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GENERAL NOTICE

NOTICE 392 OF 2013

MINISTER
LABOUR
REPUBLIC OF SOUTH AFRICA

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DEPARTMENT OF LABOUR

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT No. 130 OF 1993), AS AMENDED

ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICES PROVIDERS, PHARMACIES, AMBULANCES AND HOSPITAL GROUPS

1. I, Nelisiwe Mildred Oliphant Minister of Labour, hereby give notice that, after consultation with the Compensation Board and acting under 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 Rule applicable thereto, appearing in the Schedule to this notice, with effect from **1 April 2013**

2. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2013** and **Exclude VAT**.

N M OLIPHANT
MINISTER OF LABOUR
DATE: 29/01/2013

GENERAL INFORMATION / *ALGEMENE INLIGTING*

THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

The employee is permitted to freely choose 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 or to the Compensation Fund. The only exception to this rule is in case where an employer, with the approval of the Compensation Fund, provides comprehensive medical aid facilities to his employees, i.e. including hospital, nursing and other services — section 78 of the Compensation for Occupational Injuries and Diseases Act refers.

In terms of section 42 of the Compensation for Occupational Injuries and Diseases Act the Compensation Fund may refer an injured employee to a specialist medical practitioner of his choice for a medical examination and report. Special fees are payable when this service is requested.

In the event of a change of medical practitioner attending to a case, the first doctor in attendance will, except where the case is transferred to a specialist, be regarded as the principal. **To avoid disputes regarding the payment for services rendered, medical practitioners should refrain from treating an employee already under treatment by another doctor without consulting / informing the first doctor.** As a general rule, changes of doctor are not favoured by the Compensation Fund, unless sufficient reasons exist.

According to the National Health Act no 61 of 2003, Section 5, a health care provider may not refuse a person emergency medical treatment. Such a medical service provider should not request the Compensation Fund to authorise such treatment before the claim has been submitted to and accepted by the Compensation Fund. **Pre-authorisation of treatment is not possible and no medical expense will be approved if liability for the claim has not been accepted by the Compensation Fund.**

An employee seeks medical advice at his own risk. If an employee represented to a medical service provider that he is entitled to treatment in terms of the Compensation for Occupational Injuries and Diseases Act, and yet failed to inform the Compensation Commissioner or his employer of any possible grounds for a claim, the Compensation Fund cannot accept responsibility for medical expenses incurred. The Compensation Commissioner could also have reasons not to accept a claim lodged against the Compensation Fund. In such circumstances the employee would be in the same position as any other member of the public regarding payment of his medical expenses.

Please note that from 1 January 2004 a certified copy of an employee's identity document will be required in order for a claim to be registered 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 the employer for attachment of a certified copy of the employee's identity document. Furthermore, all supporting documentation submitted to the Compensation Fund must reflect the identity number of the employee. If the identity number is not included such documents can not be processed but will be returned to the sender to add the ID number.

The tariff amounts published in the tariff guides to medical services rendered in terms of the Compensation for Occupational Injuries and Diseases Act do not include VAT. All accounts for services rendered will be assessed without VAT. Only if it is indicated that the service provider is registered as a VAT vendor and a VAT registration number is provided, will VAT be calculated and added to the payment, without being rounded off.

The only exception is the "per diem" tariffs for Private Hospitals that already include VAT.

Please note that there are VAT exempted codes in the private ambulance tariff structure.

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 nie, solank dit redelik en sonder benadeling van die werknemer self of die Vergoedingsfonds uitgeoefen word. Die enigste uitsondering op hierdie reël is in geval waar die werkgewer met die goedkeuring van die Vergoedingskommissaris omvattende geneeskundige dienste aan sy werknemers voorsien, d.i. insluitende hospitaal-, verplegings- en ander dienste — artikel 78 van die Wet op Vergoeding vir Beroepsbeserings en Siektes verwys.*

Kragtens die bepalings van artikel 42 van die Wet op Vergoeding vir Beroepsbeserings en Siektes mag die Vergoedingskommissaris 'n beseerde werknemer na 'n ander geneesheer deur homself aangewys verwys vir 'n mediese ondersoek en verslag. Spesiale fooie is betaalbaar vir hierdie diens wat feitlik uitsluitlik deur spesialiste gelewer word.

In die geval van 'n verandering in geneesheer wat 'n werknemer behandel, sal die eerste geneesheer wat behandeling toegedien het, behalwe waar die werknemer na 'n spesialis verwys is, as die lasgewer beskou word. ***Ten einde geskille rakende die betaling vir dienste gelewer te voorkom, moet geneeshere hul daarvan weerhou om 'n werknemer wat reeds onder behandeling is te behandel sonder om die eerste geneesheer in te lig****. Oor die algemeen word verandering van geneesheer, tensy voldoende redes daarvoor bestaan, nie aangemoedig nie.*

Volgens die Nasionale Gesondheidswet no 61 van 2003 Afdeling 5, mag 'n gesondheidswerker of diensverskaffer nie weier om noodbehandeling te verskaf nie. Die Vergoedingskommissaris kan egter nie sulke behandeling goedkeur alvorens aanspreeklikheid vir die eis kragtens die Wet op Vergoeding vir Beroepsbeserings en Siektes aanvaar is nie. ***Vooraf goedkeuring vir behandeling is nie moontlik nie en geen mediese onkoste sal betaal word as die eis nie deur die Vergoedingsfonds aanvaar word nie.***

Dit moet in gedagte gehou word dat 'n werknemer geneeskundige behandeling op sy eie risiko aanvra. As 'n werknemer dus aan 'n geneesheer voorgee dat hy geregtig is op behandeling in terme van die Wet op Vergoeding vir Beroepsbeserings en Siektes en tog versuim om die Vergoedingskommissaris of sy werkgewer in te lig oor enige moontlike gronde vir 'n eis, kan die Vergoedingsfonds geen aanspreeklikheid aanvaar vir geneeskundige onkoste wat aangegaan is nie. Die

Vergoedingskommissaris kan ook rede hê om 'n eis teen die Vergoedingsfonds nie 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.

Neem asseblief kennis dat 'n ***gesertifiseerde afskrif van die werknemer se identiteitsdokument 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 vir die aanheg van die ID dokument. Alle ander dokumentasie wat aan die kantoor gestuur word moet ook die identiteitsnommer aandui. 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 handleiding tot tariewe vir dienste gelewer in terme van die Wet op Vergoeding vir Beroepsbeserings en Siektes, sluit BTW uit. Die rekenings vir dienste gelewer word aangeslaan en bereken sonder BTW.

Indien BTW van toepassing is en 'n BTW registrasienommer voorsien is, word BTW bereken en by die betalingsbedrag gevoeg sonder om afgerond te word.

Die enigste uitsondering is die "per diem" tarief vir Privaat Hospitale, wat BTW insluit.

Neem asseblief kennis dat daar tariewe in die kodestruktuur vir privaat ambulanse is waarop BTW nie betaalbaar is nie.

CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS FOLLOWS • *EISE TEEN DIE VERGOEDINGSFONDS WORD AS VOLG GEHANTEER*

1. New claims are registered by the Compensation Fund and the **employer is notified of the claim number** allocated to the claim. The allocation of a claim number by the Compensation Fund, does not constitute acceptance of liability for a claim, but means that the injury on duty has been reported to and registered by the Compensation Commissioner. Enquiries regarding claim numbers should be directed to the employer and not to the Compensation Fund. The employer will be in the position to provide the claim number for the employee as well as indicate whether the claim has been accepted by the Compensation Fund • *Nuwe eise word geregistreer deur die Vergoedingsfonds en die **werkgewer word in kennis gestel van die eisnommer**. Navrae aangaande eisnommers moet aan die werkgewer gerig word en nie aan die Vergoedingskommissaris nie. Die werkgewer kan die eisnommer verskaf en ook aandui of die Vergoedingsfonds die eis aanvaar het of nie*

2. If a claim is **accepted** as a COIDA claim, **reasonable medical expenses** will be paid by the Compensation Commissioner • *As 'n eis deur die Vergoedingsfonds **aanvaar** is, sal **redelike mediese koste** betaal word deur die Vergoedingsfonds.*

3. If a claim is **rejected (repudiated)**, accounts for services rendered will not be paid by the Compensation Commissioner. The employer and the employee will be informed of this decision and the injured employee will be liable for payment. • *As 'n eis deur die Vergoedingsfonds afgekeur (**gerepudieer**) word, word rekenings vir dienste gelewer nie deur die Vergoedingsfonds betaal nie. Die betrokke partye insluitend die diensverskaffers word in kennis gestel van die besluit. Die beseerde werknemer is dan aanspreeklik vir betaling van die rekenings.*

4. If **no decision** can be made regarding acceptance of a claim due to inadequate information, the outstanding information will be requested and upon receipt, the claim will again be adjudicated on. Depending on the outcome, the accounts from the service provider will be dealt with as set out in 2 and 3. Please note that there are claims on which a decision might never be taken due to lack of forthcoming information • *Indien **geen besluit** oor die aanvaarding van 'n eis weens 'n gebrek aan inligting geneem kan word nie, sal die uitstaande inligting aangevra word. Met ontvangs van sulke inligting sal die eis heroorweeg word. Afhangende van die uitslag, sal die rekening gehanteer word soos uiteengeset in punte 1 en 2. Ongelukkig bestaan daar eise waaroor 'n besluit nooit geneem kan word nie aangesien die uitstaande inligting nooit verskaf word nie.*

BILLING PROCEDURE • *EISPROSEDURE*

1. The **first account** for services rendered for an injured employee (INCLUDING the First Medical Report) must be submitted to the employer who will collate all the necessary documents and submit them to the Compensation Commissioner • *Die **eerste rekening** (INSLUITEND die Eerste Mediese Verslag) vir dienste gelewer aan 'n beseerde werknemer moet aan die werkgewer gestuur word, wat die nodige dokumentasie sal versamel en dit aan die Vergoedingskommissaris sal voorlê*

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 aan die naaste Arbeidsentrum. Dit is belangrik dat al die voorskrifte vir die indien van rekeninge nagekom word, insluitend die voorsiening van stawende dokumentasie

3. If accounts are still outstanding after 60 days following submission, the service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za • *Indien rekenings nog uitstaande is na 60 dae vanaf indiening en ontvangserkenning deur die Vergoedingskommissaris, moet die diensverskaffer 'n navraag vorm, W.Cl 20 voltooi en EENMALIG indien by die Arbeidsentrum.* Alle inligting oor Arbeidsentrums is beskikbaar op die webblad www.labour.gov.za

4. If an account has been **partially paid** with no reason indicated on the remittance advice, a duplicate account with the unpaid services clearly marked can be submitted to the Labour Centre, accompanied by a WCl 20 form. (*see website for example of the form). • *Indien 'n rekening **gedeeltelik betaal** is met geen rede voorsien op die betaaladvies nie, kan 'n duplikaatrekening met die wanbetaling duidelik aangedui, vergesel van 'n WCl 20 vorm by die Arbeidsentrum ingedien word (*sien webblad vir 'n voorbeeld van die 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 providers **should not generate** • *Diensverskaffers **moenie die volgende lewer nie**:*

   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** –lewer 'n aparte rekening vir elke maand*
   c. **Accounts on the old documents** (W.Cl 4 / W.Cl 5/ W.Cl 5F) New *First Medical Report (W.Cl 4) and Progress / Final Medical Report (W.Cl 5 / W.Cl 5F) forms

are available. The use of the old reporting forms combined with an account (W.CL11) has been discontinued. **Accounts on the old medical reports will not be processed • *Rekeninge op die ou voorgeskrewe dokumente*** *van die Vergoedingskommissaris. Nuwe *Eerste Mediese Verslag (W.Cl 4) en Vorderings / Finale Mediese Verslag (W.Cl 5) vorms is beskikbaar. Die vorige verslagvorms gekombineer met die rekening (W.CL11) is vervang.* ***Rekeninge op die ou vorms word nie verwerk nie.***

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

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

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED • MINIMUM VEREISTES VIR REKENINGE GELEWER

Minimum information to be indicated on accounts submitted to the Compensation Fund • ***Minimum besonderhede*** *wat aangedui moet word op rekeninge gelewer aan die Vergoedingsfonds*

- Name of employee and ID number • *Naam van werknemer en ID nommer*
- Name of employer and registration number if available • *Naam van werkgewer en registrasienommer indien beskikbaar*
- Compensation Fund claim number • *Vergoedingsfonds eisnommer*
- DATE OF ACCIDENT (not only the service date) • *DATUM VAN BESERING (nie slegs die diensdatum nie)*
- Service provider's reference and **invoice number** • *Diensverskaffer se verwysing of* ***faktuur nommer***
- The practice number (changes of address should be reported to BHF) • *Die praktyknommer (adresveranderings moet by BHF aangemeld word)*
- VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the account) • *BTW registrasienommer (BTW sal nie betaal word as die BTW registrasienommer nie voorsien word nie)*
- Date of service (the actual service date must be indicated: the invoice date is not acceptable) • *Diensdatum (die werklike diensdatum moet aangedui word: die datum van lewering van die rekening is nie aanvaarbaar nie)*
- Item codes according to the officially published tariff guides • *Item kodes soos aangedui in die amptelik gepubliseerde handleidings tot tariewe*
- Amount claimed per item code and total of account • *Bedrag geëis per itemkode en totaal van rekening.*
- It is important that all requirements for the submission of accounts are met, including supporting information, e.g • *Dit is belangrik dat alle voorskrifte vir die indien van rekeninge insluitend dokumentasie nagekom word bv.*
    - All pharmacy or medication accounts must be accompanied by the original scripts • *Alle apteekrekenings vir medikasie moet vergesel word van die oorspronklike voorskrifte*
    - The referral notes from the treating practitioner must accompany all other medical service providers' accounts. • *Die verwysingsbriewe van die behandelende geneesheer moet rekeninge van ander mediese diensverskaffers vergesel*

SCHEDULE • BYLAE

TARIFF OF FEES IN RESPECT OF OCCUPATIONAL THERAPY SERVICES FROM 1 APRIL 2013

TARIEWE TEN OPSIGTE VAN ARBEIDSTERAPEUTIESE DIENSTE VANAF 1 APRIL 2013

GENERAL RULES GOVERNING THE TARIFF

ALGEMENE 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 reëlings (minstens twee uur voor die afspraak) getref is om 'n afspraak vir 'n konsultasie te kanselleer, sal die werknemer aanspreeklik wees vir die konsultasiefooie.

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 met die diens deur die praktisyn gelewer, is hoër gelde onderhandelbaar. Aan die ander kant, as die gelde buiten verhouding hoog is met betrekking tot die werklike dienste gelewer, moet 'n laer bedrag as dié wat in die tarief aangegee word, gehef 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 na skriftelike verwysing deur 'n mediese praktisyn.

004 Prolonged or costly treatments should only be embarked upon after negotiations between the referring medical practitioner and the occupational therapist and authorisation by the Compensation Commissioner. • In die geval van langdurige of duur behandeling moet daar vooraf tussen die verwysende geneesheer en die arbeidsterapeut onderhandel word en goedkeuring deur die Vergoedingskommissaris verkry word.

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

006 "After hours treatment" shall mean those emergency treatment sessions performed 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 treatment under this rule shall be the total fee for the treatment plus 50 per cent. This rule shall apply for all treatment administered 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 code to indicate that this rule is applicable. • "Na-uurse behandeling" beteken dié noodbehandeling wat geskied 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 alle behandelings ooreenkomstig hierdie reël geld die volle tarief vir die behandeling plus 50 persent. Hierdie reël sal vir alle behandelings geld, of die behandeling by die praktisyn se spreekkamers, by 'n verpleeginrigting of by 'n private woning toegepas word (lg. alleenlik wanneer die pasiënt se toestand dit genoodsaak). Na die betrokke tariefkode moet wysiger 0006 vermeld word ten einde aan te dui dat hierdie reël van toepassing is.

008 The provision of aids or assistive devices shall be charged at cost. Modifier 0008 must be quoted after the appropriate codes to show this rule is applicable. • Bystands- of kunshulpmiddels sal teen kosprys voorsien word. Wysiger 0008 moet na die toepaslike tariefkode 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 codes to show that this rule is applicable. • Die koste van die materiaal gebruik in die konstruksie van ortoses sal gehef word soos per Aanhangsel "A" en drukkledingstukke sal gehef word soos per Aanhangsel "B" vir die toepaslike kledingstukke. Wysiger 0009 moet na die toepaslike kodes 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 codes to show that this rule is applicable. • Die koste van die materiaal wat tydens behandeling gebruik word sal teen kosprys verhaal word. Wysiger 0010 moet na die toepaslike tariefkodes aangehaal word, om aan te dui dat hierdie reël van toepassing is.

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

012 The occupational therapist shall submit the account for treatment to the employer of the employee concerned. • Die arbeidsterapeut moet die rekening ten opsigte van behandeling 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 werkevaluering (kode 312) mag slegs een keer per pasient gebruik word. Die werkevalueringkode mag slegs geëis 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 fooie van die prosedure by.

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

0009 Materials used for orthoses or pressure garments should be charged as per Annexure "B". • Materiaal vir ortoses of drukkledingstukke moet gehef word soos per Aanhangsel "B".

0010 Materials used in treatment should be charged at cost. • Materiaal gebruik vir behandeling moet teen kosprys gehef word.

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

0012 A detailed report of the work assessment with signatures of the employer and the injured worker shall be submitted to the Compensation Commissioner with the invoice. • 'n Volledige verslag oor die werksevaluering met handtekeninge van die werkgewer en die beseerde werknemer moet die rekening vergesel na die Vergoedingskommisaris.

Note: Monetary value of one unit = R 7.42 • Let Wel: Geldwaarde van een eenheid = R7.42

2013 Tariff excluding VAT - 2013 Tarief sluit BTW uit

PLEASE TAKE NOTE OF GENERAL RULE 005

NEEM ASSEBLIEF KENNIS VAN ALGEMENE REEL 005

EVALUATION PROCEDURES• EVALUASIE PROSEDURES

CODE KODE	DESCRIPTION	U/E	RAND
			2013
101	First consultation (5-15 min)• Eerste konsultasie (5-15 min) Charged once.	*60*	**445.20**
108	First consultation (15-30 min)• Eerste konsultasie (15-30 min) May be charged twice only per week.	*15*	**111.30**
109	First consultation (30-60 min)• Eerste konsultasie (30-60 min) May be charged once per week.	*30*	**222.60**
201	Observation and screening• Observasie en skandering	*10*	**74.20**
203	Specific evaluation for a single aspect of dysfunction (Specify which aspect)• Spesifieke evaluasie vir 'n enkele aspek van wanfunksie (Spesifiseer aspek)	*7.5*	**55.65**
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 geëvalueer)	*22.5*	**166.95**
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 geëvalueer)	*45*	**333.90**
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 geëvalueer)	*75*	**556.50**

MEASUREMENT FOR DESIGNING• OPMETING VIR ONTWERP

CODE KODE	DESCRIPTION	U/E	RAND
213	A static orthosis• 'n Statiese ortose	*10*	**74.20**
215	A dynamic orthosis• 'n Dinamiese ortose	*10*	**74.20**
217	A pressure garment for one limb• Drukkledingstuk vir een ledemaat	*10*	**74.20**
219	A pressure garment for one hand• Drukkledingstuk vir een hand	*10*	**74.20**
221	A pressure garment for the trunk• Drukkledingstuk vir die romp	*10*	**74.20**
223	A pressure garment for the face (chin strap only)• Drukkledingstuk vir die gesig (alleenlik kenriem)	*10*	**74.20**
225	A pressure garment for the face (full face mask)• Drukkledingstuk vir die gesig (volle gesigmasker)	*10*	**74.20**
	The whole body or part thereof will be the sum total of the parts• Die hele liggaam of deel daarvan vorm die totaal van die dele		

PROCEDURES FOR THERAPY• PROSEDURES VIR BEHANDELING

CODE KODE	DESCRIPTION	U/E	RAND
301	Group treatment for five (5) or more patients in a task centred activity• Groepbehandeling vir vyf (5) of meer pasiënte in 'n taak-gesentreerde aktiwiteit	*20*	**148.40**
303	Placement of a patient in an 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 pasiënt in 'n gepaste behandelingsituasie wat strukturering van die omgewing en aanpassing van toerusting vereis, en stelling van die pasiënt. Hierdie prosedure vereis nie persoonlike aandag vir die hele behandeling nie	*20*	**148.40**
307	Simultaneous treatment of two to four patients, each with specific problems utilising individual activities• Gelyktydige behandeling vir twee tot vier pasiënte, elkeen met spesifieke probleme deur gebruik te maak van individuele aktiwiteite	*48*	**356.16**

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	DESCRIPTION	U/E	RAND
309	On level one • Op vlak een	*12*	**89.04**
311	On level two • Op vlak twee	*24*	**178.08**
313	On level three • Op vlak drie	*36*	**267.12**
315	On level four • Op vlak vier	*48*	**356.16**
317	On level five • Op vlak vyf	*72*	**534.24**
319	On level six • Op vlak ses	*96*	**712.32**

PROCEDURES FOR WORK REHABILITATION• PROSEDURES VIR WERKREHABILITASIE

CODE KODE	DESCRIPTION	U/E	RAND
321	Work evaluation (including a 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.• Werkevaluasie (insluitend 'n werksbesoek indien nodig) op versoek van die behandelende geneesheer van 'n pasient nie behandel deur die terapeut nie. 'n Volledige verslag moet ingedien word met die verwysing van die behandelende geneesheer.	*80*	**593.60**
323	Once off work visit for a patient already under the care of the therapist• Eenmalige werksbesoek vir 'n pasient reeds onder behandeling van die terapeut	*40*	**296.80**
325	Reports: To be used only when reporting on work assessments and modifier 0012 should be used with this code.• Verslae: Vir gebruik slegs vir rapportering oor werk evaluasies en wysiger 0012 moet saam met hierdie kode gebruik word.	22.14	**164.28**

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 PRESSURE GARMENT)• ONTWERP EN VERVAARDIGING VAN 'N AANPASSINGS- OF HULPMIDDEL, SPALK OF DRUKKLEDINGSTUK VIR BEHANDELING IN 'N TAAK-GESENTREERDE AKTIWITEIT (SPESIFISEER DIE AANPASSING, HULPMIDDEL, SPALK OF DRUKKLEDINGSTUK)

CODE KODE	DESCRIPTION	U/E	RAND
403	On level one • Op vlak een	*12*	**89.04**
405	On level two • Op vlak twee	*24*	**178.08**
407	On level three • Op vlak drie	*36*	**267.12**
409	On level four • Op vlak vier	*48*	**356.16**
411	On level five • Op vlak vyf	*60*	**445.20**
413	On level six • Op vlak ses	*72*	**534.24**
415	Designing and constructing a static orthosis• Ontwerp en vervaardiging van 'n statiese ortose	*60*	**445.20**
417	Designing and constructing a dynamic orthosis• Ontwerp en vervaardinging van 'n dinamiese ortose	*120*	**890.40**

DESIGNING AND MAKING A PRESSURE GARMENT•

ONTWERP EN VERVAARDIGING VAN 'N DRUKKLEDINGSTUK

CODE KODE	DESCRIPTION	U/E	RAND
419	Per limb • Per ledemaat	*60*	**445.20**
421	Face (chin strap only)• Gesig (kenriem alleenlik)	*45*	**333.90**
423	Face (full face mask)• Gesig (volle gesigsmasker)	*60*	**445.20**
425	Trunk • Romp	*90*	**667.80**
427	Per hand • Per hand	*90*	**667.80**
	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 tarief 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)**
		2013
501	Static DIP extension / flexion • Statiese DIP ekstensie / fleksie	**28.23**
502	Static PIP extension / flexion • Statiese PIP ekstensie / fleksie	**28.23**
503	Dynamic PIP extension / flexion • Dinamiese PIP ekstensie / fleksie	**93.36**
504	Hand based static finger extension / flexion • Hand gebaseerde statiese vinger ekstensie / fleksie	**140.52**
505	Hand based static thumb abduction / opposition / flexion / extension • Hand gebaseerde statiese duim abduksie / opposisie / fleksie / ekstensie	**140.52**
506	Hand based dynamic finger extension / flexion • Hand gebaseerde dinamiese vinger ekstensie / fleksie	**196.62**
507	Hand based dynamic thumb flexion / extension / opposition • Hand gebaseerde dinamiese duim fleksie / ekstensie / opposisie	**196.62**
508	Wrist extension / flexion (static or dynamic) • Pols ekstensie / fleksie (staties of dinamies)	**211.04**
509	Full flexion glove • Volle fleksie handskoen	**269.27**
510	Forearm based dynamic finger extension / flexion • Voorarm gebaseerde dinamiese vinger ekstensie / fleksie	**337.03**
511	Forearm based static dorsal protection • Voorarm gebaseerde statiese dorsale beskerming	**392.76**
512	Forearm based complete volar resting • Voorarm gebaseerde volledige volare rus	**392.76**
513	Elbow flexion / extension • Elmboog fleksie / ekstensie	**468.03**
514	Shoulder abduction • Skouer abduksie	**748.85**
515	Rigid neck extension (static) • Rigiede nek ekstensie (staties)	**402.65**
516	Soft neck extension (static)• Sagte nek ekstensie (staties)	**131.12**
517	Static knee extension • Statiese knie ekstensie	**748.14**
518	Static foot dorsiflexion • Statiese voet dorsifleksie	**876.76**
519	Buddy strap • Buddy band	**27.52**
520	DIP / PIP flexion strap • DIP / PIP fleksieband	**31.92**
521	MP, PIP, DIP flexion strap • MP, PIP, DIP fleksieband	**35.49**

ANNEXURE B • AANHANGSEL B

MODIFIER 0009 - MATERIAL COSTS FOR PRESSURE GARMENTS

WYSIGER 0009 - MATERIAALKOSTE VIR DRUKKLEDINGSTUKKE

	Indicate all parts of the pressure garment separately. **Dui alle dele van die drukkledingstuk apart aan.**	**COST (VAT exclusive) KOSTE (BTW uitgesluit)**
		2013
601	Glove • Handskoen	**61.11**
602	Forearm / upper arm sleeve • Voorarm / boarm mou	**81.10**
603	Full arm • Volle arm	**121.95**
604	Foot • Voet	**142.55**
605	Below knee (lower leg) • Onder knie (onderbeen)	**97.42**
606	Above knee (upper leg) • Bo knie (bobeen)	**146.25**
607	Chin strap • Ken band	**102.07**
608	Head (face mask) • Kop (gesigsmasker)	**195.43**
609	Trunk (excluding sleeves) • Romp (moue uitgesluit)	**293.21**
610	Finger sock • Vingerkous	**13.47**
611	Brief • Broek	**243.67**

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

REHABILITATION PROGRESS REPORT

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASE ACT

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 rehabilitation 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?____
11. **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 myself that 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 and attached to the submitted accounts.

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