

Physiotherapy 2005

NATIONAL REFERENCE PRICE LIST IN RESPECT OF PHYSIOTHERAPISTS WITH EFFECT FROM 1 JANUARY 2005

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 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	C
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	C
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	C
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	C
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	C
006	Where emergency treatment is provided: 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 b. after working hours the fee for such visits shall be the total fee plus 50%. For purposes of this rule: 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 b. "working hours" means 8h00 to 17h00, Monday to Friday. Modifier 0006 must be quoted after the appropriate code number(s) to indicate that this rule is applicable.	U
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	C
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.	U
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.	U
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.	U

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011	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. Every account shall contain the following particulars : · 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.	U			
012	NB: Rounding off does not apply to amounts occurring once the modifiers are used.	C			
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.	C			
014	Physiotherapy services rendered in a nursing home or hospital. Modifier 0014 must be quoted after each code.	C			
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.	C			
Modifiers					
0001	Appointment not kept	C			
0003	15% of the relevant rate to be deducted where equipment used is not owned by the practitioner	C			
0006	Add 50% of the total fee for the treatment	C			
0008	Only 50% of the fee for these additional procedures may be charged	C			
0009	The full fee for the additional condition may be charged	C			
0010	Only 50% of the fee for the second condition may be charged	C			
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.	C			
0014	Physiotherapy services rendered to an in-patient in a nursing home or hospital.	C			
1 RADIATION THERAPY / MOIST HEAT / CRYOTHERAPY					
Code	Description	St	Add	37200	
				RVU	Value
001	Infra-red, Radiant heat, Wax therapy Hot packs	C		10.000	29.30 (25.70)
005	Ultraviolet light	C		17.000	49.70 (43.60)
006	Laser beam	C		17.000	49.70 (43.60)
007	Cryotherapy	C		10.000	29.30 (25.70)
2 LOW FREQUENCY CURRENTS					
103	Galvanism, Diodynamic current, Tens.	C		10.000	29.30 (25.70)
105	Muscle and nerve stimulating currents.	C		12.000	35.10 (30.80)
107	Interferential Therapy.	C		15.000	43.90 (38.50)
3 HIGH FREQUENCY CURRENTS					
201	Shortwave diathermy.	C		15.000	43.90 (38.50)
203	Ultrasound.	C		17.000	49.70 (43.60)

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205	Microwave.	C		15.000	43.90 (38.50)
4	PHYSICAL MODALITIES				
300	Vibration	C		13.100	38.30 (33.60)
301	Percussion	C		16.100	47.10 (41.30)
302	Massage	C		10.000	29.30 (25.70)
303	Myofascial release/soft tissue mobilisation, one or more body parts	C		20.090	58.80 (51.60)
304	Acupuncture	C		20.000	58.50 (51.30)
305	Re-education of movement/Exercises (excluding ante- and post-natal exercises)	C		10.040	29.40 (25.80)
307	Pre- and post-operative exercises and/or breathing exercises	C		10.040	29.40 (25.80)
308	Group exercises (excluding ante- and post-natal exercises - maximum of 10 in a group)	C		10.000	29.30 (25.70)
309	Isokinetic treatment.	C		20.000	58.50 (51.30)
310	Neural tissue mobilisation	C		20.000	58.50 (51.30)
313	Ante and post natal exercises/counselling	C		15.000	43.90 (38.50)
314	Lymph drainage	C		10.000	29.30 (25.70)
315	Postural drainage.	C		13.070	38.20 (33.50)
317	Traction.	C		20.000	58.50 (51.30)
318	Upper respiratory nebulisation and/or lavage	C		10.000	29.30 (25.70)
319	Nebulisation	C		15.090	44.10 (38.70)
321	Intermittent positive pressure ventilation.	C		15.090	44.10 (38.70)
323	Suction: Level 1 (including sputum specimen taken by suction)	C		10.040	29.40 (25.80)
325	Suction: Level 2 (Suction with involvement of lavage as a treatment in a special unit situation or in the respiratory compromised patient)	C		20.090	58.80 (51.60)
327	Bagging (used on the intubated unconscious patient or in the severely respiratory distressed patient).	C		10.040	29.40 (25.80)
328	Dry needling	C		20.000	58.50 (51.30)
5	MANIPULATION/MOBILISATION OF JOINTS OR IMMOBILISATION				
401	Spinal.	C		25.130	73.50 (64.50)
402	Pre meditated manipulation	C		20.000	58.50 (51.30)
405	All other joints.	C		20.000	58.50 (51.30)
407	Immobilisation (excluding materials). Rule 008 does not apply.	C		15.000	43.90 (38.50)
6	REHABILITATION				
501	Rehabilitation where the pathology requires the undivided attention of the physiotherapist. Rule 008 does not apply. Duration: 30min.	U		25.000	73.10 (64.10)

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502	Hydrotherapy where the pathology requires the undivided attention of the physiotherapist. Rule 008 does not apply. Duration: 30min.	U		25.000	73.10 (64.10)
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.	U		55.000	160.90 (141.10)
504	EMG Biofeedback treatment	C		20.000	58.50 (51.30)
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	U		35.000	102.40 (89.80)
506	Stress management	C		10.000	29.30 (25.70)
507	Respiratory Re-education and Training. Duration: 30min.	U		22.110	64.70 (56.80)
509	Rehabilitation. Each additional 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.	A		11.000	32.20 (28.20)
7	EVALUATION				
701	Evaluation/counselling at the first visit only (to be fully documented)	C		15.000	43.90 (38.50)
702	Complex evaluation/counselling at the first visit only (to be fully documented).	C		30.000	87.80 (77.00)
703	One complete re-assessment of a patient's condition during the course of treatment. To be used only once per episode of care.	U		15.000	43.90 (38.50)
704	Lung function: Peak flow (once per treatment).	C		5.040	14.70 (12.90)
705	Computerised/Electronic test for lung pathology	C		15.000	43.90 (38.50)
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.	A		20.000	58.50 (51.30)
707	Physical Performance test. Must be fully documented.	C		20.000	58.50 (51.30)
708	Interview, guidance or consultation with the patient or his family. To be used only once per episode of care.	A		15.000	43.90 (38.50)
801	Electrical test for diagnostic purposes (including IT curve and Isokinetic tests) for a specific medical condition	C		35.000	102.40 (89.80)
803	Effort test - multistage treadmill.	C		35.000	102.40 (89.80)
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	C		10.040	29.40 (25.80)
903	Domicilliary treatments : Relevant fee plus.	C		20.000	58.50 (51.30)
10	OTHER				
117	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	C		-	-
937	Bird or equivalent freestanding nebuliser excluding oxygen at hospital per day.	C		20.090	58.80 (51.60)
938	Bird or equivalent freestanding nebuliser excluding oxygen domicilliary per day.	C		20.090	58.80 (51.60)
939	Cost of material: Items to be charged (exclusive of VAT) at net acquisition price plus - 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands.	U		-	-

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940	Cost of appliances: Items to be charged (exclusive of VAT) at net acquisition price plus-26% of the net acquisition price where the net acquisition price of that appliance is less than one hundred rands; a maximum of twenty six rands where the net acquisition price of that appliance is greater than or equal to one hundred rands.	U		-	-
941	Hiring equipment: 1% of the current replacement value of the equipment per day. Total charge not to exceed 50% of replacement value. Description of equipment to be supplied.	U			
	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.	A			