
GENERAL NOTICES • ALGEMENE KENNISGEWINGS

DEPARTMENT OF EMPLOYMENT AND LABOUR

GENERAL NOTICE 1701 OF 2023

PHYSIOTHERAPY GAZETTE 2023



Compensation Fund, Delta Heights Building 167 Thabo Sehume Street, Pretoria 0001
Tel: 0860 105 350 | Email address: cfcallCentre@labour.gov.za www.labour.gov.za

DEPARTMENT OF LABOUR

NOTICE:

DATE:

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

ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICES PROVIDERS.

1. I, Thembelani Waltermade Nxesi, Minister of Employment and Labour, hereby give notice that, after consultation with the Compensation Board and acting under powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993), prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rule applicable thereto, appearing in the Schedule, with effect from 1 April 2023.
2. Medical Tariffs increase for 2023 is 4%
3. The fees appearing in the Schedule are applicable in respect of services rendered on or after 1 April 2023 and Exclude 15% Vat.

Mr TW NXESI, MP

MINISTER OF EMPLOYMENT AND LABOUR

24 / 01 / 2023



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GENERAL INFORMATION ABOUT THE COMPENSATION FUND AND ITS MEDICAL SERVICES BENEFITS DIRECTORATE**THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER**

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

- An employee as defined in the COID Act of 1993, is at liberty to choose their preferred medical service provider and no interference with this is permitted, as long as it is exercised reasonably and without prejudice to the employee or the Compensation Fund.
The only exception to this rule is in case where an employer, with the approval of the Compensation Fund, provides comprehensive medical aid facilities to his employees, i.e. including hospital, nursing and other services — section 78 of the Compensation for Occupational Injuries and Diseases Act refers.
- In terms of section 42 of the COID Act of 1993, the Compensation Fund may refer an injured employee to a specialist medical practitioner designated by the Director General for a medical examination and report. Special fees are payable when this service is requested.
- In terms of section 76,3(b) of the COID Act of 1993, no amount in respect of medical expenses shall be recoverable from the employee.
- In the event of a change of a medical practitioner attending to a case, the first treating doctor in attendance will, except where the case is transferred to a specialist, be regarded as the principal treating doctor.
- To avoid disputes regarding the payment for services rendered, medical practitioners should refrain from treating an employee already under treatment by another doctor without consulting / informing the principal treating doctor. As a general rule, changes of doctor are not favoured by the Compensation Fund, unless sufficient reasons exist for such a change.
- According to the National Health Act no 61 of 2003, Section 5, a health care provider may not refuse a person emergency medical treatment. Such a medical service provider should not request the Compensation Fund to authorise such treatment before the claim has been submitted to and liability for the claim is accepted by the Compensation Fund.
 - Pre-authorisation of treatment is not possible and no medical expense will be approved if liability for the claim has not been accepted by the Compensation Fund.
- An employee seeks medical advice at their own risk. If such an employee presents themselves to a medical practitioner as being entitled to treatment in terms of the COID Act of 1993, whilst having failed to inform their employer and/or the Compensation Fund of any possible grounds for a claim, the Compensation Fund cannot accept responsibility for the settlement of medical expenses incurred.
- The Compensation Fund could also have reasons to repudiate a claim lodged with it, in such circumstances the employee would be in the same position as any other member of the public regarding payment of his medical expenses.



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- Proof of identity is required in the form of a copy of a South African Identity document/card, will be required in order for a claim to be registered with the Compensation Fund.
 - In the case of foreign nationals, the proof of identity (passport) must be certified.
- All supporting documentation submitted to the Compensation Fund must reflect the identity and claim number of the employee.
- The completion of medical reports cannot be claimed separately as they are inclusive in all medical tariffs.
- The tariff amounts published in the gazette guides for medical services rendered in terms of the COID Act do not include VAT. All invoices for services will therefore be assessed without VAT.
- VAT will therefore be calculated and applied without rounding off to invoices for service providers that have confirmed their VAT vendor status with the Compensation Fund by the submission of their VAT registration number.

POPI COMPLIANCE

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

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OVERVIEW OF CLAIMS PROCESS WITHIN THE COMPENSATION FUND

All claims lodged in the prescribed manner with the Compensation Fund follow the process outlined below:

1. New claims are registered by the Employers with the Compensation Fund and the employer, if registered as a user on the online processing system is able to view claim details like the claim number allocated, and the progress of the claim online.
 - a. The allocation of a claim number by the Compensation Fund, does not constitute acceptance of liability for a claim, but means that the injury on duty has been reported to and registered with the Compensation Commissioner.
 - b. Any enquiries related to a claim should be directed to the employer and or the nearest Labour Centre
2. If liability for a claim is accepted by the Compensation Fund in terms of the COIDA Act, reasonable medical expenses, related to the medical condition shall be paid to medical service providers that treat injured/diseased employee's. Reasonable medical expense shall be paid in line with its approved Tariffs and Billing rules and procedures, published annually in Government Gazettes.
3. If a claim is repudiated in terms of the COIDA Act, medical expenses for services rendered will not be paid by the Compensation Fund. The employer and the employee will be informed of this decision and the injured employee will be liable for payment.
4. In the case sufficient information pertaining to a claim is unavailable after registration thereof, the status of the claim will be rejected until the outstanding information is submitted and liability of the claim can be determined. Depending on the outcome, the invoices from the service provider will be dealt with as set out in 2 and 3. Please note that there are claims on which a decision might never be taken due to the non-submission of outstanding information.
5. The Compensation Fund will only pay reasonable medical expenses for treatment of the condition that liability has been accepted and will not pay for any other unrelated treatment.

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**MEDICAL SERVICE PROVIDERS REGISTRATION REQUIREMENTS WITH THE
COMPENSATION FUND**

The Compensation Fund requires that any Medical Service Provider who seeks to treat patients in terms of the COID Act must register their details including their banking details with the Compensation Fund. They must thereafter register as a user of the online processing system.

The steps that are to be followed are detailed hereunder:

**REGISTERING WITH THE COMPENSATION FUND AS A MEDICAL SERVICE PROVIDER
TREATING INJURED/DISEASED EMPLOYEES**

1. Copies of the following documents must be submitted:
 - a. A certified identity document of the practitioner
 - b. Certified valid BHF certificate
 - c. Bank Statement not older than one month with a bank stamp.
 - d. Proof of address not older than 3 months.
 - e. Submit SARS Vat registration number document where applicable. If this is not provided the Medical Service Provider will be registered as a Non VAT vendor.
 - f. Submit proof of dispensing licence where applicable.
2. A duly completed original Banking Details form (W.aC 33) that can be downloaded in PDF from the Department of Employment and Labour Website (www.labour.gov.za). Please note on completion this form must contain the relevant bank stamp.
3. Submit the following additional information on the Medical Service Provider letterhead, Cell phone number, Business contact number, Postal address, Email address. The Fund must be notified in writing of any changes in order to effect necessary changes on the systems.
4. The name of the switching house that submit invoices on behalf of the medical service provider.
5. These documents must be handed in to the nearest Labour centre for capturing.

Kindly take note of the following: All medical service providers will be subjected to the Compensation Fund vetting processes.

**REGISTERING WITH THE COMPENSATION FUND AS AN ONLINE SYSTEM USER FOR MEDICAL
SERVICE PROVIDER**

To become an online user of the claims processing system Medical Service Providers must follow the following steps.

1. Register as an online user with the Department of Employment and Labour on its website (www.labour.gov.za)



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2. Register on the CompEasy application
 - a. The following documents must be at hand to upload
 - i. A certified copy of identity document (not older than a month from the date of application)
 - ii. Certified valid BHF certificate
 - iii. Proof of address not older than 3 months
 - b. In the case where a medical service provider wishes to appoint a proxy to interact on the claims processing system the following ADDITIONAL documents must be uploaded
 - i. An appointment letter for proxy (the template is available online)
 - ii. The proxy's certified identity document (not older than a month from the date of application)
3. There is an online instructions to guide a user on registering as an online user (www.compeasy.gov.za)

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BILLING PROCEDURE TO BE ADHERED TO WHEN BILLING FOR MEDICAL SERVICES PROVIDED TO INJURED/DISEASED EMPLOYEES

1. All service providers should be registered on the Compensation Fund claims processing system in order to capture medical invoices and reports for medical services rendered.
2. Prior to submitting, uploading or switching medical invoices and supporting reports, medical service providers should ensure that the claim is one that the Compensation Fund has accepted liability for and therefore reasonable medical expenses can be paid.
3. Medical Reports:
 - a. The first medical report (W. CL 4), completed after the first consultation must confirm the **clinical** description of the injury/disease. It must also detail any procedure performed and also any referrals to other medical service providers where applicable.
 - b. All follow up consultations must be completed on a Progress Medical Report (W.CL5). It must also detail any operation/procedure performed and also any referrals to other medical service providers where applicable.
 - i. A progress medical report is considered to cover a period of 30 days, with the exception where a procedure was performed during that period then an additional operation report will be required.
 - ii. Only one medical report is required when multiple procedures are done on the same service date.
 - c. When the injury/disease being treated stabilises a Final Medical Report must be completed (W.CL 5F).
 - d. Medical Service Providers are required to keep copies of medical reports which should be made available to the Compensation Commissioner on request.
4. Medical Invoices
 - a. The Compensation Fund allows the submission of invoices in 3 different formats, the use of a switching house, directly uploading the invoice onto the processing application and the receipt of manual invoices by Labour Centre's. The former two are encouraged for Medical Service Providers to use, whilst the last form is for Medical Service Providers who have a small amount of invoices to submit.
 - b. Medical invoices should be switched to the Compensation Fund using the attached **format or electronic invoicing file layout**. It must be noted that the corresponding medical report must be uploaded online prior to the invoice data being switched, to avoid systematic rejections on receipt.
 - c. The processing system has an online guide available to guide Medical Service Providers for the direct uploading of invoice on the application.
 - d. The status of invoices /claims can be viewed on the Compensation Fund claims system. If invoices are still partially or wholly outstanding with no reason indicated, after 60 days following submission, the service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website (www.labour.gov.za)



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- e. Manual invoices and their corresponding medical reports must be handed in to the nearest labour centre.
- 5. The progress status of successfully submitted invoices can be viewed on the Compensation Fund online portal/APP.
- 6. If a medical service provider claims an amount less than the published tariff amount for a code, the Compensation Fund will only pay the claimed amount.
- 7. If a medical service provider claims an amount more than the published tariff amount for a code, the Compensation Fund will only pay the Gazetted amount.

NOTE: Templates of the following medical forms are available on the Department of Employment and Labour website (www.labour.gov.za)

First Medical Report (W.CL 4)

Progress/Final Medical Report (W.CL 5 / W.CL 5)

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**MINIMUM OF INFORMATION TO BE INCLUDED ON MEDICAL INVOICES
SUBMITTED TO THE COMPENSATION FUND:**

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

1. The allocated Compensation Fund claim number
2. Name and ID number of employee
3. Name and Compensation Fund registration number, as indicated on the corresponding Employers Report of Accident (W.CL 2), for switched invoices
4. DATES:
 - a. Date of accident
 - b. Date of service (From and To)
5. Medical Service Provider BHF practice number
6. VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the invoice)
7. Tariff Codes:
 - a. Tariff code applicable to injury/disease as in the official published tariff guides
 - b. Amount claimed per code and the total of the invoice
8. VAT:
 - a. The tariff amounts published in the tariff guides to medical services rendered in terms of the COID Act of 1993 do not include VAT. All invoices for services rendered will be assessed without VAT. Only if it is indicated that the service provider is registered as a VAT vendor and a VAT registration number is provided, will VAT be calculated and added to the payment, without being rounded off.
 - b. The only exception is the "per diem" tariffs for Private Hospitals that already include VAT.
 - c. Please note that there are VAT exempted codes in the Private Ambulance tariff structure.
9. All pharmacy or medication invoices must be accompanied by the original scripts
10. Where applicable the referral letter from the treating practitioner must accompany the medical service providers' invoice.
11. All medical invoices must be submitted with invoice numbers to prevent system rejections. Duplicate invoices should not be submitted.

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

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**REQUIREMENTS FOR SWITCHING MEDICAL INVOICES WITH THE
COMPENSATION FUND**

The switching provider / third party must comply with the following requirements:

1. Register with the Compensation Fund as an employer.
2. Host a secure FTP (or SFTP) server to ensure encrypted connectivity with the Fund. This requires that they ensure the following:
 - a. Disable Standard FTP because is now obsolete. ...and use latest version and reinforce FTPS protocols and TLS protocols
 - b. Use Strong Encryption and Hashing.
 - c. Place Behind a Gateway.
 - d. Implement IP Blacklists and Whitelists.
 - e. Harden Your FTPS Server.
 - f. Utilize Good Account Management.
 - g. Use Strong Passwords.
 - h. Implement File and Folder Security
 - i. Secure your administrator, and require staff to use multifactor authentication
3. Submit and complete successful test file after registration before switching the invoices.
4. Validate medical service provider's registration with the Board of Healthcare Funders of South Africa.
5. Submit medical invoices with gazetted COIDA tariffs that are published annually.
6. Comply with medical billing requirements of the Compensation Fund.
7. Single batch submitted must have a maximum of 100 medical invoices.
8. Eliminate duplicate invoices before switching to the Fund.
9. File name must include a sequential batch number in the file naming convention.
10. File names to include sequential number to determine order of processing.
11. Medical Service Providers will be subjected to Compensation Fund vetting processes.
12. Third parties must submit a power of attorney.
13. Submit any information/documentation requested by the Fund.
14. Only pharmacies should claim from the NAPPI file.

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



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COMPEASY ELECTRONIC INVOICING FILE LAYOUT

FIELD	DESCRIPTION	Max Length	DATA TYPE	MANDATORY
BATCH HEADER				
1	Header identifier = 1	1	Numeric	*
2	Switch internal Medical aid reference number	5	Alpha	
3	Transaction type = M	1	Alpha	
4	Switch administrator number	3	Numeric	
5	Batch number	9	Numeric	*
6	Batch date (CCYYMMDD)	8	Date	*
7	Scheme name	40	Alpha	*
8	Switch internal	1	Numeric	
DETAIL LINES				
1	Transaction identifier = M	1	Alpha	*
2	Batch sequence number	10	Numeric	*
3	Switch transaction number	10	Numeric	*
4	Switch internal	3	Numeric	
5	CF Claim number	20	Alpha	*
6	Employee surname	20	Alpha	*
7	Employee initials	4	Alpha	*
8	Employee Names	20	Alpha	*
9	BHF Practice number	15	Alpha	*
10	Switch ID	3	Numeric	
11	Patient reference number (account number)	11	Alpha	*
12	Type of service	1	Alpha	
13	Service date (CCYYMMDD)	8	Date	*
14	Quantity / Time in minutes	7	Decimal	*
15	Service amount	15	Decimal	*
16	Discount amount	15	Decimal	*
17	Description	30	Alpha	*
18	Tariff	10	Alpha	*
19	Service fee	1	Numeric	
20	Modifier 1	5	Alpha	
21	Modifier 2	5	Alpha	
22	Modifier 3	5	Alpha	
23	Modifier 4	5	Alpha	
24	Invoice Number	10	Alpha	*
25	Practice name	40	Alpha	*
26	Referring doctor's BHF practice number	15	Alpha	
27	Medicine code (NAPPI CODE)	15	Alpha	*
28	Doctor practice number - sReferredTo	30	Numeric	



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29	Date of birth / ID number	13	Numeric	*
30	Service Switch transaction number – batch number	20	Alpha	
31	Hospital indicator	1	Alpha	*
32	Authorisation number	21	Alpha	*
33	Resubmission flag	5	Alpha	*
34	Diagnostic codes	64	Alpha	*
35	Treating Doctor BHF practice number	9	Alpha	
36	Dosage duration (for medicine)	4	Alpha	
37	Tooth numbers		Alpha	*
38	Gender (M, F)	1	Alpha	
39	HPCSA number	15	Alpha	
40	Diagnostic code type	1	Alpha	
41	Tariff code type	1	Alpha	
42	CPT code / CDT code	8	Numeric	
43	Free Text	250	Alpha	
44	Place of service	2	Numeric	*
45	Batch number	10	Numeric	
46	Switch Medical scheme identifier	5	Alpha	
47	Referring doctor's HPCSA number	15	Alpha	*
48	Tracking number	15	Alpha	
49	Optometry: Reading additions	12	Alpha	
50	Optometry: Lens	34	Alpha	
51	Optometry: Density of tint	6	Alpha	
52	Discipline code	7	Numeric	
53	Employer name	40	Alpha	*
54	Employee number	15	Alpha	*
55	Date of Injury (CCYYMMDD)	8	Date	*
56	IOD reference number	15	Alpha	
57	Single Exit Price (Inclusive of VAT)	15	Numeric	
58	Dispensing Fee	15	Numeric	
59	Service Time	4	Numeric	
60				
61				
62				
63				
64	Treatment Date from (CCYYMMDD)	8	Date	*
65	Treatment Time (HHMM)	4	Numeric	*
66	Treatment Date to (CCYYMMDD)	8	Date	*
67	Treatment Time (HHMM)	4	Numeric	*
68	Surgeon BHF Practice Number	15	Alpha	
69	Anaesthetist BHF Practice Number	15	Alpha	
70	Assistant BHF Practice Number	15	Alpha	
71	Hospital Tariff Type	1	Alpha	



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72	Per diem (Y/N)	1	Alpha	
73	Length of stay	5	Numeric	*
74	Free text diagnosis	30	Alpha	
TRAILER				
1	Trailer Identifier = Z	1	Alpha	*
2	Total number of transactions in batch	10	Numeric	*
3	Total amount of detail transactions	15	Decimal	*



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MSPs PAID BY THE COMPENSATION FUND

Discipline Code :	Discipline Description :
004	Chiropractors
009	Ambulance Services - Advanced
010	Anesthetists
011	Ambulance Services - Intermediate
012	Dermatology
013	Ambulance Services - Basic
014	General Medical Practice
015	General Medical Practice
016	Obstetrics and Gynecology (Occupational related cases)
017	Pulmonology
018	Specialist Physician
019	Gastroenterology
020	Neurology
022	Psychiatry
023	Radiation/Medical Oncology
024	Neurosurgery
025	Nuclear Medicine
026	Ophthalmology
028	Orthopedics
030	Otorhinolaryngology
034	Physical Medicine
035	Emergency Medicine Independent Practice Specialist
036	Plastic and Reconstructive Surgery
038	Diagnostic Radiology
039	Radiography
040	Radiotherapy/Nuclear Medicine/Oncologist
042	Surgery Specialist
044	Cardio Thoracic Surgery
046	Urology
049	Sub-Acute Facilities
052	Pathology
054	General Dental Practice
055	Mental Health Institutions
056	Provincial Hospitals
057	Private Hospitals
058	Private Hospitals
059	Private Rehab Hospital (Acute)
060	Pharmacy
062	Maxillo-facial and Oral Surgery
064	Orthodontics



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066	Occupational Therapy
070	Optometrists
072	Physiotherapists
075	Clinical technology (Renal Dialysis only)
076	Unattached operating theatres / Day clinics
077	Approved U O T U / Day clinics
078	Blood transfusion services
079	Hospices/Frail Care
082	Speech therapy and Audiology
083	Hearing Aid Acoustician
084	Dieticians
086	Psychologists
087	Orthotists & Prosthetists
088	Registered nurses (Wound Care only)
089	Social workers
090	Clinical services : wheelchairs

PHYSIOTHERAPY TARIFF OF FEES AS FROM 1 APRIL 2023 (PRACTICE TYPE 72)	
	General Rules
Rule	Rule Description
001	Unless timely steps are taken (at least two hours) to cancel an appointment for a consultation the relevant consultation fee shall be payable by the employee.
003	Newly hospitalised patients will be allowed up to 20 sessions without pre-authorisation. If further treatment is necessary after a series of 20 treatment sessions for the same condition, the treating medical practitioner must submit a pre-authorisation request with a treatment plan to the Compensation Fund for authorisation. Hospitalised patients admitted to ICU and High Care following an emergency will not require authorisation for rehabilitation services. Referral letter from the Medical Doctor with the initial treatment plan and progress report should be submitted with the invoice. Notification of admission to these units must be sent to the Fund by the admitting hospital within 72 hours of such admission with the injured employee's ID copy and WCL4 documents attached. All the cases are subject to case management.
004	AM and PM treatment sessions, applicable only to hospitalised patients, should be specified and medically motivated for on the Annexure F (Motivation for BD Physiotherapy)
005	Out-Patients: In cases of out-patients, all treatment sessions will need pre-authorisation. All requests for pre-authorisation must be based on clinical need, best practice and be in the best interest of the patient. The physiotherapist must submit a referral with motivation from the treating doctor and a treatment plan. The first consultation can be done before pre-authorisation to allow the physiotherapist to provide a treatment plan to the fund for preauthorisation. Practitioners will be allowed up to ten (10) treatment sessions to continue with treatment after submitting their request while awaiting response from the Fund. The physiotherapist must submit monthly progress report. Modifier 0015 must be quoted.
006	<p>"After hour treatment" shall mean all physiotherapy performed where emergency treatment and /or essential continuation of care is required after working hours, before 07:00 and after 17:00 on weekdays, and any treatment over a weekend or public holiday. In cases where the physiotherapist's scheduled working hours extend after 17:00 and before 07:00 during the week or weekend, the above rule shall not apply and the treatment fee shall be that of the normal listed tariff. The fee for all treatment under this rule shall be the total fee for the treatment plus 50 percent. Modifier 0006 must then be quoted after the appropriate tariff code to indicate that this rule is applicable. Where emergency treatment is provided:</p> <p>a. during working hours, and the provision of such treatment requires the practitioner to leave his or her practice to attend to the patient in hospital; or</p> <p>b. after working hours</p> <p>the fee for such visits shall be the total fee plus 50%.</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>
007	The physiotherapist shall submit his / her account for treatment directly to the Fund using available electronic means.
008	When an employee is referred for physiotherapy treatment after a surgical procedure, a new treatment plan needs to be provided to the Fund.
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 be quoted.
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 second condition. Both conditions must be specified. Modifier 0010 must then be quoted after the appropriate code number to indicate that this rule is applicable.

011	Cost of material does not include consumables (e.g. ultrasound gel, massage oil, gloves, alcohol swabs, facial tissues, paper towels and etc.)
012	An invoice for services rendered will be assessed and added without VAT. VAT is then calculated and added to the final payment amount
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 National Treasury regulation. If more than one employee is attended to during the course of a trip, the full travelling expenses must be pro rata between the relevant employees (the physiotherapist will claim for one trip). A physiotherapist is not entitled to charge any travelling expenses or travelling time to his / her rooms. Modifier 0013 must be quoted.
014	Physiotherapy services rendered in a hospital Modifier 0014 must be quoted after each tariff code.
015	The services of a physiotherapist shall be approved only on referral from the treating medical practitioner. Where a physiotherapist's letterhead is used as a referral letter, it must bear the medical practitioner's signature, date and stamp. The referral letter for any physiotherapy treatment provided should be submitted to the Compensation Commissioner with the account for such services.
016	Physiotherapists, Occupational Therapists and Chiropractors may not provide simultaneous treatment at the same time on a day, but may treat the same patient. Multidisciplinary treatment goals must be considered and the best placed service provider to achieve the rehabilitation goal must address that specific goal.
Modifiers	
Abbreviation	Description
AM	Additional Modifier
IM	Information Modifier
RM	Reduction Modifier
Modifier	Modifier Description
0006	AM: Emergency modifier - Add 50% of the total fee for the treatment. Refer to rule 006
0009	AM: Treatment of two separate conditions
0010	RM: Only 50% of the fee for the second condition may be charged. Refer to rule 010
0013	AM: Travelling costs (being more than 16 kilometers in total) according to National Treasury regulation. Refer to rule 013
0014	IM: Physiotherapy services rendered to an in-patient in hospital.
0015	IM: Physiotherapy services rendered as an out-patient. Refer to rule 005

Note	Tariff Codes	
	Only one of the following codes can be claimed per session/consultation: 72925,72926,72327, 72921,72923,72928,72927,72501 and 72503	
Code	Code Description	Rand
1.	Rehabilitation	
72501	Rehabilitation where the pathology requires the undivided attention of the physiotherapist. Duration: 30min. This code can only be claimed once per treatment session	530.77
72503	Rehabilitation for Central Nervous System disorders - condition to be clearly stated and fully documented (No other treatment modality may be charged in conjunction with this). Duration: 60min. This code can only be claimed once per treatment session	1061.74
72509	Rehabilitation. Each additional full 15 mins needs to be medically motivated with a clear indication where pathology requires the undivided attention of the physiotherapist. Item 72509 can be added to 72501 and 72503.	169.81
2.	Evaluation	Rand
72701	Applies to simple evaluation once at first visit only. It should not be used for each condition. A treatment plan / rehabilitation progress report must be fully documented and submitted at the initiation of treatment.	305.73
72702	Complex evaluation once at first visit only. Applies to complex injuries only. It should not be used for each condition. A treatment plan / rehabilitation progress report describing what makes the evaluation complex, must be fully documented and submitted at the initiation of treatment. Item 72702 cannot be used with 72701	458.17
72703	One complete re-assessment or one physical performance test during the course of treatment. To be used only once per episode of care. This should be fully documented and a rehabilitation progress report provided to the Compensation Fund. This code will apply to patients that have been discharged and are now re -admitted, if there has been a gap in treatment or during the course of his treatment to ensure treatment goals and outcomes are aligned.	152.46
3.	Visiting	Rand
72901	Consultation: Treatment at a hospital: Relevant fee plus (to be charged only once per day and not with every hospital visit).	111.72
72903	Consultation: Domiciliary treatments: Apply only when medically motivated and pre-authorised: relevant fee plus.	203.28

4.	Other	Rand
72939	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. Cost of materials does not cover consumables. See the attached Annexure "A" for consumables and Annexure "B" for equipment and or appliances that are considered reasonable to be used with code 72939.	
72925	Level 1 chest pathology, which includes either or / and: > Vibration > Percussion > Nebulisation > Suction: Level 1 (including sputum specimen taken by suction) <i>Applies to non-ventilated patients only</i>	500.52
72926	Level 2 chest pathology which includes either or / and: > Vibration > Percussion > Postural drainage > Upper respiratory nebulisation and/or lavage > Suction: Level 2 (Suction with involvement of lavage as a treatment in a special unit situation or in the respiratory compromised patient) e.g. Tracheostomy > Pre- and post-operative exercises and/or breathing <i>Applies to High Care and non-ventilated patients</i>	827.00
72327	Level 3 chest pathology which includes either or / and: > Vibration > Percussion > Postural drainage > Upper respiratory nebulisation and/or lavage > Intermittent positive pressure ventilation > Suction: Level 2 (Suction with involvement of lavage as a treatment in a special unit situation or in the respiratory compromised patient) > Bagging (used on the intubated unconscious patient or in the severely respiratory distressed patient) > Pre- and post-operative exercises and/or breathing exercises applies for ventilated patients only.	1049.85
72921	Simple spinal treatment which includes either or / and: MANIPULATION/MOBILISATION OF JOINTS OR IMMOBILISATION which includes either or / and: > Spinal (Manual spinal mobilisation) > Pre meditated manipulation > Immobilisation (excluding materials) > Pre- and post-operative exercises and/or breathing exercises	735.05
72923	Complex spinal treatment which includes either or / and: MANIPULATION/MOBILISATION OF JOINTS OR IMMOBILISATION which includes either or / and: > Spinal (Manual spinal mobilisation) > Pre meditated manipulation > Immobilisation (excluding materials) > Rehabilitation for Central Nervous System disorders - condition to be clearly stated and fully documented (No other treatment modality may be charged in conjunction with this) > Traction > Pre- and post-operative exercises and/or breathing exercises	1061.74
72928	Simple soft tissue / peripheral joint injuries or other general treatment which includes either or / and: > Massage > Neural tissue mobilisation > Pre- and post-operative exercises and/or breathing exercises	735.05

72927	Complex soft tissue / peripheral joint injuries or other general treatment > Massage > Myofascial release/soft tissue mobilisation, one or more body parts > Neural tissue mobilisation > Pre- and post-operative exercises and/or breathing exercises	960.10
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ANNEXURE A**LIST OF CONSUMABLES****To be used with code 72939****Service providers may add on 20% for storage and handling**

Name of Product	Unit	Approx Unit
		Price(excl Vat)
Tubigrip (A & B white)	1	24.44
Self adhesive disposable electrodes (one set per employee is payable)	1	77.64
Sports		
<i>Taping / Strapping (type & quantity must be specified)</i>		
Elastoplast 75mm x 4.5	1	166.54
Coverol	1	123.91
Leukotape	1	166.54
Magic Grip Spray	1	120.28
Fixomull	1	138.82
Leukoban 50-75mm x 4.5m	1	64.83
Other		
Incontinence electrodes for pathway EMG	1	369.98
EMG flat electrodes	1	31.36
(should be medically justified)		

ANNEXURE B

List of equipment / appliances to be used with code 72939
Service providers may add on 20% for storage and handling
Equipment not payable if the same were already supplied by an
Prosthetist to the same employee

Name of Product	Unit	Approx Unit Price (excl Vat)
Hot / cold packs	1	265.20
<u>Braces</u>		
Cervical collar	1	137.28
Lumbar brace	1	566.80
Standard heel cups	pair	171.60
Cliniband	1	59.09
Fit band 5.5cm	1	14.99
Fit band 30cm	1	52.54
Peak flow meter	1	345.89
Peak flow meter	2	3.65
Spirometer	1	350.00

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

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

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

EMPLOYEE DETAILS			
Claim Number			
First Name/s		Surname	
Identity Number		Mobile No.	
Address		Postal Code	
EMPLOYER DETAILS			
Name			
Address		Postal Code	
ACCIDENT DETAILS			
Date of Accident			
REFERRING MEDICAL PRACTITIONER DETAILS			
Name		Practice No.	
Referral date			
PHYSIOTHERAPIST'S DETAILS			
Name			
Practice No.		Account No.	
1. No. of sessions already provided:			
Start Date:		End date:	
2. No. of sessions currently being requested			
NOTE: For sections 3 to 6, please provide evidence from objective assessment results e.g. if the patient initially presented with pain, please provide the score from the pain measure used, such as the Borg scale, if the patient initially presented with limited ROM at a particular joint, please provide the initial, current and anticipated joint range measurements in degree.			
3. Progress Achieved: RELATE YOUR PROGRESS TO YOUR OUTCOME MEASURES STATED IN PART 1 REPORT			
<div style="height: 40px;"></div>			
4. Did the patient undergo surgical procedure during this treatment period?	Yes	No	
5. If yes, state surgical procedure date/s and procedure/s done:			
<div style="height: 40px;"></div>			
6. Treatment Plan for proposed treatment session/s:			
Codes Requested	Number of sessions per code Requested		

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

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

EMPLOYEE DETAILS															
Claim number															
First Name/s								Surname							
Identity Number								Mobile No.							
Address								Postal Code							
EMPLOYER DETAILS															
Name															
Address								Postal Code							
ACCIDENT DETAILS															
Date of Accident															
REFERRING MEDICAL PRACTITIONER DETAILS															
Name								Practice No.							
Referral date															
PHYSIOTHERAPIST'S DETAILS															
Name															
Practice No.								Account No.							
1. No. of sessions already provided															
Start Date:		Y	Y	M	M	D	D	End date:		Y	Y	M	M	D	D
										Y	Y	M	M	D	D
2. Date of Final Treatment:															
NOTE: For sections 3 to 6, please provide evidence from objective assessment results e.g. if the patient initially presented with pain, please provide the score from the pain measure used, such as the Borg scale, if the patient initially presented with limited ROM at a particular joint, please provide the initial, current and anticipated joint range measurements in degree.															
3. Progress Achieved: RELATE YOUR PROGRESS TO YOUR OUTCOME MEASURES STATED IN PART 1 & 2 REPORT															
4. Is the employee fit for his/her normal work?															
Yes															
No															
5. Is the employee fully rehabilitated/ has the employee obtained highest level of function?															
Yes															
No															
6. If No, describe in detail any present permanent anatomical defect and / or impairment of function as a result of the accident.															
7. Referral to another Medical Service Provider:															
Reason for Referral		Patient prefers another service provider													
		More convenient for Patient to treated closer to home													
		Referral to Specialist													
		Referral to another Rehabilitation Practitioner													
		Clinical Vocational Rehabilitation													
		Other													
Contact details of the Practitioner patient is referred to															
Designation								Work telephone no.							
Email address								Mobile no.							
Name and Signature of Physiotherapist								Date							

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

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