

Social Workers 2004

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY SOCIAL WORKERS, EFFECTIVE FROM 1 JANUARY 2004

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.

Preamble

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

1. Services rendered must be only on referral.
2. For which illness or conditions such benefits will be granted.
3. The annual limitation, if any, for such benefits.

GENERAL RULES

001	In exceptional cases where the fee is disproportionately low in relation to the actual services rendered by the practitioner, such higher fee as may be agreed upon between the practitioner and the patient may be charged.
004	Practitioners are reminded that a lower fee than that appearing in the recommended benefit schedule shall be charged if the customary fee in the area is less than that charge. Reduced fees shall also be charged where the practitioner would have reduced the fee in private practice in particular cases.
002	The services of a social worker shall be available only on referral.
006	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.
003	Medical schemes are not obliged to provide benefits for social worker services, nor are they obliged to pay practitioners directly. Enquiries should be made by the member regarding the benefits which are provided by the medical scheme.
005	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: <ul style="list-style-type: none"> a) The surname and initials of the member; b) The surname, first name and other initials, if any, of the patient; c) The name of the scheme concerned; d) The membership number of the member; e) The practice code number, group practice number and individual provider registration number issued by the registering authorities for providers, if applicable, of the supplier of service and, in the case of a group practice, the name of the practitioner who provided the service; f) the relevant diagnostic and such other item code numbers that relates to such relevant health service; g) The date on which each relevant health service was rendered; h) the nature and cost of each relevant health service rendered, including the supply of medicine to the member concerned or to a dependant of that member; and the name, quantity and dosage of and net amount payable by the member in respect of, the medicine;
007	"Emergency treatments" shall mean a bona-fide, justifiable emergency procedure performed at any hour for an individual, couple, child, or family.
	Modifiers
0003	* Emergency treatments at any hour for an individual, couple, child, or family - Relevant fee plus 50% and must be motivated.
0021	Services rendered to hospital inpatients: Quote modifier 0021 on all accounts for services performed on hospital inpatients.
0022	Services rendered at patients residence: Quote modifier 0022 on all accounts for services performed at the patients residence.
	*Only one modifier may be used
SOCIAL WORKERS RECOMMENDED REIMBURSEMENT RATES	
Code	Description
050	Initial consultation: Short Session (20 minutes)
051	Initial consultation: Intermediate session (40 minutes)
001	Initial consultation: Extended session (60 minutes)
	89
	50.30 (44.10)
	100.50 (88.20)
	151.20 (132.60)

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060	Initial consultation at patients home: Short session (20 minutes)	58.60 (51.40)
061	Initial consultation at patients home: Intermediate session (40 minutes)	116.70 (102.40)
002	Initial consultation at patients home: Extended session (60 minutes)	175.20 (153.70)
080	Initial consultation where more than one patient seen at a residence, hospital or health facility, per patient: Short session (20 minutes)	32.30 (28.30)
081	Initial consultation where more than one patient seen at a residence, hospital or health facility, per patient: Intermediate session (40 minutes)	64.70 (56.80)
006	Initial consultation where more than one patient seen at a residence, hospital or health facility, per patient: Extended session (60 minutes)	97.00 (85.10)
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).	- (-)
090	Individual therapy: Short session (20 minutes)	43.70 (38.30)
091	Individual therapy: Intermediate session (40 minutes)	87.40 (76.70)
003	Individual therapy: Extended session (60 minutes)	131.10 (115.00)
101	Marital/Couple* therapy: Short session (20 minutes)	53.80 (47.20)
102	Marital/Couple* therapy: Intermediate session (40 minutes)	107.50 (94.30)
005	Marital/Couple* therapy: Extended session (60 minutes)	161.30 (141.50)
120	Family therapy: Short session (20 minutes)	53.80 (47.20)
121	Family therapy: Intermediate session (40 minutes)	107.50 (94.30)
007	Family therapy: Extended session (60 minutes)	161.30 (141.50)
130	Child therapy: Short session (20 minutes)	53.80 (47.20)
131	Child therapy: Intermediate session (40 minutes)	107.50 (94.30)
009	Child therapy: Extended session (60 minutes)	161.30 (141.50)
140	Group therapy: Short session (20 minutes) per person	15.30 (13.40)
141	Group therapy: Intermediate session (40 minutes) per person	31.00 (27.20)
011	Group therapy: Extended session (60 minutes) per person	46.30 (40.60)
142	Group therapy: Fee per person per 80 minute session	62.10 (54.50)
150	Directive therapy to the family: Short session (20 minutes)	53.80 (47.20)
151	Directive therapy to the family: Intermediate session (40 minutes)	107.50 (94.30)
013	Directive therapy to the family: Extended session (60 minutes)	161.30 (141.50)
	Items 160, 161 and 162 may not be used in conjunction with any other therapy items.	
160	Trauma debriefing: Short session (20 minutes)	53.80 (47.20)
161	Trauma debriefing: Intermediate Session (40 minutes)	107.50 (94.30)
162	Trauma debriefing: Extended session (60 minutes)	161.30 (141.50)

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163	Trauma debriefing: Session up to 80 minutes	188.80 (165.60)
172	Telephone consultation Patients would be personally responsible for payment of telephone consultations if their medical schemes refused to do so.	- (-)
	As schemes will not necessarily grant benefits in respect of items 172 in this schedule, they fall into the "Patient own account" category.	
174	Written Psycho-social assessment.	- (-)
	As schemes will not necessarily grant benefits in respect of item 174 in this schedule, they fall into the "By arrangement with the scheme" category.	
	* The names of both patients to be stated.	