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Contents

DEPARTMENT OF LABOUR

NOTICE 189 OF 2020

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASSES ACT, 1993 (ACT NO.130 OF 1993), AS AMENDED

ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICES PROVIDERS.

1. I, Thembelani Waltermade Nxesi, Minister of Employment and Labour, hereby give notice that, after consultation with the Compensation Board and acting under powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993), prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rule applicable thereto, appearing in the Schedule, with effect from **1 April 2020**.

2. Medical Tariffs increase for **2020** is **5.6%**

3. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2020** and **Exclude 15% Vat**.

MR TW NXESI, MP
MINISTER OF EMPLOYMENT AND LABOUR
DATE: 17/01/2020

GENERAL INFORMATION

THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

The employee is permitted to freely choose his own service provider e.g. doctor, pharmacy, physiotherapist, hospital, etc. and no interference with this privilege is permitted, as long as it is exercised reasonably and without prejudice to the employee or to the Compensation Fund. The only exception to this rule is in case where an employer, with the approval of the Compensation Fund, provides comprehensive medical aid facilities to his employees, i.e. including hospital, nursing and other services — section 78 of the Compensation for Occupational Injuries and Diseases Act refers.

In terms of section 42 of the Compensation for Occupational Injuries and Diseases Act, the Compensation Fund may refer an injured employee to a specialist medical practitioner designated by the Director General for a medical examination and report. Special fees are payable when this service is requested.

In terms of section 76,3(b) of the Compensation for Occupational Injuries and Diseases Act, no amount in respect of medical expenses shall be recoverable from the employee.

In the event of a change of medical practitioner attending to a case, the first doctor in attendance will, except where the case is transferred to a specialist, be regarded as the principal. **To avoid disputes regarding the payment for services rendered, medical practitioners should refrain from treating an employee already under treatment by another doctor without consulting / informing the first doctor.** As a general rule, changes of doctor are not favoured by the Compensation Fund, unless sufficient reasons exist.

According to the National Health Act no 61 of 2003, Section 5, a health care provider may not refuse a person emergency medical treatment. Such a medical service provider should not request the Compensation Fund to authorise such treatment before the claim has been submitted to and accepted by the Compensation Fund. **Pre-authorisation of treatment is not possible and no medical expense will be approved if liability for the claim has not been accepted by the Compensation Fund.**

An employee seeks medical advice at his own risk. If an employee represented to a medical service provider that he is entitled to treatment in terms of the Compensation for Occupational Injuries and Diseases Act, and yet failed to inform the Compensation Commissioner or his employer of any possible grounds for a claim, the Compensation Fund cannot accept responsibility for medical expenses incurred. The Compensation Commissioner could also have reasons not to accept a claim lodged against the Compensation Fund. In such circumstances the employee would be in the same position as any other member of the public regarding payment of his medical expenses.

Please note that from 1 January 2004 a certified copy of an employee's identity document will be required in order for a claim to be registered with the Compensation Fund. If a copy of the identity document is not submitted the claim will not be registered but will be returned to the employer for attachment of a certified copy of the employee's identity document. Furthermore, all supporting documentation submitted to the Compensation Fund must reflect the identity number of the employee. If the identity number is not included such documents can not be processed but will be returned to the sender to add the ID number.

The tariff amounts published in the tariff guides to medical services rendered in terms of the Compensation for Occupational Injuries and Diseases Act do not include VAT. All accounts for services rendered will be assessed without VAT. Only if it is indicated that the service provider is registered as a VAT vendor and a VAT registration number is provided, will VAT be calculated and added to the payment, without being rounded off.

The only exception is the "per diem" tariffs for Private Hospitals that already include VAT.

Please note that there are VAT exempted codes in the private ambulance tariff structure.

CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS FOLLOWS

1. New claims are registered by the Employers and the Compensation Fund and the **employer views the claim number allocated online.** The allocation of a claim number by the Compensation Fund, does not constitute acceptance of liability for a claim, but means that the injury on duty has been reported to and registered by the Compensation Commissioner. Enquiries regarding claim numbers should be directed to the employer and not to the Compensation Fund. The employer will be in the position to provide the claim number for the employee as well as indicate whether the claim has been accepted by the Compensation Fund

2. If a claim is **accepted** as a COIDA claim, **reasonable medical expenses** will be paid by the Compensation Commissioner.

3. If a claim is **rejected (repudiated)**, medical expenses for services rendered will not be paid by the Compensation Commissioner. The employer and the employee will be informed of this decision and the injured employee will be liable for payment.

4. If **no decision** can be made regarding acceptance of a claim due to inadequate information, the outstanding information will be requested and upon receipt, the claim will again be adjudicated on. Depending on the outcome, the invoices from the service provider will be dealt with as set out in 2 and 3. Please note that there are claims on which a decision might never be taken due to lack of forthcoming information.

BILLING PROCEDURE

1. All service providers should be registered on the Compensation Fund claims system in order to capture invoices and medical reports.

   1.1 Medical reports should always have a clear and detailed clinical description of injury and related ICD 10 Code.
   1.2 In a case where a surgical procedure is done, an operation report is required
   1.3 Only one medical report is required when multiple procedures are done on the same service date
   1.4 A medical report is required for every invoice submitted covering every date of service.
   1.5 Referrals to another medical service provider should be indicated on the medical report.
   1.6 Medical reports, referral letters and all necessary documents should be uploaded on the Compensation Fund claims system.

NOTE: Service providers are required to keep original documents (i.e medical reports, invoices) and these should be made available to the Compensation Commissioner on request.

2. Medical invoices should be switched to the Compensation Fund using the attached format. - Annexure D.

   2.1. Subsequent invoice must be electronically switched. It is important that all requirements for the submission of invoice, including supporting information, are submitted.
   2.2. Manual documents for medical refunds should be submitted to the nearest labour centre.
   2.3 Service providers may capture and submit medical invoices directly on the Compensation Fund system online application.

3. The status of invoices /claims can be viewed on the Compensation Fund claims system. If invoices are still outstanding after 60 days following submission, the service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za .

4. If an invoice has been partially paid with no reason indicated on the remittance advice, an enquiry should be made with the nearest processing labour centre. The service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za .

5. Details of the employee's medical aid and the practice number of the referring practitioner must not be included in the invoice.

- If a medical service provider claims an amount less than the published tariff amount for a code, the Compensation Fund will only pay the claimed amount and the short fall will not be paid.

6. Service providers should not generate the following:

a. Multiple invoices for services rendered on the same date i.e. one invoice for medication and a second invoices for other services.
b. Cumulative invoices – Submit a separate invoice for every month.

*** Examples of the new forms (W.Cl 4 / W.Cl 5 / W.Cl 5F) are available on the website www.labour.gov.za •**

MINIMUM REQUIREMENTS FOR INVOICE RENDERED

Minimum information to be indicated on invoices submitted to the Compensation Fund

- Name of employee and ID number
- Name of employer and registration number if available
- Compensation Fund claim number
- DATE OF ACCIDENT (not only the service date)
- Service provider's **invoice number**
- The practice number (changes of address should be reported to BHF)
- VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the account)
- Date of service (the actual service date must be indicated: the invoice date is not acceptable)
- Item codes according to the officially published tariff guides
- Amount claimed per item code and total of account
- It is important that all requirements for the submission of invoices are met, including supporting information, e.g:
    - All pharmacy or medication accounts must be accompanied by the original scripts
    - The referral letter from the treating practitioner must accompany the medical service providers' invoice.

COMPENSATION FUND MEDICAL SERVICE PROVIDERS REGISTRATION REQUIREMENTS

Medical service providers treating COIDA patients must comply with the following requirements before submitting medical invoices to the Compensation Fund:

- Medical Service Providers must register with the Compensation Fund as a Medical Service Provider.
- Medical Service Providers must register with the Compensation Fund as a system user for loading of medical invoices and medical reports.
- Render medical treatment to patients in terms of COIDA Section 76 (3) (b).
- Submit Proof of registration with the Board of Healthcare Funders of South Africa.
- Submit SARS Vat registration number document on registration.
- A certified copy of the MSP's Identity document not older than three months.
- Proof of address not older than three months.
- Submit medical invoices with gazetted COIDA medical tariffs, relevant ICD10 codes and additional medical tariffs specified by the Fund when submitting medical invoices.
- All medical invoices must be submitted with invoice numbers exclude duplicates.
- Submit medical reports and medical invoices through the Compensation Fund Medical service provider application on or before submission/switching of medical invoices.
- Provide medical reports and invoices within a specified time frame on request by the Compensation Fund in terms of Section 74 (1) and (2).
- The name of the switching house that submit invoices on behalf of the medical service provider must be indicated on Medical service provider letterhead. The Fund must be notified in writing when changing from one switching house to another.

All medical service providers will be subjected to the Compensation Fund vetting processes.

The Compensation Fund will reject all invoices that do not comply with billing requirements as published in the Government Gazette.

REQUIREMENTS FOR SWITCHING MEDICAL INVOICES WITH THE COMPENSATION FUND

The switching provider must comply with the following requirements:

1. Registration requirements as an employer with the Compensation Fund.
2. Host a secure FTP server to ensure encrypted connectivity with the Fund.
3. Submit and complete a successful test file before switching the invoices.
4 Validate medical service providers' registration with the Board of Healthcare Funders of South Africa.
5. Ensure elimination of duplicate medical invoices before switching to the Fund.
6. Invoices submitted to the Compensation Fund must have Gazetted COIDA Tariffs that are published annually and comply with minimum requirements for submission of medical invoices and billing requirements.
7. File must be switched in a gazetted documented file format published annually with COIDA tariffs.
8. Single batch submitted must have a maximum of 100 medical invoices.
9. File name must include a sequential batch number in the file naming convention.
10. File names to include sequential number to determine order of processing.
11. Medical Service Providers will be subjected to Compensation Fund vetting processes.
12. Provide any information requested by the Fund.
13. Third parties must submit power of attorney.

Failure to comply with the above requirements will result in deregistration of the switching house.

MSP's PAID BY THE COMPENSATION FUND	
Discipline Code :	**Discipline Description :**
4	Chiropractors
9	Ambulance Services - advanced
10	Anesthetists
11	Ambulance Services - Intermediate
12	Dermatology
13	Ambulance Services - Basic
14	General Medical Practice
15	General Medical Practice
16	Obstetrics and Gynecology (work related injuries)
17	Pulmonology
18	Specialist Physician
19	Gastroenterology
20	Neurology
22	Psychiatry
23	Rediation/Medical Oncology
24	Neurosurgery
25	Nuclear Medicine
26	Ophthalmology
28	Orthopedics
30	Otorhinolaryngology
34	Physical Medicine
35	Emergency Medicine Independent Practice Specialist
36	Plastic and Reconstructive Surgery
38	Diagnostic Radiology
39	Radiographers
40	Radiotherapy/Nuclear Medicine/Oncologist
42	Surgery Specialist
44	Cardio Thoracic Surgery
46	Urology
49	Sub-Acute Facilities
52	Pathology
54	General Dental Practice
55	Mental Health Institutions
56	Provincial Hospitals
57	Private Hospitals
58	Private Hospitals
59	Private Rehab Hospital (Acute)
60	Pharmacies
62	Maxillo-facial and Oral Surgery
64	Orthodontics
66	Occupational Therapy
70	Optometrists
72	Physiotherapists
75	Clinical technology (Renal Dialysis only)
76	Unattached operating theatres / Day clinics
77	Approved U O T U / Day clinics
78	Blood transfusion services
79	Hospices
82	Speech therapy and Audiology
86	Psychologists
87	Orthotists & Prosthetists

88	Registered nurses
89	Social workers
90	Manufacturers of assisstive devices

SCHEDULE

TARIFF OF FEES IN RESPECT OF OCCUPATIONAL THERAPY SERVICES FROM 1 APRIL 2020

GENERAL RULES GOVERNING THE TARIFF

001 Unless timely steps are taken (at least two hours) to cancel an appointment for a consultation the relevant consultation fee shall be payable by the employee.

002 In exceptional cases where the tariff fees is disproportionately low in relation to the actual services rendered by the practitioner, a higher fee may be negotiated. Conversely, if the fee is disproportionately high in relation to the actual services rendered, a lower fee than that in the tariff should be charged.

003 **The service of an occupational therapist shall be available only on written referral by a medical practitioner. The medical practitioners must clearly indicate the reason for the referral, relationship to the original injury. The referral may be on the service providers (Occupational therapy practice) letterhead, provided it is signed by the referring doctor.**

004 **The Occupational Therapist must submit the supporting referral with motivation from the medical practitioner together with the detailed rehabilitation report and treatment plan following the first consultation to enable the fund to authorise the treatment. Thetherapist is able to provide up to a maximum of twenty (20) treatment sessions, as clinically appropriate and supported by the rehabilitation plan, while authorisation by the Compensation Fund is been provided. The Occupational therapist must submit monthly progress reports which reflect the nature of the rehabilitation progression against the rehabiloitation plan. Occupational therapists must reflecyt the final change in the outcomde measurements in the final rehabilitation report.**

005 **Should additional treatment sessions over and above the initial 20 treatment sessions be required, the Occupational therapist must provide an updated rehabilitation report, including outcome based measures and rehabilitation plan, with referral from the medical practitioner clearly stating the requirement for further treatment sessions. Such treatment must be authorised by the Compensation Fund prior to the treatment being provided.**

006 "After hours treatment" shall mean those emergency treatment sessions performed at night between 18:00 anc 07:00 on the following day or during weekends between 13:00 Saturday and 07:00 Monday. Public holidays are regarded as Sundays. The fee for all treatment under this rule shall be the total fee for the treatment plus 50 per cent. This rule shall apply for all treatment administered in the practitioner's rooms, or at a nursing home or private residence (only by arrangement when the patient's condition necessitates it). Modifier 0006 must then be quoted after the appropriate tariff code to indicate that this rule is applicable.

008 The provision of aids or assistive devices shall be charged at cost. Modifier **0008** must be quoted after the appropriate codes to show this rule is applicable.

009 Materials used in the construction of orthoses will be charged as per Annexure "A" for the applicable device and pressure garments will be charged as per Annexure "B" for the applicable garment. Modifier 0009 must be quoted after the appropriate codes to show that this rule is applicable.

010 Materials used in treatment shall be charged at cost. Modifier 0010 must be quoted after the appropriate tariff codes to show that this rule is applicable.

011 When the occupational therapist administers treatment away from his / her premises, travelling costs shall be charged as follows: R3.77 per km for each kilometre travelled in own car e.g. 19 km total = 19X R3.77 = R71.63

012 The occupational therapist shall submit the account for treatment to the employer of the employee concerned. [Discontinued 2020]

013	**Deleted 2020**
017	Information Modifier to indicate services rendered to hospital inpatients
018	Information Modifier to indicate services rendered to outpatients

MODIFIERS GOVERNING THE TARIFF

0006	Add 50% of the total fee for the treatment.
0008	Aids or assistive devices should be charged at cost.
0009	Materials used for orthoses or pressure garments should be charged as per Annexure "B".
0010	Materials used in treatment should be charged at cost.
0011	Travelling cost: as indicated in Rule 011.
0012	A detailed report of the work assessment with signatures of the employer and the injured worker shall be submitted to the Compensation Commissioner with the invoice.
0014	Only one evaluation code may be billed per treatment session and utilised as per the rule of the individual code

Note: Monetary value of one unit = R11.46

OCCUPATIONAL THERAPHY GAZETTE 2020

2020 Tariff excluding VAT

PLEASE TAKE NOTE OF GENERAL RULE 005

CONSULTATION PROCEDURES

CODE	DESCRIPTION	U	RAND
66101	First consultation (5-15 min)Charged once.	60	**687.46**
66108	Followup consultation (15-30 min). May be charged twice only per week.	15	**171.86**
66109	Followup consultation (30-60 min). May be charged up to four times per week	30	**343.73**

EVALUATION PROCEDURES

CODE	DESCRIPTION	U	
66201	Observation and screening. May be charged at every treatment session as clinically appropriate	10	**114.58**
66203	Specific evaluation for a single aspect of dysfunction (Specify which aspect). May be charged once per week as clinically appropriate	7.5	**85.93**
66205	Specific evaluation of dysfunction involving one part of the body for a specific functional problem (Specify part and aspects evaluated). May be charged once per week as clinically appropriate	22.5	**257.80**
66207	Specific evaluation for dysfunction involving the whole body (Specify condition and which aspects evaluated). May be charged once per three months as clinically appropriate	45	**515.59**
66209	Specific in depth evaluation of certain functions affecting the total person (Specify the aspe assessed). May be charged once per three months as clinically appropriate	75	**859.32**
66136	In depth evaluation of the total person to enable the vocational rehabilitation specialist t complete a comprehensive assessment of certain functions affecting the total person (T code can only be requested by the Compensation Fund for Section 42 Case reviews)	218.15	**2500.00**

MEASUREMENT FOR DESIGNING

CODE	DESCRIPTION	U	RAND
66213	Measurement for designing a static orthosis	10	**114.58**
66215	Measurement for designing a dynamic orthosis	10	**114.58**
66217	Measurement for designing a pressure garment for one limb orthosis	10	**114.58**
66219	Measurement for designing a pressure garment for one hand orthosis	10	**114.58**
66221	Measurement for designing a pressure garment for the trunk orthosis	10	**114.58**
66223	Measurement for designing a pressure garment for the face (chin strap only)	10	**114.58**
66225	Measurement for designing a pressure garment for the face (full face mask) orthosis	10	**114.58**

PROCEDURES FOR THERAPY

CODE	DESCRIPTION	U	
66303	Placement of a patient in an appropriate treatment situation requiring structuring the environment, adapting equipment and positioning the patient. This does not require individual attention for the whole treatment session	*20*	**229.15**
66305	Groups directed to achieve common goals per person	*20*	**229.15**
66307	Simultaneous treatment of two to four patients, each with specific problems utilising individ activities, per patient (treatment time 60 minutes or more)	*48*	**549.96**

INDIVIDUAL AND UNDIVIDED ATTENTION DURING TREATMENT SESSIONS UTILISING SPECIFIC ACTIVITY OR TECHNIQUES IN AN INTEGRATED TREATMENT SESSION (TIME OF TREATMENT MUST BE SPECIFIED)

CODE	DESCRIPTION	U	
66309	On level one(15min)	*12*	**137.49**
66311	On level two(30 min)	*24*	**274.98**
66313	On level three (45min)	*36*	**412.47**
66315	On level four(60 min)	*48*	**549.96**
66317	On level five(90 min)	*72*	**824.95**
66319	On level six (120 min)	*96*	**1099.93**

PROCEDURES FOR WORK REHABILITATION

CODE KODE	DESCRIPTION	U	
66321	Work evaluation - . This includes an assessment of the inherent demands of the job and t patient's ability to perform these. A detailed report is not included in this code (charged for under 325), but must be submitted with the referral from the medical practitioner.)	*80*	**916.61**
66323	Work Visit Evaluation of the job tasks by observing while the patient or a colleague in the same role performs the job tasks. May include discussing possible adaptations to the process or the work station and making the necessary recommendations to enable a patie to return to work. Rule: A maximum of two work visits are allowed per patient. However, in extenuating circumstatnces, further motivation may be made to the CC.	*40*	**458.30**
66325	**Reports -** To be used only when reporting on work assessments.	22.14	**253.67**

DESIGNING AND CONSTRUCTING A CUSTOM MADE ADAPTATION OR ASSISTIVE DEVICE, SPLINT OR SIMPLE PRESSURE GARMENT FOR TREATMENT IN TASK-CENTERED ACTIVITY (SPECIFY THE ADAPTATION, DEVICE, SPLINT OR PRESSURE GARMENT)			
CODE	**DESCRIPTION**	**U**	
66403	On level one	*12*	**137.49**
66405	On level two	*24*	**274.98**
66407	On level three	*36*	**412.47**
66409	On level four	*48*	**549.96**
66411	On level five	*60*	**687.46**
66413	On level six	*72*	**824.95**
66415	Designing and constructing a static orthosis	*60*	**687.46**
66417	Designing and constructing a dynamic orthosis	*120*	**1374.91**
66401	Workplace assesment(Recommendation as regards to assistive device and environmenta adaptations.)	*15*	**171.86**

DESIGNING AND MAKING A PRESSURE GARMENT

CODE	DESCRIPTION	U	
66419	Per limb	*60*	**687.46**
66421	Face (chin strap only)	*45*	**515.59**
66423	Face (full face mask)	*60*	**687.46**
66425	Trunk	*90*	**1031.18**
66427	Per hand	*90*	**1031.18**
	The whole body or part thereof will be the subtotal of the parts for the first garment and 75 the fee for any additional garments on the same pattern.		

ANNEXURE A

	MODIFIER 0009 - MATERIAL COSTS FOR SPLINTS	COST (VAT exclusive)
		2020
66501	Static DIP extension / flexion	43.57
66502	Static PIP extension / flexion	43.57
66503	Dynamic PIP extension / flexion	144.13
66504	Hand based static finger extension / flexion	216.93
66505	Hand based static thumb abduction / opposition / flexion / extension	216.93
66506	Hand based dynamic finger extension / flexion	303.52
66507	Hand based dynamic thumb flexion / extension / opposition	303.52
66508	Wrist extension / flexion (static or dynamic)	325.78
66509	Full flexion glove	415.68
66510	Forearm based dynamic finger extension / flexion	520.28
66511	Forearm based static dorsal protection	606.32
66512	Forearm based complete volar resting	606.32
66513	Elbow flexion / extension	722.52
66514	Shoulder abduction	1156.02
66515	Rigid neck extension (static)	621.59
66516	Soft neck extension (static)	202.42
66517	Static knee extension	1154.92
66518	Static foot dorsiflexion	1353.48
66519	Buddy strap	42.48
66520	DIP / PIP flexion strap	49.27
66521	MP, PIP, DIP flexion strap	54.79
66522	Additional Materials used in treatment	

ANNEXURE B MODIFIER 0009 - MATERIAL COSTS FOR PRESSURE GARMENTS		
	Indicate all parts of the pressure garment separately.	
66601	Glove	**94.34**
66602	Forearm / upper arm sleeve	**125.20**
66603	Full arm	**188.27**
66604	Foot	**220.05**
66605	Below knee (lower leg)	**150.39**
66606	Above knee (upper leg)	**225.77**
66607	Chin strap	**157.56**
66608	Head (face mask)	**301.69**
66609	Trunk (excluding sleeves)	**452.64**
66610	Finger sock	**20.80**
66611	Brief	**376.17**

Claim Number: ----------

REHABILITATION PROGRESS REPORT

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASE ACT

Names and Surname of Employee _____

Identity Number_____ Address_____

_____Postal Code_____

Name of Employer_____

Address_____

_____Postal Code_____

Date of Accident _____

1. Date of first treatment _____ Provider who provided first treatment_____
2. Initial clinical presentation and functional status_____

   _____

   _____
3. Name of referring medical practitioner _____ Date of referral_____
4. Describe patient's current symptoms and functional status_____

   _____

   _____

   _____
5. Are there any complicating factors that may prolong rehabilitation or delay recovery (specify)?_____

   _____

   _____
6. Overall goal of treatment:_____

   _____

   _____
7. Number of sessions already delivered_____ Progress achieved_____

   _____

   _____

   _____

   _____

Claim Number: ----------

8. Number of sessions required_____ Treatment plan for proposed treatment sessions_____

_____

_____

9. From what date has the employee been fit for his/her normal work?_____
10. Is the employee fully rehabilitated / has the employee obtained the highest level of function?_____
11. **If so, describe in detail any present permanent anatomical defect and / or impairment of function as a result of the accident (R.O.M, if any must be indicated in degrees at each specific joint)**_____

_____

_____

_____

_____

_____

_____

I certify that I have by examination, satisfied myself that the injury(ies) are as a result of the accident.

Signature of rehabilitation service provider_____

Name(Printed) _____ Date(Important)_____

Address_____

Practice number_____

NB: Rehabilitation progress reports must be submitted on a monthly basis and attached to the submitted accounts.

ANNEXURE A: PROPOSED FIRST REHABILTIATION / AUTHORISATION REPORT

1 AUTHORISATION REQUEST FORM					
Please indicate your request type with an X:					
First rehabilitation report		Extension of treatment period required			
Additional treatment sessions required		Amendment to treatment codes required			
V					
Surname:					
First Name:					
Identity Number:					
EMPLOYER DETAILS					
Name of Employer:					
Date of Injury / Onset of symptoms:					
REFERRING DOCTOR DETAILS					
Referring Doctor:					
Referring Doctor Practice Number:					
Telephone Number:					
Email address:					
Dated referral letter stipulating reason for the referral and referring doctor stamp and signature has been included with this pre-authorisation request.			YES	NO	
SUPPORTING DOCUMENTS ATTACHED TO PRE-AUTHORISATION REQUEST ONLY IF CLAIM NOT REGISTERED					
Please indicate attached documents with an X (only attach if necessary):					
WCL2		WCL4		ID	
INJURY / SYMPTOM DETAILS					
ICD 10 Code:					
Diagnosis:					
CURRENT PRESENTATION					

REHABILITATION PLAN	
A. REHABILITATION PLAN	
Ensure that the treatment goals are specific and measurable with outcome measurements.	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

10.	

B. ANTICIPATED DURATION AND FREQUENCY OF TREATMENT INCLUDE DATES	
Overall expected duration of treatment intervention:	
Overall expected number of treatment sessions:	
Frequency of treatment intervention (daily; bi-daily; weekly etc)	

C. ANTICIPATED CODING FOR ABOVE TREATMENT SESSIONS			
CODE:	QUANTITY	CODE:	QUANTITY

MOTIVATION FOR CHANGE IN AUTHORISATION REQUEST (COMPLETE ONLY IF NOT THE FIRST REHABILITATION REPORT)

SERVICE PROVIDER DETAILS	
Name:	
Practice Number:	
Date of initial consultation:	
Date of pre-authorisation request:	

Telephone Number:	
Email address:	
Signature:	

ANNEXURE B • AANHANGSEL B

OCCUPATIONAL THERAPY REQUEST FOR WHEELCHAIRS & ASSISTIVE DEVICES

Claim number		
Name		
Identity Number		
Address		
		Postal code:
Name of Employer		
Address		
		Postal code:
Date of accident		

MOTIVATION

1. Diagnosis

2. Describe patient's current symptoms and functional status

3. Equipment currently being used

4. Equipment recommended

5. Motivation for equipment (with reference to home / work environment)

6. Quotes included(minimum of three)

Signature of rehabilitation service provider : _____

Practice Number : _____

Date : _____

ANNEXURE C • AANHANGSEL C

WORK SITE ASSESSMENT REPORT
COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASE ACT, 1993
(Act No. 130 of 1993)

EMPLOYEE INFORMATION	
Employee Name:	
Identity Number:	
Diagnosis:	
Date of injury:	
Date of report:	

Company Information	
Name of company:	
Contact person:	
Address:	
Telephone number:	
Email address:	
Occupational Health Doctor and/or Nurse and contact number:	
Employer Representative:	
Designation:	

Work status	
Current Work Status:	☐ Signed off on IOD leave ☐ Working in accommodated duties ☐ Able to complete their own job however a number difficulties noted ☐ Completing own occupation ☐ Working accommodated hours ☐ Signed off on other leave ☐ Fit for work, but not yet returned ☐ Working in a temporary alternate occupation ☐ Working in permanent alternate occupation
Date returned to work - if currently working:	

Current job information	
Job title:	
The position is defined as:	☐ Sedentary ☐ Light ☐ Medium ☐ Heavy ☐ Very heavy
Position is	☐ Permanent ☐ Contract
Normal work hours:	
Overtime hours:	
Normal safety equipment utilized:	

Job Analysis	
Job description: (A brief overview of the requirements of the job)	

Job tasks	As described by the employee	Reported difficulties - if currently working:
1		
2		
3		
4		
5		
6		

employer COmments:

Inherent physical demands of the job

Return to work plan	
Given the employee's current physical abilities, it is considered that they are currently:	☐ Able to complete their own job ☐ Complete the job, however with difficulty or lower efficiency / productivity ☐ Able to work, but require accommodated duties. ☐ Able to work, but require accommodated hours. ☐ Is not currently able to complete the job
Anticipated return to work date:	
Agreed accommodations	
Duties agreed:	
Work days:	
Work hours:	
Breaks required:	
Tasks to avoid:	
The employee did / did not trial the above agreed accommodations during the work visit.	
Additional comments:	

	NAME	TITLE	DATE	CONTACT NUMBER	SIGNATURE
CLIENT					
THERAPIST					

INHERENT JOB ANALYSIS

Physical Demands (where O= Occasionally (<1/3); F= Frequently (1/3 – 2/3); C= Constantly (<1/3))							
		(denotes if the item was assessed during the work visit)	General observations (Time / Reps / Loads / Distance)	Frequency throughout the day			Job Tasks (state number as listed above)
				O	F	C	
Baseline requirements							
		Standing					
		Sitting					
		Walking (even / uneven terrain)					
		Standing (Static / Dynamic)					
		Endurance					
		Climbing Stairs					
		Step ladders					
		Scaffold					
		Platform					
		Squatting					
		Crouching					
		Kneeling					
		Crawling					
		Trunk Rotation					
		Overhead reaching					
		Forward reaching					
		Static load					
		Heavy / repetitive lifting					
		Ground to waist					
		Waist to shoulder					
		Shoulder to above shoulder					
		Heavy / repetitive carrying					
		Repetitive pushing/ pulling					

labour
Department:
Labour
REPUBLIC OF SOUTH AFRICA

ELECTRONIC INVOICING FILE LAYOUT

Field	Description	Max length	Data Type
BATCH HEADER			
1	Header identifier = 1	1	Numeric
2	Switch internal Medical aid reference number	5	Alpha
3	Transaction type = M	1	Alpha
4	Switch administrator number	3	Numeric
5	Batch number	9	Numeric
6	Batch date (CCYYMMDD)	8	Date
7	Scheme name	40	Alpha
8	Switch internal	1	Numeric
DETAIL LINES			
1	Transaction identifier = M	1	Alpha
2	Batch sequence number	10	Numeric
3	Switch transaction number	10	Numeric
4	Switch internal	3	Numeric
5	CF Claim number	20	Alpha
6	Employee surname	20	Alpha
7	Employee initials	4	Alpha
8	Employee Names	20	Alpha
9	BHF Practice number	15	Alpha
10	Switch ID	3	Numeric
11	Patient reference number (account number)	10	Alpha
12	Type of service	1	Alpha
13	Service date (CCYYMMDD)	8	Date
14	Quantity / Time in minutes	7	Decimal
15	Service amount	15	Decimal
16	Discount amount	15	Decimal
17	Description	30	Alpha
18	Tariff	10	Alpha
Field	**Description**	**Max length**	**Data Type**
19	Service fee	1	Numeric
20	Modifier 1	5	Alpha
21	Modifier 2	5	Alpha
22	Modifier 3	5	Alpha
23	Modifier 4	5	Alpha
24	Invoice Number	10	Alpha
25	Practice name	40	Alpha
26	Referring doctor's BHF practice number	15	Alpha
27	Medicine code (NAPPI CODE)	15	Alpha
28	Doctor practice number -sReferredTo	30	Numeric
29	Date of birth / ID number	13	Numeric
30	Service Switch transaction number – batch number	20	Alpha
31	Hospital indicator	1	Alpha
32	Authorisation number	21	Alpha
33	Resubmission flag	5	Alpha
34	Diagnostic codes	64	Alpha

35	Treating Doctor BHF practice number	9	Alpha
36	Dosage duration (for medicine)	4	Alpha
37	Tooth numbers		Alpha
38	Gender (M ,F)	1	Alpha
39	HPCSA number	15	Alpha
40	Diagnostic code type	1	Alpha
41	Tariff code type	1	Alpha
42	CPT code / CDT code	8	Numeric
43	Free Text	250	Alpha
44	Place of service	2	Numeric
45	Batch number	10	Numeric
46	Switch Medical scheme identifier	5	Alpha
47	Referring Doctor's HPCSA number	15	Alpha
48	Tracking number	15	Alpha
49	Optometry: Reading additions	12	Alpha
50	Optometry: Lens	34	Alpha
51	Optometry: Density of tint	6	Alpha
52	Discipline code	7	Numeric
53	Employer name	40	Alpha
54	Employee number	15	Alpha

Field	Description	Max length	Data Type
55	Date of Injury (CCYYMMDD)	8	Date
56	IOD reference number	15	Alpha
57	Single Exit Price (Inclusive of VAT)	15	Numeric
58	Dispensing Fee	15	Numeric
59	Service Time	4	Numeric
60			
61			
62			
63			
64	Treatment Date from (CCYYMMDD) [MANDATORY]	8	Date
65	Treatment Time (HHMM)	4	Numeric
66	Treatment Date to (CCYYMMDD) [MANDATORY]	8	Date
67	Treatment Time (HHMM)	4	Numeric
68	Surgeon BHF Practice Number	15	Alpha
69	Anaesthetist BHF Practice Number	15	Alpha
70	Assistant BHF Practice Number	15	Alpha
71	Hospital Tariff Type	1	Alpha
72	Per diem (Y/N)	1	Alpha
73	Length of stay	5	Numeric
74	Free text diagnosis	30	Alpha

TRAILER

1	Trailer Identifier = Z	1	Alpha
2	Total number of transactions in batch	10	Numeric
3	Total amount of detail transactions	15	Decimal

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