

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
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ITEMS

1. Consultations					
Code	Description	Ver	Add	Naturopathy	
				RVU	Fee
10010	Consultation (initial or follow up). Duration 5 - 15 mins				
10020	Consultation (initial or follow up). Duration 16 - 30 mins	09.00		10.000	-
10090	Consultation, each additional full 15 mins, to a maximum of 60 mins	09.00		22.500	-
		09.00		15.000	-
2. Diagnostic Procedures					
20010	Vega testing				
20020	Life blood testing	09.00		15.000	-
3. Treatment Procedures					
		09.00		15.000	-
30010	Hydrotherapy				
30011	Hydrotherapy, each additional full 15 mins, after initial 30 mins, to a maximum of 60 mins	09.00		30.000	-
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		15.000	-
30061	Massage therapy, each additional full 15 min, after initial 30 mins, to a maximum of 60 mins	09.00		30.000	-
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			-	-
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

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.

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> <p>i The name and practice number of the consulting occupational or art therapist.</p> <p>ii The name of the member.</p> <p>iii The name of the patient.</p> <p>iv The name of the medical scheme.</p> <p>v The membership number of the patient.</p> <p>vi The nature of the treatment.</p> <p>vii The date on which the service was rendered.</p> <p>viii The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered.</p>	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.						
109	Interview, guidance or consultation. Each additional 15 mins. A maximum of four instances of this code may be charged per session.	06.02		21.250	129.30 (113.40)	21.250	70.80 (62.10)
	Time based items in this section exclude time spent on procedures charged in addition to the consultation	06.02	+	10.630	64.70 (56.80)	10.625	35.40 (31.10)
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).	05.02					
110	Reports. To be used to motivate for therapy and/or give a progress report and/or a pre-authorization report, where such a report is specifically required by the medical scheme.	04.00					
501	Treatment in nursing home or other health care facilities. Relevant fee plus (once per day)	05.02		16.500	100.40 (88.10)	22.140	73.70 (64.60)
503	Domiciliary treatments: Relevant fee plus	09.00	+	10.000	60.80 (53.30)	10.000	33.30 (29.20)
		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					
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		7.500	45.60 (40.00)	10.000	33.30 (29.20)
207	Specific evaluation for dysfunction involving the whole body (Specify condition and which aspects evaluated).	04.00		22.500	136.90 (120.10)	30.000	99.90 (87.60)
209	Specific in depth evaluation of certain functions affecting the total person (Specify the aspects assessed).	04.00		45.000	273.80 (240.20)	60.000	199.90 (175.40)
		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

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**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	Reevaluation 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					
<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>					
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				
<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				
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	Ver	Add	Osteopathy	
				RVU	Fee
161	TENS				
165	Traction: Mechanical/Static, etc.	06.02		9.000	-
Cold Applications		06.02		10.000	-
173	Cold packs				
Therapeutic Exercise		06.02		4.000	-
187	Proprioceptive neuromuscular facilitation				
189	Gait Analysis & Training	06.02		6.000	-
Immobilisation		09.00		15.000	-
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:	
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.

This section is only applicable to facilities registered as Physical Rehabilitation Hospitals and not Sub-acute facilities.

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				
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)