

Biokinetics 2004

NATIONAL REFERENCE PRICE LIST IN RESPECT OF BIOKINETICS WITH EFFECT FROM 1 JANUARY 2004

Preamble

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.

It is recommended that, when such benefits are granted, the following should be clearly specified in the scheme's rules.

1. Services must only be on referral.
2. Benefits should only be granted for final phase rehabilitation.
3. The limitation, if any, for such benefits.

GENERAL RULES

002	In exceptional cases where the rate is disproportionately low in relation to the actual services rendered by the practitioner, the practitioner shall provide motivation for a higher rate and such higher rate as may be agreed upon between the practitioner and the scheme may be charged.
003	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.
004	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. Further continuance of treatment should only be considered if recommended by the medical practitioner(s) and others involved in the rehabilitation of the patient.
005	Practitioners are reminded that a lower rate than that appearing in the recommended reimbursement schedule shall be charged if the customary rate in the area is less than that charged. Reduced rates shall also be charged where the practitioner would have reduced his/her rate in private practice in particular cases. Prolonged treatment or exceptional cases should also receive special consideration in accordance with the usual medical practice.
008	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 must be stated. Modifier 0008 must then be quoted after the appropriate code number to indicate that this rule is applicable.
009	When the treatment times of two completely separate and different conditions overlap, the rate shall be the full rate for the one condition, and 50% of the rate for the other condition. Modifier 0009 must then be quoted after the appropriate code number to indicate that this rule is applicable.
010	<p>Every biokineticist 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 . · The name of the member. · The name of the patient. · The name of the medical scheme. · The membership number of the member. · The nature of the treatment. · The date on which the service was rendered. · The code number of the procedure used in the National Reference Price List.
011	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.
	Modifiers
0008	The full rate for the additional condition may be charged.
0009	Only 50% of the rate for the second condition may be charged.
1.	Consultations
Code	Description

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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).	- (-)
901	Initial consultation including: a problem focused history; a short problem focused examination; and straightforward biokinetic decision making but excluding evaluation. To be charged only once per course of treatment. (inclusive of lung function tests)	52.60 (46.10)
903	Subsequent consultation for the same condition (global fee covering a problem focused interval history and re-examination; and straightforward biokinetic decision making but excluding physical re-assessment). To be charged only once per course of treatment.	36.90 (32.40)
905	Consultation at hospital (global fee including a problem focused history; a problem focused examination; and biokinetic decision making excluding evaluation and physical re-assessment of a patient). To be charged only once per course of treatment.	52.60 (46.10)
2.	EVALUATION	
908	Simple evaluation at the first visit only (to be fully documented)	31.50 (27.60)
909	Complex evaluation at the first visit only (to be fully documented).	52.60 (46.10)
912	Anthropometric/body composition assessment	31.50 (27.60)
913	Ergological testing evaluation of body segment, limb or joint	89.80 (78.80)
914	Neurological patients: Ergological evaluation	52.60 (46.10)
915	Postural analysis and/or analysis of activities of daily living, gait and specific motor acts	52.60 (46.10)
916	Perceptual motor evaluation (perception and gross motor function)	52.60 (46.10)
917	Physical work capacity (treadmill or bicycle ergometer/other electronic equipment) / Musculoskeletal assessment (strength, endurance, range of motion, posture)	89.80 (78.80)
918	Physical work capacity with full ECG	89.80 (78.80)
920	Isotonic, isometric or EMG testing by means of specialised electronic equipment	89.80 (78.80)
921	Isokinetic testing by means of specialised electronic equipment	89.80 (78.80)
3.	PHYSICAL REHABILITATION	
	Maximum of 3 modalities may be charged per visit	
922	Patient education (based upon the evaluation outcomes)	51.30 (45.00)
923	Proprioception, balance and motor co-ordination exercise therapy session with or without equipment	51.30 (45.00)
925	Hydrotherapy where the condition of the patient is such that it requires the undivided attention of the Biokineticist	51.30 (45.00)
926	Exercise on Isokinetic apparatus/Isotonic/Isometric resistance equipment.	51.30 (45.00)
927	Posture, gait and activities of daily living (ADL), with/without equipment use	51.30 (45.00)
928	A rehabilitative exercise prescription	51.30 (45.00)
929	Callisthenics exercises	51.30 (45.00)
930	Group session with high risk patients, per patient (maximum 10 patients)	27.70 (24.30)
931	Passive and active range of motion exercise therapy	51.30 (45.00)
4.	PREVENTION	
	As schemes will not necessarily grant benefits in respect of some items in this section, they fall into the "By arrangement with the scheme" category.	
934	Group exercise sessions, per patient	27.70 (24.30)

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936	Health promotion and lifestyle modifications	- (-)
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