

TARIFF OF FEES IN RESPECT OF PHYSIOTHERAPY SERVICES**FROM 1 APRIL 2019**

001. Unless timely steps are taken to cancel an appointment, the relevant fee may be charged to the employee. Each case shall be considered on merit and if the circumstances warrant, no fee shall be charged.
002. In exceptional cases where the tariff fee is disproportionately low in relation to the actual services rendered by a physiotherapist, 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. Newly hospitalised patients will be allowed up to 20 sessions without pre-authorization. After a series of 20 treatment sessions in hospital, the treating medical practitioner must submit motivation with a treatment plan to the Compensation Fund for authorisation.
004. AM and PM treatment sessions, applicable only to hospitalised patients, should be specified and medically motivated for on the progress rehabilitation report.
005. In cases of out-patients, all treatment sessions will need pre-authorization. All request for pre-authorization must be based on clinical need, best practice and be in the best interest of the patient. The physiotherapist must submit a referral with motivation from the treating doctor and a treatment plan. The first consultation can be done before pre-authorization to allow the physiotherapist to provide a treatment plan to the fund for preauthorization. Practitioners will be allowed up to twenty treatment sessions to continue with treatment after submitting their request while awaiting response from the Fund. The rehabilitation professional must submit monthly progress report.
006. "After hour treatment" shall mean all physiotherapy performed where emergency treatment and /or essential continuation of care is required after working hours, before 07:00 and after 17:00 on weekdays, and any treatment over a weekend or public holiday . In cases where the physiotherapist's scheduled working hours extend after 17:00 and before 07:00 during the week or weekend, the above rule shall not apply and the treatment fee shall be that of the normal listed tariff. The fee for all treatment under this rule shall be the total fee for the treatment plus 50 per cent. Modifier 006 must then be quoted after the appropriate tariff code to indicate that this rule is applicable.
- For the purpose of this rule:
- Emergency treatment and/or essential continuation of care refers to a physiotherapy procedure , where failure to provide the procedure would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the patient's life in serious jeopardy.
007. The physiotherapist shall submit his / her account for treatment to the employer of the employee concerned.
008. When an employee is referred for physiotherapy treatment after a surgical procedure, a new treatment plan needs to be provided to the Fund.
011. Cost of material does not include consumables (e.g. ultrasound gel, massage oil, gloves, alcohol swabs, facial tissues, paper towels and etc.)
012. An account for services rendered will be assessed and added without VAT. VAT is then calculated and added to the final payment amount.
013. Where a physiotherapist is called out from residence or rooms to an employee's home or hospital, travelling fees to be charged for travelling will be R 3.30 per kilometer from the 1st kilometer. 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(the physiotherapist will claim for one trip). A physiotherapist is not entitled to charge any travelling expenses or travelling time to his / her rooms.
014. Physiotherapy services rendered in a hospital or nursing facility.

015. The services of a physiotherapist shall be available only on referral from the treating medical practitioner. Where a physiotherapist's letterhead is used as a referral letter, it must bear the medical practitioner's signature, date and stamp. The referral letter for any physiotherapy treatment provided should be submitted to the Compensation Commissioner with the account for such services.
- 016 Physiotherapist, Occupational Therapists and Chiropractors cannot give the treatment concurrently and the treatment must not overlap.
- NB Only one of the following codes can be claimed per session/consultation:
72925,72926,72921,72923,72928,72927,72501 and 72503**
- MODIFIERS GOVERNING THE TARIFF**
- 0001 To be quoted after appropriate treatment codes when rule 001 is applicable.
- 0006 Add 50% of the total fee for the treatment.
- 0013 R3.30 per km for each kilometre
0014. Treatment in a nursing facility.

PHYSIOTHERAPY TARIFF OF FEES AS FROM 1 APRIL 2019

Please note that only one treatment code may be charged per treatment. The only exceptions are one relevant evaluation code (**72701** or **72702** or **72703**, treatment code **72509** (extra treatment time), one visiting code (**72901** or **72903**) and cost of material code(**72939**)

Code	Service type	Service description	2019 Tariffs
72701	Evaluation level 1 (to be fully documented)	(Applies to simple evaluation once at first visit only. It should not be used for each condition. A treatment plan / rehabilitation progress report must be submitted at the initiation of treatment.	263.94
72702	Complex evaluation (to be fully documented)	Complex evaluation once at first visit only. Applies to complex injuries only. It should not be used for each condition. A treatment plan / rehabilitation progress report describing what makes the evaluation complex, must be submitted at the initiation of treatment.	395.55
72703	Re-assessment	Complete re-assessment or one physical performance test during the course of treatment. This should be fully documented and a rehabilitation progress report provided to the CF. This code will only apply to patients that have been discharged and are now re-admitted.	131.63
72901	Treatment at nursing home	Relevant fee plus (to be charged only once per day and not with every hospital visit)	96.45
72305	Very Simple treatment	Simple treatment for one condition/injury of one treatment technique	96.45
72509	Extra treatment time	There should be a clear indication and motivation and Should be medically motivated for e.g. complicated condition. This code can only be claimed once per treatment session.	146.60
72903	Domiciliary treatments	Apply only when medically motivated: relevant fee plus.	175.49
72925	Level 1 chest pathology	Applies to simple chest conditions / injuries. Multiple treatment techniques to be used.	432.11
72926	Level 2 chest pathology	Applies only to complex chest conditions / injuries that require undivided attention of the physiotherapist. Multiple treatment techniques to be used.	713.97
72921	Simple spinal treatment	Applies to simple spinal injuries / conditions. Multiple treatment techniques to be used.	634.58
72923	Complex spinal treatment	Applies to complex spinal injuries/conditions. Multiple treatment techniques to be used. Rehabilitation reports must clearly indicate the reasons for choosing complex as apposed to simple.	916.62
72928	Simple soft tissue / peripheral joint injuries or other general treatment	Apply to all soft tissue / peripheral injuries or other general treatment.	634.58

72927	Complex soft tissue / peripheral joint injuries or other general treatment	Applies to complex soft tissue/peripheral joint injuries/conditions. Multiple treatment techniques to be used. Rehabilitation reports must clearly indicate the reasons for choosing complex as opposed to simple.	828.87
72501	Rehabilitation	Rehabilitation first 30 minutes, where the pathology requires the undivided attention of the physiotherapist	458.23
72503	Rehabilitation centralnervous system	Also includes spinal rehabilitation (cannot be charged for bed exercises / passive movements only)	916.62
72939	Cost of material	Single items below R 1733.90 (VAT excl) may be charged for at cost price plus 20% storage and handling fees. The invoice must be attached to the account.	
		Cost of materials does not cover consumables	
		See the attached Annexure A for consumables and Annexure B for equipment and or appliances that are considered reasonable to be used with code 72939	

<u>ANNEXURE A</u>		
<u>LIST OF CONSUMABLES</u>		
To be used with code 72939		
Service providers may add on 20% for storage and handling		
NAME OF PRODUCT	UNIT	APPROX UNIT
		PRICE(excl VAT)
Tubigrip (A & B white)	1	176.89
Self adhesive disposable electrodes (one set per employee is payable)	1	70.70
Sports		
<i>Taping / Strapping (type & quantity must be specified)</i>		
Elastoplast 75mm x 4.5	1	151.64
Coverol	1	112.82
Leukotape	1	151.64
Magic Grip Spray	1	109.52
Fixomull	1	126.41
Leukoban 50-75mm x 4.5m	1	59.03
Other		
Incontinence electrodes for pathway EMG	1	336.88
EMG flat electrodes	1	28.55
(should be medically justified)		

<u>ANNEXURE B</u>		
List of equipment / appliances to be used with code 72939 Service providers may add on 20% for storage and handling Equipment not payable if the same were already supplied by an Prosthetist to the same employee		
NAME OF PRODUCT	UNIT	APPROX UNIT PRICE(excl VAT)
Hot / cold packs	1	67.38
<u>Braces</u>		
Cervical collar	1	67.38
Lumbar brace	1	395.90
Standard heel cups	pair	101.15
Cliniband	1	53.81
Fit band 5.5cm	1	136.49
Fit band 30cm	1	478.42
Peak flow meter	1	314.95
Peak flow meter	2	3.32

Claim number:

Physiotherapy Rehabilitation progress report
 Compensation for Occupational injuries and disease act, 1993
 (Act No.130 Of 1993)

PART 1 - INITIAL EVALUATION AND PLAN

Submit with first account

Names and Surname of Employee _____

Identity Number _____ Address _____

Postal Code _____

Name of Employer _____

Address _____

Postal Code _____

Date of Accident _____ Date of referral _____

Name of referring medical practitioner _____

Name of Physiotherapist _____

Practice Number _____

Physiotherapy Account number _____

1. Date of first treatment _____

2. Initial clinical presentation _____

3. Describe patient's symptoms and functional status _____

4. Are there any complicating factors that may prolong rehab or delay recovery (specify)?

5. Overall goal of treatment _____

6. Treatment Plan for proposed treatment session _____

Signature of Physiotherapist _____ Date _____

Claim number _____

Physiotherapy Rehabilitation progress report
 Compensation for Occupational injuries and disease act, 1993
 (Act No.130 Of 1993)

PART 2 - TREATMENT AND PROGRESS (Monthly)

Submit on a monthly basis attached to the submitted accounts

Names and Surname of Employee _____
 Identity Number _____ Address _____

 _____ Postal Code _____

Name of Employer _____
 Address _____

 _____ Postal Code _____

Date of Accident _____ Date of referral _____
 Name of referring medical practitioner _____

Name of Physiotherapist _____
 Practice Number _____
 Physiotherapy Account number _____

1. Number of Sessions (dates) already delivered? _____ From _____ To _____
 2. Progress achieved _____

3. Did the patient undergo surgical procedures during this treatment period? _____
 Dates of surgical procedures _____

4. Number of sessions (dates) still required _____
 5. Treatment plan for proposed treatment sessions _____

Signature of Physiotherapist _____ Date _____

Claim number _____

Physiotherapy Rehabilitation progress report
 Compensation for Occupational injuries and disease act, 1993
 (Act No.130 Of 1993)

PART 3 - FINAL PROGRESS REPORT

Submit with final account

Names and Surname of Employee _____

Identity Number _____ Address _____

Postal Code _____

Name of Employer _____

Address _____

Postal Code _____

Date of Accident _____ Date of referral _____

Name of referring medical practitioner _____

Name of Physiotherapist _____

Practice Number _____

Physiotherapy Account numbers _____

Date of final treatment _____ Number of treatment Dates _____

Progress achieved _____

From what date has the employee been fit for his/her normal work? _____

Is the employee fully rehabilitated/has the employee obtained the highest level of function?

If not, describe in detail any present permanent anatomical defect and/or impairment of function as a result of the accident (R.O.M., if applicable, must be indicated in degrees at each specific joint) _____

Signature of the Physiotherapist _____ Date _____