
GOVERNMENT NOTICE

DEPARTMENT OF LABOUR**No. 302****24 April 2014****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, Mildred Nelisiwe 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 2014**
2. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2014** and **Exclude VAT**.

**M N OLIPHANT****MINISTER OF LABOUR****DATE: 14/01/2014**

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.

**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 Provincial office/Labour Centre • *Die eerste rekening (INSLUITEND die Eerste Mediese Verslag) vir dienste gelewer aan 'n beseerde werknemer moet aan die werkgever 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 Provincial office/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 Provincial office/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 Provincial office/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 werkgever 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 (adresverandering 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, ICD 10 codes and Nappi codes • *Item kodes soos aangedui in die amptelik gepubliseerde handleidings tot tariewe, ICD 10 en Nappi kodes.*
- 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 for payments of Social Worker services and Psychologists in terms of COIDA**From 1 April 2014**

1. In terms of SEC 73(1) of COIDA, the Compensation Fund shall pay reasonable medical costs incurred by on behalf of an employee in respect of medical aid necessitated by such accident or disease.
2. The need for the services must be directly related to the nature of injury sustained or complications thereof.
3. The services of a social worker shall be available only on a written referral by a medical practitioner. Medical invoice must be accompanied by a progress report and a referral letter. Without both these reports, payment will not be considered.
4. Code 89205 and 89206 can be claimed with code 89200, 89201 and 89202.
5. Only six consultations payable, should further treatment be required, the treating medical practitioner must submit progress report to the Compensation Commissioner indicating a need for further treatment and a number of consultations required. Without such a report payment cannot be considered.
6. Unless timely steps are taken to cancel an appointment, the relevant fee may be charged to the employee.
7. If there is no active therapy for a period of three (3) calendar months, the treatment will be deemed to have terminated. Subsequently services will require a new referral letter and a treatment plan.

MODIFIERS GOVERNING THE TARIFFS (Social workers)

Emergency or unscheduled social worker services, the additional fee should be 50% of the fee for a particular service.

0001 for emergency services. Payable with item 89200, 89202

0003 for unscheduled services. Payable only with item 89201

PSYCHOLOGISTS

1. Only twelve(12) consultations payable, should further treatment be required, the treating medical practitioner must submit progress report to the Compensation Commissioner indicating a need for further treatment and a number of consultations required. Without such a report payment cannot be considered.

**TARIFF OF FEES IN RESPECT OF SOCIAL WORKERS SERVICES
EFFECTIVE 1 APRIL 2014**

The account for Social workers services must be accompanied by a referral from the treating

doctor indicating the condition of the employee and indicating the need for such services

Item Code	Description	COIDA 2014 Tariffs
89200	Social worker consultation,counselling and/or therapy: 21-30min	184.85
89201	Social worker consultation,counselling and/or therapy: 61-60min	406.70
89202	Social worker consultation,counselling and/or therapy:81-90min	628.66
89203	Social worker consultation,counselling and/or therapy:111-120min(To be charged once only)can be claimed with item 89204 only.	850.39
Group or Family consultation,counselling and/ or Therapy		
89204	Social worker group consultation,counselling per patient:21-30min	36.88
89205	Social worker group consultation,counselling per patient:81-90min	125.64
89206	Social worker group,consutation,counselling and therapy,per patient:111-120min (To be charged once only)	170.08

**TARIFF OF FEES IN RESPECT OF PSYCHOLOGISTS SERVICES
EFFECTIVE 1 APRIL 2014**

The account for Psychologists must be accompanied by a referral from the treating doctor indicating the condition of the employee and indicating the need for such

Item Code	Description	COIDA 2014 Tariffs
862957	Assessment, consultation, counselling and/or therapy (indivial). Duration 20 min	206.17
862974	Assessment, consultation, counselling and/or therapy (indivial). Duration 40 min	481.15
862975	Assessment, consultation, counselling and/or therapy (indivial). Duration 60 min	756.13
862976	Assessment, consultation, counselling and/or therapy (indivial). Duration 90 min	1 168.60
862977	Assessment, consultation, counselling and/or therapy (indivial). Duration 120 min (can only be claimed once)	1 580.95