DEPARTMENT OF LABOUR

NOTICE 146 OF 2016

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASSES ACT, 1993(ACT NO.130 OF 1993), AS AMENDED

ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICES PROVIDERS.

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, with effect from 1 **April 2016.**

2. Medical Tariffs increase for **2016** is **6.6%**.
3. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2016** and **Exclude VAT**.

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MN OLIPHANT, MP
MINISTER OF LABOUR

DATE: 02/02/2016

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 Employers and the Compensation Fund and the **employer views the claim number allocated online**. 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 werkgewer en die Vergoedingsfonds en die* ***werkgewer. Die eisnommer is opdie web beskikbaar****. 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 • *EISE PROSEDURE*

1. All service providers should be registered on the Compensation Fund electronic claims system (Umehluko) in order to capture medical reports. • *Alle mediese intansies moet geregistreer wees op die Vergoedings Kommissaris se nuwe elektroniese stelsel (Umehluko), om mediese verslae te dokumenteer.*

2. Medical invoices should be switched to the Compensation Fund using the attached format. - Annexure D. • *Mediese rekeninge moet oorgeskuif word na die Vergoedings Kommissaris, deur die aangehegte formule te gebruik. Annexure D.*

   2.1. Subsequent invoice must be electronically switched. It is important that all requirements for the submission of invoice, including supporting information, are submitted • *Daarop volgende rekeninge moet elektronies ingedien word. Dit is belangrik dat al die voorskrifte vir die indiening van rekeninge nagekom word, insluitend die voorsiening van stawende dokumentasie.*

3. The status of invoices /claims can be viewed on the Compensation Fund electronic claims system. If invoices are still outstanding after 60 days following submission, the service provider should make an inquiry with the nearest Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za • *Die status van rekeninge kan besigtig word op die Vergoedings Kommissaris se elektroniese stelsel. Indien rekenings nog uitstaande is na 60 dae vanaf indiening en ontvangs erkenning deur die Vergoedings Kommissaris, moet die diensverskaffer 'n navraag indien by die Arbeidsentrum. Alle inligting oor Arbeidsentrums is beskikbaar op die webblad www.labour.gov.za*

4. **If an invoice has been partially paid with no reason indicated on the remittance advice, an enquiry should be made with the nearest labour centre. • *Indien 'n rekening gedeeltelik betaal is met geen rede voorsien op die betaaladvies nie, kan 'n navraag by die Arbeidsentrum gedoen word.***

5. Details of the employee's medical aid and the practice number of the referring practitioner must not be included in the invoice. • *Inligting van die werknemer se mediese fonds en praktyk nommer van die verwysende dokter moet nie ingesluit wees op die rekeninge nie.*

6. Service providers **should not generate the following** • *Diensverskaffers* ***moet nie die volgende lewer nie:***

   a. **Multiple invoices** for services rendered on the **same date** i.e. one invoice for medication and a second invoices for other services • ***Meer as een rekening*** *vir dienste gelewer op* ***dieselfde datum****, bv. medikasie op een rekening en 'n ander dienste op 'n tweede rekening.*

*** 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, 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*

TARIFF OF FEES IN RESPECT OF CHIROPRACTIC SERVICES FROM 1 APRIL 2016
TARIEWE TEN OPSIGTE VAN CHIROPRAKTISYN DIENSTE VANAF 1 APRIL 2016

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

001 "After hours treatment" shall mean those performed by arrangement at night between 18:00 and 07:00 on the following day or during weekends between 13:00 Saturday and 07:00 on Monday. Public holidays are regarded as Sundays. This rule shall apply for all treatment whether administered in the practitioner's rooms, or at a nursing home or private residence (only by arrangement when the employee's condition necessitates it).
The fee for all treatment under this rule shall be the total fee for treatment + 50%.
In cases where the chiropractor's scheduled working hours extend after 18:00 during the week or 13:00 on a Saturday the above rule shall not apply and the treatment fee shall be that of the **normal listed tariff**.

"Na-uurse behandeling" beteken dié behandeling 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.
Hierdie reëling sal geld vir alle behandeling, hetsy dit in die praktisyn se kamers verskaf word of by 'n verpleeginrigting, of by 'n private woning (lg alleenlik indien vooraf gereël wanneer die werknemer se toestand dit vereis).
Vir alle behandeling ooreenkomstig hierdie reël geld die volle tarief vir die behandeling plus 50 persent.
In gevalle waar die chiropraktisyn se vaste werksure gedurende die week strek tot na 18:00 of op 'n Saterdag tot na 13:00 geld bogenoemde reël nie en die tarief vir behandeling is die **normale gelyste tarief**.

002 ***Travelling fees / Reisgelde***

(a) Where, in the case of emergency, a chiropractor is called out from his residence or rooms to an employee's home or the hospital, travelling fees can be charged if more than 16 kilometres in total have to be travelled.

(b) If more than one employee is attended to during the course of a trip, the full travelling expenses must be divided *pro rata* between the relevant employees.

(c) A practitioner is not entitled to charge for any travelling expenses to his rooms.

When a chiropractor has to travel to visit an employee, the fees shall be calculated as follows:

R3.30.00 per km for each kilometre travelled in **own car.**

(a) Waar 'n chiropraktisyn in 'n noodgeval vanaf sy huis of kamers na 'n werknemer se woning of 'n hospitaal uitgeroep word, kan reisgelde gehef word indien hy meer as 16 kilometer in totaal moet reis.

(b) Indien meer as een werknemer tydens 'n reis aandag geniet, moet die volle reisgeld *pro rata* tussen die werknemers verdeel word.

(c) 'n Praktisyn is nie geregtig om gelde te hef vir enige reiskoste na sy kamers nie.

Waar 'n chiropraktisyn moet reis om 'n werknemer te besoek, word sy gelde as volg bereken:

R3.30per km vir elke kilometer totaal, afgelê in **eie motor**.

003 If, after a series of 20 treatment sessions for the same condition, further treatment is required, the practitioner must submit a progress report to the Compensation Commissioner indicating the necessity for further treatment and the number of further treatment sessions required. Without such a report payment for treatment sessions in excess of 20 shall not be considered.

Indien verdere behandeling vir dieselfde toestand na 'n reeks van 20 behandelingsessies benodig word moet die praktisyn die Vergoedingsommissaris van 'n vorderingsverslag voorsien waarin die noodsaaklikheid vir verdere behandeling en die aantal behandelingsessies wat nog benodig word, duidelik aangedui word. Sonder so 'n verslag sal betaling vir meer as 20 behandelingsessies nie oorweeg word nie.

004 The reports for completion by the practitioner:

(a) **The First Medical Report (W.Cl.4)**

The form is used for all injured employees. The practitioner should note that the form is in the nature of a signed medical certificate and he should, therefore, observe due care in completing, dating and signing the form.

(b) **The Progress or Final Medical Report (W.Cl.5)**

This form is used either for progress reports or the final report; the appropriate descriptive title being retained as the case may be. Most of the items in the report are self-explanatory and require no special amplification.

Die verslae wat deur die praktisyn ingevul moet word:

(a) **Die Eerste Mediese Verslag (W.Cl.4)**

Hierdie vorm word vir alle beseerde werknemers. Die praktisyn moet daarop let dat die vorm ooreenstem met 'n getekende geneeskundige sertifikaat en hy moet derhalwe behoorlik sorg dra wanneer hy dit invul, dateer en onderteken.

(b) **Die Vorderings- of Finale Mediese Verslag (W.Cl.5)**

Hierdie vorm word óf as 'n vorderings- of as die finale verslag gebruik en na gelang van omstandighede word die toepaslike opskrif behou. Die meerderheid van die items in die verslag is selfverduidelikend en het geen verdere omskrywing nodig nie.

005 No more than four physical procedures and modalities in one session will be reimbursed. Multiple physical procedures and modalities shall be reimbursed as follows:

Major :	
(highest valued procedure or modality)	100% of listed value
Second :	
(second-highest or equivalent valued procedure or modality)	50% of listed value
Third :	
(third-highest equivalent valued procedure or modality)	50% of listed value
Fourth :	
(fourth-highest or equivalent valued procedure or modality	50% of listed value

All treatment must be justified by the condition of the employee and the goals and objectives of the treatment plan.

Nie meer as vier fisiese prosedures en modaliteite sal per behandelingsessie vereffen word nie.

Fisiese prosedures en modaliteite sal as volg vereffen word:

Hoofprosedure / modaliteit	100% van gelyste waarde
Tweede prosedure / modaliteit	50% van gelyste waarde
Derde prosedure / modaliteit	50% van gelyste waarde
Vierde prosedure / modaliteit	50% van gelyste waarde

Die werknemer se toestand moet bepaal watter behandeling toepaslik is en daar moet rekening gehou word met die doelstellings van die behandeling wat toegepas word.

006 Un-cancelled appointments — Appointments not cancelled at least four hours before the relevant appointment time — relevant practitioner's fees shall be payable by the employee.

Ongekanselleerde afsprake — afsprake wat nie ten minste vier ure voor die afspraaktyd gekanselleer word nie — normale afspraaktarief is betaalbaar deur die werknemer.

007 **Reports / Verslae:**

Not applicable in respect of injured workmen covered under the COIDA.

Nie van toepassing ten opsigte van beserings aan diens nie.

008 **Change of chiropractor / medical practitioner ("supersession"):**

In the event of a change of chiropractor / medical practitioner consulted, the first chiropractor / medical practitioner in attendance will, except where the case is handed over to a specialist, be regarded as the principal, and payment will normally be made to him / her. To avoid disputes, chiropractors / medical practitioners should refrain from treating a case already under treatment without first discussing it with the first chiropractor / medical practitioner. As a general rule, changes of chiropractor / medical practitioner are not favoured, unless sufficient reasons exist.

Verandering van chiropraktisyn / geneesheer ("supersessie"):

In die geval van 'n verandering van chiropraktisyn / geneesheer wat 'n pasiënt behandel, sal die chiropraktisyn / geneesheer wat die aanvanklike behandeling toegedien het,

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

CHIROPRACTOR / CHIROPRAKTISYN
Tariff of fees for 2016 / Tariewe vir 2016 **2016**

1 CONSULTATIONS / KONSULTASIES

04301	Initial consultation — including the taking of a full case history or pertinent history, but excluding remedies,immobilisation and manipulation procedures . Consultation includes history taking,guidance,education,health promotion and/or consultation. The consultation code may be charged only once at the consultation or Visit.	R 240.16
04002	A subsequent follow up consultation in conjunction with treatment • 'n Opvolg konsultasie met behandeling	R 110.77
04090	A subsequent Final consultation not requiring any treatment (Procedure). In such an event a final medical report must be issued. • 'n Opvolgkonsultasie wat nie behandeling regverdig nie. Onder sulke omstadighede moet 'n finale geneeskundige verslag uitgereik word	R 110.77

2 DIAGNOSTIC PROCEDURES

Only a single item from this section may be charged per patient encounter. Diagnostic procedures included in the scope of practice are; physical examination, neurological examination
Initial consultation - charge 04313 (may only be used once per episode of injury)
Follow up consultation - use 04311 or 04312 only
When using 04312 at a subsequent consultation, a motivation detailing why two diagnostic are required at a follow up treatment. Use form WCL5 to submit your motivation.

04311	Single diagnostic procedure	R 155.68
04312	Two diagnostic procedures (**Attach Motivation**)	R 236.54
04313	Three diagnostic procedures (**May only be used on an initial Consultation**)	R 311.36

TREATMENT (THERAPEUTIC PROCEDURES)
Only a single item from this section may be charged per patient encounter

NB: Indicate Modalities codes on the invoice

04331	Single treatment procedure	R 330.67
04332	Two treatment procedures	R 400.66
04333	Three treatment procedures	R 470.66
04334	Four treatment procedures	R 540.65
04335	Five treatment procedures	R 610.65
04336	Six treatment procedures	R 679.44

2 MANIPULATIVE PROCEDURES / MANIPULATIEWE PROSEDURES

04003 Spinal manipulation and / or extra spinal joint manipulation • Spinale manipulasie en / of ekstraspinale gewrigsmanipulasie

3 ADJUNCTIVE THERAPY / MODALITEITE

(a) ***SOFT TISSUE MANIPULATION / SAGTEWEEFSEL MANIPULASIE***

04004 Massage — includes effleurage, petrisage, crossfibre friction, lapolment and deep tissue techniques (rolfing) • Massering — sluit streelmassering, weefsel-breiing. kruiswrywing, klopmassering en diep-weefseltegnieke (rolfing) in.

04005 Myofascial pain therapy • Spier en seningvliesterapie

(b) ***DEEP HEATING RADIATION THERAPY / BESTRALINGSTERAPIE***

04006 Short wave diathermy • Kortgolf diatermie
04007 Microwave diathermy • Mikrogolf diatermie
04008 Ultra sound • Ultraklank

(c) ***SUPERFICIAL HEATING THERAPY / VERHITTINGSTERAPIE***

04009	Hydrocullator packs • Vogtige hitte	
04010	Infra-red • Infrarooi	
04011	Ultra-violet • Ultraviolet	

(d) ***NON-HEATING MODALITIES / NIE VERHITTINGSMODALITEITE***

04016	Galvanism, faradism and sine wave • Galvanisme, faradisme, polsende elektro-terapie	
04017	Low voltage galvanic iontophroresis • Lae spanningsgalvanistiese iontoforese	
04018	Combined ultra sound and electrical stimulation • Gekombineerde ultraklank met elektriese stimulasie	
04019	Interferential current • Interferensieterapie	
04022	Vibration therapy • Vibrasieterapie	
04023	High voltage pulsed direct current (including under-water application) • Gepolsde hoëspanningstroombaanterapie (sluit onderwater-aanwending in)	
04024	Electro-Stim.180 • Elekrtro-Stim.180	
04025	T.E.N.S. • T.E.N.S.	
04026	Micro current modalities • Mikrostroombaan modaliteite	
04027	Traction — Mechanical / static / intermittent • Traksie — Meganies / staties / afwisselend	
04028	Laser therapy • Laserterapie	

(e) ***COLD APPLICATION / KOUETERAPIE***

04029	Cryomatic • Krioterapie	
04030	Cold packs • Yssakkies	

(f) ***DRY NEEDLING / DRY NEEDLING***

04031	Utilising no more than 10 needles per treatment session • Gebruik nie meer as 10 naalde per behandelingsessie nie	

(g) ***EXERCISE AND REHABILITATION / OEFENING EN REHABILITASIE***

04032	Therapeutic exercises • Terapeutiese oefeninge	R 134.36
04033	Proprioceptive neuromuscular facilitation • Proprioseptiewe neuromuskulêre fasilitering	R 134.36

(h) ***IMMOBILISATION — cost + 50% / IMMOBILISASIE — koste + 50%***

04036	Hard and soft immobilisation / casting • Harde en sagte immobilisasie / gietsels	
04037	Supportive strapping, bracing, splinting and tapping • Gording, stutting, spalking en verbinding	
04038	Supportive devices • Stuttoestelle	
04041	Remedies prescribed — e.g. vitamins • Voorgeskrewe middels — bv. Vitamiene	
04042	Remedies prescribed and supplied • Voorgeskrewe middels wat geresepteer word	
04043	Injectables • Inspuitbare middels	

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.

UMEHLUKO ELECTRONIC INVOICING FILE LAYOUT

Field	Description	Max length	Data Type
BATCH HEADER			
1	Header identifier = 1	1	Numeric
2	Switch internal Medical aid reference number	5	Alpha
3	Transaction type = M	1	Alpha
4	Switch administrator number	3	Numeric
5	Batch number	9	Numeric
6	Batch date (CCYYMMDD)	8	Date
7	Scheme name	40	Alpha
8	Switch internal	1	Numeric
DETAIL LINES			
1	Transaction identifier = M	1	Alpha
2	Batch sequence number	10	Numeric
3	Switch transaction number	10	Numeric
4	Switch internal	3	Numeric
5	CF Claim number	20	Alpha
6	Member surname	20	Alpha
7	Member initials	4	Alpha
8	Member first name	20	Alpha
9	BHF Practice number	15	Alpha
10	Switch ID	3	Numeric
11	Patient reference number (account number)	10	Alpha
12	Type of service	1	Alpha
13	Service date (CCYYMMDD)	8	Date
14	Quantity / Time in minutes	7	Decimal
15	Service amount	15	Decimal
16	Discount amount	15	Decimal
17	Description	30	Alpha
18	Tariff	10	Alpha

Field	Description	Max length	Data Type
19	Service fee	1	Numeric
20	Modifier 1	5	Alpha
21	Modifier 2	5	Alpha
22	Modifier 3	5	Alpha
23	Modifier 4	5	Alpha
24	Invoice Number	10	Alpha
25	Practice name	40	Alpha
26	Referring doctor's BHF practice number	15	Alpha
27	Medicine code (NAPPI CODE)	15	Alpha
28	Doctor practice number -sReferredTo	30	Numeric
29	Date of birth / ID number	13	Numeric
30	Service Switch transaction number – batch number	20	Alpha
31	Hospital indicator	1	Alpha
32	Authorisation number	21	Alpha

33	Resubmission flag	5	Alpha
34	Diagnostic codes	64	Alpha
35	Treating Doctor BHF practice number	9	Alpha
36	Dosage duration (for medicine)	4	Alpha
37	Tooth numbers		Alpha
38	Gender (M ,F)	1	Alpha
39	HPCSA number	15	Alpha
40	Diagnostic code type	1	Alpha
41	Tariff code type	1	Alpha
42	CPT code / CDT code	8	Numeric
43	Free Text	250	Alpha
44	Place of service	2	Numeric
45	Batch number	10	Numeric
46	Switch Medical scheme identifier	5	Alpha
47	Referring Doctor's HPCSA number	15	Alpha
48	Tracking number	15	Alpha
49	Optometry: Reading additions	12	Alpha
50	Optometry: Lens	34	Alpha
51	Optometry: Density of tint	6	Alpha
52	Discipline code	7	Numeric
53	Employer name	40	Alpha
54	Employee number	15	Alpha

Field	Description	Max length	Data Type
55	Date of Injury (CCYYMMDD)	8	Date
56	IOD reference number	15	Alpha
57	Single Exit Price (Inclusive of VAT)	15	Numeric
58	Dispensing Fee	15	Numeric
59	Service Time	4	Numeric
60			
61			
62			
63			
64	Treatment Date from (CCYYMMDD)	8	Date
65	Treatment Time (HHMM)	4	Numeric
66	Treatment Date to (CCYYMMDD)	8	Date
67	Treatment Time (HHMM)	4	Numeric
68	Surgeon BHF Practice Number	15	Alpha
69	Anaesthetist BHF Practice Number	15	Alpha
70	Assistant BHF Practice Number	15	Alpha
71	Hospital Tariff Type	1	Alpha
72	Per diem (Y/N)	1	Alpha
73	Length of stay	5	Numeric
74	Free text diagnosis	30	Alpha

TRAILER

1	Trailer Identifier = Z	1	Alpha
2	Total number of transactions in batch	10	Numeric
3	Total amount of detail transactions	15	Decimal