

Physiotherapy 2004

NATIONAL REFERENCE PRICE LIST IN RESPECT OF PHYSIOTHERAPISTS WITH EFFECT 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.

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	"Emergency treatment" shall mean a bona-fide, justifiable emergency physiotherapy procedure performed at any hour, which requires the practitioner to travel to the patient or place of treatment. The fee for all visits under this rule shall be the total fee plus 50% and must be motivated. Modifier 0006 must be quoted after the appropriate code number(s) to indicate that this rule is applicable.			C
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, 701, 702, 703, 704, 705, 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.			C
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 must be stated. Modifier 0009 must then be quoted after the appropriate code number to indicate that this rule is applicable			C
010	When the treatment times of two completely separate and different conditions overlap, the fee shall be the full fee for the one condition, and 50% of the fee for the other condition. Modifier 0010 must then be quoted after the appropriate code number to indicate that this rule is applicable.			C

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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 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.			C
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
NOTE : Monetary value of ten units = R27.80 VAT Inclusive.				
1	RADIATION THERAPY / MOIST HEAT / CRYOTHERAPY			
Code	Description	RVU	Price	Status
001	Infra-red, Radiant heat, Wax therapy Hot packs	10.00	27.80 (24.40)	C
005	Ultraviolet light	17.00	47.30 (41.50)	C
006	Laser beam	17.00	47.30 (41.50)	C
007	Cryotherapy	10.00	27.80 (24.40)	C
2	LOW FREQUENCY CURRENTS			
103	Galvanism, Diodynamic current, Tens.	10.00	27.80 (24.40)	C
105	Muscle and nerve stimulating currents.	12.00	33.40 (29.30)	C
107	Interferential Therapy.	15.00	41.70 (36.60)	C
3	HIGH FREQUENCY CURRENTS			
201	Shortwave diathermy.	15.00	41.70 (36.60)	C
203	Ultrasound.	17.00	47.30 (41.50)	C

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205	Microwave.	15.00	41.70 (36.60)	C
4	PHYSICAL MODALITIES			
	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.			
300	Vibration	13.10	36.40 (31.90)	C
301	Percussion	16.10	44.80 (39.30)	C
302	Massage	10.00	27.80 (24.40)	C
303	Myofacial release/soft tissue mobilisation, one or more body parts	20.09	55.90 (49.00)	C
304	Acupuncture	20.00	55.60 (48.80)	C
305	Re-education of movement/Exercises (excluding ante- and post-natal exercises)	10.04	27.90 (24.50)	C
307	Pre- and post-operative exercises and/or breathing exercises	10.04	27.90 (24.50)	C
308	Group exercises (excluding ante- and post-natal exercises - maximum of 10 in a group)	10.00	27.80 (24.40)	C
309	Isokinetic treatment.	20.00	55.60 (48.80)	C
310	Neural tissue mobilisation	20.00	55.60 (48.80)	C
313	Ante and post natal exercises/counselling	0.00	- (-)	C
314	Lymph drainage	10.00	27.80 (24.40)	C
315	Postural drainage.	13.07	36.30 (31.80)	C
317	Traction.	20.00	55.60 (48.80)	C
318	Upper respiratory nebulisation and/or lavage	10.00	27.80 (24.40)	C
319	Nebulisation	15.09	42.00 (36.80)	C
321	Intermittent positive pressure ventilation.	15.09	42.00 (36.80)	C
323	Suction: Level 1 (including sputum specimen taken by suction)	10.04	27.90 (24.50)	C
325	Suction: Level 2 (Suction with involvement of lavage as a treatment in a special unit situation or in the respiratory compromised patient)	20.09	55.90 (49.00)	C
327	Bagging (used on the intubated unconscious patient or in the severely respiratory distressed patient).	10.04	27.90 (24.50)	C
328	Dry needling	20.00	55.60 (48.80)	C
5	MANIPULATION/MOBILISATION OF JOINTS OR IMMOBILISATION			
401	Spinal.	25.13	69.90 (61.30)	C
402	Pre meditated manipulation	20.00	55.60 (48.80)	C
405	All other joints.	20.00	55.60 (48.80)	C
407	Immobilisation (excluding materials). Rule 008 does not apply.	15.00	41.70 (36.60)	C
6	REHABILITATION			
	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.			

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501	Rehabilitation where the pathology requires the undivided attention of the physiotherapist. Rule 008 does not apply.	25.00	69.50 (61.00)	C
502	Hydrotherapy where the pathology requires the undivided attention of the physiotherapist. Rule 008 does not apply.	25.00	69.50 (61.00)	C
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)	55.00	152.90 (134.10)	C
504	EMG Biofeedback treatment	20.00	55.60 (48.80)	C
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, in accredited venue only and no charge may be levied by facility	35.00	97.30 (85.40)	C
506	Stress management	0.00	- (-)	C
507	Respiratory Re-education and Training.	22.11	61.50 (53.90)	C
7	EVALUATION			
	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.			
701	Evaluation/counselling at the first visit only (to be fully documented)	15.00	41.70 (36.60)	C
702	Complex evaluation/counselling at the first visit only (to be fully documented).	30.00	83.40 (73.20)	C
703	One complete re-assessment of a patient's condition during the course of treatment, and/or counselling of the patient or his family	15.00	41.70 (36.60)	C
704	Lung function: Peak flow (once per treatment).	5.04	14.00 (12.30)	C
705	Computerised/Electronic test for lung pathology	15.00	41.70 (36.60)	C
707	Physical Performance test. Must be fully documented.	0.00	- (-)	C
801	Electrical test for diagnostic purposes (including IT curve and Isokinetic tests) for a specific medical condition	35.00	97.30 (85.40)	C
803	Effort test - multistage treadmill.	35.00	97.30 (85.40)	C
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	10.04	27.90 (24.50)	C
903	Domicilliary treatments : Relevant fee plus.	20.00	55.60 (48.80)	C
10	OTHER			
	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.			
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).	0.00	- (-)	C
937	Bird or equivalent freestanding nebuliser excluding oxygen at hospital per day.	20.09	55.90 (49.00)	C
938	Bird or equivalent freestanding nebuliser excluding oxygen domicilliary per day.	20.09	55.90 (49.00)	C
939	Cost of material: Items to be charged at net acquisition price	0.00	- (-)	C
940	Cost of appliances: Items to be charged at net acquisition price	0.00	- (-)	C