

**CHIROPRACTOR / CHIROPRAKTISYN**  
**Tariff of fees for 2018 / Tariewe vir 2018**

2018

**1 CONSULTATIONS / KONSULTASIES**

04301	Initial consultation — including the taking of a full case history or pertinent history, but excluding remedies, immobilisation and manipulation procedures taking, guidance, education, health promotion and/or consultation. The consultation code may be charged only once at the consultation or Visit.	R 273.41
-------	---	----------

**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 a follow up treatment. Use form WCL5 to submit your motivation.

04311	Single diagnostic procedure <b>(May be used with up to three treatment/therapeutic codes)</b>	R 177.24
04312	Two diagnostic procedures <b>(Attach Motivation)</b>	R 269.29
04313	Three diagnostic procedures <b>(May only be used on an initial Consultation)</b>	R 354.47

**TREATMENT ( THERAPEUTIC PROCEDURES )**

**Only a single item from this section may be charged per patient encounter**

04331	Single treatment procedure	R 376.46
04332	Two treatment procedures	R 456.15
04333	Three treatment procedures	R 535.83
04334	Four treatment procedures	R 615.52
04335	Five treatment procedures	R 695.21
04336	Six treatment procedures	R 773.52

**IMMOBILISATION OR THERAPEUTIC EXERCISE IN RELATION TO PREPARATION OR FITTING OF APPLIANCES**

**Only a single item from this section may be charged per patient encounter**

04321	Single instance of immobilization or therapeutic exercises	R 535.83
04322	Two instances of immobilization or therapeutic exercises <b>(Attach Motivation )</b>	R 673.23

**(k) RADIOLOGY/RADIOLOGIE**

04049	Ankle—AP / LAT • Enkel—AP / LAT	R 218.86
04050	Ankle—Complete Study—3 views • Enkel—Volledige studie—3 aansigte	R 327.66
04051	Cervical—AP / LAT • Servikaal—AP / LAT	R 218.66
04052	Cervical—AP / LAT / OBL • Servikaal—AP / LAT / Skuinsaansigte	R 327.66
04053	Cervical study—6 views • Servikaal—6 aansigte	R 655.35
04054	Cervical—Davis Series—7 views • Servikaal—Davis Series—7 aansigte	R 764.12
04055	Elbow—AP / LAT • Elmboog—AP / LAT	R 214.58
04056	Elbow—3 views • Elmboog—3 aansigte	R 327.66
04057	Foot—AP / LAT • Voet—AP / LAT	R 218.66
04058	Foot—3 views • Voet—3 aansigte	R 327.66
04059	Femur—AP / LAT • Dybeen—AP / LAT	R 436.87
04060	Hand—AP / LAT • Hand—AP / LAT	R 218.66
04061	Hand—3 views • Hand—3 aansigte	R 327.66
04062	Hip unilateral—1 view • Heup—1 aansig	R 152.96
04063	Hip—2 views • Heup—2 aansigte	R 305.70
04064	Knee—AP / LAT • Knie—AP / LAT	R 218.66
04065	Knee—3 views • Knie—3 aansigte	R 327.66
04066	Lumbo-Sacral—3 views • Lumbo-Sakraal—3 aansigte	R 524.14
04067	Lumbar spine & pelvis—5 views • Lumbale werwels & pelvis—5 aansigte	R 785.90
04068	Pelvis AP • Pelvis AP	R 218.66

04069	Pelvis—3 views • Pelvis—3 aansigte	R 480.59
04070	Ribs—Unilateral—2 views • Ribbes—Unilateraal—2 aansigte	R 261.97
04071	Ribs—Bilateral—3 views • Ribbes—Bilateraal—3 aansigte	R 392.94
04072	Radius / Ulna • Radius / Ulna	R 218.66
04073	Spine—Full spine study—AP / LAT • Werwelkolom—hele werwelkolom plus pelvis—AP / LAT	R 785.90
04074	Spine—8 X 10—Single study • Spinaal—8 X 10—Enkele aansig	R 129.37
04075	Spine—10 X 12—Single study • Spinaal—10 X 12—Enkele studie	R 131.20
04076	Spine—14 X 17—Single study • Spinaal—14 X 17—Enkele studie	R 218.66
04077	Shoulder—1 view • Skouer—1 aansig	R 131.20
04078	Shoulder—2 views • Skouer—2 aansigte	R 261.97
04079	Thoraco—Lumbar—AP / LAT • Torako—Lumbaal—AP / LAT	R 436.87
04080	Thoracic—AP / LAT • Torakaal—AP / LAT	R 436.87
04081	Tibia/Fibula—AP / LAT • Tibia/Fibula—AP / LAT	R 436.87
04082	Wrist—AP / LAT • Gewrig—AP / LAT	R 218.66
04083	Wrist—3 views • Gewrig—3 aansigte	R 327.66
04084	Stress views—Lumbar • Spanningsopnames—Lumbaal	R 273.97
04100	Consumables (claim using Nappi codes)	

**Radiation Control Council Certificate number to be on account if X-Rays charged**

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.**