CONTENTS -INHOUD

GENERAL NOTICE

NOTICE 856 OF 2007

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

1. I, Membathisi Mphurnzi 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 2007.

2. The fees appearing in the Schedule are applicable in respect of services rendered with retrospective effect as from 1 April 2007 and Exclude VAT.

M M S MDLADLANA
MINISTER OF LABOUR
27/06/07

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. 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.

According to the National Health Act no 61 of 2003 : section 5, a health care provider may not refuse a person emergency medical treatment. Any provider should not however, ask the Compensation Commissioner to authorise such treatment before the claim has been admitted as falling within the scope of the COlD Act. Pre authorisation for treatment is not applicable and no medical expenses will be considered or approved if liability for the claim against the Fund has not been accepted.

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.

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.

The amounts published in the tariff for COIDA for medical services are calculated without VAT. The only exclusion is the "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 is indicated, it will be calculated and added to the payment without being rounded off.Also please note that there are VAT exempted codes in the private ambulance tariff structure.

(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 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. 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.

Volgens die Nationale Gesondheidswet no 61 van *2033* : seksie 5, mag 'n gesondheidswerker of diensverskaffer me weier om noodbehandeling te verskaf nie. Hy moet egter nie die Vergoedingskommissaris vra om sulke behandeling goed te keur alvorens aanspreeklikheid vir die eis kragtens die Wet aanvaar is nie. Vooraf goedkeuring vir behandeling is nie van toepassing nie en geen mediese onkoste sal oorweeg word as die eis teen die Fonds nie anvaar 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 Beraepsbeserings 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 grande 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 me. Onder sulke omstandighede sou die werknemer in dieselfde posisie verkeer as enige lid van die publiek wat betaling van sy geneeskundige onkoste betref.

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. AIle 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.

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. Neem asseblief ook kennis dat daar kodes in die privaat ambulans struktuur is waarop BTW nie betaalbaar is nie.

CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS FOLLOWS·

EISE TEEN DIE VERGOEDINGSFONDS WORD HANTEER SOOS VOLG:

I. Allocation of a clain number by the Fund, does not constitute that liability has been accepted, but that the injury on duty has been reported to the Compensation Commissioner. 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 verskajen ook aandui oj die Kommissaris die eis teen die Fonds aanvaar het ofnie*

2. 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 betaa! deur die Vergoedings Kommissaris.*

3. If the claim is rejected (repudiated), services will not be paid by the Compensation Commissioner. The employer and the employee are informed of this decision. The injured employee will be liable for payment. • *As die eis teen die Fonds afgekeur word (gerepudieer), word dienste nie deur die Vergoedings Kommissaris betaa! nie. Die betrokke partye word in kennis geste! van die besluit, inges!uit die diensverskaffers. Die beseerde werknemer is dan aanspreeklik vir die rekening.*

4. If no decision can be made due to inadequate/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 2 and 3. Please note that there are claims for which a decision might never be made due to inadequateflack 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 uits!ag, word die rekening hanteer soos uiteengesit in nommer 1 en* 2. *Onge!ukkig is daar eise waar 'n besluit nooit geneem kan word nie aangesien die uitstaande inligting nie verskafword 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. Subsequent accounts must be submitted or posted to the closest Labour Centre. It is important that all requirements for the submission of accounts, including supporting information, are met. • Daaropvolgende rekeninge moet ingedien of gepos word na die naaste Arbeids kantoor. Dit is belangrik dat al die voorskrifte vir indien van rekeninge gevolg word, ingesluit die voorsien van stawende dokumentasie.

3. If accounts are still outstanding after 60 days following submission service providers should complete an enquiry form, W.CL 20, and submit it ONCE to the Labour Centre. All relevant details about the Labour Centres are available on the website www.labour.gov.za • *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.*

4. If the account is partially paid with no reason therefore indicated on the remittance advice, a duplicate account with the unpaid services clearly indicated must be submitted to the Labour Centre, accompanied by a WCI 20 form. (*see website for example). All relevant details about the Labour Centres are available on the website www.labour.gov.za • *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 vorm ingedien word (*sien webblad vir voorbeeld van vorm).*

5. 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.*

6. 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 - 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 ProgresslFinal Report (W.CL 5/5F) forms are available. The old forms combined with the account (W.CLll), 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 (WCL4) en Vordering/Finale verslag (WCL5) is beskikbaar. Die vorige vorms gekombineer met die rekening (W.CLl]) is vervang. Rekeninge op die ou vorms is nie aanvaarhaar nie.*

* Examples of the new forms (W.CL 4/S/SF) are available on the website www.labour.gov.za _

* *Voorheelde van die nuwe vorms (W.CL 4/5/5F) is heskikbaar op die webb/ad www.labour.gov.za*

SCHEDULE. BYLAE

TARIFF OF FEES IN RESPECT OF OCCUPATIONAL THERAPY SERVICES FROM 1 APRil 2007
GEIDTARIEF TEN OPSIGTE VAN ARBEIDSTERAPEUTIESE DIENSTE VANAF 1 APRil 2007

GENERAL RULES GOVERNING THE TARIFF

AIGEMENE REëLS VAN TOEPASSING OP DIE TARIEF

001 Unless timely steps are taken (at least two hours) to cancel an appointment for a consultation the relevant consultation fee shall be payable by the employee. • Tensy vroegtydige reelings (minstens twee uur voor die afspraak) getref is om 'n afspraak vir 'n konsultasie te kanselleer, sal die werknemer aanspreeklik wees vir die konsultasiegelde.

002 In exceptional cases where the tariff fees is disproportionately low in relation to the actual services rendered by the practitioner, 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 uitsonderlike gevalle, waar die fooi uitermatig laag is in vergelyking tot die diens deur die praktisyn gelewer, is hoer gelde onderhandelbaar. Aan die ander kant, as die gelde buiten verhouding hoog is met betrekking tot die werk/ike dienste gelewer, moet 'n laer bedrag as dié wat in die geldetarief aangegee word, gevra word.

003 The service of an occupational therapist shall be available only on written referral by a medical practitioner. • Die dienste van 'n arbeidsterapeut sal alleenlik beskikbaar wees op skriftelike verwysing deur 'n mediese praktisyn.

004 In the case of prolonged or costly treatments these would only be embarked upon after negotiations between the referring medical practitioner, occupational therapist and the Commissioner. • In die geval van langdurige of duur behandeling moet daar vooraf tussen die verwysende geneesheer, arbeidsterapeut en die Kommissaris onderhandel word.

005 After a series of 20 sessions for the same condition, the medical practitioner must re-evaluate the employee's condition and submit a report to the ccmmisslener, in which the necessity for further treatment is indicated. • Na 'n reeks van 20 sessies vir dieselfde toestand moet die mediese praktisyn die werknemer se toestand herevalueer en die Kommissaris van 'n mediese verslag voorsien waarin die noodsaaklikheid virverdere behandeling aangedui word.

006 "After hours 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 Saturday and 07:00 Monday. Public holidays are regarded as Sundays. The fee for all treatments under this rule shall be the total fee for the treatment plus 50 per cent. This rule shall apply for all treatments given in the practitioner's rooms, or at a nursing home or private residence only by arrangement when the patient's condition necessitates it. Modifier 0006 must then be quoted after the appropriate tariff number to indicate that this rule is applicable. • "Na-uurse behandeling" beteken dié behandeling 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. Vir aile behandelings ooreenkomstig hierdie reël is die geld die volle tariefgeld vir die behandeling plus 50 persent. Hierdie reël sal vir aile behandelings geld, of hulle by die praktisyn se spreekkamers, of by 'n verpleeginrigting, of by 'n private woning toegepas word, deur reeling, alleenlik wanneer die pasient se toestand dit genoodsaak. Na die betrokke tariefnommer moet dan die uitdrukking Wysiger 0006 vermeld word ten einde aan te dui dat hierdie reël van toepassing is.

008 The provision of aids or assisitive devices shall be charged at cost. Modifier 0008 must be quoted after the appropriate code numbers to show this rule is applicable. • Bystands- of hulpmiddels sal teen kosprys voorsien word. Wysiger 0008 moet na die toepaslike kodenommers aangehaal word, om aan te dui dat hierdie reël van toepassing is.

009 Materials used in the construction of orthoses will be charged as per Annexure "A" for the applicable device and pressure garments will be charged as per Annexure "B" for the applicable garment. Modifier 0009 must be quoted after the appropriate code numbers to show that this rule is applicable. • Die koste van die materiaal gebruik in die konstruksie van ortose sal gehef word soos per Aanhangsel "A" en drukklerasie sal gehef word soos per Aanhangsel "B" vir die toepaslike klerasie. Wysiger 0009 moet na die toepaslike kodenommers aangehaal word om aan te dui dat hierdie reël van toepassing is.

010 Materials used in treatment shall be charged at cost. Modifier 0010 must be quoted after the appropriate tariff numbers to show that this rule is applicable. • Die koste van die materiaal wat lydens behandeling gebruik word sal teen kosprys verhaal word. Wysiger 0010 moet na die toepaslike kodenommers aangehaal word. om aan te dui dat hierdie reël van toepassing is.

011 When the occupational therapist perform treatments away from his/her premises, travelling costs shall be charged as follows: R5,00 per km for each kilometre in excess of 16 kilometres total travelled in own car e.g. 19 km total =3 X R5.00 =R15.00 • Waar die arbeidsterapeut behandelings buite die spreekkamer uitvoer moet vervoerkoste soos volg bereken word: R5,00 per km vir elke kilometer verder as 16 kilometer in total afgelê in eie motor bv. 19 km totaal = 3 X R5,00 = R15,00.

012 The occupational therapist shall submit the account for treatment under the Act to the employer of the employee concerned. • Die arbeidsterapeut moet die rekening ten opsigte van behandeling kragtens die Wet aan die betrokke werknemer se werkgewer stuur.

013 The work visit (code 209) and work evaluation (code 312) shall be claimed only once per patient. The work evaluation code may only be used when a patient not under the treatment of the therapist is assessed for work. • Die werksbesoek (kode 209) en evaluering (kode 312) mag siegs een keer per pasient gebruik word. Die werk evalueringskode mag slegs ge-eis word wanneer die pasient nie deur die terapeut behandel word nie.

MODIFIERS GOVERNING THE TARIFF. WYSIGERS VAN TOEPASSING OP DIE TARIEF

0006 Add 50% of the total fee for the treatment. • Voeg 50% van die totale geld van die prosedure by.

0008 Aids or assistive devices to be charged at cost. • Bystands- of hulpmiddels moet teen kosprys gehef word.

0009 Materials used for orthosis or pressure garments to be charged as per Annexure "B". • Materiaal vir ortose of drukkleding moet gehef word soos per Aanhangsel "B".

0010 Materials used in treatment to be charged at cost. • Materiaal gebruik vir die behandeling moet teen kosprys gehefword.

0011 Travelling cost as indicated in Rule 011. • Vervoerkoste soos aangedui in Reël 011.

0012 A detailed report of work assessment with signatures of the employer and the injured worker shall be submitted to the Compensation Commissioner with the claim. • Volledige verslag vir werksevaluering met handtekening van werkgewer besoek moet die rekening vergesel na die Vergoedingskommisaris.

Note: Monetary value of one unit = R 5.01 • Let Wei: Geldwaarde van een eenheid = R5.01

Tariff excluding VAT - Tarief sluit BTW uit

PLEASE TAKE NOTE OF GENERAL RULE 005
NEEM ASSEBLIEF KENNIS VAN ALGEMENE REEL 005

EVALUATION PROCEDURES. EVALUASIE PROSEDURES

CODE KODE	ITEM	U/E	RAND
101	First consultation. Eerste konsultasie	20.00	100.20
201	Observation and screening. Observasie en skandering	10.00	50.10
203	Specific evaluation for a single aspect of dysfunction (Specify which aspect). • spesifieke evaluasie vir 'n enkele aspek van wanfunksie (spesifiseer aspek)	7.50	37.60
205	Specific evaluation of dysfunction involving one part of the body for a specific functional problem (Specify part and aspects evaluated) • Spesifieke evaluasie van wanfunksie van een gedeelte van die liggaam vir 'n spesifieke funksionele probleem (Spesifiseer gedeelte sowel as aspek ge-evalueer)	22.50	112.70
207	Specific evaluation for dysfunction involving the whole body (Specify condition and which aspects evaluated). • Spesifieke evaluasie van wanfunksie wat die hele liggaam insluit (spesifiseer toestand en aspekte ge-evalueer)	45.00	225.50
209	. Specific in depth evaluation of certain functions affecting the total person (Specify the aspects assessed). • Spesifieke in diepte evaluasie van sekere funksies wat die persoon in geheel affekteer. (spesifiseer die aspekte ge-evalueer)	75.00	375.80

MEASUREMENT FOR DESIGNING. OPMETING VIR ONTWERP

CODE KODE	ITEM	WE	RAND
213	A static orthosis. 'n Statiese ortose	10.00	50.10
215	A dynamic orthosis. 'n Dinamiese ortose	10.00	50.10
217	A pressure garment for one limb. Drukkleding vir een ledemaat	10.00	50.10
219	A pressure garment for one hand. Drukkleding vir een hand	10.00	50.10
221	A pressure garment for the trunk. Drukkleding vir die romp	10.00	50.10
223	A pressure garment for the face (chin strap only) • Drukkleding vir die gesig (alleenlik kenriem)	10.00	50.10
225	A pressure garment for the face (full face mask) • Drukkleding vir die gesig (volle gesigmasker) The whole body or part thereof will be the sum total of the parts. Die hele liggaam of deer daarvan vorm die totaal van die dele	10.00	50.10

PROCEDURES OF THERAPY. PROSEDURES VAN BEHANDELING

CODE KODE	ITEM	UtE	RAND
301	Group treatments with five (5) or more patients in a taskcentered activity • Groepbehandeling vir vyf (5) of meer pasiente in 'n taak-gesentreerde aktiwiteit	*20,00*	**100.20**
303	Placement of a patient in a appropriate treatment situation requiring structuring the environment adapting equipment and positioning the patient. This does not require individual attention for the whole treatment session • Plasing van 'n pasient in 'n gepaste behandelingsituasie wat struktuering van die omgewing en aanpassing van toerusting vereis, en stelling van die pasient. Hierdie prosedure vereis nie persoonlike aandag vir die hele behandeling nie.	*20,00*	**100.20**
307	Simultaneous treatment with two to four patients, each with specific problems utilising individual activities • Gelyktydige behandeling vir twee tot vier paslente, elkeen met spesifieke probleme deur gebruik te maak van individuele aktiwiteite	*48,00*	**240.50**

INDIVIDUAL AND UNDIVIDED ATTENTION DURING TREATMENT SESSIONS UTILISING SPECIFIC ACTIVITY OR TECHNIQUES IN AN INTEGRATED TREATMENT SESSION (TIME OF TREATMENT MUST BE SPECIFIED). INDIVIDUELE EN ONVERDEELDE AANDAG GEDURENDE BEHANDELINGS DEUR GEBRUIK TE MAAK VAN SPESIFIEKE AKTIWITEITE OF TEGNIEKE (TYD VAN BEHANDELING MOET GESPESIFISEER WORD

CODE KODE	ITEM	UfE	RAND
309	On level one. Op vlak een	*12.00*	**60.10**
311	On level two • Op vlak twee	*24.00*	**120.20**
313	On level three. Op vlak drie	*36.00*	**180.40**
315	On level four. Op vlak vier	*48.00*	**240.50**
317	On level five. Op vlak vyf	*72.00*	360.70
319	On level six. Op vlak ses	*96.00*	**481.00**

PROCEDURES OF WORK REHABILITATION.PROSEDURES VAN WERK REHABILITASIE

CODE KODE	ITEM	WE	RAND
321	Work evaluation (including work visit if required) upon request of the treating medical practitioner of a patient not under the treatment of the therapist. A detailed report must be submitted with the referral from the medical practitioner. • Werk evaluasie kode (insluitend werksbesoek indien nodig) na versoek van behandelende geneesheer van pasient nie behandel deur terapeut nie. 'n Volledige verslag moet ingedien word met die verwysing van die behandelende geneesheer.	*80.00*	**400.80**
323	Once off work visit for patient already under the care of the therapist. Eenmalige werksbesoek vir pasient reeds onder behandeling van terapeut	*20.00*	**100.20**
325	Reports: To be used used only when reporting on work assessments and modifier 0012 to be used together with this code. • Verslae : vir gebruik slegs vir rapportering op werk evaluasie en wysiger 0012 moet saam met hierdie kode gebruik word.	22.14	**110.90**

DESIGNING AND CONSTRUCTING A CUSTOM MADE ADAPTATION OR ASSISTIVE DEVICE, SPLINT OR SIMPLE PRESSURE GARMENT FOR TREATMENT IN TASK.CENTERED ACTIVITY (SPECIFY THE ADAPTATION, DEVICE, SPLINT OR PRESSUREMENT) • ONTWERP EN VERVAARDIGING VAN AANPASSINGS OF BYSTANDMIDDEL, SPALK OF DRUKKLEDING VIR BEHANDELING IN 'N TAAK·GESENTREERDE AKTIWITEIT (SPESIFISEER DIE AANPASSING, MIDDEL, SPALK OF DRUKKLEDINGI

CODE KODE	ITEM	UIE	RAND
403	On level one. Op vlak een	*12.00*	60.10
405	On level two • Op vlak twee	*24.00*	120.20
407	On level three. Op vlak drie	*36.00*	180.40
409	On level four. Op vlak vier	*48.00*	240.50
411	On level five. Op vlak vyf	*60.00*	300.60
413	On level six. Op vlak ses	*72.00*	360.70
415	Designing and constructing a static orthosis • Ontwerp en vervaardiging van 'n statiese ortose	*48.00*	240.50
417	Designing and constructing a dynamic orthosis. Ontwerp en vervaardinging van 'n dinamiese ortose	*96.00*	481.00

DESIGNING AND MAKING PRESSURE GARMENT.

ONTWERPING EN VERVAARDIGING VAN 'N DRUKKLEDING

CODE KODE	ITEM	UIE	RAND
419	Per limb. Per ledernaat	*44.00*	220.40
421	Face (chin strap only) • Gesig (kenriem alleenlik)	*33.00*	165.30
423	Face (full face mask) • Gesig (volle gesigsmasker)	*40.00*	200.40
425	Trunk. Romp	*60.00*	300.60
427	Per hand. Per hand	*66.00*	330.70
	The whole body or part thereof will be the subtotal of the parts for the first garment and 75% of the fee for any additional garments on the same pattern • Die hele liggaam of deel daarvan vorm die totaal van die dele vir die eerste kledingstuk en 75% van die larief vir enige addisionele kledingstuk op dieselfde patroon.		

ANNEXURE A • AANHANGSEL A

	MODIFIER 0009 - MATERIAL COSTS FOR SPLINTS **WYSIGER 0009 - MATERIAALKOSTE VIR SPALKE**	**COST (VAT exclusive)** **KOSTE** (BTW uitgesluit)
501	Static 01P extension/flexion • Statiese 01P ekstensieffleksie	**19.10**
502	Static PIP extension/flexion. Statiese PIPekstensie/fleksie	**19.10**
503	Dynamic PIP extensionfflexion • Dinamiese PIP ekstensie/fleksie	**63.10**
504	Hand based static finger extension/flexion. Hand gebaseerde statiese vinger ekstensieffleksie	**94.90**
505	Hand based static thumb abduction/opposition/flexion/extension • Hand gebaseerde statiese duim abduksie/ opposisie/fleksie/ekstensie	**94.90**
506	Hand based dynamic finger extension/flexion • Hand gebaseerde dinamiese vinger ekstensie/ fleksie	**132.80**
507	Hand based dynamic thumb flexion/extension/opposition • Hand gebaseerde dinamiese duim fleksie/ ekstensie/opposisie	**132.80**
508	Wrist extension/flexion (static or dynamic) • Pols ekstensie/fleksie (staties of dinamies)	**142.50**
509	Full flexion glove. Volle fleksie handskoen	**181.90**
510	Forearm based dynamic finger extensionfflexion • Voorarm gebaseerde dinamiese vinger ekstensieffleksie	**227.60**
511	Forearm based static dorsal protection. Voorarm gebaseerde statiese dorsale beskerming	**265.40**
512	Forearm based complete volar resting. Voorarm gebaseerde volledige volare rus	**265.40**
513	Elbow flexion/extension. Elmboog fleksie/ekstensie	**316.20**
514	Shoulder abduction. Skouer abduksie	**505.90**
515	Rigid neck extensionrstancj • Rigiede nek ekstensie (Staties)	**272.00**
516	Soft neck extension (Static). Sagte nek ekstensie (Stalies)	**88.40**
517	Static knee extension. Statiese knie ekstensie	**505.40**
518	Static foot dorsiflexion. Statiese voet dorsifleksie	**592.30**
519	Buddy strap. Buddy band	**18.50**
520	DIP/PIP flexion strap. DIP/PIP fleksie band	21.50
521	MP, PIP, DIP flexion strap. MP, PIP, DIP fleksie band	**24.00**

ANNEXURE 8 • AANHANGSEL 8

MODIFIER 0009 - MATERIAL COSTS FOR PRESSURE GARMENTS

WYSIGER 0009 - MATERIAAALKOSTE VIR DRUKKLEDINGSTUKKE

	Indicate all parts of the pressure garment separately. **Dui aile dele van die drukkledingstuk apart aan.**	**COST** (VAT exclusive) **KOSTE** IBTW uitcesluit)
601	Glove. Handskoen	**41.30**
602	Forearm/upper arm sleeve. Voorarm/bo-arm mou	**54.80**
603	Full arm. Volle arm	**82.40**
604	Foot. Voet	**96.30**
605	Below knee (lower leg) • Onder knie (onderbeen)	**65.80**
606	Above knee (upper leg) • Bo knie (bobeen)	**98.80**
607	Chin strap. Ken band	**68.90**
608	Head (face mask) • Kop (gesigsmasker)	**132.00**
609	Trunk (excluding sleeves) • Romp (moue uitgesluit)	**198.10**
610	Finger sock. Vingerkous	**9.10**
611	Brief. Broek	**164.60**

Claim Number: ----------

REHABILITATION PROGRESS REPORT

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASE ACT,1993
(Act No. 130 of 1993)

Names and Surname of Employee _____

Identity Number Address

_____Postal Code

Name of Employer

Address

_____Postal Code

Date of Accident.

---

1. Date of first treatment Provider who provided first treatment.
2. Initial clinical presentation and functional status

3. Name of referring medical practitioner Date of referral
4. Describe patient's current symptoms and functional status.

5. Are there any complicating factors that may prolong rehab or delay recovery (specify)?

6. Overall Goal of treatment:

7. Number of sessions already delivered Progress achieved

Claim Number: ----------

8. Number of sessions required Treatment plan for proposed treatment sessions,

9. From what date has the employee been fit for his/her normal work?

10. Is the employee fully rehabilitated/ has the employee obtained the highest level of function?

II. If so, describe in detail any present permanent anatomical defect and/or impairment of function as a result of the accident (R.O.M, if any must be indicated in degrees at each specific joint)

I certify that I have by examination, satisfied myselfthat the injury(ies) are as a result of the accident.

Signature of rehabilitation service provider

Name(Printed) Date(Important)

Address

Practice number

NB: Rehabilitation progress reports must be submitted on a monthly basis/attached. to the submitted accounts.