20% vir hantering en berging. Faktuur moet aangeheg word.		