

## SCHEDULE

## TARIFF OF FEES IN RESPECT OF OCCUPATIONAL THERAPY SERVICES FROM 1 APRIL 2019

## GENERAL RULES GOVERNING THE TARIFF

- 001 Unless timely steps are taken (at least two hours) to cancel an appointment for a consultation the relevant consultation fee shall be payable by the employee.
- 002 In exceptional cases where the tariff fees is disproportionately low in relation to the actual services rendered by the practitioner, a higher fee may be negotiated. Conversely, if the fee is disproportionately high in relation to the actual services rendered, a lower fee than that in the tariff should be charged.
- 003 **The service of an occupational therapist shall be available only on written referral by the treating doctor medical doctor. The referral must be signed,dated and stamped by the treating doctor.**
- 004 **In cases of out-patients, all treatment sessions will need pre-authorisation. The Occupational Therapist must submit a referral with motivation from the treating doctor and a treatment plan.The referral letter should be signed,dated and stamped.The first consultation can be done before pre-authorisation to allow the O.T to provide a treatment plan to the Fund for pre-authorisation. Practitioners will be allowed up to a maximum of ten (10) sessions to continue with treatment after submitting their request while awaiting response from the Fund.**
- 005 **The Occupational Therapist must provide an updated Rehabilitation Report including outcome based measures.**
- 006 "After hours treatment" shall mean those emergency treatment sessions performed at night between 18:00 and 07:00 on the following day or during weekends between 13:00 Saturday and 07:00 Monday. Public holidays are regarded as Sundays. The fee for all treatment under this rule shall be the total fee for the treatment plus 50 per cent. This rule shall apply for all treatment administered in the practitioner's rooms, or at a nursing home or private residence (only by arrangement when the patient's condition necessitates it). Modifier 0006 must then be quoted after the appropriate tariff code to indicate that this rule is applicable.
- 008 The provision of aids or assistive devices shall be charged at cost. Modifier 0008 must be quoted after the appropriate codes to show this rule is applicable.
- 009 Materials used in the construction of orthoses will be charged as per Annexure "A" for the applicable device and pressure garments will be charged as per Annexure "B" for the applicable garment. Modifier 0009 must be quoted after the appropriate codes to show that this rule is applicable.
- 010 Materials used in treatment shall be charged at cost. Modifier 0010 must be quoted after the appropriate tariff codes to show that this rule is applicable.
- 011 When the occupational therapist administers treatment away from his / her premises, travelling costs shall be charged as follows: R3.30 per km for each kilometre travelled in own car e.g. 19 km total = 19X R3.30 = R62.70
- 012 The occupational therapist shall submit the account for treatment to the employer of the employee concerned.
- 013 **Physiotherapist, Occupational Therapists and Chiropractors cannot give the treatment concurrently and the treatment must not overlap.**

## MODIFIERS GOVERNING THE TARIFF

- 0006 Add 50% of the total fee for the treatment.

- 0008 Aids or assistive devices should be charged at cost.
- 0009 Materials used for orthoses or pressure garments should be charged as per Annexure "B".
- 0010 Materials used in treatment should be charged at cost.
- 0011 Travelling cost: as indicated in Rule 011.
- 0012 A detailed report of the work assessment with signatures of the employer and the injured worker shall be submitted to the Compensation Commissioner with the invoice.
- 0014 Only one evaluation code may be billed per treatment session and utilised as per the rule of the individual code

**Note: Monetary value of one unit = R10.85 • Let Wel: Geldwaarde van een eenheid = R10.85**

## OCCUPATIONAL THERAPY GAZETTE 2019

## 2019 Tariff excluding VAT - 2019 Tarief sluit BTW uit

PLEASE TAKE NOTE OF GENERAL RULE 005

NEEM ASSEBLIEF KENNIS VAN ALGEMENE REEL 005

## CONSULTATION PROCEDURES. KONSULTASIE PROSEDURES

CODE KODE	DESCRIPTION	U/E	RAND
			2019
101	First consultation ( 5-15 min) Eerste konsultasie ( 5-15 min) Charged once.	60	651.00
108	Followup consultation ( 15-30 min) Opvolg konsultasie ( 15-30 min) May be charged twice only per week.	15	162.75
109	Followup consultation ( 30-60 min) Opvolg konsultasie ( 30-60 min) May be charged up to four times per week	30	325.50

## EVALUATION PROCEDURES • EVALUASIE PROSEDURES

CODE KODE	DESCRIPTION	U/E	RAND
201	Observation and screening Observasie en skandering. May be charged at every treatment session as clinically appropriate	10	108.50
203	Specific evaluation for a single aspect of dysfunction (Specify which aspect) Spesifieke evaluasie vir 'n enkele aspek van wanfunksie (Spesifiseer aspek). May be charged once per week as clinically appropriate	7.5	81.38
205	Specific evaluation of dysfunction involving one part of the body for a specific functional problem (Specify part and aspects evaluated) Spesifieke evaluasie van wanfunksie van een gedeelte van die liggaam vir 'n spesifieke funksionele probleem (Spesifiseer gedeelte sow as aspek geëvalueer) May be charged once per week as clinically appropriate	22.5	244.13
207	Specific evaluation for dysfunction involving the whole body (Specify condition and which aspects evaluated) Spesifieke evaluasie van wanfunksie wat die hele liggaam insluit (spesifiseer toestand en aspekte geëvalueer) May be charged once per three months as clinically appropriate	45	488.25
209	Specific in depth evaluation of certain functions affecting the total person (Specify the aspects assessed) Spesifieke in-diepte evaluasie van sekere funksies wat die persoon in geheel affekteer (spesifiseer die aspekte geëvalueer) May be charged once per three months as clinically appropriate	75	813.75
211	In depth evaluation of the total person to enable the vocational rehabilitation specialist to complete a comprehensive assessment of certain functions affecting the total person ( This code can only be requested by the Compensation Fund for Section 42 Cases reviews )	105	1139.25

## MEASUREMENT FOR DESIGNING • OPMETING VIR ONTWERP

CODE KODE	DESCRIPTION	U/E	RAND
213	Measurement for designing a static orthosis Opmetering vir ontwerp 'n Statiese ortose	10	108.50
215	Measurement for designing a dynamic orthosis Opmetering vir ontwerp 'n Dinamiese ortose	10	108.50
217	Measurement for designing a pressure garment for one limb orthosis Opmetering vir ontwerp drukkledingstuk vir een ledemaat	10	108.50
219	Measurement for designing a pressure garment for one hand orthosis Opmetering vir ontwerp drukkledingstuk vir een hand	10	108.50
221	Measurement for designing a pressure garment for the trunk orthosis Opmetering vir ontwerp drukkledingstuk vir die romp	10	108.50
223	Measurement for designing a pressure garment for the face (chin strap only) Opmetering vir ontwerp drukkledingstuk vir die gesig (alleenlik kenriem)	10	108.50
225	Measurement for designing a pressure garment for the face (full face mask) orthosis Opmetering vir ontwerp drukkledingstuk vir die gesig (volle gesigmasker)	10	108.50
	The whole body or part thereof will be the sum total of the parts Die hele liggaam of deel daarvan vorm die totaal van die dele		

<b>PROCEDURES FOR THERAPY • PROSEDURES VIR BEHANDELING</b>			
<b>CODE KODE</b>	<b>DESCRIPTION</b>	<b>U/E</b>	<b>RAND</b>
303	Placement of a patient in an appropriate treatment situation requiring structuring the environment, adapting equipment and positioning the patient. This does not require individual attention for the whole treatment session	20	217.00
307	Simultaneous treatment of two to four patients, each with specific problems utilising individual activities · Gelyktydige behandeling vir twee tot vier pasiënte, elkeen met spesifieke probleme deur gebruik te maak van individuele aktiwiteite	48	520.80
<b>INDIVIDUAL AND UNDIVIDED ATTENTION DURING TREATMENT SESSIONS UTILISING SPECIFIC ACTIVITY OR TECHNIQUES IN AN INTEGRATED TREATMENT SESSION (TIME OF TREATMENT MUST BE SPECIFIED) • INDIVIDUELE EN ONVERDEELDE AANDAG GEDURENDE BEHANDELINGS DEUR GEBRUIK TE MAAK VAN SPESIFIEKE AKTIWITEITE OF TEGNIEKE (TYD VAN BEHANDELING MOET GESPEFISEER WORD)</b>			
<b>CODE KODE</b>	<b>DESCRIPTION</b>	<b>U/E</b>	<b>RAND</b>
309	On level one • Op vlak een (15min )	12	130.20
311	On level two • Op vlak twee (30 min )	24	260.40
313	On level three • Op vlak drie (45min )	36	390.60
315	On level four • Op vlak vier (60 min )	48	520.80
317	On level five • Op vlak vyf (90 min )	72	781.20
319	On level six · Op vlak ses (120 min)	96	1041.60

<b>PROCEDURES FOR WORK REHABILITATION • PROSEDURES VIR WERKREHABILITASIE</b>			
<b>CODE KODE</b>	<b>DESCRIPTION</b>	<b>U/E</b>	<b>U/E</b>
321	Work evaluation - . This includes an assessment of the inherent demands of the job and the patient's ability to perform these. A detailed report is not included in this code (charged for under 325), but must be submitted with the referral from the medical practitioner.)	80	868.00
323	Work Visit Evaluation of the job tasks by observing while the patient or a colleague in the same role performs the job tasks. May include discussing possible adaptations to the process or the work station and making the necessary recommendations to enable a patient to return to work. Rule: A maximum of two work visits are allowed per patient. However, in extenuating circumstances, further motivation may be made to the CC.	40	434.00
325	<b>Reports -</b> To be used only when reporting on work assessments. - Vir gebruik slegs vir rapportering oor werk evaluasies.	<b>Verslae</b> 22.14	<b>240.22</b>

<b>DESIGNING AND CONSTRUCTING A CUSTOM MADE ADAPTATION OR ASSISTIVE DEVICE, SPLINT OR SIMPLE PRESSURE GARMENT FOR TREATMENT IN TASK-CENTERED ACTIVITY (SPECIFY THE ADAPTATION, DEVICE, SPLINT OR PRESSURE GARMENT) • ONTWERP EN VERVAARDIGING VAN 'N AANPASSINGS- OF HULPMIDDEL, SPALK OF DRUKKLEDINGSTUK VIR BEHANDELING IN 'N TAAK-GESENTREERDE AKTIVITEIT (SPESIFISEER DIE AANPASSING, HULPMIDDEL, SPALK OF DRUKKLEDINGSTUK)</b>			
<b>CODE KODE</b>	<b>DESCRIPTION</b>	<b>U/E</b>	<b>RAND</b>
403	On level one • Op vlak een	12	130.20
405	On level two • Op vlak twee	24	260.40
407	On level three • Op vlak drie	36	390.60
409	On level four • Op vlak vier	48	520.80
411	On level five • Op vlak vyf	60	651.00
413	On level six • Op vlak ses	72	781.20
415	Designing and constructing a static orthosis • Ontwerp en vervaardiging van 'n statiese ortose	60	651.00
417	Designing and constructing a dynamic orthosis • Ontwerp en vervaardiging van 'n dinamiese ortose	120	1302.00

**DESIGNING AND MAKING A PRESSURE GARMENT •  
ONTWERP EN VERVAARDIGING VAN 'N DRUKKLEDINGSTUK**

<b>CODE KODE</b>	<b>DESCRIPTION</b>	<b>U/E</b>	<b>RAND</b>
419	Per limb • Per ledemaat	60	651.00
421	Face (chin strap only) • Gesig (kenriem alleenlik)	45	488.25
423	Face (full face mask) • Gesig (volle gesigsmasker)	60	651.00
425	Trunk • Romp	90	976.50
427	Per hand • Per hand	90	976.50
	The whole body or part thereof will be the subtotal of the parts for the first garment and 75% the fee for any additional garments on the same pattern. Die hele liggaam of deel daarvan vorm die totaal van die dele vir die eerste kledingstuk en 75% van die tarief vir enige addisionele kledingstuk op dieselfde patroon.		

## ANNEXURE A • AANHANGSEL A

	<b>MODIFIER 0009 - MATERIAL COSTS FOR SPLINTS</b> <b>WYSIGER 0009 - MATERIAALKOSTE VIR SPALKE</b>	<b>COST</b> <b>(VAT</b> <b>exclusive)</b> <b>KOSTE</b> <b>(BTW</b> <b>uitgesluit)</b>
		2019
501	Static DIP extension / flexion • Statiese DIP ekstensie / fleksie	41.26
502	Static PIP extension / flexion • Statiese PIP ekstensie / fleksie	41.26
503	Dynamic PIP extension / flexion • Dinamiese PIP ekstensie / fleksie	136.49
504	Hand based static finger extension / flexion • Hand gebaseerde statiese vinger ekstensie / fleksie	205.43
505	Hand based static thumb abduction / opposition / flexion / extension • Hand gebaseerde statiese duim abduksie / opposisie / fleksie / ekstensie	205.43
506	Hand based dynamic finger extension / flexion • Hand gebaseerde dinamiese vinger ekstensie / fleksie	287.43
507	Hand based dynamic thumb flexion / extension / opposition • Hand gebaseerde dinamiese duim fleksie / ekstensie / opposisie	287.43
508	Wrist extension / flexion (static or dynamic) • Pols ekstensie / fleksie (staties of dinamies)	308.51
509	Full flexion glove • Volle fleksie handskoen	393.64
510	Forearm based dynamic finger extension / flexion • Voorarm gebaseerde dinamiese vinger ekstensie / fleksie	492.69
511	Forearm based static dorsal protection • Voorarm gebaseerde statiese dorsale beskerming	574.17
512	Forearm based complete volar resting • Voorarm gebaseerde volledige volare rus	574.17
513	Elbow flexion / extension • Elmboog fleksie / ekstensie	684.21
514	Shoulder abduction • Skouer abduksie	1094.72
515	Rigid neck extension (static) • Rigiede nek ekstensie (staties)	588.63
516	Soft neck extension (static) • Sagte nek ekstensie (staties)	191.68
517	Static knee extension • Statiese knie ekstensie	1093.67
518	Static foot dorsiflexion • Statiese voet dorsifleksie	1281.71
519	Buddy strap • Buddy band	40.23
520	DIP / PIP flexion strap • DIP / PIP fleksieband	46.66
521	MP, PIP, DIP flexion strap • MP, PIP, DIP fleksieband	51.88

## ANNEXURE B • AANHANGSEL B

## MODIFIER 0009 - MATERIAL COSTS FOR PRESSURE GARMENTS

## WYSIGER 0009 - MATERIAALKOSTE VIR DRUKKLEDINGSTUKKE

	Indicate all parts of the pressure garment separately. Dui alle dele van die drukkledingstuk apart aan.	COST (VAT exclusive) KOSTE (BTW uitgesluit)
		2019
601	Glove • Handskoen	89.33
602	Forearm / upper arm sleeve • Voorarm / boarm mou	118.56
603	Full arm • Volle arm	178.28
604	Foot • Voet	208.38
605	Below knee (lower leg) • Onder knie (onderbeen)	142.42
606	Above knee (upper leg) • Bo knie (bobeen)	213.80
607	Chin strap • Ken band	149.21
608	Head (face mask) • Kop (gesigsmasker)	285.69
609	Trunk (excluding sleeves) • Romp (moue uitgesluit)	428.63
610	Finger sock • Vingerkous	19.70
611	Brief • Broek	356.22

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.**