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GENERAL NOTICES • ALGEMENE KENNISGEWINGS

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DEPARTMENT OF EMPLOYMENT AND LABOUR

NOTICE 3055 OF 2025

**PHYSIOTHERAPY  
GAZETTE  
2025**

**employment & labour**Department:  
Employment and Labour  
REPUBLIC OF SOUTH AFRICA

Compensation Fund, Delta Heights Building 167 Thabo Sehume Street, Pretoria 0001

Tel: 0860 105 350 | Email address: [cfcallCentre@labour.gov.za](mailto:cfcallCentre@labour.gov.za) [www.labour.gov.za](http://www.labour.gov.za)**NOTICE:****DATE:****COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO.130 OF 1993), AS AMENDED****ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICES PROVIDERS.**

1. I, Nomakhosazana Meth, Minister of Employment and 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), 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 2025.
2. Medical Tariffs will increase by 6% for the financial year 2025/26.
3. The fees appearing in the Schedule are applicable in respect of services rendered from 1 April 2025 and exclude 15% VAT

  
.....**Ms. N Meth, MP****MINISTER OF EMPLOYMENT AND LABOUR**



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### **GENERAL INFORMATION**

#### **POPI ACT COMPLIANCE**

In terms of Protection of Personal Information Act, 2013 (POPI Act), the Compensation Fund wants to assure Employees and the Medical Service Providers that all personal information collected is treated as private and confidential. The Compensation Fund has put in place the necessary safeguards and controls to maintain confidentiality, prevent loss, unauthorised access and damage to information by unauthorised parties.

#### **1. MEDICAL SERVICE PROVIDERS REGISTRATION REQUIREMENTS WITH THE COMPENSATION FUND**

1.1. The Compensation Fund requires that any Medical Service Provider, providing medical treatment to patients in terms of the COID Act, must be registered with The Compensation Fund as follows:

1.1.1. Copies of the following documents must be submitted to the nearest Labour Centre

- a. A certified identity document of the practitioner
- b. Certified valid BHF certificate
- c. Recent bank statement with bank stamp or bank letter
- d. Proof of practice address not older than 3 months.
- e. Submit SARS VAT registration number/ certificate if VAT registered. If this is not provided the Medical Service Provider will be registered as a Non VAT vendor.
- f. A power of attorney is required where the MSP has appointed a third party for administration of their COID claims.

1.1.2. A duly completed original Banking Details form (WAC 33) that can be downloaded in PDF from the Department of Employment and Labour Website ([www.labour.gov.za](http://www.labour.gov.za)).

1.1.3. Submit the following additional information on the Medical Service Provider letterhead, Cell phone number, Business contact number, Postal address and Email address. The Fund must be notified in writing of any changes in order to effect necessary changes.



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### **2. REGISTERING WITH THE COMPENSATION FUND AS AN ONLINE SYSTEM USER FOR MEDICAL SERVICE PROVIDERS**

2.1. To register as an online user of the claims processing system, COMPEASY, the following steps must be followed:

2.1.1. Register as an online user with the Department of Employment and Labour website ([www.labour.gov.za](http://www.labour.gov.za))

2.1.2. Register on the CompEasy application having the following documents to upload:

- A certified copy of identity document (not older than a month from the date of application)
- Certified valid BHF certificate
- Proof of address not older than 3 months

2.2. In the case where a medical service provider wishes to appoint a proxy to interact on the claims processing system the following ADDITIONAL documents must be uploaded:

- An appointment letter for proxy (the template is available online)
- The proxy's certified identity document (not older than a month from the date of application)
- There are instructions online to guide a user on successfully registering ([www.compeasy.gov.za](http://www.compeasy.gov.za))

### **3. THIRD PARTIES TRANSACTING ON BEHALF OF MEDICAL SERVICE PROVIDERS**

3.1. Third Parties that provide administration services on COID medical invoices on behalf of medical service providers must take note of the following:

3.1.1. A third party transacting with the Fund, must be in a position to obtaining a copies of the original claim documents and medical invoices from medical service providers.

3.1.2. The third party must keep such records in their original state as received from the medical service provider and must furnish the Compensation Commissioner with such documents on request for the purposes of auditing.

3.2. The Fund will not provide or disclose any information related to a medical service provider, represented by a third party, where such information was obtained or relates to a period prior to them contracting to a third party.



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### **4. THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER**

4.1. Medical Service Providers are advised to take note of the following as it pertains to the treatment of patients in relation to the Compensation for Occupational Injuries and Diseases Act of 1993 (COID Act):

- 4.1.1. An employee as defined in the COID Act of 1993, is at liberty to choose their preferred medical service provider without interference, as long as it is exercised reasonably and without prejudice to the employee or the Compensation Fund.
- 4.1.2. 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 its employees, e.g. Hospital, nursing and other medical services — Section 78 of the COID Act refers.
- 4.1.3. In terms of Section 42 of the COID Act, the Compensation Fund may refer an injured employee to a specialist medical service provider designated by the Director General for a medical examination and report.
- 4.1.4. In terms of section 76,3(b) of the COID Act, no amount in respect of medical expenses shall be recoverable from the employee.
- 4.1.5. In the event of a change of a medical service provider attending to a case, the first treating doctor in attendance will, except where the case is transferred to a specialist, be regarded as the principal treating doctor.
- 4.1.6. To avoid disputes regarding the payment for services rendered, medical service providers should refrain from treating an employee already under treatment by another medical practitioner without consulting/informing the principal treating doctor.
- 4.1.7. Any changes of medical service providers must have sufficient reasons existing for such a change which must be communicated to the Compensation Fund.
- 4.1.8. 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 registered and liability for the claim is accepted by the Compensation Fund.
- 4.1.9. An employee seeks medical advice at their own risk. If such an employee presents themselves to a medical service provider as being entitled to treatment in terms of the COID Act, whilst having failed to inform their employer and/or the Compensation Fund of any possible grounds for a claim, the Compensation Fund cannot accept responsibility for the settlement of medical expenses incurred under such circumstances.
- 4.1.10. The Compensation Fund may have reasons to repudiate a claim lodged with it, in such circumstances, the employee would be in the same position as any other member of the public regarding payment of their medical expenses.



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### 5. OVERVIEW OF THE COID CLAIMS PROCESS

5.1. All claims lodged in the prescribed manner with the Compensation Fund are subjected to the following process:

- 5.1.1. New claims are registered by the Employers with the Compensation Fund in the prescribed manner. Details of and progress of the claim can be viewed on the online processing system for registered users of the system.
- 5.1.2. Proof of identity is required in the form of a copy of an Identity document/card, will be required in order for a claim to be registered with the Compensation Fund. In the case of foreign nationals, the proof of identity (passport) must be certified.
- 5.1.3. All supporting documentation submitted to the Compensation Fund must reflect the identity and claim numbers of the employee.
- 5.1.4. The allocation of a claim number to a claim after the registration thereof by the Compensation Fund, does not constitute acceptance of liability for a claim. It indicates that the injury on duty has been reported to the Compensation Fund and acknowledged.
- 5.1.5. When liability for a claim is accepted by the Compensation Fund in terms of the COID Act, reasonable medical expenses, related to the medical condition shall be paid to medical service providers, that treat the employees, in accordance to approved tariffs, billing rules and procedures as published in the medical tariff gazettes of the Compensation Fund.
- 5.1.6. If a claim is repudiated in terms of the COID Act, medical expenses, will not be payable by the Compensation Fund. The employer and the employee will be informed of this decision and the injured employee will be liable for payment of medical costs incurred.
- 5.1.7. In the event of insufficient claim information being made available to the Compensation Fund, the claim will be rejected until the outstanding information is submitted and liability can be determined.
- 5.1.8. Manner of payment of medical benefits for Compensation Fund claims, where liability has been accepted (adjudicated) on or after 1 April 2025.
- 5.1.9. All medical invoices for accepted claims must be submitted, in the prescribed manner within 24 months of the date of acceptance of liability. Medical invoices received after said time frame will be considered as late submission of invoices and may be rejected.
- 5.1.10. All service providers should be registered on the Compensation Fund claims processing system in order to capture medical invoices and medical reports for medical services rendered.
- 5.1.11. Medical reports and medical invoices should ONLY be submitted/transmitted for claims that The Compensation Fund has accepted liability for and thus reasonable medical expenses are payable.



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### **6. BILLING REQUIREMENTS FOR MEDICAL SERVICES PROVIDED TO INJURED/DISEASED EMPLOYEES**

#### **6.1. Medical Reports:**

In terms of Sec 74(1)(2)(3)(4) and (5) of COID Act, Submission of Medical Report; Medical Service provider are advised to take note of the following:

- 6.1.1. The first medical report (W. CL 4), completed after the first consultation must confirm the clinical description of the injury/disease. It must also detail any procedure performed and any referrals to other medical service providers where applicable.
- 6.1.2. All follow up consultations must be completed on a Progress Medical Report (W.CL5). Any operation/procedure performed must be detailed therein and any referrals to other medical service providers where applicable.
- 6.1.3. A progress medical report is considered to cover a period of 30 days, with the exception where a procedure was performed during that period, then an additional operation report will be required.
- 6.1.4. Only one medical report is required when multiple procedures are done on the same service date.
- 6.1.5. When the injury/disease being treated stabilises a Final Medical Report must be completed (W.CL 5F).
- 6.1.6. Medical Service Providers are required to keep copies of medical reports which should be made available to the Compensation Commissioner when requested.

**NB:** Hospitals will be required from the 1<sup>st</sup> April 2025 to provide patient records when submitting medical invoices for services provided.



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### **7. MINIMUM INFORMATION REQUIREMENTS FOR MEDICAL INVOICES SUBMITTED TO THE COMPENSATION FUND**

The following must be indicated on a medical invoice in order to be processed by the Compensation Fund:

1. The allocated Compensation Fund claim number
2. Name and ID number of employee
3. Name and Compensation Fund registration number of Employer, as indicated on the Employers Report of Accident (W.CL 2)
4. DATES:
  - a. Date of accident
  - b. Date of service (From and to)
5. Medical Service Provider, BHF practice number
6. VAT registration number of Medical Service Provider: VAT will not be applied if a VAT registration number is not supplied on the invoice
7. Tariff Codes:
  - a. Tariff code applicable to injury/disease, are as published tariff gazettes.
  - b. Amount claimed per code, quantity and the total amount of the invoice.
8. VAT:
  - a. The tariff amounts published in the tariff guides exclude VAT.
  - b. All invoices for services rendered will be assessed without VAT.
  - c. VAT will be applied to VAT registered vendors (MSP's) without being rounded off.
  - d. With the exception of the following:
    - i. "PER DIEM" tariffs for Private Hospitals that already are VAT inclusive.
    - ii. Certain VAT exempted codes in the Private Ambulance tariff structure.
9. All pharmacy or medication invoices must be accompanied by the original script(s)  
**NB!!** All pharmaceuticals will be processed in accordance with Nappi file codes.
10. Where applicable the referral letter from the treating practitioner must accompany the medical service providers' invoice.
11. All medical invoices must be submitted with invoice numbers to prevent system rejections.
12. Duplicate invoices should not be submitted.
13. Compensation Fund does not accept submission of running accounts /statements, but will reject upfront at switch level.

**PLEASE NOTE:** The Compensation Fund will withhold payments if medical invoices do not comply with minimum submission and billing requirements as published in the Government Gazette





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### **8. REQUIREMENTS FOR SWITCHING MEDICAL INVOICES WITH THE COMPENSATION FUND**

A switching provider must comply with the following requirements:

1. Register with the Compensation Fund as an employer where applicable in terms of the COIDA Act 1993
2. Host a secure FTP (or SFTP) server to ensure encrypted connectivity with the Fund.  
This requires that they ensure the following:
  - a. Disable Standard FTP because is now obsolete. ...and use latest version and reinforce FTPS protocols and TLS protocols.
  - b. Use Strong Encryption and Hashing.
  - c. Place Behind a Gateway.
  - d. Implement IP Blacklists and Whitelists.
  - e. Harden Your FTPS Server.
  - f. Utilize Good Account Management.
  - g. Use Strong Passwords.
  - h. Implement File and Folder Security.
  - i. Secure your administrator, and require staff to use multifactor authentication.
3. Submit and complete successful test file after registration before switching the invoices.
4. Verify medical service provider's registration with the Board of Healthcare Funders of South Africa.
5. Submit medical invoices with gazetted COIDA tariffs that are published annually.
6. Comply with medical billing requirements of the Compensation Fund.
7. Single batch submitted must have a maximum of 150 medical invoices.
8. Eliminate duplicate invoices before switching to the Fund.
9. File name must include a sequential batch number in the file naming convention.
10. File names to include sequential number to determine order of processing.
11. Only pharmacies should claim from the NAPPI file.

#### **PLEASE NOTE:**

Failure to comply with the above requirements will result in deregistration / penalty imposed on the switching house.



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### COMPEASY ELECTRONIC INVOICING FILE LAYOUT

\* Mandatory fields

FIELD	DESCRIPTION	Max Length	DATA TYPE	MANDATORY
<b>BATCH HEADER</b>				
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	
<b>DETAIL LINES</b>				
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	Employee surname	20	Alpha	*
7	Employee initials	4	Alpha	*
8	Employee Names	20	Alpha	*
9	BHF Practice number	15	Alpha	*
10	Switch ID	3	Numeric	
11	Patient reference number (account number)	11	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	*
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	



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FIELD	DESCRIPTION	Max Length	DATA TYPE	MANDATORY
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	*
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	*



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### **MSPs PAID BY THE COMPENSATION FUND**

<b>Discipline Code :</b>	<b>Discipline Description :</b>
004	Chiropractors
009	Ambulance Services - Advanced
010	Anesthesiology
011	Ambulance Services - Intermediate
012	Dermatology
013	Ambulance Services - Basic
014	General Medical Practice
015	General Medical Practice
016	Obstetrics and Gynecology (Occupational related cases)
017	Pulmonology
018	Specialist Medicine
019	Gastroenterology
020	Neurology
021	Cardiology (Occupational Related Cases)
022	Psychiatry
023	Medical Oncology
024	Neurosurgery
025	Nuclear Medicine
026	Ophthalmology
028	Orthopaedic
030	Otorhinolaryngology
034	Physical Medicine
035	Emergency Medicine Independent Practice Speciality
036	Plastic and Reconstructive Surgery
038	Diagnostic Radiology
039	Radiography
040	Radiation Oncology
042	Surgery Specialist
044	Cardio Thoracic Surgery
046	Urology
049	Sub-Acute Facilities
052	Pathology
054	General Dental Practice
055	Mental Health Institutions
056	Provincial Hospitals
057	Private Hospitals
058	Private Hospitals
059	Private Rehab Hospital (Acute)
060	Pharmacy
062	Maxillo-facial and Oral Surgery
064	Orthodontics
066	Occupational Therapy
070	Optometry
072	Physiotherapy
075	Clinical technology (Renal Dialysis and Perfusionists only)



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076	Unattached operating theatres / Day clinics
077	Approved U O T U / Day clinics
078	Blood transfusion services
079	Hospices/Frail Care
082	Speech therapy and Audiology
083	Hearing Aid Acoustician
084	Dietetics
086	Psychology
087	Orthotics & Prosthetics
088	Registered nurses (Wound Care and Nephrology only)
089	Social worker
090	Clinical services : (Wheelchairs and Gases only)
094	Prosthodontic

<b>PHYSIOTHERAPY TARIFF OF FEES AS FROM 1 APRIL 2025 (PRACTICE TYPE 072)</b>	
<b>General Rules</b>	
<b>Rule</b>	<b>Rule Description</b>
<b>001</b>	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.
<b>003</b>	Newly hospitalised patients will be allowed up to 20 sessions without pre - authorisation. If further treatment is necessary after a series of 20 treatment sessions for the same condition, the treating medical practitioner must submit a pre-authorisation request with a treatment plan to the Compensation Fund for authorisation. Hospitalised patients admitted to ICU and High Care following an emergency will not require authorisation for rehabilitation services. Referral letter from the Medical Doctor with the initial treatment plan and progress report should be submitted with the invoice. All the cases are subject to case management.
<b>004</b>	AM and PM treatment sessions, applicable only to hospitalised patients, should be specified and medically motivated for on the Annexure F (Motivation for twice a day Physiotherapy).
<b>005</b>	Out - patients will be allowed up to 10 sessions without pre-authorization. If further treatment is necessary after a series of 10 treatment sessions for the same condition, the treating doctor must submit a motivation with treatment plan to the Compensation Fund for authorisation. The Physiotherapist must submit monthly progress report. Modifier 0015 must be quoted.
<b>006</b>	<p>"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.</p> <p>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.</p> <p>The fee for all treatment under this rule shall be the total fee for the treatment plus 50 percent. Modifier 0006 must then be quoted after the appropriate tariff code to indicate that this rule is applicable.</p> <p>Where emergency treatment is provided:</p> <ul style="list-style-type: none"> <li>a. during working hours, and the provision of such treatment requires the practitioner to leave his or her practice to attend to the patient in hospital; or</li> <li>b. after working hours, the fee for such visits shall be the total fee plus 50%.</li> </ul> <p>a. "emergency treatment" means a bona fide, justifiable emergency physiotherapy procedure, where failure to provide the procedure immediately would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person's life in serious jeopardy; and</p> <p>b. "working hours" means 8h00 to 17h00, Monday to Friday.</p>
<b>007</b>	The Physiotherapist shall submit the account for treatment directly to the Fund using available electronic means.
<b>008</b>	When an employee is referred for physiotherapy treatment after a surgical procedure, a new treatment plan needs to be provided to the Fund.
<b>009</b>	When more than one condition requires treatment and each of these conditions necessitates an individual treatment, they shall be charged as individual treatments. Full details of the nature of the treatments and the diagnosis or diagnostic codes shall be stated. Modifier 0009 must be quoted.



<b>010</b>	When the treatment times of two completely separate and different conditions overlap, the fee shall be the full fee for one condition and 50% of the fee for the second condition. Both conditions must be specified. Modifier 0010 must then be quoted after the appropriate code number to indicate that this rule is applicable.
<b>011</b>	Cost of material does not include consumables (e.g. ultrasound gel, massage oil, gloves, alcohol swabs, facial tissues, paper towels and etc.)
<b>012</b>	An invoice for services rendered will be assessed and added without VAT. VAT is then calculated and added to the final payment amount.
<b>013</b>	When a physiotherapist performs treatment away from the treatment rooms, travelling costs being more than 16 kilometres in total to be charged at R4,84 per km for each kilometre travelled in own car e.g. 19 km total = 19X R4,84 = R91.96. If more than one employee is attended to during the course of a trip, the full travelling expenses must be 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 their rooms. Modifier 0013 must be quoted.
<b>014</b>	Physiotherapy services rendered in a hospital, Modifier 0014 must be quoted after each tariff code.
<b>015</b>	The services of a Physiotherapist shall be approved 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.
<b>016</b>	Physiotherapists, Occupational Therapists and Chiropractors may not provide simultaneous treatment at the same time on a day, but may treat the same patient. Multidisciplinary treatment goals must be considered and the best placed service provider to achieve the rehabilitation goal must address that specific goal.
<b>Modifiers</b>	
<b>Abbreviation</b>	<b>Description</b>
<b>AM</b>	Additional Modifier
<b>IM</b>	Information Modifier
<b>RM</b>	Reduction Modifier
<b>Modifier</b>	<b>Modifier Description</b>
<b>0006</b>	AM: Emergency Modifier - Add 50% of the total fee for the treatment. Refer to Rule 006
<b>0009</b>	AM: Treatment of two separate conditions. Refer to Rule 009
<b>0010</b>	RM: Only 50% of the fee for the second condition may be charged. Refer to rule 010
<b>0013</b>	AM: Travelling costs (being more than 16 kilometers in total), Refer to rule 013
<b>0014</b>	IM: Physiotherapy services rendered in hospital patients. Refer to Rule 014
<b>0015</b>	IM: Physiotherapy services rendered as an out-patient. Refer to rule 005

Tariff Codes		
<b>Note</b>	Only one of the following codes can be claimed per session/consultation: 72925,72926,72327,72921,72923,72928,72927,72501 and 72503	
<b>Code</b>	<b>Code Description</b>	<b>Rand</b>
<b>1.</b>	<b>Rehabilitation</b>	
<b>72501</b>	Rehabilitation where the pathology requires the undivided attention of the Physiotherapist. Duration: 30min. This code can only be claimed once per treatment session	<b>593.00</b>
<b>72503</b>	Rehabilitation for Central Nervous System disorders - condition to be clearly stated and fully documented (No other treatment modality may be charged in conjunction with this). Duration: 60min. This code can only be claimed once per treatment session	<b>1186.21</b>
<b>72509</b>	Rehabilitation. Each additional full 15 mins needs to be medically motivated with a clear indication where pathology requires the undivided attention of the Physiotherapist. Tariff code 72509 can be added to 72501 and 72503.	<b>189.72</b>
<b>2.</b>	<b>Evaluation</b>	
<b>72701</b>	Applies to simple evaluation <b>once</b> at first visit only. It should not be used for each condition. A treatment plan / rehabilitation progress report must be fully documented and submitted at the initiation of treatment. Tariff code 72701 cannot be used with 72702	<b>341.57</b>
<b>72702</b>	Complex evaluation <b>once</b> 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 fully documented and submitted at the initiation of treatment. Tariff code 72702 cannot be used with 72701	<b>511.89</b>
<b>72703</b>	One complete re - assessment or one physical performance test during the course of treatment. To be used only <b>once</b> per episode of care. This should be fully documented and a rehabilitation progress report provided to the Compensation Fund. This tariff code will apply to patients that have been discharged and are now re - admitted if there has been a gap in treatment or during the course of the treatment to ensure treatment goals and outcomes are aligned.	<b>170.34</b>
<b>3.</b>	<b>Visiting</b>	
<b>72901</b>	Consultation: Treatment at a hospital: Relevant fee plus (to be charged only once per day).	<b>124.81</b>
<b>72903</b>	Consultation: Domiciliary treatments: Apply only when medically motivated and pre -authorised: relevant fee plus.	<b>227.11</b>



<b>4.</b>	<b>Other</b>	
<b>72939</b>	<p>Cost of material item to be charged (exclusive of VAT) as per attached Annexure A for consumables and Annexure B for equipment.</p> <p>When claiming 72939 a list of materials used must be quoted in an accompanying report</p> <p><b>NOTE:</b></p> <p><b>Where the net acquisition price in under a hundred rand 26% has been applied.</b></p> <p><b>Where the net acquisition price is equal or above one hundred rand a maximum of R26.00 has been added.</b></p>	
<b>72925</b>	<p><b>Level 1 chest pathology, which includes either or / and:</b></p> <ul style="list-style-type: none"> <li>&gt; Vibration</li> <li>&gt; Percussion</li> <li>&gt; Nebulisation</li> <li>&gt; Suction: Level 1 (including sputum specimen taken by suction)</li> </ul> <p><b><i>Applies to non - ventilated patients only</i></b></p>	<b>559.20</b>
<b>72926</b>	<p><b>Level 2 chest pathology which includes either or / and:</b></p> <ul style="list-style-type: none"> <li>&gt; Vibration</li> <li>&gt; Percussion</li> <li>&gt; Postural drainage</li> <li>&gt; Upper respiratory nebulisation and/or lavage</li> <li>&gt; Suction: Level 2 (Suction with involvement of lavage as a treatment in a special unit situation or in the respiratory compromised patient) e.g. Tracheostomy</li> <li>&gt; Pre - and post - operative exercises and/or breathing</li> </ul> <p><b><i>Applies to High Care and non - ventilated patients</i></b></p>	<b>923.95</b>
<b>72327</b>	<p><b>Level 3 chest pathology which includes either or / and:</b></p> <ul style="list-style-type: none"> <li>&gt; Vibration</li> <li>&gt; Percussion</li> <li>&gt; Postural drainage</li> <li>&gt; Upper respiratory nebulisation and/or lavage</li> <li>&gt; Intermittent positive pressure ventilation</li> <li>&gt; Suction: Level 2 (Suction with involvement of lavage as a treatment in a special unit situation or in the respiratory compromised patient)</li> <li>&gt; Bagging (used on the intubated unconscious patient or in the severely respiratory distressed patient)</li> <li>&gt; Pre - and post - operative exercises and/or breathing exercises, applies for ventilated patients only.</li> </ul>	<b>1172.93</b>
<b>72921</b>	<p><b>Simple spinal treatment which includes either or / and:</b></p> <p><b>MANIPULATION/MOBILISATION OF JOINTS OR IMMOBILISATION</b> which includes either or / and:</p> <ul style="list-style-type: none"> <li>&gt; Spinal (Manual spinal mobilisation)</li> <li>&gt; Pre meditated manipulation</li> <li>&gt; Immobilisation (excluding materials)</li> <li>&gt; Pre - and post - operative exercises and/or breathing exercises</li> </ul>	<b>821.23</b>

<b>72923</b>	<b>Complex spinal treatment which includes either or / and:</b> MANIPULATION/MOBILISATION OF JOINTS OR IMMOBILISATION which includes either or / and: > Spinal (Manual spinal mobilisation) > Pre meditated manipulation > Immobilisation (excluding materials) > Rehabilitation for Central Nervous System disorders - condition to be clearly stated and fully documented (No other treatment modality may be charged in conjunction with this) > Traction > Pre- and post-operative exercises and/or breathing exercises	<b>1186.21</b>
<b>72928</b>	<b>Simple soft tissue / peripheral joint injuries or other general treatment which includes either or / and:</b> > Massage > Neural tissue mobilisation > Pre - and post - operative exercises and/or breathing exercises	<b>821.23</b>
<b>72927</b>	<b>Complex soft tissue / peripheral joint injuries or other general treatment</b> > Massage > Myofascial release/soft tissue mobilisation, one or more body parts > Neural tissue mobilisation > Pre - and post - operative exercises and/or breathing exercises	<b>1072.66</b>

**ANNEXURE A****LIST OF CONSUMABLES****To be used with code 72939****Service providers may add on 20% for storage and handling**

<b>Name of Product</b>	<b>Unit</b>	<b>Approx Unit Price(excl</b>
Elastic Adhesive bandage	1	186.30
Tubigrip (A & B white)	1	34.40
Self adhesive disposable electrodes (one set per employee is payable)	1	109.29
<b>Sports</b>		
<b><i>Taping / Strapping (type &amp; quantity must be specified)</i></b>		
Elastoplast 75mm x 4.5	1	212.06
Coverol	1	164.43
Leukotape	1	212.06
Magic Grip Spray	1	160.38
Fixomull	1	181.09
Leukoban 50-75mm x 4.5m	1	91.27
Kinesiotape	1	186.30
<b>Other</b>		
Incontinence electrodes for pathway EMG	1	439.36
EMG flat electrodes	1	44.14
(should be medically justified)		

**ANNEXURE B****LIST OF EQUIPMENT/APPLIANCES**

Service providers may add on 20% for storage and handling  
 Equipment not payable if the same were already supplied by an Orthotist /  
 Prosthetist to the same employee.

<b>Name of Product</b>	<b>Unit</b>	<b>Approx Unit Price (excl Vat)</b>
Hot / cold packs	1	322.29
<b>Braces</b>		
Knee brace	1	326.00
Ankle brace	1	306.00
Cervical collar	1	179.37
Lumbar brace	1	659.25
Standard heel cups	pair	217.72
Cliniband	1	83.19
Fit band 5.5cm	1	21.10
Fit band 30cm	1	73.96
Peak flow meter	1	412.45
Peak flow meter	2	5.14
Spirometer	1	417.03

**ANNEXURE C****PART 1 – INITIAL EVALUATION AND PLAN**

<b>EMPLOYEE DETAILS</b>						
Claim number						
First Name/s		Surname				
Identity Number		Mobile No.				
Address		Postal Code				
<b>EMPLOYER DETAILS</b>						
Name						
Address		Postal Code				
<b>ACCIDENT DETAILS</b>						
Date of Accident						
<b>REFERRING MEDICAL PRACTITIONER DETAILS</b>						
Name		Practice No.				
Referral date						
<b>PHYSIOTHERAPIST'S DETAILS</b>						
Name						
Practice No.		Account No.				
1. First Consultation Date	D	D	M	M	Y	Y
<b>NOTE: For sections 2 to 6, please provide evidence from objective assessment results e.g. if the patient initially presented with pain, please provide the score from the pain measure used, such as the Borg scale, if the patient initially presented with limited ROM at a particular joint, please provide the initial, current and anticipated joint range measurements in degree.</b>						
<b>2. Indicate initial clinical presentation:</b>						
<b>3. Indicate patient's symptoms and function:</b>						
<b>4. Indicate any complicating factors that may prolong rehabilitation or delay recovery:</b>						
<b>5. Treatment goals</b>						

6. Treatment Plan for proposed treatment session			
Codes Requested:		Number of sessions per Code Requested:	
Name and Signature of Physiotherapist		Date	

**ANNEXURE D****PART 2 – TREATMENT AND PROGRESS (MONTHLY)**

<b>EMPLOYEE DETAILS</b>			
Claim Number			
First Name/s		Surname	
Identity Number		Mobile No.	
Address		Postal Code	
<b>EMPLOYER DETAILS</b>			
Name			
Address		Postal Code	
<b>ACCIDENT DETAILS</b>			
Date of Accident			
<b>REFERRING MEDICAL PRACTITIONER DETAILS</b>			
Name		Practice No.	
Referral date			
<b>PHYSIOTHERAPIST'S DETAILS</b>			
Name			
Practice No.		Account No.	
1. No. of sessions already provided:			
Start Date:		End date:	
2. No. of sessions currently being requested			
<p><b>NOTE: For sections 3 to 6, please provide evidence from objective assessment results e.g. if the patient initially presented with pain, please provide the score from the pain measure used, such as the Borg scale, if the patient initially presented with limited ROM at a particular joint, please provide the initial, current and anticipated joint range measurements in degree.</b></p>			
3. Progress Achieved: RELATE YOUR PROGRESS TO YOUR OUTCOME MEASURES STATED IN PART 1 REPORT			
4. Did the patient undergo surgical procedure during this treatment period?	Yes	No	

5. If yes, state surgical procedure date/s and procedure/s done:			
6. Treatment Plan for proposed treatment session/s:			
Codes Requested		Number of sessions per code Requested	
7. Referral to another Medical Service Provider:			
Reason for Referral -		Patient prefers another service provider	
		More convenient for Patient to treated closer to home	
		Referral to Specialist	
		Referral to another Rehabilitation Practitioner	
		Clinical Vocational Rehabilitation	
		Other	
Contact details of the Practitioner patient is referred to:			
Designation			
Work telephone no.			
Mobile no.			
Email address			
Name and Signature of Physiotherapist		Date	



**ANNEXURE E****PART 3 – FINAL PROGRESS REPORT**

<b>EMPLOYEE DETAILS</b>													
Claim number													
First Name/s						Surname							
Identity Number						Mobile No.							
Address						Postal Code							
<b>EMPLOYER DETAILS</b>													
Name													
Address						Postal Code							
<b>ACCIDENT DETAILS</b>													
Date of Accident													
<b>REFERRING MEDICAL PRACTITIONER DETAILS</b>													
Name						Practice No.							
Referral date													
<b>PHYSIOTHERAPIST'S DETAILS</b>													
Name													
Practice No.						Account No.							
1. No. of sessions already provided													
Start Date:	Y	Y	M	M	D	D	End date:	Y	Y	M	M	D	D
								Y	Y	M	M	D	D
2. Date of Final Treatment:													
<b>NOTE: For sections 3 to 6, please provide evidence from objective assessment results e.g. if the patient initially presented with pain, please provide the score from the pain measure used, such as the Borg scale, if the patient initially presented with limited ROM at a particular joint, please provide the initial, current and anticipated joint range measurements in degree.</b>													
3. Progress Achieved: RELATE YOUR PROGRESS TO YOUR OUTCOME MEASURES STATED IN PART 1 & 2 REPORT													
4. Is the employee fit for his/her normal work?						Yes			No				
5. Is the employee fully rehabilitated/ has the employee obtained highest level of function?						Yes			No				
6. If No, describe in detail any present permanent anatomical defect and / or impairment of function as a result of the accident.													

7. Referral to another Medical Service Provider:			
Reason for Referral		Patient prefers another service provider	
		More convenient for Patient to treated closer to home	
		Referral to Specialist	
		Referral to another Rehabilitation Practitioner	
		Clinical Vocational Rehabilitation	
		Other	
Contact details of the Practitioner patient is referred to			
Designation		Work telephone no.	
Email address		Mobile no.	
Name and Signature of Physiotherapist		Date	

**ANNEXURE F****PHYSIOTHERAPISTS'S MOTIVATION FOR MORE THAN ONE PHYSIOTHERAPY****TREATMENT PER DAY**

<b>EMPLOYEE DETAILS:</b>			
Date:		Claim number	
Patient Name:			
Referring Doctor:			
Identification No:			
Date of injury:			
Claim No.:			
Diagnosis:			
<b>Reason for B.D Physiotherapy</b>			
	Deterioration / Alteration in Patient's Respiratory Condition.		
	Poor Mobility, Reduced Musculo - Skeletal Strength, decrease Range of Movement and /or Reduced Exercise Tolerance		
	Gait difficulties - including poor balance and coordination.		
	Complicated Medical case with multiple injuries		
	General deterioration of the patient's condition.		
	Requiring maximal assistance (usually 2 physiotherapists) with Activities of daily Living / Physiotherapy in order to regain Functional Independence due to his Condition / diagnosis.		
	Other - please specify:		
Name and Signature of Physiotherapist		Date	