GENERAL NOTICES • ALGEMENE KENNISGEWINGS

DEPARTMENT OF LABOUR

NOTICE 212 OF 2018

PROPOSED ANNUAL IN MEDICAL SERVICE PROVIDERS, FOR 2018/2019 FINANCIAL YEAR

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

ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICE 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 2018**.

2. Medical Tariffs increase for **2018 is 6.4%** with exception of assistive medical devices.

3. The current **2017/ 2018** rate for assistive medical devices will prevail for 2018/2019 financial year.

4. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2018** and **Exclude Vat.**

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MN OLIPHANT, MP

MINISTER OF LABOUR

DATE: 10/04/2018.....

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.*

   1.1 Medical reports should always have a clear and detailed clinical description of injury
   1.2 In a case where a procedure is done, an Operation report is required
   1.3 Only one medical report is required when multiple procedures are done on the same service date
   1.4 A medical report is required for every invoice submitted covering every date of service.
   1.5 Service providers are required to keep original documents (i.e medical reports, invoices) and these should be made available to the Compensation Commissioner on request.
   1.6 If there's any referrals to another medical service provider, it should be indicated on the medical report.

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

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 • *Item kodes soos aangedui in die amptelik gepubliseerde handleidings tot tariewe*
- 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*

SCHEDULE • BYLAE

TARIFF OF FEES IN RESPECT OF OCCUPATIONAL THERAPY SERVICES FROM 1 APRIL 2018

TARIEWE TEN OPSIGTE VAN ARBEIDSTERAPEUTIESE DIENSTE VANAF 1 APRIL 2018

GENERAL RULES GOVERNING THE TARIFF

ALGEMENE REëLS VAN TOEPASSING OP DIE TARIEF

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.• Tensy vroegtydige reëlings (minstens twee uur voor die afspraak) getref is om 'n afspraak vir 'n konsultasie te kanselleer, sal die werknemer aanspreeklik wees vir die konsultasiefooie.

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.• In uitsonderlike gevalle, waar die fooi uitermatig laag is in vergelyking met die diens deur die praktisyn gelewer, is hoër gelde onderhandelbaar. Aan die ander kant, as die gelde buiten verhouding hoog is met betrekking tot die werklike dienste gelewer, moet 'n laer bedrag as dié wat in die tarief aangegee word, gehef word.

003 The service of an occupational therapist shall be available only on written referral by a medical practitioner.• Die dienste van 'n arbeidsterapeut sal alleenlik beskikbaar wees na skriftelike verwysing deur 'n mediese praktisyn.

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 first consultation can be done before pre-authorisation to allow the O.T to provide a treatment plan to the Fund for pre-authorisation.

005 The Occupational Therapist must provide an updated Rehabilitation Report, including outcome based measures, with a referral from a medical practitioner including the need for further treatment sessions. Such treatment should be authorised by the Compensation Fund.

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.• "Na-uurse behandeling" beteken dié noodbehandeling wat geskied in die nag tussen 18:00 en 07:00 van die volgende dag of gedurende naweke tusser 13:00 Saterdag en 07:00 Maandag. Openbare vakansiedae word beskou as Sondae. Vir alle behandelings ooreenkomstig hierdie reël geld die volle tarief vir die behandeling plus 50 persent. Hierdie reël sal vir alle behandelings geld, of die behandeling by die praktisyn se spreekkamers, by 'n verpleeginrigting of by 'n private woning toegepas word (lg. alleenlik wanneer die pasiënt se toestand dit genoodsaak). Na die betrokke tariefkode moet wysiger 0006 vermeld word ten einde aan te dui dat hierdie reël van toepassing is.

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.• Bystands- of kunshulpmiddels sal teen kosprys voorsien word. Wysiger 0008 moet na die toepaslike tariefkode aangehaal word, om aan te dui dat hierdie reël van toepassing is.

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.• Die koste van die materiaal gebruik in die konstruksie van ortoses sal gehef word soos per Aanhangsel "A" en drukkledingstukke sal gehef word soos per Aanhangsel "B" vir die toepaslike kledingstukke. Wysiger 0009 moet na die toepaslike kodes aangehaal word om aan te dui dat hierdie reël van toepassing is.

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.• Die koste van die materiaal wat tydens behandeling gebruik word sal teen kosprys verhaal word. Wysiger 0010 moet na die toepaslike tariefkodes aangehaal word, om aan te dui dat hierdie reël van toepassing is.

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• Waar die arbeidsterapeut behandelingsessies buite die spreekkamer uitvoer moet vervoerkoste soos volg bereken word: R3.30 per km vir elke kilometer in eie motor bv. 19 km totaal = 19 X R3.30 = R62.70

012 The occupational therapist shall submit the account for treatment to the employer of the employee concerned• Die arbeidsterapeut moet die rekening ten opsigte van behandeling aan die betrokke werknemer se werkgewer stuur.

Physiotherapist, Occupational Therapists and Chiropractors cannot give the treatment concurrently and the treatment must not overlap.

MODIFIERS GOVERNING THE TARIFF• WYSIGERS VAN TOEPASSING OP DIE TARIEF

0006 Add 50% of the total fee for the treatment.• Voeg 50% van die totale fooie van die prosedure by.

0008 Aids or assistive devices should be charged at cost.• Bystands- of kunshulpmiddels moet teen kosprys gehef word.

0009 Materials used for orthoses or pressure garments should be charged as per Annexure "B".• Materiaal vir ortoses of drukkledingstukke moet gehef word soos per Aanhangsel "B".

0010 Materials used in treatment should be charged at cost.• Materiaal gebruik vir behandeling moet teen kosprys gehef word.

0011 Travelling cost: as indicated in Rule 011.• Vervoerkoste: soos aangedui in Reël 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.• 'n Volledige verslag oor die werksevaluering met handtekeninge van die werkgewer en die beseerde werknemer moet die rekening vergesel na die Vergoedingskommisaris.

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 = R10.19 • Let Wel: Geldwaarde van een eenheid = R10.19

OCCUPATIONAL THERAPHY GAZETTE 2018

2018 Tariff excluding VAT - 2018 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
			2018
101	First consultation (5-15 min) • Eerste konsultasie (5-15 min) Charged once.	60	611.40
108	Followup consultation (15-30 min) • Opvolg konsultasie (15-30 min) May be charged twice only per week.	15	152.85
109	Followup consultation (30-60 min) • Opvolg konsultasie (30-60 min) May be charged up to four times per week	30	305.70

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	101.90
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 onc per week as clinically appropriate	7.5	76.43
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 sowel as aspek geëvalueer) May be charged once per week as clinically appropriate	22.5	229.28
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	458.55
209	Specific in depth evaluation of certain functions affecting the total person (Specify the aspec 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	764.25

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	101.90
215	Measurement for designing a dynamic orthosis • Opmetering vir ontwerp 'n Dinamiese ortose	10	101.90
217	Measurement for designing a pressure garment for one limb orthosis Opmetering vir ontwerp drukkledingstuk vir een ledemaat	10	101.90
219	Measurement for designing a pressure garment for one hand orthosis Drukkledingstuk vir een hand	10	101.90
221	Measurement for designing a pressure garment for the trunk orthosis Opmetering vir ontwerp drukkledingstuk vir die romp	10	101.90
223	Measurement for designing a pressure garment for the face (chin strap only) Opmetering vir ontwerp drukkledingstuk vir die gesig (alleenlik kenriem)	10	101.90
225	Measurement for designing a pressure garment for the face (full face mask) orthosis Opmetering vir ontwerp drukkledingstuk vir die gesig (volle gesigmasker)	10	101.90
	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		

PROCEDURES FOR THERAPY • PROSEDURES VIR BEHANDELING

CODE KODE	DESCRIPTION	U/E	RAND
301	Group treatment for five (5) or more patients in a task centred activity · Groepbehandeling vi vyf (5) of meer pasiënte in 'n taak-gesentreerde aktiwiteit. Each group session to be specifie may be billed more than once per day	20	**203.80**
303	Placement of a patient in an appropriate treatment situation requiring structuring the environment, adapting equipment and positioning the patient. This does not require individu attention for the whole treatment session	20	**203.80**
307	Simultaneous treatment of two to four patients, each with specific problems utilising individu activities · Gelyktydige behandeling vir twee tot vier pasiënte, elkeen met spesifieke problem deur gebruik te maak van individuele aktiwiteite	48	**489.12**

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 GESPESIFISEER WORD)

CODE KODE	DESCRIPTION	U/E	RAND
309	On level one• Op vlak een (15min)	12	**122.28**
311	On level two• Op vlak twee (30 min)	24	**244.56**
313	On level three• Op vlak drie (45min)	36	**366.84**
315	On level four• Op vlak vier (60 min)	48	**489.12**
317	On level five• Op vlak vyf (90 min)	72	**733.68**
319	On level six · Op vlak ses (120 min)	96	**978.24**

PROCEDURES FOR WORK REHABILITATION • PROSEDURES VIR WERKREHABILITASIE

CODE KODE	DESCRIPTION	U/E	U/E
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*	**815.20**
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 proces 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 extenuatin circumstatnces, further motivation may be made to the CC.	*40*	**407.60**
325	**Reports - To be used only when reporting on work assessments. Verslae -** Vir gebruik slegs vir rapportering oor werk evaluasies.	22.14	**225.61**

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 AKTIWITEIT (SPESIFISEER DIE AANPASSING, HULPMIDDEL, SPALK OF DRUKKLEDINGSTUK)

CODE KODE	DESCRIPTION	U/E	RAND
403	On level one• Op vlak een	*12*	**122.28**
405	On level two• Op vlak twee	*24*	**244.56**
407	On level three• Op vlak drie	*36*	**366.84**
409	On level four• Op vlak vier	*48*	**489.12**
411	On level five• Op vlak vyf	*60*	**611.40**
413	On level six• Op vlak ses	*72*	**733.68**
415	Designing and constructing a static orthosis• Ontwerp en vervaardiging van 'n statiese ortose	*60*	**611.40**
417	Designing and constructing a dynamic orthosis• Ontwerp en vervaardinging van 'n dinamiese ortose	*120*	**1222.80**

DESIGNING AND MAKING A PRESSURE GARMENT •

ONTWERP EN VERVAARDIGING VAN 'N DRUKKLEDINGSTUK

CODE KODE	DESCRIPTION	U/E	RAND
419	Per limb • Per ledemaat	*60*	**611.40**
421	Face (chin strap only)• Gesig (kenriem alleenlik)	*45*	**458.55**
423	Face (full face mask)• Gesig (volle gesigsmasker)	*60*	**611.40**
425	Trunk• Romp	*90*	**917.10**
427	Per hand • Per hand	*90*	**917.10**
	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

	MODIFIER 0009 - MATERIAL COSTS FOR SPLINTS WYSIGER 0009 - MATERIAALKOSTE VIR SPALKE	COST (VAT exclusive) KOSTE (BTW uitgesluit)
		2018
501	Static DIP extension / flexion • Statiese DIP ekstensie / fleksie	38.78
502	Static PIP extension / flexion• Statiese PIP ekstensie / fleksie	38.78
503	Dynamic PIP extension / flexion• Dinamiese PIP ekstensie / fleksie	128.28
504	Hand based static finger extension / flexion• Hand gebaseerde statiese vinger ekstensie / fleksie	193.07
505	Hand based static thumb abduction / opposition / flexion / extension• Hand gebaseerde statiese duim abduksie / opposisie / fleksie / ekstensie	193.07
506	Hand based dynamic finger extension / flexion• Hand gebaseerde dinamiese vinger ekstensie / fleksie	270.14
507	Hand based dynamic thumb flexion / extension / opposition• Hand gebaseerde dinamiese duim fleksie / ekstensie / opposisie	270.14
508	Wrist extension / flexion (static or dynamic)• Pols ekstensie / fleksie (staties of dinamies)	289.95
509	Full flexion glove• Volle fleksie handskoen	369.96
510	Forearm based dynamic finger extension / flexion• Voorarm gebaseerde dinamiese vinger ekstensie / fleksie	463.05
511	Forearm based static dorsal protection• Voorarm gebaseerde statiese dorsale beskerming	539.63
512	Forearm based complete volar resting• Voorarm gebaseerde volledige volare rus	539.63
513	Elbow flexion / extension• Elmboog fleksie / ekstensie	643.05
514	Shoulder abduction • Skouer abduksie	1028.87
515	Rigid neck extension (static)• Rigiede nek ekstensie (staties)	553.22
516	Soft neck extension (static)• Sagte nek ekstensie (staties)	180.15
517	Static knee extension • Statiese knie ekstensie	1027.89
518	Static foot dorsiflexion • Statiese voet dorsifleksie	1204.61
519	Buddy strap • Buddy band	37.81
520	DIP / PIP flexion strap• DIP / PIP fleksieband	43.85
521	MP, PIP, DIP flexion strap• MP, PIP, DIP fleksieband	48.76

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)**
		2018
601	Glove • Handskoen	**83.96**
602	Forearm / upper arm sleeve• Voorarm / boarm mou	**111.43**
603	Full arm • Volle arm	**167.56**
604	Foot • Voet	**195.85**
605	Below knee (lower leg) • Onder knie (onderbeen)	**133.85**
606	Above knee (upper leg)• Bo knie (bobeen)	**200.94**
607	Chin strap • Ken band	**140.23**
608	Head (face mask)• Kop (gesigsmasker)	**268.51**
609	Trunk (excluding sleeves) • Romp (moue uitgesluit)	**402.85**
610	Finger sock • Vingerkous	**18.51**
611	Brief • Broek	**334.79**

ANNEXURE B • AANHANGSEL B

OCCUPATIONAL THERAPY REQUEST FOR WHEELCHAIRS & ASSISTIVE DEVICES

Claim number		
Name		
Identity Number		
Address		
		Postal code:
Name of Employer		
Address		
		Postal code:
Date of accident		

MOTIVATION

1. Diagnosis

2. Describe patient's current symptoms and functional status

3. Equipment currently being used

4. Equipment recommended

5. Motivation for equipment (with reference to home / work environment)

6. Quotes included(minimum of three)

Signature of rehabilitation service provider : _____

Practice Number : _____

Date : _____

ANNEXURE C • AANHANGSEL C

WORK SITE ASSESSMENT REPORT
COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASE ACT, 1993
(Act No. 130 of 1993)

EMPLOYEE INFORMATION	
Employee Name:	
Identity Number:	
Diagnosis:	
Date of injury:	
Date of report:	

Company Information	
Name of company:	
Contact person:	
Address:	
Telephone number:	
Email address:	
Occupational Health Doctor and/or Nurse and contact number:	
Employer Representative:	
Designation:	

Work status	
Current Work Status:	☐ Signed off on IOD leave ☐ Working in accommodated duties ☐ Able to complete their own job however a number difficulties noted ☐ Completing own occupation ☐ Working accommodated hours ☐ Signed off on other leave ☐ Fit for work, but not yet returned ☐ Working in a temporary alternate occupation ☐ Working in permanent alternate occupation
Date returned to work - if currently working:	

Current job information	
Job title:	
The position is defined as:	☐ Sedentary ☐ Light ☐ Medium ☐ Heavy ☐ Very heavy
Position is	☐ Permanent ☐ Contract
Normal work hours:	
Overtime hours:	
Normal safety equipment utilized:	

Job Analysis	
Job description: (A brief overview of the requirements of the job)	

Job tasks	As described by the employee	Reported difficulties - if currently working:
1		
2		
3		
4		
5		
6		
employer COmments:		

Inherent physical demands of the job

Return to work plan	
Given the employee's current physical abilities, it is considered that they are currently:	☐ Able to complete their own job ☐ Complete the job, however with difficulty or lower efficiency / productivity ☐ Able to work, but require accommodated duties. ☐ Able to work, but require accommodated hours. ☐ Is not currently able to complete the job
Anticipated return to work date:	
Agreed accommodations	
Duties agreed:	
Work days:	
Work hours:	
Breaks required:	
Tasks to avoid:	
The employee did / did not trial the above agreed accommodations during the work visit.	
Additional comments:	

	NAME	TITLE	DATE	CONTACT NUMBER	SIGNATURE
CLIENT					
THERAPIST					

INHERENT JOB ANALYSIS

Physical Demands (where O= Occasionally (<1/3); F= Frequently (1/3 – 2/3); C= Constantly (<1/3))							
		(denotes if the item was assessed during the work visit)	General observations (Time / Reps / Loads / Distance)	Frequency throughout the day			Job Tasks (state number as listed above)
				O	F	C	
Baseline requirements							
		Standing					
		Sitting					
		Walking (even / uneven terrain)					
		Standing (Static / Dynamic)					
		Endurance					
		Climbing Stairs					
		Step ladders					
		Scaffold					
		Platform					
		Squatting					
		Crouching					
		Kneeling					
		Crawling					
		Trunk Rotation					
		Overhead reaching					
		Forward reaching					
		Static load					
		Heavy / repetitive lifting					
		Ground to waist					
		Waist to shoulder					
		Shoulder to above shoulder					
		Heavy / repetitive carrying					
		Repetitive pushing/ pulling					

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.