GENERAL NOTICE

NOTICE 943 OF 2008

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

1. I, Membathisi Mpumzi 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 2008**.

2. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2008** and **Exclude VAT**.

MEMBATHISI MPHUMZI SHEPHERD MDLADLANA

MINISTER OF LABOUR

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

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 or account number • *Diensverskaffer se verwysing of rekening 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*

RULES GOVERNING THE TARIFF / *REëLS VAN TOEPASSING OP DIE TARIEF*

A. **Consultations: Definitions / *Konsultasies: Definisies***

(a) **New and established patients**: A consultation / visit refers to a clinical situation where a medical practitioner personally obtains a patient's medical history, performs an appropriate clinical examination and, if indicated, administers treatment, prescribes or assists with advice. These services must be face-to-face with the patient and excludes the time spent doing special investigations which receives additional remuneration / ***Nuwe en bestaande pasiënte**: 'n Konsultasie / besoek verwys na 'n kliniese situasie waar 'n mediese praktisyn persoonlik 'n pasiënt se siektegeskiedenis afneem, 'n toepaslike kliniese ondersoek uitvoer en indien aangedui behandeling toedien of voorskryf, of die pasiënt van raad bedien. Hierdie dienste moet met die pasiënt persoonlik wees en sluit die tyd gebruik om spesiale ondersoeke uit te voer, waarvoor bykomende vergoeding geëis kan word, uit*

(b) **Subsequent visits**: Refers to a voluntarily scheduled visit performed within four (4) months after the first visit. It may imply taking down a medical history and / or a clinical examination and / or prescribing or administering of treatment and / or counselling / ***Opvolgbesoeke**: Verwys na 'n willekeurig geskeduleerde besoek wat binne vier (4) maande na 'n eerste konsultasie uitgevoer word. Dit kan die afneem van 'n siektegeskiedenis en / of kliniese ondersoek en /of die voorskryf of toedien van behandeling en / of raadgewing behels*

(c) **Hospital visits**: Where a procedure or operation was performed, hospital visits are regarded as part of the normal after-care and no fees may be levied (unless otherwise indicated). Where no procedure or operation was carried out, fees may be charged for hospital visits according to the appropriate hospital or inpatient follow-up visit code / ***Hospitaalbesoeke**: In gevalle waar 'n prosedure of operasie deur 'n geneesheer uitgevoer is, word hospitaalbesoeke beskou as deel van die normale nasorg en mag geen gelde gehef word nie (behalwe waar anders aangedui). In gevalle waar daar nie 'n prosedure of operasie uitgevoer is nie, mag gelde volgens die toepaslike hospitaalopvolgbesoek item gehef word*

B. **Normal hours and after hours**: Normal working hours comprise the periods 08:00 to 17:00 on Mondays to Fridays, 08:00 to 13:00 on Saturdays, and all other periods voluntarily scheduled (even when for the convenience of the patient) by a medical practitioner for the rendering of services. All other periods are regarded as after hours. Public holidays are not regarded as normal working days and work performed on these days is regarded as after-hours work. Services are scheduled involuntarily for a specific time, if for medical reasons the doctor should not render the service at an earlier or later opportunity. **Please note: Items 0146 and 0147 (emergency consultations) as well as modifier 0011 (emergency theatre procedures) are only applicable in the after hours period) /** ***Normale ure en na-ure:** Normale werksure verwys na die tydperk 08:00 tot 17:00 op Maandae tot Vrydae, 08:00 tot 13:00 op Saterdae, en alle ander tye wat die geneesheer willekeurig skeduleer (al is dit vir die pasiënt se gerief) vir die lewering van dienste. Alle ander tye geld as na-ure. Openbare vakansiedae geld nie as normale werksdae nie en werk wat op hierdie dae verrig word, geld as na-uurse werk. Dienste word onwillekeurig geskeduleer vir 'n spesifieke tyd indien die geneesheer om mediese redes nie die diens by 'n vroeëre of latere geleentheid behoort te lewer nie.* **Let wel; Items 0146 en 0147 (noodkonsultasies) sowel as wysiger 0011 (nood teaterprosedures) is slegs van toepassing gedurende die na-ure periode)**

C. **Comparable services**: The fee that may be charged in respect of the rendering of a service not listed in this tariff of fees or in the SAMA guideline, shall be based on the fee in respect of a comparable service. For procedures / services not in this tariff of fees but in the SAMA guideline, item 6999 (unlisted procedure or service code), should be used with the SAMA code. Note: Rule C and item 6999 may not be used for comparable pathology services (sections 21, 22 and 23) / ***Vergelykbare dienste**: Die bedrag wat gehef kan word ten opsigte van die lewering van 'n diens wat nie in hierdie tariefhandleiding of in die SAMA riglyn ingesluit is nie, moet gebaseer wees op die bedrag vir 'n vergelykbare diens. Vir prosedures en dienste nie in hierdie tarief maar wel in die SAMA riglyn, moet item 6999: (ongespesifiseerde procedure / diens), gebruik word saam met die SAMA item om hierdie diens aan te dui.* **Let Wel**: *Reël C en item 6999 is nie van toepassing op vergelykbare patologiese dienste (afdeling 21, 22 en 23) nie*

D. **Cancellation of appointments**: Unless timely steps are taken to cancel an appointment for a consultation the relevant consultation fee may be charged. (°For COIDA patients: In the case of injured employee, the relevant consultation fee is payable by the employee.) In the case of a general practitioner "timely" shall mean two hours and in the case of a specialist 24 hours prior to the appointment. Each case shall, however, be considered on merit and, if circumstances warrant, no fee shall be charged. If a patient has not turned up for a procedure, each member of the surgical team is entitled to charge for a visit at or away from doctor's rooms as the case may be / ***Kansellasie van afsprake***: *Tensy stappe vroegtydig gedoen word om 'n afspraak vir 'n konsultasie te kanselleer, kan die betrokke konsultasiegeide gehef word. (°Vir BAD pasiënte: In geval van 'n beseerde werknemer, is die werknemer aanspreeklik vir die konsultasiegelde.) In die geval van 'n algemene praktisyn beteken "vroegtydig" twee ure en in die geval van 'n spesialis 24 ure voor die afspraak. Elke geval word egter op meriete hanteer en, indien omstandighede dit regverdig, word geen gelde gehef nie. Indien 'n pasiënt nie opgedaag het vir 'n prosedure nie, is elke lid van die chirurgiese span geregtig om fooie te hef vir 'n besoek by of weg van die dokter se spreekkamers na gelang van die geval*

E. **Pre-operative visits**: The appropriate fee may be charged for all pre-operative visits with the exception of a routine pre-operative visit at the hospital / ***Pre-operatiewe besoeke***: *Die toepaslike fooie mag gehef word vir alle pre-operatiewe besoeke met die uitsondering van 'n roetine pre-operatiewe besoek by die hospitaal*

F. **Administering of injections and / or infusions**: Where applicable, fees for administering injections and / or infusions may only be charged when done by the practitioner himself / ***Toediening van inspuitings en / of infusies***: *Waar toepaslik, mag gelde vir die toediening van inspuitings en / of infusies alleenlik gehef word indien deur die praktisyn self toegedien*

G. **Post-operative care / *Post-operatiewe sorg***:

(a) Unless otherwise stated, the fee in respect of an operation or procedure shall include **normal after-care** for a period not exceeding **FOUR months** (after-care is excluded from pure diagnostic procedures during which no therapeutic procedures were performed) / *Tensy anders vermeld, sluit die fooie ten opsigte van 'n operasie of prosedure **normale nasorg** in oor 'n tydperk wat nie **VIER maande** oorskry nie (nasorg is uitgesluit van suiwer diagnostiese prosedures waartydens geen terapeutiese prosedures uitgevoer is nie)*

(b) If the normal after-care is delegated to any other registered health professional and not completed by the surgeon it shall be his / her own responsibility to arrange for the service to be rendered without extra charge / *Indien die normale nasorg aan 'n ander geregistreerde gesondheidswerker gedelegeer word en nie deur die chirurg voltooi word nie, sal dit sy / haar verantwoordelikheid wees om te reël dat die diens gelewer word sonder enige bykomende betaling*

(c) When the care of post-operative treatment of a prolonged or specialised nature is required, such fee as may be agreed upon between the surgeon and the Compensation Fund may be charged / *Wanneer na-operatiewe behandeling van 'n langdurige of gespesialiseerde aard benodig word, mag gelde waaroor die chirurg en die Vergoedingsfonds ooreengekom het, gehef word*

(d) Aftercare refers to all **treatment in the post operative period** not requiring any further surgical intervention / *Nasorg verwys na **alle behandeling in die na-operatiewe periode** wat nie verdere sjirurgiese ingrepe verg nie*

H. **Removal of lesions**: Items involving removal of lesions include follow-up treatment for four months / ***Verwydering van letsels***: *Waar 'n letsel verwyder word, sluit die vergoeding ook vier maande opvolg in*

I. **Pathological investigations performed by clinicians**: Fees for all pathological investigations performed by members of other disciplines (where permissible) - refer to modifier 0097: Items that resort under Clinical and Anatomical Pathology: See section for Pathology / ***Patologiese ondersoeke uitgevoer deur klinici:*** *Gelde vir alle patologiese ondersoeke wat uitgevoer word deur lede van ander dissiplines (waar toelaatbaar) - verwys na wysiger 0097: Items wat onder Kliniese en Anatomiese Patologie resorteer: Raadpleeg afdeling Patologie*

J. **Disproportionately low fees**: In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by a medical 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 / ***Buite verhouding lae gelde***: *In buitengewone gevalle waar die fooie buite verhouding laag is in vergelyking met die werklike dienste deur 'n geneesheer gelewer, is hoër gelde onderhandelbaar. Aan die anderkant, as die fooie buite verhouding hoog is met betrekking tot die werklike dienste gelewer, moet 'n laer bedrag as dié wat in die tariefkode aangegee word, gehef word*

K. **Services of a specialist, upon referral**: Save in exceptional cases the services of a specialist shall be available only on the recommendation of the attending general practitioner. Medical practitioners referring cases to other medical practitioners shall, if known to them, indicate in the referral letter that the patient was injured in an "accident" and this shall also apply in respect of specimens sent to pathologists / **Dienste van 'n spesialis, na verwysing**: *Behalwe in buitengewone gevalle is die dienste van 'n spesialis beskikbaar slegs op aanbeveling van die huisarts wat die geval hanteer. Geneeshere wat pasiënte na ander geneeshere verwys, moet, indien hulle daarvan bewus is dat die pasiënt in 'n "ongeval" beseer is, dit in die verwysingsbrief meld en dieselfde geld ten opsigte van monsters wat na patoloë gestuur word*

L. **Procedures performed at time of visits**: If a procedure is performed at the time of a consultation / visit, the fee for the visit PLUS the fee for the procedure is charged / ***Prosedures uitgevoer tydens besoeke***: *Indien 'n prosedure uitgevoer word tydens 'n konsultasie / besoek, word die bedrag vir die besoek SOWEL as die bedrag vir die prosedure gehef*

M. **Procedure planned to be performed later**: In cases where, during a consultation / visit, a procedure is planned to be performed at a later occasion, a visit may not be charged for again, at such a later occasion / ***Prosedure beplan om later uit te voer***: *In gevalle waar 'n prosedure tydens 'n konsultasie / besoek beplan word om by 'n latere geleentheid uitgevoer te word, mag by sodanige latere uitvoering van die prosedure nie weer gelde gehef word vir 'n besoek nie*

N. **Rendering of accounts for occupational injuries and diseases / *Lewering van rekeninge vir beroepsbeserings en -siektes***

(a) **"Per consultation"**: No additional fee may be charged for a service for which the fee is indicated as "per consultation". Such services are regarded as part of the consultation / visit performed at the time the condition is brought to the doctor's attention / ***"Per konsultasie"***: *Geen bykomende fooie kan vir dienste waarvoor die tarief aangedui word as "per konsultasie", gehef word nie. Sulke dienste word gereken as deel van die konsultasie / besoek waartydens die toestand onder die geneesheer se aandag gebring word*

(b) Where a fee for a service is prescribed in this guideline, the medical practitioner shall not be entitled to payment calculated on a basis of the number of visits or examinations made where such calculation would result in the prescribed fee being exceeded / *Waar fooie ten opsigte van enige diens in hierdie handleiding voorgeskryf is, is die geneesheer nie op betaling, bereken op die aantal besoeke afgelê of die aantal ondersoeke gedoen, geregtig as so 'n berekening die voorgeskrewe tarief oorskry nie*

(c) The number of consultations / visits must be in direct relation to the seriousness of the injury and should more than 20 visits be necessary, the Compensation Fund must be furnished with a detailed motivation / *Die aantal konsultasies / besoeke moet in direkte verhouding staan tot die erns van die besering en indien meer as 20 besoeke benodig word, moet volledige motivering aan die Vergoedingsfonds voorgelê word*

(d) A single fee for a consultation / visit shall be paid to a medical practitioner for the once-off treatment of an injured employee who thereafter passes into the permanent care of another medical practitioner, not a partner or assistant of the first. The responsibility of furnishing the First Medical Report in such a case rests with the second practitioner / *'n Bedrag ten opsigte van een konsultasie / besoek word aan 'n geneesheer betaal vir die eenmalige behandeling van 'n beseerde werknemer wat daarna na die permanente sorg van 'n ander geneesheer wat nie 'n vennoot of assistent van eersgenoemde geneesheer is nie, oorgeplaas word. In so 'n geval berus die verantwoordelikheid om die Eerste Mediese Verslag te verstrek op die tweede praktisyn*

O. **Costly or prolonged medical services or procedures:**

(a) An employee should be hospitalised only when and for the length of period that his condition justifies full-time medical assistance / *Hospitalisasie van 'n werknemer moet slegs geskied indien en vir solank as wat sy toestand voltydse geneeskundige hulp vereis*

(b) Occupational therapy / Physiotherapy: The same principals as set out in modifier 0077: Two areas treated simultaneously for totally different conditions, will apply when an employee is referred to a therapist / *Arbeidsterapie / Fisioterapie: Indien 'n werknemer verwys word na 'n terapeut sal dieselfde beginsels geld soos in wysiger 0077: Twee afsonderlike areas wat tegelykertyd behandel word vir heeltemal verskillende toestande*

(c) In case of costly or prolonged medical services or procedures the medical practitioner shall first ascertain in writing from the Compensation Fund if liability is accepted for such treatment / *In geval van duur of langdurige mediese dienste of prosedures, moet die geneesheer skriftelik vooraf by die Vergoedingsfonds vasstel of verantwoordelikheid vir die betaling aanvaar word vir die spesifieke behandeling*

P. **Travelling fees / *Reisgelde*:**

(a) Where, **in cases of emergency**, a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees can be charged according to the section on travelling expenses (section IV) if the practitioner had to travel more than 16 kilometres in total / *Waar 'n praktisyn **in noodgevalle** vanaf sy huis of kamers na 'n pasiënt se woning of 'n hospitaal uitgeroep word, kan reisgelde gehef word volgens die afdeling aangaande reiskoste (afdeling IV) indien die praktisyn meer as 16 kilometers in totaal moes aflê*

(b) If more than one patient is attended to during the course of a trip, the full travelling expenses must be divided between the relevant patients / *Indien meer as een pasiënt tydens 'n reis aandag geniet, moet die volle reisgeld pro rata tussen die pasiënte verdeel word*

(c) A practitioner is not entitled to charge for any travelling expenses or travelling time to his rooms / *'n Praktisyn is nie geregtig om fooie te hef vir enige reiskoste of reistyd na sy kamers nie*

(d) Where a practitioner's residence is more than 8 kilometres away from a hospital, no travelling fees may be charged for services rendered at such a hospital, except **in cases of emergency** (services not voluntarily scheduled) / *Waar 'n praktisyn se woning meer as 8 kilometer vanaf 'n hospitaal geleë is, mag geen reisgelde gehef word vir dienste gelewer in sodanige hospitaal nie, behalwe in **noodgevalle** (onwillekeurig geskeduleerde dienste)*

(e) Where a practitioner conducts an itinerant practice, he is not entitled to charge fees for travelling expenses except **in cases of emergency** (services not voluntarily scheduled) / *As 'n praktisyn 'n rondreisende praktyk bedryf, is hy nie geregtig om reisgelde te hef nie, behalwe **in noodgevalle** (onwillekeurig geskeduleerde dienste)*

INTENSIVE CARE / *INTENSIEWE SORG*

RULES GOVERNING THIS SPECIFIC SECTION OF THE TARIFF CODE / *REëLS VAN TOEPASSING OP HIERDIE SPESIFIEKE AFDELING VAN DIE TARIEFKODE*

Q. **Intensive care / High care**: Units in respect of item codes 1204 to 1210 (Categories 1 to 3) **EXCLUDE the following / *Intensiewe sorg / Hoë sorg*: *Eenhede vir itemkodes 1204 tot 1210 (Kategorieë 1 tot 3) SLUIT die volgende UIT*:**

(a) Anaesthetic and / or surgical fees for any condition or procedure, as well as a first consultation / visit fee for the initial assessment of the patient, while the daily intensive care / high care fee covers the daily care in the intensive care / high care unit / *Narkose en / of chirurgiese fooie vir enige toestand of prosedure, sowel as 'n eerste konsultasie / besoek fooi wat die eerste evaluasie van*

die pasiënt dek terwyl die intensiewe sorg / hoë sorg tarief die daaglikse sorg in die intensiewe sorgeenheid insluit

(b) Cost of any drugs and / or materials / *Koste van medisyne en /of materiaal*

(c) Any other cost that may be incurred before, during or after the consultation / visit and / or the therapy / *Enige ander koste wat ontstaan voor, tydens of na die konsultasie / besoek en /of terapie*

(d) Blood gases and chemistry tests, including arterial puncture to obtain specimens / *Bloedgasondersoeke of chemiese bloedtoetse, insluitend arteriële punksie om bloedmonsters te verkry*

(e) Procedural item codes 1202 and 1212 to 1221 / *Prosedure itemkodes 1202 en 1212 tot 1221*

but **INCLUDE the following** / ***maar SLUIT die volgende IN:***

(f) Performing and interpreting of a resting ECG / *Uitvoering en vertolking van 'n rustende EKG*

(g) Interpretation of chemistry tests and x-rays / *Vertolking van biochemiese toetse en x-strale*

(h) Intravenous treatment (item codes 0206 and 0207) / *Intraveneuse behandeling (itemkodes 0206 en 0207)*

R. **Multiple organ failure**: Units for item codes 1208, 1209 and 1210 (Category 3: Cases with multiple organ failure) **include** resuscitation (i.e. item 1211: Cardio-respiratory resuscitation) / ***Veelvuldige orgaan versaking**: Eenhede vir itemkodes 1208, 1209 en 1210 (Kategorie 3: Gevalle met veelvuldige orgaan versaking) **sluit** resussitasie **in** (i.e. item 1211: Kardio-respiratoriese resussitasie)*

S. **Ventilation**: Units for item codes 1212, 1213 and 1214 (ventilation) **include** the following / ***Ventilasie**: Eenhede vir itemkodes 1212, 1213 en 1214 (ventilasie) **sluit** die volgende **in**:*

(a) Measurement of minute volume, vital capacity, time- and vital capacity studies / *Bepaling van minuutvolume, vitale kapasiteit, tyd- en vitale kapasiteitstudies*

(b) Testing and connecting the machine / *Toets en verbinding van masjien*

(c) Setting up and coupling patient to machine: setting machine, synchronising patient with machine / *Pasiënt aan die masjien verbind: stel van masjien en sinchronisasie van pasiënt met masjien*

(d) Instruction to nursing staff / *Opdragte aan verpleegpersoneel*

(e) All subsequent visits for the first 24 hours / *Alle daaropvolgende besoeke gedurende die eerste 24 uur*

T. Ventilation (item codes 1212 to 1214) does not form part of normal post-operative care, but may not be added to item code 1204: Catogory 1: Cases requiring intensive monitoring / *Ventilasie (itemkodes 1212 tot 1214) maak nie deel uit van normale na-operatiewe sorg nie, maar mag nie by itemkode 1204: Kategorie 1: Gevalle wat intensiewe monitering vereis gevoeg word nie*

RULES GOVERNING THE SECTION RADIOLOGY: MAGNETIC RESONANCE IMAGING / *REËLS VAN TOEPASSING OP DIE AFDELING RADIOLOGIE: MAGNETIESE RESONANSIE BEELDING*

W. Magnetic Resonance Imaging • Magnetiese Resonansie Beelding

(a) In case where a Magnetic Resonance Imaging of any anatomical region was requested, proper written motivation by the practitioner who requested the examination must be submitted with the account upon which the Compensation Fund will consider approval for payment / *Indien 'n Magnetiese Resonansie Beelding van enige liggaamsdeel aangevra was, moet skriftelike motivering deur die praktisyn wat die ondersoek aangevra het saam met die rekening voorgelê word waarna goedkeuring vir betaling deur die Verfgoedingsfonds oorweeg sal word*

(b) Item code 6270 - Proper motivation must be submitted upon which the Compensation Fund will consider approval for payment / Itemkode 6270 - Mediese *motivering moet voorgelê word waarna goedkeuring vir betaling deur die Vergoedingsfonds oorweeg sal word*

RULES GOVERNING THE SECTION MEDICAL PSYCHOTHERAPY / *REëLS VAN TOEPASSING OP DIE AFDELING MEDIESE PSIGOTERAPIE*

Note • Opmerking:

(a) **Prior approval must be obtained from the Compensation Fund** before any treatment resorting under this section is carried out / *Enige behandeling ingevolge hierdie afdeling moet* ***vooraf deur die Vergoedingsfonds*** *goedgekeur word*

(b) Where approval has been obtained, **treatment must be limited to 12 sessions only**, after which the patient must be referred back to the referring doctor for an evaluation and report to the Compensation Fund / *Waar goedkeuring verleen is moet die* ***behandeling beperk word tot 12 sessies*** *waarna die pasient na die verwysende geneesheer terugverwys moet word vir evaluasie en verslag aan die Vergoedingsfonds*

Va. **Electro-convulsive treatment**: Visits at hospital or nursing home during a course of electro-convulsive treatment are justified and may be charged for in addition to the fees for the procedure / ***Elektro-konvulsiewe behandeling***: *Besoeke by 'n hospitaal of verpleeginrigting tydens 'n kursus elektro-konvulsiewe behandeling is geregverdig en fooie kan daarvoor gehef word, bo en behalwe die fooi vir die prosedure*

Vb. Except where otherwise indicated, the duration of a medical psychotherapeutic session is set at 20 minutes or part thereof provided that such a part comprises 50% or more of the time of a session. This set duration is also applicable for psychiatric examination methods / *Behalwe waar anders aangedui, duur 'n mediese psigoterapeutiese sessie 20 minute of deel daarvan op voorwaarde dat sodanige gedeelte 50% of meer van die tydsduur van 'n sessie behels. Hierdie vasstelling geld ook vir psigiatriese ondersoekmetodes*

RULES GOVERNING THE SECTION RADIOLOGY / *REëLS VAN TOEPASSING OP DIE AFDELING RADIOLOGIE*

Y. Except where otherwise indicated, radiologists are entitled to charge for contrast material used / *Behalwe waar anders aangedui, mag radioloë eis vir die koste van kontrasmateriaal wat gebruik is*

Z. No fee to is subject to more than one reduction / *Geen gelde is onderworpe aan meer as een vermindering nie*

RULE GOVERNING THE SUBSECTION ON DIAGNOSTIC PROCEDURES REQUIRING THE USE OF RADIO-ISOTOPES / *REëL VAN TOEPASSING OP DIAGNOSTIESE PROSEDURES WAT DIE GEBRUIK VAN RADIO-ISOTOPE VEREIS*

AA. Procedures exclude the cost of isotope used / *Prosedures sluit die koste van die isotoop gebruik uit*

RULE GOVERNING THE SECTION RADIATION ONCOLOGY / *REëL VAN TOEPASSING OP DIE AFDELING STRALINGSONKOLOGIE*

BB. The fees in this section (radiation oncology) do NOT include the cost of radium or isotopes / *Die tariewe in hierdie afdeling (stralingsonkologie) sluit NIE die koste van radium of isotope in NIE*

RULE GOVERNING ULTRASOUND EXAMINATIONS / *REëL VAN TOEPASSING OP ULTRASONIESE ONDERSOEKE*

EE. (a) In case of a referral, the referring doctor must submit a letter of motivation to the radiologist or other practitioner performing the scan. A copy of the letter of motivation must be attached to the first account rendered to the Compensation Fund by the radiologist / *In geval van 'n verwysing, moet die verwysende geneesheer 'n skriftelike motivering verskaf aan die radioloog of ander geneesheer*

wat die ondersoek doen. 'n Afskrif van die motivering moet aangeheg word aan die eerste rekening wat aan die Vergoedingsfonds voorgelê word deur die radioloog

(b) In case of a referral to a radiologist, no motivation is required from the radiologist himself / *In geval van 'n verwysing na 'n radioloog, word geen motivering van die radioloog self vereis nie*

RULES GOVERNING THE SECTION URINARY SYSTEM / *REëLS VAN TOEPASSING OP DIE AFDELING URIENSTELSEL*

FF. (a) When a **cystoscopy precedes a related operation**, modifier 0013: Endoscopic examination done at an operation, applies, e.g. cystoscopy followed by transuretral (T U R) prostatectomy / *Wanneer 'n **sistoskopie 'n verwante operasie voorafgaan**, geld wysiger 0013: Endoskopiese ondersoek uitgevoer tydens 'n operasie, byvoorbeeld sistoskopie gevolg deur transuretrale prostatektomie*

(b) When a **cystoscopy preceeds an unrelated operation**, modifier 0005: Multiple procedures / operations under the same anaesthetic, applies, e.g. cystoscopy for urinary tract infection followed by inguinal hernia repair / *Wanneer 'n **sistoskopie 'n onverwante operasie voorafgaan**, geld wysiger 0005: Meer as een procedure / operasie onder dieselfde narkose, byvoorbeeld sistoskopie vir urinêre infeksie gevolg deur liesbreukherstel*

(c) No modifier applies to item code 1949: Cystoscopy, when performed together with any of item codes 1951 to 1973 / *Geen wysiger is van toepassing op itemkode 1949: Sistoskopie, wanneer dit saam met enige van itemkodes 1951 tot 1973 uitgevoer word nie*

RULE GOVERNING THE SECTION RADIOLOGY / *REëL VAN TOEPASSING OP DIE AFDELING RADIOLOGIE*

GG. **Capturing and recording of examinations**: Images from all radiological, ultrasound and magnetic resonance imaging procedures must be captured during every examination and a permanent record generated by means of film, paper, or magnetic media. A report of the examination, including the findings and diagnostic comment, must be written and stored for five years / ***Vaslegging en rekordhouding van ondersoeke**: Beelde van alle radiologiese, ultraklank-, en magnetiese resonansiebeeldingprosedures moet tydens elke ondersoek vasgelê word en 'n permanente rekord moet deur middel van film, papier, of magnetiese media gegenereer word. 'n Skriftelike verslag van die ondersoek, insluitende die bevindings en diagnostiese kommentaar, moet opgestel en vir vyf jaar geberg word*