

Physiotherapy 2006

| NATIONAL REFERENCE PRICE LIST IN RESPECT OF PHYSIOTHERAPISTS WITH EFFECT FROM 1 JANUARY 2006 | | |
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| <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 |

Physiotherapy 2006

| 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 |
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| 014 | Physiotherapy services rendered in a nursing home or hospital. Modifier 0014 must be quoted after each code. | | | | 04.00 |
| 016 | It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account. | | | | 04.00 |
| Modifiers | | | | | |
| 0001 | Appointment not kept | | | | 04.00 |
| 0003 | 15% of the relevant rate to be deducted where equipment used is not owned by the practitioner | | | | 04.00 |
| 0006 | Add 50% of the total fee for the treatment | | | | 04.00 |
| 0008 | Only 50% of the fee for these additional procedures may be charged | | | | 04.00 |
| 0009 | The full fee for the additional condition may be charged | | | | 04.00 |
| 0010 | Only 50% of the fee for the second condition may be charged | | | | 04.00 |
| 0013 | Travelling costs (being more than 16 kilometres in total) according to AA-rate. Please note that although only some medical schemes accept responsibility for the payment of transport expenses, others do so in exceptional cases only. | | | | 04.00 |
| 0014 | Physiotherapy services rendered to an in-patient in a nursing home or hospital. | | | | 04.00 |
| 1 | RADIATION THERAPY / MOIST HEAT / CRYOTHERAPY | | | | |
| Code | Description | Ver | Add | Physiotherapy | |
| | | | | RVU | Fee |
| 001 | Infra-red, Radiant heat, Wax therapy Hot packs | 04.00 | | 5.000 | 24.10 (21.10) |
| 005 | Ultraviolet light | 04.00 | | 10.000 | 48.20 (42.30) |
| 006 | Laser beam | 04.00 | | 15.000 | 72.30 (63.40) |
| 007 | Cryotherapy | 04.00 | | 5.000 | 24.10 (21.10) |
| 2 | LOW FREQUENCY CURRENTS | | | | |
| 103 | Galvanism, Diodynamic current, Tens. | 04.00 | | 10.000 | 48.20 (42.30) |
| 105 | Muscle and nerve stimulating currents. | 04.00 | | 12.000 | 57.90 (50.80) |
| 107 | Interferential Therapy. | 04.00 | | 10.000 | 48.20 (42.30) |
| 3 | HIGH FREQUENCY CURRENTS | | | | |
| 201 | Shortwave diathermy. | 04.00 | | 5.000 | 24.10 (21.10) |
| 203 | Ultrasound. | 04.00 | | 10.000 | 48.20 (42.30) |
| 205 | Microwave. | 04.00 | | 5.000 | 24.10 (21.10) |
| 4 | PHYSICAL MODALITIES | | | | |
| 300 | Vibration | 04.00 | | 10.000 | 48.20 (42.30) |
| 301 | Percussion | 04.00 | | 16.100 | 77.60 (68.10) |
| 302 | Massage | 04.00 | | 10.000 | 48.20 (42.30) |
| 303 | Myofacial release/soft tissue mobilisation, one or more body parts | 04.00 | | 20.090 | 96.90 (85.00) |
| 304 | Acupuncture | 04.00 | | 15.000 | 72.30 (63.40) |
| 305 | Re-education of movement/Exercises (excluding ante- and post-natal exercises) | 04.00 | | 10.000 | 48.20 (42.30) |
| 307 | Pre- and post-operative exercises and/or breathing exercises | 04.00 | | 10.000 | 48.20 (42.30) |
| 308 | Group exercises (excluding ante- and post-natal exercises - maximum of 10 in a group) | 04.00 | | 10.000 | 48.20 (42.30) |
| 309 | Isokinetic treatment. | 04.00 | | 10.000 | 48.20 (42.30) |
| 310 | Neural tissue mobilisation | 04.00 | | 20.000 | 96.40 (84.60) |
| 313 | Ante and post natal exercises/counselling | 04.00 | | 10.000 | 48.20 (42.30) |
| 314 | Lymph drainage | 04.00 | | 5.000 | 24.10 (21.10) |
| 315 | Postural drainage. | 04.00 | | 10.000 | 48.20 (42.30) |

Physiotherapy 2006

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| 317 | Traction. | 04.00 | | 10.000 | 48.20 (42.30) |
| 318 | Upper respiratory nebulisation and/or lavage | 04.00 | | 10.000 | 48.20 (42.30) |
| 319 | Nebulisation | 04.00 | | 10.000 | 48.20 (42.30) |
| 321 | Intermittent positive pressure ventilation. | 04.00 | | 10.000 | 48.20 (42.30) |
| 323 | Suction: Level 1 (including sputum specimen taken by suction) | 04.00 | | 5.000 | 24.10 (21.10) |
| 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 | 96.90 (85.00) |
| 327 | Bagging (used on the intubated unconscious patient or in the severely respiratory distressed patient). | 04.00 | | 5.000 | 24.10 (21.10) |
| 328 | Dry needling | 04.00 | | 15.000 | 72.30 (63.40) |
| 5 | MANIPULATION/MOBILISATION OF JOINTS OR IMMOBILISATION | | | | |
| 401 | Spinal. | 04.00 | | 15.000 | 72.30 (63.40) |
| 402 | Pre meditated manipulation | 04.00 | | 10.000 | 48.20 (42.30) |
| 405 | All other joints. | 04.00 | | 15.000 | 72.30 (63.40) |
| 407 | Immobilisation (excluding materials). Rule 008 does not apply. | 04.00 | | 15.000 | 72.30 (63.40) |
| 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 | 120.60 (105.80) |
| 502 | Hydrotherapy where the pathology requires the undivided attention of the physiotherapist. Rule 008 does not apply. Duration: 30min. | 04.00 | | 25.000 | 120.60 (105.80) |
| 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 | 265.20 (232.60) |
| 504 | EMG Biofeedback treatment | 04.00 | | 15.000 | 72.30 (63.40) |
| 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 | 57.90 (50.80) |
| 506 | Stress management | 04.00 | | 20.000 | 96.40 (84.60) |
| 507 | Respiratory Re-education and Training. Duration: 30min. | 04.00 | | 15.000 | 72.30 (63.40) |
| 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 | 72.30 (63.40) |
| 7 | EVALUATION | | | | |
| 701 | Evaluation/counselling at the first visit only (to be fully documented) | 04.00 | | 15.000 | 72.30 (63.40) |
| 702 | Complex evaluation/counselling at the first visit only (to be fully documented). | 04.00 | | 30.000 | 144.70 (126.90) |
| 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 | 72.30 (63.40) |
| 704 | Lung function: Peak flow (once per treatment). | 04.00 | | 5.000 | 24.10 (21.10) |
| 705 | Computerised/Electronic test for lung pathology | 04.00 | | 15.000 | 72.30 (63.40) |
| 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 | 72.30 (63.40) |
| 707 | Physical Performance test. Must be fully documented. | 04.00 | | 20.000 | 96.40 (84.60) |
| 708 | Interview, guidance or consultation with the patient or his family. To be used only once per episode of care. | 05.02 | | 15.000 | 72.30 (63.40) |
| 801 | Electrical test for diagnostic purposes (including IT curve and Isokinetic tests) for a specific medical condition | 04.00 | | 35.000 | 168.80 (148.10) |
| 803 | Effort test - multistage treadmill. | 04.00 | | 35.000 | 168.80 (148.10) |
| 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 | 48.20 (42.30) |

Physiotherapy 2006

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| 903 | Domicilliary treatments : Relevant fee plus. | 04.00 | | 20.000 | 96.40 (84.60) |
| 10 | OTHER | | | | |
| 117 | Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category). | 04.00 | | - | - |
| 937 | Bird or equivalent freestanding nebuliser excluding oxygen at hospital per day. | 04.00 | | 10.000 | 48.20 (42.30) |
| 938 | Bird or equivalent freestanding nebuliser excluding oxygen domicilliary per day. | 04.00 | | 10.000 | 48.20 (42.30) |
| 939 | Cost of material: Items to be charged (exclusive of VAT) at net acquisition price plus - 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands. | 04.00 | | - | - |
| 940 | Cost of appliances: Items to be charged (exclusive of VAT) at net acquisition price plus- 26% of the net acquisition price where the net acquisition price of that appliance is less than one hundred rands; a maximum of twenty six rands where the net acquisition price of that appliance is greater than or equal to one hundred rands. | 04.00 | | - | - |
| 941 | Hiring equipment: 1% of the current replacement value of the equipment per day. Total charge not to exceed 50% of replacement value. Description of equipment to be supplied. | 04.00 | | | |
| | Payment of this item is at the discretion of medical scheme concerned, and should be considered in instances where cost savings can be achieved. By prior arrangement with the medical scheme. | 05.03 | | | |