

GENERAL NOTICE

NOTICE 859 OF 2007

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO. 130 OF 1993), as amended

1. I, Membathisi Mphumzi Shepherd Mdladlana, Minister of Labour, hereby give notice that, after consultation with the Compensation Board and acting under the 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 Rules applicable thereto, appearing in the Schedule to this notice, with effect from **1 April 2007**.
2. The fees appearing in the Schedule are applicable in respect of services rendered with retrospective effect as from **1 April 2007** and **Exclude VAT**.



M M S MDLADLANA
MINISTER OF LABOUR
27/06/07

GENERAL INFORMATION / ALGEMENE INLIGTING.**(i) THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER.**

The employee is permitted to choose freely 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 himself or the Compensation Fund. The only exceptions to this rule are those cases where employers, with the Compensation Commissioner's approval, provide their own medical aid facilities in total, i.e. including hospital, nursing and other services—section 78 of the Act refers.

In terms of section 42 either the Compensation Commissioner or an employer may send the injured employee to another doctor chosen by him (Compensation Commissioner or employer) for a special examination and report. Special fees are payable for this service. This examination and report is usually done only by specialists.

In the event of a change of doctors attending a case, the first doctor in attendance will, except where the case is handed over to a specialist, be regarded as the principal. **To avoid disputes, doctors should refrain from treating a case already under treatment without first discussing it with the first doctor.** As a general rule, changes of doctor are not favoured, unless there are sufficient reasons therefore.

According to the National Health Act no 61 of 2003 : section 5, a health care provider may not refuse a person emergency medical treatment. Any provider should not however, ask the Compensation Commissioner to authorise such treatment before the claim has been admitted as falling within the scope of the COID Act. **Pre authorisation for treatment is not applicable and no medical expenses will be considered or approved if liability for the claim against the Fund has not been accepted.**

It should be remembered that an employee seeks medical advice at his own risk. If, therefore, an employee represents to his medical service provider that he is a Compensation for Occupational injuries and Diseases Act case and yet fails to claim the benefits of the Act, leaving the Compensation Commissioner, or his employer, in ignorance of any possible grounds for a claim, the insurance fund concerned cannot accept any responsibility for any medical expenses incurred if the claim is not reported in the prescribed manner. The Compensation Commissioner can also have reason not to accept the claim lodged against the Fund. In such circumstances the employee would be in the same position as any other member of the public as regards payment of his medical expenses.

Please note that as from 1 January 2004 a certified copy of an employee's identity document will be required in order to register a claim 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 you/the employer to attach a certified copy of the employee's identity document. Furthermore, all supporting documentation sent to this office must reflect the identity number as well. If it is not reflected, the documents will not be processed but will be returned to the sender to add the ID number.

The amounts published in the tariff for COIDA for medical services are calculated without VAT. The only exclusion is the “per diem” tariff for Private Hospitals, that includes VAT. The account for services rendered will be assessed and calculated without VAT. If VAT is applicable and a VAT registration number is indicated, it will be calculated and added to the payment without being rounded off. Also please note that there are VAT exempted codes in the private ambulance tariff structure.

(i) **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 solank dit redelik en sonder nadeel vir die werknemer self of die Vergoedingsfonds uitgeoefen word nie. Die enigste uitsonderings op hierdie reël is in daardie gevalle waar die werkgewers met die goedkeuring van die Vergoedingskommissaris hul eie geneeskundige dienste in die geheel voorsien, d.i. insluitende hospitaal- verplegings- en ander dienste—artikel 78 van die Wet verwys.

Kragtens die bepalings van artikel 42 mag die Vergoedingskommissaris of die werkgewer na gelang van die geval, 'n beseerde werknemer na 'n ander geneesheer deur hom (Vergoedingskommissaris of werkgewer) aangewys, stuur vir 'n spesiale ondersoek en verslag. Spesiale gelde is betaalbaar vir hierdie dienste. Hierdie ondersoek word feitlik uitsluitlik deur spesialiste gedoen.

In die geval van verandering van geneesheer wat 'n geval behandel, sal die eerste geneesheer wat behandeling toegedien het, behalwe waar die geval aan 'n spesialis oorhandig is, as die lasgewer beskou word. **Ten einde geskille te voorkom, moet geneesheer hul daarvan weerhou om 'n geval wat reeds onder behandeling is te behandel sonder om dit eers met die eerste geneesheer te bespreek.** Oor die algemeen word veranderings van geneesheer, tensy voldoende redes daarvoor bestaan, nie aangemoedig nie.

Volgens die Nasionale Gesondheidswet no 61 van 2003 : seksie 5, mag 'n gesondheidswerker of diensverskaffer nie weier om noodbehandeling te verskaf nie. Hy moet egter nie die Vergoedingskommissaris vra om sulke behandeling goed te keur alvorens aanspreeklikheid vir die eis kragtens die Wet aanvaar is nie. **Vooraf goedkeuring vir behandeling is nie van toepassing nie en geen mediese onkoste sal oorweeg word as die eis teen die Fonds nie aanvaar is nie.**

Dit moet in gedagte gehou word dat 'n werknemer geneeskundige behandeling op sy eie risiko soek. As 'n werknemer dus aan 'n geneesheer voorgee dat hy 'n geval is onder die Wet op Vergoeding vir Beroepsbeserings en Siektes en tog versuim om die voordele van die Wet te eis deur die Vergoedingskommissaris of sy werkgewer in die duister te laat van enige moontlike gronde vir 'n eis, kan die betrokke versekeringsfonds geen aanspreeklikheid aanvaar vir geneeskundige onkoste wat aangegaan is nie as die besering nie aangemeld is op die voorgeskrewe wyse nie. Die Vergoedingskommissaris kan ook rede he om nie die eis teen die Fonds 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.

**CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS
FOLLOWS •**

EISE TEEN DIE VERGOEDINGSFONDS WORD HANTEER SOOS VOLG:

1. Allocation of a claim number by the Fund, does not constitute that liability has been accepted, but that the injury on duty has been reported to the Compensation Commissioner. New claims are registered by the Commissioner and the **employer is notified of the claim number** allocated to the claim. Enquiries for claim numbers should be directed to the employer and not to the Commissioner. The employer will be able to give you the claim number for the patient as well as indicate whether the Compensation Commissioner accepted the claim as a COIDA case • *Nuwe eise word geopen deur die Kommissaris en die werkgewer word in kennis gestel van die eisnommer. Navrae vir eisnommers moet aan die werkgewer gerig word en nie aan die Kommissaris nie. Die werkgewer kan die eisnommer verskaf en ook aandui of die Kommissaris die eis teen die Fonds aanvaar het of nie*
2. If the claim is **accepted** as a COIDA claim, **reasonable medical expenses** will be paid by the Compensation Commissioner • *As die eis teen die Fonds aanvaar word, word redelike mediese koste betaal deur die Vergoedings Kommissaris.*
3. If the claim is **rejected (repudiated)**, services will not be paid by the Compensation Commissioner. The employer and the employee are informed of this decision. The injured employee will be liable for payment. • *As die eis teen die Fonds afgekeur word (gerepudieer), word dienste nie deur die Vergoedings Kommissaris betaal nie. Die betrokke partye word in kennis gestel van die besluit, ingesluit die diensverskaffers. Die beseerde werknemer is dan aanspreeklik vir die rekening.*
4. If **no decision** can be made due to inadequate/lack of information, the outstanding information is requested and upon receipt, the claim will again be adjudicated. Depending on the outcome, the accounts from the service provider, will be handled as set out in 2 and 3. Please note that there are claims for which a decision might never be made due to inadequate/lack of forthcoming information • *Indien geen besluit geneem kan word nie, weens 'n gebrek aan inligting, word die uitstaande inligting aangevra. Met ontvangs word die eis heroorweeg. Afhangende van die uitslag, word die rekening hanteer soos uiteengesit in nommer 1 en 2. Ongelukkig is daar eise waar 'n besluit nooit geneem kan word nie aangesien die uitstaande inligting nie verskaf word nie.*

BILLING PROCEDURE • EIS PROSEDURE:

1. The **first account** for services rendered to the injured employee (INCLUDING the First medical report) must be submitted to the employer who will collate all the documents (from other service providers etc.) and submit them to the Compensation Commissioner • *Die eerste rekening (INSLUITEND die Eerste mediese verslag) vir diens gelewer aan die beseerde werknemer, moet aan die werkgever gestuur word, wat die eise (van ander diensverskaffers ens.) bymekaar sal sit en dit aanstuur na die Vergoedingskommissaris.*
2. Subsequent accounts must be submitted or posted to the closest Labour Centre. It is important that all requirements for the submission of accounts, including supporting information, are met. • Daaropvolgende rekeninge moet ingedien of gepos word na die naaste Arbeids kantoor. Dit is belangrik dat al die voorskrifte vir indien van rekeninge gevolg word, ingesluit die voorsien van stawende dokumentasie.
3. If accounts are still outstanding after 60 days following submission service providers should complete an enquiry form, W.CL 20, and submit it ONCE to the Labour Centre. All relevant details about the Labour Centres are available on the website www.labour.gov.za • *Indien die rekening nog uitstaande is na 60 dae na indiening an ontvangserkenning deur die Vergoedingskommissaris, moet die diensverskaffer 'n navraag vorm, W.CL 20 voltooi en EENMALIG indien na die Kommissaris.*
4. If the account is **partially paid** with no reason therefore indicated on the remittance advice, a duplicate account with the unpaid services clearly indicated must be submitted to the Labour Centre, accompanied by a WCL 20 form. (*see website for example). All relevant details about the 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 duplikaatrekening met die kortbetaling duidelik aangedui, vergesel van 'n WCL20 vorm ingedien word (*sien webblad vir voorbeeld van vorm).*
5. **Information NOT to be reflected** on the account: Details of the employee's medical aid and the practice number of the referring practitioner • *Inligting wat NIE aangedui moet word op die rekening nie: Besonderhede van die werknemer se mediese fonds en die verwysende geneesheer se praktyknommer.*
6. Service provider **should not generate** • *Diensverskaffer moenie die volgende genereer:*
 - a. **Multiple accounts** for services rendered on the **same date** i.e. one account for medication and a second account for other services • *Meer as een rekening vir dienste gelewer op dieselfde datum, bv. Medikasie op een rekening en ander dienste op 'n tweede rekening.*
 - b. **Accumulative accounts** - submit a separate account for every month • *Aaneenlopende rekeninge: aparte rekeninge per maand word verkies.*
 - c. **Accounts on the old documents** (W.CL 4/5/5F) A *New First Medical Report (W.CL 4) and Progress/Final Report (W.CL 5/5F) forms are available. The old forms combined with the account (W.CL11), were replaced. **Accounts on the old**

medical reports will not be entertained • Rekeninge op die ou voorgeskrewe dokumente van die Vergoedingskommissaris. 'n *Nuwe Eerste mediese verslag (W.CL4) en Vordering/Finale verslag (W.CL5) is beskikbaar. Die vorige vorms gekombineer met die rekening (W.CL11) is vervang. **Rekeninge op die ou vorms is nie aanvaarbaar nie.**

*** Examples of the new forms (W.CL 4/5/5F) are available on the website
www.labour.gov.za •**

*** Voorbeelde van die nuwe vorms (W.CL 4/5/5F) is beskikbaar op die webblad
www.labour.gov.za**

TARIFF OF FEES IN RESPECT OF CHIROPRACTIC SERVICES FROM 1 APRIL 2007
GELDTARIEF TEN OPSIGTE VAN CHIROPRAKTISYN DIENSTE VANAF 1 APRIL 2007

GENERAL RULES GOVERNING THE TARIFF
ALGEMENE REËLS VAN TOEPASSING OP DIE TARIEF

- 001** “After hours treatment” shall mean those performed by arrangement at night between 18:00 and 07:00 on the following day or during weekends between 13:00 Saturday and 07:00 on Monday. Public holidays are regarded as Sundays. This rule shall apply for all treatment whether given in the practitioner’s rooms, or at a nursing home or private residence only by arrangement when the employee’s condition necessitates it.

The fee for all treatment under this rule shall be the total fee for treatment + 50%.

In cases where the chiropractor scheduled working hours extend after 18:00 during the week or 13:00 on a Saturday the above rule shall not apply and the treatment fee shall be that of the **normal listed tariff**.

“Na-uurse behandeling” beteken dié behandeling wat gereël is in die nag tussen 18:00 en 07:00 van die volgende dag of gedurende naweke tussen 13:00 Saterdag en 07:00 Maandag. Openbare vakansiedae word beskou as Sondae.

Hierdie reëling sal geld vir alle behandeling, hetsy dit in die praktisyn se kamers gegee word of by ‘n verpleeginrigting, of by ‘n private woning alleenlik indien vooraf gereël wanneer die werknemer se toestand dit vereis.

Vir alle behandeling ooreenkomstig hierdie reël is die geld die volle Tariefgeld vir die behandeling plus 50 persent.

In gevalle waar die chiropraktisyn se vaste werksure gedurende die week strek tot na 18:00 of op ‘n Saterdag tot na 13:00 geld bogenoemde reël nie en die geld vir behandeling is die **gewone gelyste tarief**.

002 *Traveling fees/Reisgelde*

- (a) Where in the case of emergency, a chiropractor was called out from his residence or rooms to an employee’s home or the hospital, traveling fees can be charged if he had to travel more than 16 kilometres in total.

(b) If more than one employee would be attended to during the course of a trip, the full travelling expenses must be divided *pro rata* between the relevant employees.

(c) A practitioner is not entitled to charge for any traveling expenses to his rooms.

When a chiropractor has to travel more than 16 kilometres in total to visit an employee, the fees shall be calculated as follows:

R5,00 per km for each kilometre in excess of 16 kilometres total traveled in **own car**: 19 km total = 3X R5,00 = R15,00.

(a) Waar 'n chiropraktisyn in 'n noodgeval vanaf sy huis of kamers na 'n werknemer se woning of 'n hospitaal uitgeroep word, kan reisgelde gehef word indien hy meer as 16 kilometer in totaal moet reis.

(b) Indien meer as een werknemer tydens 'n reis aandag geniet, moet die volle reisgeld *pro rata* tussen die werknemers verdeel word.

(c) 'n Praktisyn is nie geregtig om gelde te hef vir enige reiskoste na sy kamers nie.

Waar 'n chiropraktisyn meer as 16 kilometer in totaal moet reis om 'n werknemer te besoek, word sy gelde as volg bereken:

R5,00 per km vir elke kilometer verder as 16 kilometer in totaal, afgelê in **ei motor**: 19 km totaal = 3 X R5,00 = R15,00.

003 After a series of 20 treatments for the same condition, further treatment is required, the practitioner must submit a progress report to the Commissioner indicating the necessity for further treatment and the number of further treatments required. Without such a report payment for treatments in excess of 20 shall not be considered.

Indien verdere behandeling vir dieselfde toestand na 'n reeks van 20 behandelings benodig word moet die praktisyn die Kommissaris van 'n vorderingsverslag voorsien waarin die noodsaaklikheid vir verdere behandeling en die aantal behandelings wat nog benodig word, duidelik aangedui word. Sonder so 'n verslag sal betaling vir meer as 20 behandelings nie oorweeg word nie.

004 The reports for completion by the practitioner:

(a) **The First Report (W.Cl.4)**

The form is used for all injured employees. The practitioner should note that the form is in the nature of a signed medical certificate and he should, therefore, observe due care in completing it, dating and signing it.

(b) The Progress or Final Report (W.Cl.5)

This form is used either for progress reports or the final report, the appropriate descriptive title being retained as the case may be. Most of the items in the report are self-explanatory and require no special amplification.

Die verslae wat deur die praktisyn ingevul moet word:

(a) Die Eerste Verslag (W.Cl.4)

Hierdie vorm word vir alle beseerde werknemers. Die praktisyn moet daarop let dat die vorm ooreenstem met 'n getekende geneeskundige sertifikaat en hy moet derhalwe behoorlik sorg dra wanneer hy dit invul, dateer en onderteken.

(b) Die Vorderings- of Finale Verslag (W.Cl.5)

Hierdie vorm word óf vir die finale verslag gebruik en na gelang van omstandighede word die toepaslike opskrif behou. Meeste van die items in die verslag is selfverduidelikend en het geen verdere omskrywing nodig nie.

005 No more than four physical procedures and modalities will be reimbursed in one visit.

Multiple physical procedures and modalities shall be reimbursed as follows:

Major :

(highest valued procedures or modality)..... 100% of listed value.

Second :

(second-highest or equivalent valued procedure or modality)..... 50% of listed value.

Third :

(third-highest equivalent valued procedure or modality).... 50% of listed value.

Fourth :

(fourth-highest or equivalent valued procedure or modality)....50% of listed value.

All treatment must be justified by the condition of the employee and the goals and objectives of the treatment plan.

Nie meer as vier fisiese prosedures en modaliteite sal per besoek vereffen word nie.

Fisiese prosedures en modaliteite sal as volg vereffen word:

Hoofprosedure/modaliteit :.....100% van gelyste waarde.

Tweede prosedure/modaliteit.....50% van gelyste waarde.

Derde prosedure/modaliteit.....50% van gelyste waarde.

Vierde prosedure/modaliteit.....50% van gelyste waarde.

Die werknemer se toestand moet bepaal watter behandeling gevolg sal word en rekenskap moet gehou word met die doelstellings van die behandeling wat toegepas word.

006 Un-canceled appointments—Appointments not cancelled at least four hours before the relevant appointment time—relevant practitioner's fees shall be payable by the employee.
Ongekanselleerde afspraak—afspraak wat nie ten minste vier ure voor die afspraaktyd gekanselleer word nie—normale afspraaktarief betaalbaar deur die werknemer.

007 Reports/Verslae:

Not applicable in respect of injured workmen covered under the Act.

Nie van toepassing ten opsigte van gevalle onder die Wet nie.

008 Change of chiropractor/medical practitioner (Supersession):

In the event of a change of chiropractor/medical practitioner attending a case, the first chiropractor/medical practitioner in attendance will, except where the case is handed over to a specialist, be regarded as the principal, and payment will normally be made to him. To avoid disputes, chiropractors/medical practitioners should refrain from treating a case already under treatment without first discussing it with the first chiropractor/medical practitioner. As a general rule, changes of chiropractor/medical practitioner are not favored, unless there are sufficient reasons for it.

Verandering van chiropraktisyn/geneesheer (Supersessie):

In die geval van verandering van chiropraktisyn/geneesheer wat 'n geval behandel, sal die chiropraktisyn/geneesheer wat behandeling toegedien het, behalwe waar die geval aan 'n spesialis oorhandig is, as die lasgewer beskou word en betaling sal normaalweg aan hom gemaak word. Ten einde geskille te voorkom moet die chiropraktisyne/geneesheer hul daarvan weerhou om 'n geval wat reeds onder behandeling is, te behandel sonder om dit eers met die eerste chiropraktisyn/geneesheer te bespreek. Oor die algemeen word veranderings van chiropraktisyn, tensy voldoende redes daarvoor bestaan, nie aangemoedig nie.

009 Consultations/Konsultasies:

No fees may be charged for follow-up consultations within the first *four months* from the date of the first procedure or treatment except as is provided for under item 04002.

Geen fooie mag gehef word vir opvolgkonsultasies binne *vier maande* vanaf die datum van die eerste prosedure of behandeling nie behalwe soos voorsien in item 04002.

CHIROPRACTOR / CHIROPRAKTISYN
Tariff of fees for 2007 / Tariewe vir 2007

2007

1 CONSULTATIONS/KONSULTASIES

- 04001 Initial consultation — including the taking of a full case history, physical examination and the use of diagnostic equipment permitted by the relevant practitioner's scope of practice, but excluding remedies, immobilisation and manipulation procedures and X-rays. • Eerste konsultasie — sluit in die neem van 'n volledige gesondheidsgeskiedenis, fisiese ondersoek en die gebruik van goedgekeurde diagnostiese aparate. Dit sluit nie enige voorgeskrewe middels, immobilisasie, manipulasies of X-straal-foto's in nie R 126.20
- 04002 A subsequent consultation not requiring any treatment. In such an event a final medical report must be issued. • 'n Opvolgkonsultasie wat nie behandeling regverdig nie. Onder sulke omstandighede moet 'n finale geneeskundige verslag uitgereik word R 62.70

2 MANIPULATIVE PROCEDURES/MANIPULATIEWE PROSEDURES

- 04003 Spinal manipulation and/or extra spinal joint manipulation • Spinale manipulasie en/of ekstraspinale gewrigsmanipulasie R 115.70

3 ADJUNCTIVE THERAPY/MODALITEITE**(a) SOFT TISSUE MANIPULATION/SAGTEWEEFSEL MANIPULASIE**

- 04004 Massage—includes effleurage, petrisage, crossfibre friction, lapolment and deep tissue techniques (rolfing) • Massering—sluit streelmassering, weefselbreiing, kruiswrywing, klopmassering en diep-weefseltegnieke (rolfing) in. R 75.20
- 04005 Myofascial pain therapy • Spier en seningvliesterapie R 75.20

(b) DEEP HEATING RADIATION THERAPY/BESTRALINGSTERAPIE

- 04006 Short wave diathermy • Kortgolf diatermie R 42.90
- 04007 Microwave diathermy • Mikrogolf diatermie R 42.90
- 04008 Ultra sound • Ultraklank R 42.90

(c) SUPERFICIAL HEATING THERAPY/VERHITTINGSTERAPIE

- 04009 Hydrocollator packs • Vogtige hitte R 42.90
- 04010 Infra-red • Infrarooi R 42.90
- 04011 Ultra-violet • Ultraviolet R 42.90
- 04012 Paraffin bath/Wax Unit • Parafien/Wasbad R 42.90
- 04013 Whirlpool/Hubbard tank immersion • Kolkbad/Hubbard-tenkdompeling R 42.90
- 04014 Fluidotherapy • Vloeistofterapie R 42.90
- 04015 Sitz bath • Sitz-bad R 42.90

(d) NON-HEATING MODALITIES/NIE VERHITTINGSMODALITEITE

- 04016 Galvanism, faradism and sine wave • Galvanisme, faradisme, polsende elektroterapie R 42.90
- 04017 Low voltage galvanic iontophoresis • Lae spanningsgalvanistiese iontoforese R 42.90
- 04018 Combined ultra sound and electrical stimulation • Gekombineerde ultraklank met elektriese stimulasie R 42.90
- 04019 Interferential current • Interferensietherapie R 42.90
- 04020 Vacotron • Vacotron R 42.90
- 04021 Combined interferential and vacotron • Gekombineerde interferensietherapie met vacotron R 42.90
- 04022 Vibration therapy • Vibrasieterapie R 42.90
- 04023 High voltage pulsed direct current (including under-water application) • Gepolsde hoëspanningstroombaanterapie (sluit onderwater-aanwending in) R 42.90
- 04024 Electro-Stim.180 • Elektro-Stim.180 R 42.90
- 04025 T.E.N.S. • T.E.N.S R 42.90

04026	Micro current modalities • Mikrostroombaan modaliteite	R 42.90
04027	Traction—Mechanical /static /intermittent • Traksie—Meganies /staties /afwisselende.	R 42.90
04028	Laser therapy • Laserterapie	R 42.90
(e) COLD APPLICATION/KOUETERAPIE		
04029	Cryomatic • Krioterapie	R 42.90
04030	Cold packs • Yssakkies	R 42.90
(f) ACUPUNCTURE/AKUPUNKTUUR		
Not applicable in respect of cases under this Act/Nie van toepassing ten opsigte van gevalle onder die Wet nie.		
(g) EXERCISE AND REHABILITATION/OEFENING EN REHABILITASIE		
04032	Therapeutic exercises • Terapeutiese oefeninge	R 75.20
04033	Proprioceptive neuromuscular facilitation • Proprioseptiewe neuromuskulêre fasili-tering	R 75.20
04034	Gait training • Staphoudingsterapie	R 75.20
04035	Prosthetic and orthotic training • Prostetiese en ortotiese handleiding	R 75.20
(h) IMMOBILISATION—cost + 50%/IMMOBILISASIE—koste + 50%		
04036	Hard and soft immobilisation/casting • Harde en sagte immobilisasie—gietsels	
04037	Supportive strapping, bracing, splinting and tapping • Gording, stutting, spalking en verbinding	
04038	Supportive devices • Stuttoestelle	
04041	Remedies prescribed—e.g. vitamins • Voorgeskrewe middels—bv. Vitamiene	
04042	Remedies prescribed and supplied • Voorgeskrewe middels wat geresepteer word	
04043	Injectables • Inspuitbare middels	
(k) RADIOLOGY/RADIOLOGIE		
04049	Ankle—AP/LAT • Enkel—AP/LAT	R 107.50
04050	Ankle—Complete Study—3 views • Enkel—Volledige studie—3 aansigte	R 161.10
04051	Cervical—AP/LAT • Servikaal—AP/LAT	R 107.50
04052	Cervical—AP/LAT/OBL • Servikaal—AP/LAT/Skuinsaansigte	R 161.10
04053	Cervical study—6 views • Servikaal—6 aansigte	R 322.20
04054	Cervical—Davis Series—7 views • Servikaal—Davis Series—7 aansigte	R 375.70
04055	Elbow—AP/LAT • Elmoog—AP/LAT	R 107.50
04056	Elbow—3 views • Elmoog—3 aansigte	R 161.10
04057	Foot—AP/LAT • Voet—AP/LAT	R 107.50
04058	Foot—3 views • Voet—3 aansigte	R 161.10
04059	Femur—AP/LAT • Dybeen—AP/LAT	R 214.80
04060	Hand—AP/LAT • Hand—AP/LAT	R 107.50
04061	Hand—3 views • Hand—3 aansigte	R 161.10
04062	Hip unilateral—1 view • Heup—1 aansig	R 75.20
04063	Hip—2 views • Heup—2 aansigte	R 150.30
04064	Knee—AP/LAT • Knie—AP/LAT	R 107.50
04065	Knee—3 views • Knie—3 aansigte	R 161.10
04066	Lumbo-Sacral—3 views • Lumbo-Sakraal—3 aansigte	R 257.70
04067	Lumbar spine and pelvis—5 views • Lumbale werwels plus pelvis—5 aansigte	R 386.40
04068	Pelvis AP • Pelvis AP	R 107.50
04069	Pelvis—3 views • Pelvis—3 aansigte	R 236.30
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