

Code	Description	Ver	Add	Medical Technology	
				RVU	Fee
4372	Fluoride in biological fluids and water	04.00		15.620	114.50 (100.40)
4374	Trace metals in biological fluid: Atomic absorption	04.00		18.130	132.90 (116.60)
4375	Calcium in fluid: Spectrophotometric	04.00		3.620	26.50 (23.20)
4376	Calcium in fluid: Atomic absorption	04.00		7.250	53.20 (46.70)
4377	Gallstone analysis: (Bilirubin, Ca, P, Oxalate, Cholesterol)	04.11		21.880	160.40 (140.70)
4380	Lecithin in amniotic fluid: L/S ratio	04.00		27.000	198.00 (173.70)
4390	Foam test: Amniotic fluid	04.00		3.150	23.10 (20.30)
4391	Renal calculus: Chemistry	04.00		5.400	39.60 (34.70)
4392	Renal calculus: Crystallography	04.00		16.250	119.10 (104.50)
4395	Sweat: Sodium	04.00		3.620	26.50 (23.20)
4396	Sweat: Potassium	04.00		3.620	26.50 (23.20)
4397	Sweat: Chloride	04.00		2.590	19.00 (16.70)
4399	Sweat collection by iontophoresis (excluding collection material)	04.00		4.500	33.00 (28.90)
4400	Tryptophane loading test	04.00		22.050	161.70 (141.80)
Cerebrospinal fluid					
4401	Cell count	04.00		3.450	25.30 (22.20)
4407	Cell count, protein, glucose and chloride	04.00		7.650	56.10 (49.20)
4409	Chloride	04.00		2.590	19.00 (16.70)
4416	Sodium	04.00		3.620	26.50 (23.20)
4417	Protein: Qualitative	04.00		0.900	6.60 (5.79)
4419	Protein: Quantitative	04.00		3.110	22.80 (20.00)
4421	Glucose	04.00		3.620	26.50 (23.20)
4423	Urea	04.00		3.620	26.50 (23.20)
4425	Protein electrophoresis	04.00		12.600	92.40 (81.10)
RNA/DNA based tests and andrology					
RNA/DNA based tests and andrology: RNA/DNA based tests					
4430	Recombinant DNA technique	04.00		25.000	183.30 (160.80)
4431	Ribosomal RNA targeting for bacteriological identification	04.00		35.000	256.60 (225.10)
4432	Ribosomal RNA amplification for bacteriological identification	04.00		75.000	549.90 (482.40)
4433	Bacteriological DNA identification (LCR)	04.00		25.000	183.30 (160.80)
4434	Bacteriological DNA identification (PCR)	04.00		75.000	549.90 (482.40)
RNA/DNA based tests and andrology: Andrology					
4435	Mixed antiglobulin reaction: Semen	04.00		6.600	48.40 (42.50)
4436	Friberg test: Semen	04.00		14.500	106.30 (93.20)
4437	Kremer test: Semen	04.00		3.600	26.40 (23.20)
4440	Semen analysis: Cell count	04.00		7.650	56.10 (49.20)
4441	Semen analysis: Cytology	04.00		7.200	52.80 (46.30)
4442	Semen analysis: Viability + motility - 6 hours	04.00		6.000	44.00 (38.60)

Code	Description	Ver	Add	Medical Technology	
				RVU	Fee
4443	Semen analysis: Supravital stain	04.00		5.440	39.90 (35.00)
4445	Seminal fluid: Alpha glucosidase	04.00		20.000	146.60 (128.60)
4446	Seminal fluid fructose	04.00		3.150	23.10 (20.30)
4447	Seminal fluid: Acid phosphatase	04.00		5.180	38.00 (33.30)
Immunology					
4448	HCG: Latex agglutination: Qualitative (side room)	04.00		4.000	29.30 (25.70)
4449	HCG: Latex agglutination: Semi-quantitative (side room)	04.00		9.310	68.30 (59.90)
4450	HCG: Monoclonal immunological: Qualitative	04.00		10.000	73.30 (64.30)
4451	HCG: Monoclonal immunological: Quantitative	04.00		12.400	90.90 (79.70)
4455	Anti IgE receptor antibody test (10 samples and dilution)	04.00		161.560	1184.60 (1039.10)
4456	Eosinophil cationic protein	04.00		27.810	203.90 (178.90)
4457	Mast cell tryptase	04.00		96.870	710.30 (623.10)
4458	Micro-albuminuria: Radio-isotope method	04.00		12.420	91.10 (79.90)
4459	Acetyl choline receptor antibody	04.00		158.120	1159.30 (1016.90)
4460	CA-199 tumour marker	04.00		20.000	146.60 (128.60)
4462	CA-125 tumour marker	04.00		20.000	146.60 (128.60)
4463	C6 complement functional assay	04.00		45.000	329.90 (289.40)
4466	Beta-2-microglobulin	04.00		12.420	91.10 (79.90)
4468	CA-549	04.00		20.000	146.60 (128.60)
4469	Tumour markers: Monoclonal immunological (each)	04.00		20.000	146.60 (128.60)
4470	CA-195 tumour marker	04.00		20.000	146.60 (128.60)
4471	Carcino-embryonic antigen	04.00		20.000	146.60 (128.60)
4477	Neuron specific enolase	04.00		20.000	146.60 (128.60)
4479	Vitamin B12-absorption: Shilling test	04.00		11.700	85.80 (75.30)
4480	Serotonin	04.00		18.750	137.50 (120.60)
4482	Free thyroxine (FT4)	04.00		17.480	128.20 (112.50)
4485	Insulin	04.00		12.420	91.10 (79.90)
4490	Releasing hormone response	04.00		50.000	366.60 (321.60)
4491	Vitamin B12	04.00		12.420	91.10 (79.90)
4492	Vitamin D3: Calcitriol (RIA)	04.00		75.000	549.90 (482.40)
4493	Drug concentration: Quantitative	04.00		12.420	91.10 (79.90)
4494	Free hormone assay	04.00		17.480	128.20 (112.50)
4495	Growth hormone	04.00		12.420	91.10 (79.90)
4496	Hormone concentration: Quantitative	04.00		12.420	91.10 (79.90)
4497	Carbohydrate deficient transferrin	04.00		29.060	213.10 (186.90)
4499	Cortisol	04.00		12.420	91.10 (79.90)

Code	Description	Ver	Add	Medical Technology	
				RVU	Fee
4500	DHEA sulphate	04.00		12.420	91.10 (79.90)
4501	Testosterone	04.00		12.420	91.10 (79.90)
4502	Free testosterone	04.00		17.480	128.20 (112.50)
4503	Oestradiol	04.00		12.420	91.10 (79.90)
4505	Oestriol	04.00		10.800	79.20 (69.50)
4506	Multiple antigen specific IgE screening test for Atopy	04.00		37.260	273.20 (239.60)
4507	Thyrotropin (TSH)	04.00		19.600	143.70 (126.10)
4508	Combined antigen specific IgE	04.00		24.480	179.50 (157.50)
4509	Free tri-iodothyronine (FT3)	04.00		17.480	128.20 (112.50)
4512	Parathormone	04.00		17.080	125.20 (109.80)
4513	IgE: Total	04.00		12.420	91.10 (79.90)
4514	Antigen specific IgE	04.00		12.420	91.10 (79.90)
4515	Aldosterone	04.00		12.420	91.10 (79.90)
4516	Follitropin (FSH)	04.00		12.420	91.10 (79.90)
4517	Lutropin (LH)	04.00		12.420	91.10 (79.90)
4519	Prostate specific antigen	04.00		14.490	106.20 (93.20)
4520	17 Hydroxy progesterone	04.00		12.420	91.10 (79.90)
4521	Progesterone	04.00		12.420	91.10 (79.90)
4522	Alpha-feto protein	04.00		12.420	91.10 (79.90)
4523	ACTH	04.00		21.740	159.40 (139.80)
4526	Sex hormone binding globulin	04.00		12.420	91.10 (79.90)
4527	Gastrin	04.00		12.420	91.10 (79.90)
4528	Ferritin	04.00		12.420	91.10 (79.90)
4529	Anti-DNA antibodies	04.00		12.420	91.10 (79.90)
4530	Antiplatelet antibodies	04.00		15.300	112.20 (98.40)
4531	Hepatitis: Per antigen or antibody	04.00		14.490	106.20 (93.20)
4532	Transcobalamine	04.00		12.420	91.10 (79.90)
4533	Folic acid	04.00		12.420	91.10 (79.90)
4534	Prostatic acid phosphatase	04.00		12.420	91.10 (79.90)
4536	Erythrocyte folate	04.00		17.480	128.20 (112.50)
4537	Prolactin	04.00		12.420	91.10 (79.90)
4540	HCG: Quantitative as used for Down's screen	04.00		15.000	110.00 (96.50)
Clinical pathology: Miscellaneous					
4544	Attendance in theatre	04.00		27.000	198.00 (173.70)
Exfoliative cytology					
4561	Sputum, all body fluids and tumour aspirates: First unit	04.00		13.400	113.30 (99.40)

Code	Description	Ver	Add	Medical Technology	
				RVU	Fee
4563	Sputum, all body fluids and tumour aspirates: Each additional unit	04.00		7.800	66.00 (57.90)
4564	Performance of fine-needle aspiration for cytology	04.00		15.000	126.90 (111.30)
4565	Examination of fine needle aspiration in theatre	04.00		90.000	761.10 (667.60)
4566	Vaginal or cervical smears, each	04.00		11.000	93.00 (81.60)
Human Genetics					
Cytogenetic					
4750	Cell culture: Lymphocytes, cord blood	04.00		15.000	112.60 (98.80)
4751	Cell culture: Amniotic fluid, fibroblasts, leukaemia bloods, bone marrow, other specialised cultures	04.00		45.000	337.90 (296.40)
4752	Cell culture: Chorionic villi	04.00		60.000	450.50 (395.20)
4754	Cytogenetic analysis: Lymphocytes: Idiograms, karyotyping, one staining technique	04.00		135.000	1013.70 (889.20)
4755	Cytogenetic analysis: Amniotic fluid, fibroblasts, chorionic villi, products of conception, bone marrow, leukemia bloods: Idiograms, karyotyping, one staining technique	04.00		270.000	2027.40 (1778.40)
4757	Specified additional analysis e.g. mosaicism, Fanconi anaemia, Fra X, additional staining techniques	04.00		70.000	525.60 (461.10)
4760	FISH procedure, including cell culture	04.00		115.000	863.50 (757.50)
4761	FISH analysis per probe system	04.00		35.000	262.80 (230.50)
DNA-testing					
4763	Blood: DNA extraction	04.00		45.000	337.90 (296.40)
4764	Blood: Genotype per person: Southern blotting	04.00		89.000	668.30 (586.20)
4765	Blood: Genotype per person: PCR	04.00		60.000	450.50 (395.20)
4767	Prenatal diagnosis: Amniotic fluid or chorionic tissue: DNA extraction	04.00		90.000	675.80 (592.80)
4768	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: Southern blotting	04.00		188.000	1411.70 (1238.30)
4769	Prenatal diagnosis: Amniotic fluid or chorionic tissue: Genotype per person: PCR	04.00		120.000	901.10 (790.40)

MENTAL HEALTH INSTITUTIONS

Mental Health Institutions 2009

DRAFT NATIONAL REFERENCE PRICE LIST IN RESPECT OF MENTAL HEALTH CARE FACILITIES WITH EFFECT FROM 1 JANUARY 2009

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.

In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.

VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

GENERAL RULES

A	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.	04.00
C	All accounts submitted by mental health institutions shall comply with all of the requirements in terms of the Medical Schemes Act, Act No. 131 of 1999. Where possible, such accounts shall also reflect the practice code numbers and names of the surgeon, the anaesthetist and of any assistant surgeon who may have been present during the course of an operation.	04.00
D	All accounts shall be accompanied by a copy of the relevant theatre accounts specifying all details of items charged, as well as all the procedures performed. Photocopies of all other documents pertaining to the patients account must be provided on request. Medical schemes shall have the right to inspect the original source documents at the rehabilitation hospital concerned.	04.00
E	All accounts containing items which are subject to a discount in terms of the recommended benefit shall indicate such items individually and shall show separately the gross amount of the discount.	04.00
E.3.3	Mental Institutions refers to all institutions registered with the Department of Health in terms of the Mental Health Care Act 17 of 2002 having practice code numbers commencing with the digits 55.	06.04
F	Accommodation fees includes the services listed below: A. The minimum services that are required are items 3, 5 and 6. B. If managed care organisations or medical schemes request any of the other services included in this list, no additional charge may be levied by the hospital. 1 Pre-authorisation (up to the date of admission) of: · length of stay · level of care · theatre procedures 2 Provision of ICD-10 and CPT-4 codes when requesting pre-authorisation 3 Notification of admission 4 Immediate notification of changes to: · length of stay · level of care · theatre procedures 5 Reporting of length of stay and level of care · In standard format for purposes of creating a minimum dataset of information to be used in defining an alternative reimbursement system. 6 Discharge ICD-10 and CPT-4 coding · In standard format for purposes of creating a minimum dataset of information to be used in defining an alternative reimbursement system. · Including coding of complications and co-morbidity. To be done as accurately as practically possible by the hospital. 7 Case management by means of standard documentation and liaison between scheme and hospital appointed case managers · Liaison means communication and sharing of information between case managers, but does not include active case management by the hospital.	04.00

SCHEDULE**B INSTITUTIONS REGISTERED IN TERMS OF THE MENTAL HEALTH ACT 1973 WITH A PRACTICE NUMBER COMMENCING WITH "55"**

Code	Description	Ver	Add	Mental Health Institutions	
				RVU	Fee
004	General ward fee: with overnight stay	04.00		10.000	911.70 (799.70)
005	General ward fee: without overnight stay	04.00		7.355	670.50 (588.20)
006	General ward fee: under 5 hours stay	04.00		3.808	347.20 (304.60)

Code	Description	Ver	Add	Mental Health Institutions	
				RVU	Fee
045	Ward and dispensary drugs. The amount charged in respect of dispensed medicines and scheduled substances shall not exceed the limits prescribed in the Regulations Relating to a Transparent Pricing System for Medicines and Scheduled Substances, dated 30 April 2004, made in terms of the Medicines and Related Substances Act, 1965 (Act No 101 of 1965). In relation to other ward stock (materials and/or medicines), the amount charged shall not exceed the net acquisition price (inclusive of VAT) or the exit price as determined in terms of Act No 101 of 1965.	05.03		-	-
055	Electroconvulsive therapy (ECT) (No theatre fee chargeable)	04.00		4.997	455.60 (399.60)
231	Monitors	06.04		1.463	133.40 (117.00)
273	To take out. Dispensed items including ampoules, over the counter and proprietary items issued to patients. All items must be shown on accounts. Dispensed items including ampoules, over the counter and proprietary items issued to patients. The same principles as in code 045 apply.	04.00		-	-

NATUROPATHS

Naturopaths 2009

DRAFT NATIONAL REFERENCE PRICE LIST FOR SERVICES BY NATUROPATHS WITH EFFECT FROM 1 JANUARY 2009						
The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well. In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed. VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.						
RULES						
01	All accounts must be presented with the following information clearly stated: - name of naturopath - qualifications of the naturopath - BHF practice number - Postal address and telephone number - Date on which the service(s) were provided - Applicable item codes - The nature of the treatment - The surname and initials of the member - The first name of the patient - The name of the medical scheme - The membership number of the patient - The name and practice number of the referring practitioner					09.00
ITEMS						
1. Consultations						
Code	Description	Ver	Add	Naturopathy		
				RVU	Fee	
10010	Consultation (initial or follow up). Duration 5 - 15 mins	09.00		10.000		-
10020	Consultation (initial or follow up). Duration 16 - 30 mins	09.00		22.500		-
10090	Consultation, each additional full 15 mins, to a maximum of 60 mins	09.00		15.000		-
2. Diagnostic Procedures						
20010	Vega testing	09.00		15.000		-
20020	Life blood testing	09.00		15.000		-
3. Treatment Procedures						
30010	Hydrotherapy	09.00		30.000		-
30011	Hydrotherapy, each additional full 15 mins, after initial 30 mins, to a maximum of 60 mins	09.00		15.000		-
30020	Electrotherapy	09.00		15.000		-
30021	Electrotherapy, each additional full 15 min, after initial 15 min, to a maximum of 60 mins	09.00		15.000		-
30030	Vibration therapy	09.00		15.000		-
30031	Vibration therapy, each additional full 15 min, after initial 15 min, to a maximum of 60 mins	09.00		15.000		-
30040	Light therapy	09.00		15.000		-
30041	Light therapy, each additional full 15 min, after initial 15 min, to a maximum of 60 mins	09.00		15.000		-
30050	Thermal therapy	09.00		15.000		-
30051	Thermal therapy, each additional full 15 min, after initial 15 min, to a maximum of 60 mins	09.00		15.000		-
30060	Massage therapy	09.00		30.000		-
30061	Massage therapy, each additional full 15 min, after initial 30 mins, to a maximum of 60 mins	09.00		15.000		-
30070	Exercise therapy	09.00		15.000		-
30071	Exercise therapy, each additional full 15 min, after initial 15 min, to a maximum of 60 mins	09.00		15.000		-
30080	Reflex therapy	09.00		15.000		-
30081	Reflex therapy, each additional full 15 min, after initial 15 min, to a maximum of 60 mins	09.00		15.000		-
4. Medicines and Materials						
40100	Proprietary Naturopathic medicine, appropriate NAPPi codes to be charged	09.00			-	-
40200	Non-proprietary Naturopathic medicine	09.00			-	-
40300	Naturopathic ointments / creams	09.00			-	-
40400	Naturopathic syrups and tonics	09.00			-	-

OCCUPATIONAL AND ART THERAPY

Occupational and Art Therapy 2009

DRAFT NATIONAL REFERENCE PRICE LIST FOR SERVICES BY OCCUPATIONAL AND ART THERAPISTS, EFFECTIVE FROM 1 JANUARY 2009		
<p>The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.</p> <p>In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.</p> <p>VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.</p>		
REGULATIONS DEFINING THE SCOPE OF THE PROFESSION OF OCCUPATIONAL THERAPY (R2145 - 31 July 1992)		
GENERAL RULES		
006	<p>Where emergency treatment is provided:</p> <p>a. during working hours, and the provision of such treatment requires the practitioner to leave her or his practice to attend to the patient in hospital; or</p> <p>b. after working hours</p> <p>the fee for such visits shall be the total fee plus 50%.</p> <p>For purposes of this rule:</p> <p>a. "emergency treatment" means a bona fide, justifiable emergency occupational therapy 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> <p>Modifier 0006 must be quoted after the appropriate code number(s) to indicate that this rule is applicable.</p> <p>Rule 006 does not apply to art therapy.</p>	05.02
008	<p>The provision of assistive devices shall be charged (exclusive of VAT) at net acquisition price plus –</p> <p>- 26% of the net acquisition price where the net acquisition price of that appliance is less than one hundred rands;</p> <p>- a maximum of twenty six rands where the net acquisition price of that appliance is greater than or equal to one hundred rands.</p> <p>Modifier 0008 must be quoted after the appropriate code numbers to show that this rule is applicable.</p>	04.00
009	<p>Materials used in the construction of orthoses or pressure garments shall be charged (exclusive of VAT) at net acquisition price plus –</p> <p>- 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands;</p> <p>- a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands.</p> <p>Modifier 0009 must be quoted after the appropriate code numbers to show that this rule is applicable.</p> <p>Rule 009 does not apply to art therapy.</p>	04.00
010	<p>Materials used in treatment shall be charged (exclusive of VAT) at net acquisition price plus –</p> <p>- 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands;</p> <p>- a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands.</p> <p>Modifier 0010 must be quoted after the appropriate code numbers to show that this rule is applicable.</p>	04.00
011	<p>Where the therapist performs treatments away from the treatment rooms, travelling costs to be charged according to AA rates e.g. for domiciliary treatments or treatments in nursing homes. Modifier 0011 must be quoted after the appropriate code numbers to show that this rule is applicable.</p> <p>Please note that although only some medical schemes accept responsibility for the payment of transport expenses, others do so in exceptional cases only.</p>	04.00
012	<p>Every practitioner shall render a monthly account in respect of any service rendered during the month, irrespective of whether or not the treatment has been completed. NB. Every account shall contain the following particulars:</p> <ul style="list-style-type: none"> i The name and practice number of the consulting occupational or art therapist. ii The name of the member. iii The name of the patient. iv The name of the medical scheme. v The membership number of the patient. vi The nature of the treatment. vii The date on which the service was rendered. viii The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered. 	05.02

Code	Description	Ver	Add	Occupational Therapy		Arts Therapy	
				RVU	Fee	RVU	Fee
013	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account. Please note: In the case of occupational therapy, a code will only be required when a standard proprietary (off the shelf) product is used. When a splint or support is made by the occupational therapist using or modifying one or more components, a code cannot accurately identify this non-standard product. Please refer to annexure itemising the most commonly made non-standard products used in occupational therapy and bill accordingly. The Occupational Therapy Association of S A has made available a generic list of non-proprietary splints and pressure garments commonly made by practitioners. The type of materials used to manufacture these products is at the discretion of the practitioner concerned. Price of splints and pressure garments may vary. See Annexures A & B.						04.00
Modifiers							
0006	Add 50% of the total fee for the procedure. Modifier 0006 does not apply to art therapy.						04.00
0008	Assistive devices to be charged (exclusive of VAT) at net acquisition price plus - - 26% of the net acquisition price where the net acquisition price of that appliance is less than one hundred rands; - a maximum of twenty six rands where the net acquisition price of that appliance is greater than or equal to one hundred rands.						04.00
0009	Materials used for orthoses or pressure garments to be charged (exclusive of VAT) at net acquisition price plus - - 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; - a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands. See Annexures A & B for non-standard products. Modifier 0009 does not apply to art therapy.						05.02
0010	Materials used in treatment to be charged (exclusive of VAT) at net acquisition price plus - - 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; - a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands.						04.00
0011	Travelling costs according to AA rates. Please note that although only some medical schemes accept responsibility for the payment of transport expenses, others do so in exceptional cases only.						04.00
0021	Services rendered to hospital inpatients: Quote modifier 0021 on all accounts for services performed on hospital inpatients.						04.00
ITEMS							
1	PROCEDURES OF INTERVIEWING, GUIDANCE AND CONSULTANCY						
Code	Description	Ver	Add	Occupational Therapy		Arts Therapy	
				RVU	Fee	RVU	Fee
108	Interview, guidance or consultation: 30 minute duration.	06.02		21.250	129.30 (113.40)	21.250	70.80 (62.10)
109	Interview, guidance or consultation. Each additional 15 mins. A maximum of four instances of this code may be charged per session.	06.02	+	10.630	64.70 (56.80)	10.625	35.40 (31.10)
	Time based items in this section exclude time spent on procedures charged in addition to the consultation	05.02					
107	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	04.00		-	-	-	-
110	Reports. To be used to motivate for therapy and/or give a progress report and/or a pre-authorisation report, where such a report is specifically required by the medical scheme.	05.02		16.500	100.40 (88.10)	22.140	73.70 (64.60)
501	Treatment in nursing home or other health care facilities. Relevant fee plus (once per day)	09.00	+	10.000	60.80 (53.30)	10.000	33.30 (29.20)
503	Domiciliary treatments: Relevant fee plus	09.00	+	20.000	121.70 (106.80)	20.000	66.60 (58.40)
2	PROCEDURES OF INITIAL EVALUATION TO DETERMINE THE TREATMENT.						
201	Observation and screening.	04.00		7.500	45.60 (40.00)	10.000	33.30 (29.20)
203	Specific evaluation for a single aspect of dysfunction (Specify which aspect).	04.00		7.500	45.60 (40.00)	10.000	33.30 (29.20)
205	Specific evaluation of dysfunction involving one part of the body for a specific functional problem (Specify part and aspects evaluated)	04.00		22.500	136.90 (120.10)	30.000	99.90 (87.60)
207	Specific evaluation for dysfunction involving the whole body (Specify condition and which aspects evaluated).	04.00		45.000	273.80 (240.20)	60.000	199.90 (175.40)
209	Specific in depth evaluation of certain functions affecting the total person (Specify the aspects assessed).	04.00		75.000	456.30 (400.30)	100.000	333.10 (292.20)

Code	Description	Ver	Add	Occupational Therapy		Arts Therapy	
				RVU	Fee	RVU	Fee
211	Comprehensive in depth evaluation of the total person (Specify aspects assessed)	04.00		105.000	638.80 (560.40)	140.000	466.30 (409.00)
Measurement for designing.							
213	Measurement for designing a static or dynamic orthosis	09.00		7.500	45.60 (40.00)		
217	A pressure garment for one limb.	04.00		7.500	45.60 (40.00)		
219	A pressure garment for one hand.	04.00		7.500	45.60 (40.00)		
221	A pressure garment for the trunk.	04.00		7.500	45.60 (40.00)		
223	A pressure garment for the face (chin strap only).	04.00		7.500	45.60 (40.00)		
225	A pressure garment for the face (full face mask).	04.00		7.500	45.60 (40.00)		
	The whole body or part thereof will be the sum total of the parts	04.00					
227	Specific built-in musical aids	05.03				10.000	33.30 (29.20)
3. PROCEDURES OF THERAPY.							
301	Group treatment in a task-centered activity, per patient (Treatment time 60 minutes or more).	04.00		10.000	60.80 (53.30)	8.840	47.40 (41.60)
303	Placement of a patient in an appropriate treatment situation requiring structuring the environment, adapting equipment and positioning the patient. This does not require individual attention for the whole treatment session, per patient)	04.00		15.000	91.30 (80.10)	10.000	33.30 (29.20)
305	Groups directed to achieve common aims, per patient) (Treatment time 60 minutes or more).	04.00		20.000	121.70 (106.80)	16.500	88.40 (77.50)
307	Simultaneous treatment with two to four patients, each with specific problems, utilising individual activities, per patient (Treatment time 60 minutes or more)	04.00		20.000	121.70 (106.80)	20.000	66.60 (58.40)
308	Simultaneous treatment with two to four neuro-behavioural and stress related conditions or severe head injury patients, each with specific problems, utilising individual activities, per patient (Treatment time 90 minutes or more)	04.00		30.000	182.50 (160.10)	30.000	99.90 (87.60)
	Individual and undivided attention during treatment sessions utilising specific activity and/or techniques in an integrated treatment session	04.00					
309	On level one (15 minutes).	04.00		10.000	60.80 (53.30)	10.000	53.60 (47.00)
311	On level two (30 minutes).	04.00		20.000	121.70 (106.80)	20.000	107.20 (94.00)
313	On level three (45 minutes).	04.00		30.000	182.50 (160.10)	30.000	160.70 (141.00)
315	On level four (60 minutes).	04.00		40.000	243.40 (213.50)	40.000	214.30 (188.00)
317	On level five (90 minutes).	04.00		50.000	304.20 (266.80)	50.000	267.90 (235.00)
319	On level six (120 minutes).	04.00		60.000	365.00 (320.20)	60.000	321.50 (282.00)
4. PROCEDURES REQUIRED TO PROMOTE TREATMENT.							
401	Recommendations as regards to assistive devices, environmental adaptations, alternative/compensatory methods, handling the patient	04.00		15.000	91.30 (80.10)	10.000	53.60 (47.00)
	Designing and constructing a custom-made adaptation, assistive device, splint or simple pressure garment for treatment in a task-centered activity (specify the adaptation, assistive device, splint or simple pressure garment)	04.00					
403	On level one.	04.00		10.000	60.80 (53.30)	10.000	53.60 (47.00)
405	On level two.	04.00		20.000	121.70 (106.80)	20.000	107.20 (94.00)
407	On level three.	04.00		30.000	182.50 (160.10)	30.000	160.70 (141.00)
409	On level four.	04.00		40.000	243.40 (213.50)	40.000	214.30 (188.00)
411	On level five.	04.00		50.000	304.20 (266.80)	50.000	267.90 (235.00)
413	On level six.	04.00		60.000	365.00 (320.20)	60.000	321.50 (282.00)
415	Designing and constructing a static orthosis.	04.00		60.000	365.00 (320.20)		
417	Designing and constructing a dynamic orthosis.	04.00		120.000	730.10 (640.40)		
	Designing and constructing pressure garment for:	04.00					

Code	Description	Ver	Add	Occupational Therapy		Arts Therapy	
				RVU	Fee	RVU	Fee
419	Limb.	04.00		60.000	365.00 (320.20)		
421	Face (chin strap only).	04.00		45.000	273.80 (240.20)		
423	Face (full face mask).	04.00		60.000	365.00 (320.20)		
425	Trunk.	04.00		90.000	547.60 (480.40)		
427	Hand.	04.00		90.000	547.60 (480.40)		
	The whole body or part thereof will be the sum total of the parts for the first garment and 75% of the fee for any additional garments made on the same pattern	04.00					
431	Planning and preparing in depth home programme on a monthly basis.	04.00		90.000	547.60 (480.40)	120.000	399.70 (350.60)
434	Hiring equipment: 1% of the current replacement value of the equipment per day. Total charge not to exceed 50% of replacement value. Description of equipment to be supplied.	05.03					
	Payment of this item is at the discretion of medical scheme concerned, and should be considered in instances where cost savings can be achieved. By prior arrangement with the medical scheme.	05.03					
List of splints and pressure garments exempted from NAPPI codes							
Annexure A							
	Numbers and names of splints to be used with modifier 0009						04.00
701	Static finger extension/flexion splint	04.11		-	-		
702	Dynamic finger extension/flexion	04.11		-	-		
703	Buddy strap	04.00		-	-		
704	DIP/PIP flexion strap	04.00		-	-		
705	MP, PIP, DIP flexion strap	04.00		-	-		
706	Hand based static finger extension/flexion	04.00		-	-		
707	Hand based static thumb extension/flexion/opposition/ abduction	04.00		-	-		
708	Hand based dynamic finger flexion/extension	04.00		-	-		
709	Hand based dynamic thumb flexion/extension/opposition/abduction	04.00		-	-		
710	Static wrist extension/flexion	04.00		-	-		
711	Dynamic wrist extension/flexion	04.00		-	-		
712	Flexion glove	04.00		-	-		
713	Forearm based dynamic finger flexion/extension	04.00		-	-		
714	Forearm based dorsal protection	04.00		-	-		
715	Forearm based volar resting	04.00		-	-		
716	Static elbow extension/flexion	04.00		-	-		
717	Dynamic elbow flexion/extension splint	04.00		-	-		
718	Shoulder abduction splint	04.00		-	-		
719	Static rigid neck splint	04.00		-	-		
720	Static soft neck splint/brace	04.00		-	-		
721	Static knee extension	04.00		-	-		
722	Static foot dorsiflexion	04.00		-	-		
Annexure B							
	Numbers and names of pressure garments to be used with modifier 0009						04.00
801	Glove to wrist	04.00		-	-		
802	Glove to elbow	04.00		-	-		
803	Gauntlet (Glove with palm and thumb only)	04.00		-	-		
804	Sleeve: Upper/forearm	04.00		-	-		
805	Sleeve: full	04.00		-	-		
806	Vest + sleeves	04.00		-	-		
807	Sleeveless vest	04.00		-	-		
808	Upper leg	04.00		-	-		
809	Lower leg	04.00		-	-		
810	Full leg	04.00		-	-		
811	Pants (trunk and full legs)	04.00		-	-		
812	Briefs	04.00		-	-		
813	Anklet	04.00		-	-		
814	Knee length stocking	04.00		-	-		
815	Chin strap	04.00		-	-		
816	Full face mask	04.00		-	-		
817	Neck only	04.00		-	-		
818	Finger sock	04.00		-	-		

Code	Description	Ver	Add	Occupational Therapy		Arts Therapy	
				RVU	Fee	RVU	Fee
Annexure C							
	List of materials used in treatment under modifier 0010						04.00
901	Therapeutic putty	04.00		-	-		
902	Wood, leather, sisal	04.00		-	-		
903	Sponge	04.00		-	-		
904	Elastonet	04.00		-	-		
905	Silicon gel sheeting	04.00		-	-		
Annexure D							
	Assistive devices made by the therapist her/himself to be used with modifier 0008						04.00
1001	Hip abduction cushion	04.00		-	-		
1002	Sponge on a stick	04.00		-	-		
1003	Hand grips (for utensils)	04.00		-	-		
1004	Bath bench	04.00		-	-		
1005	Bath seat	04.00		-	-		
1006	Transfer board	04.00		-	-		
1007	Plate surround	04.00		-	-		
1008	Wheelchair strap	04.00		-	-		

OPTOMETRISTS

Optometrists 2009

DRAFT NATIONAL REFERENCE PRICE LIST FOR SERVICES BY OPTOMETRISTS EFFECTIVE FROM 1 JANUARY 2009					
<p>The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.</p> <p>In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.</p> <p>VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.</p>					
RULES					
MODIFIERS					
ITEMS					
Consultations:					
Code	Description	Ver	Add	Optometry	
				RVU	Fee
11001	Optometric Examination (incl Tonometry)	06.02		30.000	213.00 (186.80)
11081	Optometric Examination & Visual Fields	06.02		35.000	248.50 (218.00)
11021	Optometric-Re-examination	06.02		20.000	142.00 (124.60)
11041	Consultation :15 min. without performing Optometric Exam.	06.02		15.000	106.50 (93.40)
Diagnostic Procedures:					
11303	Cycloplegic Refraction	06.02		15.000	106.50 (93.40)
11323	Preferential Looking (Infants < Two Years)	06.02		15.000	106.50 (93.40)
11346	Corneal Topography	06.02		20.000	142.00 (124.60)
11356	Gonioscopy	06.02		10.000	71.00 (62.30)
11366	Dilated Fundus Examination / BIO	06.02		10.000	71.00 (62.30)
11423	Visual Field	06.02		15.000	106.50 (93.40)
11443	Threshold Visual Fields	06.02		25.000	177.50 (155.70)
11246	Revaluation of Colour Vision	06.02		15.000	106.50 (93.40)
11265	Evaluation of Contrast Sensitivity	06.02		10.000	71.00 (62.30)
11283	Evaluation of Lacrimal System	06.02		10.000	71.00 (62.30)
11604	Photography of Anterior Segment	06.02		10.000	71.00 (62.30)
11624	Photography of Fundus	06.02		10.000	71.00 (62.30)
11644	Photographic Materials	06.02		-	-
Procedures done in isolation					
11141	Evaluation of Refractive Status	06.02		20.000	142.00 (124.60)
11161	Screening for Pathology	06.02		15.000	106.50 (93.40)
11183	Keratometry	06.02		10.000	71.00 (62.30)
11202	Tonometry (Non-contact)	06.02		10.000	71.00 (62.30)
11212	Tonometry (Aplanation)	06.02		10.000	71.00 (62.30)
11221	Screening of Colour Vision	06.02		5.000	35.50 (31.10)
11402	Screening of Visual Fields	06.02		10.000	71.00 (62.30)
12503	Assessment of CL Related Problems - Monocular	06.02		10.000	71.00 (62.30)
12523	Assessment of CL Related Problems - Binocular	06.02		15.000	106.50 (93.40)

Code	Description	Ver	Add	Optometry	
				RVU	Fee
12533	CL Instruction	06.02		15.000	106.50 (93.40)
Dispensing Fees					
11501	Dispensing Fee - Single Vision	06.02		5.000	35.50 (31.10)
11521	Dispensing Fee - Bifocals	06.02		10.000	71.00 (62.30)
11541	Dispensing Fee - Varifocals	06.02		10.000	71.00 (62.30)
11707	Night/Weekend/Public Holiday Visit	06.02		15.000	106.50 (93.40)
11729	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	06.02		-	-
11809	Screening School (per hour)	06.02		60.000	426.00 (373.70)
11829	Screening Industrial (per hour)	06.02		60.000	426.00 (373.70)
Contact Lens Procedures					
12012	Basic - per visit	06.02		30.000	213.00 (186.80)
12032	Complex - per visit	06.02		30.000	213.00 (186.80)
12052	Advanced - per visit	06.02		30.000	213.00 (186.80)
12072	CL Dispensing and/or Assessment	06.02		15.000	106.50 (93.40)
Binocular Vision/Orthoptics					
13003	Evaluation of Binocular Instability Simple Case	06.02		30.000	213.00 (186.80)
13023	Evaluation of Binocular Instability Complex Case	06.02		60.000	426.00 (373.70)
Visually Related Disorders					
13105	Evaluation of Visually Related Learning Disorders	06.02		90.000	639.00 (560.50)
13125	Evaluation of Eye Movements (e.g. Visigraph)	06.02		30.000	213.00 (186.80)
Colorimetry Codes					
13509	Screening - Rate of Reading Test	06.02		15.000	106.50 (93.40)
13529	Evaluation - Ortho-Didactical Reading Skills	06.02		45.000	319.50 (280.30)
13549	Evaluation - Intuitive Colorimetry	06.02		60.000	426.00 (373.70)
Visual Therapy/Orthoptics Training					
13403	Training Home Therapy Instruction	06.02		10.000	71.00 (62.30)
13423	Training Individual (per 15 minutes)	06.02		15.000	106.50 (93.40)
13445	Training Individual (per 30minutes)	06.02		30.000	213.00 (186.80)
13463	Training Group per Patient (per 15 minutes)	06.02		3.750	26.60 (23.30)
13489	Training Away from Practice	06.02		30.000	213.00 (186.80)
Low Vision Assessment & Training (per Half hour)					
16013	Simple LV Assessment	06.02		30.000	213.00 (186.80)
16033	Complex LV Assessment	06.02		30.000	213.00 (186.80)
16053	Advanced LV Assessment	06.02		30.000	213.00 (186.80)
16073	Simple LV Training	06.02		30.000	213.00 (186.80)
16093	Complex LV Training	06.02		30.000	213.00 (186.80)
16113	Advanced LV Training	06.02		30.000	213.00 (186.80)
Sports Vision - in Office Procedures					
14008	Screening Sports Vision Individual	06.02		20.000	142.00 (124.60)

Code	Description	Ver	Add	Optometry	
				RVU	Fee
14218	Evaluation Sports Vision Individual	06.02		45.000	319.50 (280.30)
14238	Training Sports Vision Individual (per 15 minutes)	06.02		15.000	106.50 (93.40)
	Group fees are per individual member of the group	06.02			
14268	Screening Sports Vision Group	06.02		3.750	26.60 (23.30)
14278	Evaluation Sports Vision Group	06.02		8.750	62.10 (54.50)
14288	Training Sports Vision Group (per 15 minutes)	06.02		3.750	26.60 (23.30)
Sports Vision - Procedures done in the Field					
14309	Screening Sports Vision Individual	06.02		30.000	213.00 (186.80)
14319	Evaluation Sports Vision Individual	06.02		60.000	426.00 (373.70)
14329	Training Sports Vision Individual (per 15 minutes)	06.02		15.000	106.50 (93.40)
	Group fees are per individual member of the group	06.02			
14369	Screening Sports Vision Group	06.02		6.250	44.40 (38.90)
14379	Evaluation Sports Vision Group	06.02		12.500	88.80 (77.90)
14389	Training Sports Vision Group (per 15 minutes)	06.02		3.750	26.60 (23.30)
Reports etc					
19001	Report at request of Medical Aid	06.02		15.000	106.50 (93.40)
19021	Report at Patient's request	06.02		25.000	177.50 (155.70)
19081	Confirming Med. Aid Benefit by tel. or fax (per 10 minutes)	06.02		5.000	35.50 (31.10)
Generic Lenses					
40501	Frames	06.02		-	-
70011	Single Vision lens (up to 6.00Sph)	06.02		2.374	192.30 (168.70)
70021	Special Vision High Powers	06.02		5.786	468.70 (411.10)
70712	Bifocal-Round/flat/top Seg 68*28 Seg	06.02		7.567	613.00 (537.70)
75012	Varifocal Distance to near	06.02		11.869	961.50 (843.40)
80011	Single Vision lens	06.02		2.374	192.30 (168.70)
80021	Special Vision High Powers	06.02		5.104	413.50 (362.70)
80812	Bifocal-Round/flat/top Seg 74*28 Seg	06.02		5.727	464.00 (407.00)
85012	Varifocal Distance to near	06.02		11.128	901.50 (790.80)
84000	Varifocal Intermediate to Near	06.05		11.128	901.50 (790.80)
99999	All other codes	06.02		-	-

ORTHOPTISTS

Orthoptists 2009

DRAFT NATIONAL REFERENCE PRICE LIST IN RESPECT OF ORTHOPTISTS WITH EFFECT FROM 1 JANUARY 2009

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.

In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.

VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

ITEMS					
Code	Description	Ver	Add	Orthoptists	
				RVU	Fee
001	Orthoptic consultation (Ocular motility assessment, comprehensive examination)	04.00		10.000	93.50 (82.00)
003	Orthoptic treatment (Ocular motility imbalance)	04.00		8.700	81.40 (71.40)
005	Orthoptic consultation (Hess chart)	04.00		11.100	103.80 (91.10)
007	Orthoptic visual fields charting or field of binocular single vision	04.00		21.700	202.90 (178.00)
107	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	04.00		-	-

OSTEOPATHY

Osteopathy 2009

DRAFT NATIONAL REFERENCE PRICE LIST FOR SERVICES BY OSTEOPATHS EFFECTIVE FROM 1 JANUARY 2009

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.

In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.

VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

RULES

01	All accounts must be presented with the following information clearly stated: - name of osteopath - qualifications of the osteopath - BHF practice number - Postal address and telephone number - Date on which the service(s) were provided - Applicable item codes - The nature of the treatment - The surname and initials of the member - The first name of the patient - The name of the medical scheme - The membership number of the patient - The name and practice number of the referring practitioner	06.02
02	The fee of more than one procedure performed at the same consultation or visit, shall be the fee for the major procedure plus the fee in respect of each additional procedure, but under no circumstances will additional fees be charged for more than three additional procedures carried out in the treatment of any one condition.	06.02
03	After a series of 10 treatments in respect of one patient for the same condition, the practitioner concerned shall report to the scheme as soon as possible if further treatment is necessary. Payment for treatment in excess of the stipulated number may be granted by the scheme after receipt of a letter from the practitioner concerned, motivating the need for such treatment.	06.02
04	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed if the correct NAPPI code is supplied on the account.	06.02

ITEMS

1. Consultation, Spinal or Joint Manipulation				
Code	Description	Ver	Add	Osteopathy
			RVU	Fee
001	Initial consultation/manipulation (fee covering history, examination and treatment)	06.02		16.000
	COIDS - Full case history, physical exam & use of diagnostic equipment, but excluding remedies, immobilisation, and manipulative procedure	06.02		
002	Subsequent manipulation/examination (fee covering subsequent examination and treatment / manipulation for the same condition)	06.02		8.000
	COIDS - Subsequent consultation & examination not requiring treatment	06.02		
003	Consultation/examination where no treatment is required	09.00		
	COIDS - Spinal or extra-spinal joint manipulation ONLY.	06.02		
600	Lifestyle Advice / Counselling	09.00		5.000
2. High Velocity, Low Amplitude Thrust (HVLAT) Techniques				
410	Cervical Spine High Velocity, Low Amplitude Thrust (HVLAT) Techniques	09.00		3.000
420	Lumbar Spine High Velocity, Low Amplitude Thrust (HVLAT) Techniques	09.00		4.000
430	Peripheral Joint High Velocity, Low Amplitude Thrust (HVLAT) Techniques	09.00		3.000
440	Thoracic Spine High Velocity, Low Amplitude Thrust (HVLAT) Techniques	09.00		3.000
3. Other Osteopathic Techniques				
510	Cranio-Sacral Osteopathic Technique	09.00		20.000
520	General Body Adjustment (GBA)	09.00		22.000
530	General Osteopathic Treatment (GOT)	09.00		20.000
540	Muscle Energy Techniques (MET)	09.00		5.000
550	Passive Joint Articulation	09.00		6.000
4. Modalities/Adjunctive Therapy				
Soft Tissue Manipulation				
101	Massage	06.02		10.000
103	Myofascial pain therapy	06.02		6.000
Superficial Heating Therapy				
121	Hydrocollator/Ice pack - Hot or cold packs	06.02		4.000
123	Infra-Red Treatment	09.00		8.000
Non-heating Modalities				
145	Ultrasound	06.02		8.000
149	Interferential treatment	09.00		10.000
155	Vibration therapy	06.02		7.000

Code	Description	Var	Add	Osteopathy	
				RVU	Fee
161	TENS	06.02		9.000	-
165	Traction: Mechanical/Static, etc.	06.02		10.000	-
Cold Applications					
173	Cold packs	06.02		4.000	-
Therapeutic Exercise					
187	Proprioceptive neuromuscular facilitation	06.02		6.000	-
189	Gait Analysis & Training	09.00		15.000	-
Immobilisation					
203	Supportive strapping, bracing, splinting and taping	06.02		8.000	-

PHYSICAL REHABILITATION HOSPITALS

Physical Rehabilitation Hospitals 2009

DRAFT NATIONAL REFERENCE PRICE LIST IN RESPECT OF REHABILITATION HOSPITALS WITH A PRACTICE NUMBER COMMENCING WITH "59" WITH EFFECT FROM 1 JANUARY 2009				
The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.				
In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.				
VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.				
GENERAL RULES				
A	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.			04.00
B.1	Procedure for the classification of hospitals:			04.00
B.1.1	Inspections of sub-acute facilities, private hospitals, rehabilitation hospitals or sub-acute facilities having practice code numbers commencing with the digits 059 will be conducted by an independent agency on behalf of BHF. Applications to be addressed in writing to BHF.			04.00
C	All accounts submitted by rehabilitation hospitals shall comply with all of the requirements in terms of the Medical Schemes Act, Act No. 131 of 1999. Where possible, such accounts shall also reflect the practice code numbers and names of the surgeon, the anaesthetist and of any assistant surgeon who may have been present during the course of an operation.			04.00
D	All accounts shall be accompanied by a copy of the relevant theatre accounts specifying all details of items charged, as well as all the procedures performed. Photocopies of all other documents pertaining to the patients account must be provided on request. Medical schemes shall have the right to inspect the original source documents at the rehabilitation hospital concerned.			04.00
E	All accounts containing items which are subject to a discount in terms of the recommended benefit shall indicate such items individually and shall show separately the gross amount of the discount.			04.00
F	Accommodation fees includes the services listed below:			04.00
	A. The minimum services that are required are items 3, 5 and 6.			
	B. If managed care organisations or medical schemes request any of the other services included in this list, no additional charge may be levied by the hospital.			
	1 Pre-authorisation (up to the date of admission) of:			
	· length of stay			
	· level of care			
	· theatre procedures			
	2 Provision of ICD-10 and CPT-4 codes when requesting pre-authorisation			
	3 Notification of admission			
	4 Immediate notification of changes to:			
	· length of stay			
	· level of care			
	· theatre procedures			
	5 Reporting of length of stay and level of care			
	· In standard format for purposes of creating a minimum dataset of information to be used in defining an alternative reimbursement system.			
	6 Discharge ICD-10 and CPT-4 coding			
	· In standard format for purposes of creating a minimum dataset of information to be used in defining an alternative reimbursement system.			
	· Including coding of complications and co-morbidity. To be done as accurately as practically possible by the hospital.			
	7 Case management by means of standard documentation and liaison between scheme and hospital appointed case managers			
	· Liaison means communication and sharing of information between case managers, but does not include active case management by the hospital.			
SCHEDULE				
7	GLOBAL FEE FOR REHABILITATION WITH A PRACTICE NUMBER COMMENCING WITH "59"			
	The following rehabilitation categories will be treated in recognised and accredited rehabilitation hospitals: Stroke, Brain dysfunction (traumatic and non-traumatic), Spinal cord dysfunction (traumatic and non-traumatic), Orthopaedic (lower joint replacements), Amputation (lower extremity), Cardiac, Pulmonary, Major multiple trauma. Other neurological or orthopaedic impairments will require specific letters of motivation.			04.00
	This section is only applicable to facilities registered as Physical Rehabilitation Hospitals and not Sub-acute facilities.			04.00
Rehabilitation				
Code	Description	Ver	Add	Physical Rehabilitation Hospitals
				RVU Fee

Code	Description	Ver	Add	Physical Rehabilitation Hospitals	
				RVU	Fee
100	Out patients, 3 hours per day (maximum 18 days)	04.00		10.000	445.60 (390.90)
101	Out patients, 6 hours per day (maximum 18 days)	04.00		21.103	940.30 (824.80)
105	General care (maximum 27 days)	04.00		42.013	1872.10 (1642.20)
107	High care (maximum 36 days)	04.00		49.522	2206.70 (1935.70)
109	Rehabilitation ICU (maximum 7 days)	04.00		89.005	3966.10 (3479.00)

PHYSIOTHERAPY

Physiotherapy 2009

DRAFT NATIONAL REFERENCE PRICE LIST IN RESPECT OF PHYSIOTHERAPISTS WITH EFFECT FROM 1 JANUARY 2009		
<p>The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.</p> <p>In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.</p> <p>VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.</p>		
REGULATIONS DEFINING THE SCOPE OF THE PROFESSION OF PHYSIOTHERAPY (R2301 - 3 December 1976)		
SCHEDULE		
General rules governing the scale of benefits		
001	Unless timely steps (i.e. 24 hours prior to the appointment) are taken to cancel an appointment the relevant fee may be charged, but shall not be payable by medical schemes. Each case shall, however, be considered on merit and, if circumstances warrant, no fee shall be charged. Modifier 0001 to be quoted	04.00
002	In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by the practitioner, the practitioner shall provide motivation for a higher fee and such higher fee as may be agreed upon between the practitioner and the scheme may be charged	04.00
003	Where a practitioner uses equipment which is not owned by that practitioner, a reduction of 15% of the relevant rate will be applicable. Modifier 0003 must be quoted when this rule is applied	04.00
004	In the case of prolonged or costly treatment, the practitioner should first ascertain from the scheme concerned whether it will accept financial responsibility in respect of such treatment, since the member may be subject to maximum annual benefits	04.00
005	After a series of 20 treatments in respect of one patient for the same condition, the practitioner concerned shall report to the scheme as soon as possible if further treatment is necessary. Payment for treatments in excess of the stipulated number may be granted by the scheme after receipt of a letter from the practitioner concerned, motivating the need for such treatment	04.00
006	<p>Where emergency treatment is provided:</p> <p>a. during working hours, and the provision of such treatment requires the practitioner to leave her or his practice to attend to the patient in hospital; or</p> <p>b. after working hours</p> <p>the fee for such visits shall be the total fee plus 50%.</p> <p>For purposes of this rule:</p> <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> <p>Modifier 0006 must be quoted after the appropriate code number(s) to indicate that this rule is applicable.</p>	04.00
007	Practitioners are reminded that a lower fee than that appearing in the scale of benefits shall be charged if the customary fee in the area is less than that charged. Reduced fees shall also be charged where the practitioner would have reduced his/her fee in private practice in particular cases. Prolonged treatment or exceptional cases should also receive special consideration in accordance with the usual medical practice	04.00
008	The fee in respect of more than one procedure (excluding evaluation and visiting items 407, 501, 502, 503, 507, 509, 701, 702, 703, 704, 705, 706, 707, 708, 801, 803, 901 and 903) performed at the same consultation or visit, shall be the fee for the major procedure plus half the fee in respect of each additional procedure, but under no circumstances may fees be charged for more than three procedures carried out in the treatment of any one condition. Modifier 0008 must then be quoted after the appropriate code numbers for the additional code numbers for the additional procedures to indicate that this rule is applicable.	05.05
009	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 then be quoted after the appropriate code number to indicate that this rule is applicable.	04.00
010	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 other condition. Both conditions must be specified. Modifier 0010 must then be quoted after the appropriate code number to indicate that this rule is applicable.	04.00
011	<p>Every physiotherapist must acquaint himself with the provisions of the Medical Schemes Act, 1998 and the regulations promulgated under the Act in connection with the rendering of accounts.</p> <p>Every account shall contain the following particulars :</p> <ul style="list-style-type: none"> · The name and practice code number of the referring practitioner (where applicable). · The name of the member. · The name of the patient. · The name of the medical scheme. · The membership number of the member. · The practice code number and name of practitioner · The nature and cost of the treatment. · The date on which the service was rendered. · The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered. 	04.00
012	NB: Rounding off does not apply to amounts occurring once the modifiers are used.	04.00

Code	Description	Ver	Add	Physiotherapy	
				RVU	Fee
013	Where the physiotherapist performs treatment away from the treatment rooms, travelling costs being more than 16 kilometres in total) to be charged according to the AA-rate. Modifier 0013 must be quoted after the appropriate code numbers to show that this rule is applicable. Please note that although only some medical schemes accept responsibility for the payment of transport expenses, others do so in exceptional cases only.				04.00
014	Physiotherapy services rendered in a nursing home or hospital. Modifier 0014 must be quoted after each code.				04.00
016	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.				04.00
Modifiers					
0001	Appointment not kept				04.00
0003	15% of the relevant rate to be deducted where equipment used is not owned by the practitioner				04.00
0006	Add 50% of the total fee for the treatment				04.00
0008	Only 50% of the fee for these additional procedures may be charged				04.00
0009	The full fee for the additional condition may be charged				04.00
0010	Only 50% of the fee for the second condition may be charged				04.00
0013	Travelling costs (being more than 16 kilometres in total) according to AA-rate. Please note that although only some medical schemes accept responsibility for the payment of transport expenses, others do so in exceptional cases only.				04.00
0014	Physiotherapy services rendered to an in-patient in a nursing home or hospital.				04.00
1 RADIATION THERAPY / MOIST HEAT / CRYOTHERAPY					
Code	Description	Ver	Add	Physiotherapy	
				RVU	Fee
001	Infra-red, Radiant heat, Wax therapy Hot packs	04.00		5.000	29.00 (25.40)
005	Ultraviolet light	04.00		10.000	58.00 (50.80)
006	Laser beam	04.00		15.000	86.90 (76.30)
007	Cryotherapy	04.00		5.000	29.00 (25.40)
2 LOW FREQUENCY CURRENTS					
103	Galvanism, Diodynamic current, Tens.	04.00		10.000	58.00 (50.80)
105	Muscle and nerve stimulating currents.	04.00		12.000	69.50 (61.00)
107	Interferential Therapy.	04.00		10.000	58.00 (50.80)
3 HIGH FREQUENCY CURRENTS					
201	Shortwave diathermy.	04.00		5.000	29.00 (25.40)
203	Ultrasound.	04.00		10.000	58.00 (50.80)
205	Microwave.	04.00		5.000	29.00 (25.40)
4 PHYSICAL MODALITIES					
300	Vibration	04.00		10.000	58.00 (50.80)
301	Percussion	04.00		16.100	93.30 (81.80)
302	Massage	04.00		10.000	58.00 (50.80)
303	Myofascial release/soft tissue mobilisation, one or more body parts	04.00		20.090	116.40 (102.10)
304	Acupuncture	04.00		15.000	86.90 (76.30)
305	Re-education of movement/Exercises (excluding ante- and post-natal exercises)	04.00		10.000	58.00 (50.80)
307	Pre- and post-operative exercises and/or breathing exercises	04.00		10.000	58.00 (50.80)
308	Group exercises (excluding ante- and post-natal exercises - maximum of 10 in a group)	04.00		10.000	58.00 (50.80)
309	Isokinetic treatment.	04.00		10.000	58.00 (50.80)
310	Neural tissue mobilisation	04.00		20.000	115.90 (101.70)
313	Ante and post natal exercises/counselling	04.00		10.000	58.00 (50.80)
314	Lymph drainage	04.00		5.000	29.00 (25.40)
315	Postural drainage.	04.00		10.000	58.00 (50.80)

Code	Description	Ver	Add	Physiotherapy	
				RVU	Fee
317	Traction.	04.00		10.000	58.00 (50.80)
318	Upper respiratory nebulisation and/or lavage	04.00		10.000	58.00 (50.80)
319	Nebulisation	04.00		10.000	58.00 (50.80)
321	Intermittent positive pressure ventilation.	04.00		10.000	58.00 (50.80)
323	Suction: Level 1 (including sputum specimen taken by suction)	04.00		5.000	29.00 (25.40)
325	Suction: Level 2 (Suction with involvement of lavage as a treatment in a special unit situation or in the respiratory compromised patient)	04.00		20.090	116.40 (102.10)
327	Bagging (used on the intubated unconscious patient or in the severely respiratory distressed patient).	04.00		5.000	29.00 (25.40)
328	Dry needling	04.00		15.000	86.90 (76.30)
5	MANIPULATION/MOBILISATION OF JOINTS OR IMMOBILISATION				
401	Spinal.	04.00		15.000	86.90 (76.30)
402	Pre meditated manipulation	04.00		10.000	58.00 (50.80)
405	All other joints.	04.00		15.000	86.90 (76.30)
407	Immobilisation (excluding materials). Rule 008 does not apply.	04.00		15.000	86.90 (76.30)
6	REHABILITATION				
501	Rehabilitation where the pathology requires the undivided attention of the physiotherapist. Rule 008 does not apply. Duration: 30min.	04.00		25.000	144.90 (127.10)
502	Hydrotherapy where the pathology requires the undivided attention of the physiotherapist. Rule 008 does not apply. Duration: 30min.	04.00		25.000	144.90 (127.10)
503	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.	04.00		55.000	318.70 (279.60)
504	EMG Biofeedback treatment	04.00		15.000	86.90 (76.30)
505	Group rehabilitation. Treatment of a patient with disabling pathology in an appropriate facility requiring specific equipment and supervision, without individual attention for the whole treatment session, no charge may be levied by facility	05.05		12.000	69.50 (61.00)
506	Stress management	04.00		20.000	115.90 (101.70)
507	Respiratory Re-education and Training. Duration: 30min.	04.00		15.000	86.90 (76.30)
509	Rehabilitation. Each additional full 15 mins. Where the pathology requires the undivided attention of the physiotherapist. (Rule 0008 does not apply.) Can only be used with codes 501, 502, 507 or 503 to indicate the completion of an additional 15 minutes. A maximum of two instances of this code may be charged per session.	06.02		15.000	86.90 (76.30)
7	EVALUATION				
701	Evaluation/counselling at the first visit only (to be fully documented)	04.00		15.000	86.90 (76.30)
702	Complex evaluation/counselling at the first visit only (to be fully documented).	04.00		30.000	173.90 (152.50)
703	One complete re-assessment of a patient's condition during the course of treatment. To be used only once per episode of care.	04.00		15.000	86.90 (76.30)
704	Lung function: Peak flow (once per treatment).	04.00		5.000	29.00 (25.40)
705	Computerised/Electronic test for lung pathology	04.00		15.000	86.90 (76.30)
706	Reports. To be used to motivate for therapy and/or give a progress report and/or a pre-authorisation report, where such a report is specifically required by the medical scheme.	05.03		15.000	86.90 (76.30)
707	Physical Performance test. Must be fully documented.	04.00		20.000	115.90 (101.70)
708	Interview, guidance or consultation with the patient or his family. To be used only once per episode of care.	05.02		15.000	86.90 (76.30)
801	Electrical test for diagnostic purposes (including IT curve and Isokinetic tests) for a specific medical condition	04.00		35.000	202.80 (177.90)
803	Effort test - multistage treadmill.	04.00		35.000	202.80 (177.90)
8	VISITING CODES				
901	Treatment at a nursing home : Relevant fee plus (to be charged only once per day and not with every hospital visit	04.00		10.000	58.00 (50.80)

Code	Description	Ver	Add	Physiotherapy	
				RVU	Fee
903	Domicilliary treatments : Relevant fee plus.	04.00		20.000	115.90 (101.70)
10	OTHER				
117	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	04.00		-	-
937	Bird or equivalent freestanding nebuliser excluding oxygen at hospital per day.	04.00		10.000	58.00 (50.80)
938	Bird or equivalent freestanding nebuliser excluding oxygen domicilliary per day.	04.00		10.000	58.00 (50.80)
939	Cost of material: Items to be charged (exclusive of VAT) at net acquisition price plus - 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands.	04.00		-	-
940	Cost of appliances: Items to be charged (exclusive of VAT) at net acquisition price plus- 26% of the net acquisition price where the net acquisition price of that appliance is less than one hundred rands; a maximum of twenty six rands where the net acquisition price of that appliance is greater than or equal to one hundred rands.	04.00		-	-
941	Hiring equipment: 1% of the current replacement value of the equipment per day. Total charge not to exceed 50% of replacement value. Description of equipment to be supplied.	04.00			
	Payment of this item is at the discretion of medical scheme concerned, and should be considered in instances where cost savings can be achieved. By prior arrangement with the medical scheme.	05.03			

PHYTOTHERAPY

Phytotherapy 2009

DRAFT NATIONAL REFERENCE PRICE LIST FOR SERVICES BY PHYTOTHERAPISTS EFFECTIVE FROM 1 JANUARY 2009					
<p>The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.</p> <p>In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.</p> <p>VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.</p>					
RULES					
ITEMS					
Consultations					
Consultation encompasses consultation, history taking, patient examination and assessment, side room diagnostic tests, counseling and/or preparation of medicines.					
Code	Description	Ver	Add	Phytotherapy	
				RVU	Fee
130	Consultation (initial or follow up). Duration 5 - 15 mins	09.00		10.000	52.00 (45.60)
131	Consultation (initial or follow up). Duration 16 - 30 mins	06.04		22.500	116.90 (102.50)
132	Consultation (initial or follow up). Duration 31 - 45 mins	06.04		37.500	194.90 (171.00)
133	Consultation (initial or follow up). Duration 46 - 60 mins	06.04		52.500	272.80 (239.30)
134	Consultation, each additional full 15 mins, to a maximum of 60 mins	06.04		15.000	78.00 (68.40)
Preparation and Dispensing of Medicaments					
Medicaments					
	The amount charged in respect of proprietary medicines shall be at net acquisition price.				06.04
	In relation to all other materials, items are to be charged (exclusive of VAT) at net acquisition price plus -				
	* 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; and				
	* a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands.				
310	Tinctures, per 10 ml	06.02		2.700	3.25 (2.85)
320	Tea mixes, per 10g	06.02		1.000	1.20 (1.05)
330	Capsules/tablets, per capsule	06.02		3.400	4.09 (3.59)
340	Creams/Ointments, per 10ml	06.02		20.100	24.20 (21.20)
350	Syrups, per 10ml	06.02		2.800	3.37 (2.96)
360	Medicinal oils, per 10ml	06.02		1.300	1.56 (1.37)
390	Proprietary materials	06.02		-	-
395	Proprietary medicines	06.02		-	-