



GOVERNMENT GAZETTE
OF THE
REPUBLIC OF NAMIBIA

R0,50

WINDHOEK — 29 July 1993

No. 673

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GOVERNMENT NOTICE

No. 68 / Workmen's Compensation Act, 1941: Tariff of fees for physiotherapy services

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Government Notice

**MINISTRY OF LABOUR AND
MANPOWER DEVELOPMENT**

No. 68

1993

**WORKMEN'S COMPENSATION ACT, 1941
TARIFF OF FEES FOR PHYSIOTHERAPY SERVICES**

Under section 79 of the Workmen's Compensation Act, 1941 (Act 30 of 1941) I hereby with effect from 29 July 1993 -

(a) prescribe the Tariff of Fees for Physiotherapy Services and the general rules and general modifiers applicable thereto, as set out in the Schedule; and

(b) repeal Government Notice 25 of 1991.

The fees as set out in the Schedule are applicable in respect of payments authorized irrespective of the date of the accident in respect of which payments are made.

W.F. GROBLER
WORKMEN'S COMPENSATION
COMMISSIONER

Windhoek, 27 July 1993

SCHEDULE

TARIFF OF FEES FOR PHYSIOTHERAPY SERVICES

GENERAL RULES GOVERNING THE TARIFF

- 001 Unless timely steps are taken to cancel an appointment for a consultation the relevant consultation fee shall be payable by the workman.
- 002 In exceptional cases where the tariff fee is disproportionately low in relation to the actual services rendered by a 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 services of a physiotherapist shall be available only on referral by a medical or dental practitioner.
- 004 In the case of prolonged or costly treatments these should only be embarked upon after negotiations between the referring medical practitioner and the Commissioner.
- 005 After a series of 20 treatments for the same condition, the physiotherapist must refer the workman back to the medical practitioner and report to him or her the progress already made. If further physiotherapy treatment is required, the medical practitioner must submit a progress report to the Commissioner indicating the necessity for further treatment and the number of further treatments required. Without such a report payment for treatments in excess of 20 shall not be considered.
- 006 "After-hour treatment" means the treatment performed by arrangement weekdays between 18:00 and 07:00 or weekends between 13:00 on Saturday and 07:00 on Monday. Public holidays are regarded as Sundays.

This rule shall apply to any treatment given after hours by arrangement when the patient's condition necessitates it, whether given at the practitioner's rooms, or at a nursing home or private residence.

The fee for any treatment under this rule shall be the total fee for the treatment plus 50%. Modifier 0006 must then be quoted after the appropriate tariff number to indicate that this rule is applicable.

In cases where the physiotherapist's scheduled working hours extend after 18:00 on a weekday or 13:00 on a Saturday the above rule shall not apply and the treatment fee shall be that of the normal listed tariff.

- 007 The practitioner shall submit his or her account for treatment under the Act to the employer of the workman concerned.
- 008 The fee in respect of more than one procedure (save for tariff item 72701) performed at the same consultation or visit, shall be the tariff fee for the major procedure plus half the tariff 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 tariff numbers for the additional procedures to indicate that this rule is applicable.
- 009 When more than one condition requires treatment and each of these conditions necessitates an individual treatment time, 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 tariff number to indicate that this rule is applicable.
- 010 When the treatment times of two completely separate and different conditions overlap, the fee shall be the full tariff fee for the one condition of 50% of the fee for the other condition. Modifier 0010 must then be quoted after the appropriate tariff number to indicate that this rule is applicable.
- 011 Items 72305, 72501 and 72503 cannot be claimed simultaneously.

MODIFIERS GOVERNING THE TARIFF

- 0006 Add 50% of the total fee for the treatment.
- 0008 Only 50% of the fee for these additional procedures may be charged.
- 0009 The full tariff for the additional treatments may be charged.
- 0010 Only 50% of the fee for the second condition may be charged.
- 0011 Add R6,00 when nebulisation is used in thoracic pathology.

PHYSIOTHERAPISTS		
Item	Procedure	R
	Radiation therapy/moist heat therapy/ cryotherapy	
72001	Infra-red; radiant heat; wax therapy; hot packs	12,00
72005	Ultraviolet light or laser beam	18,00
72007	Cryotherapy	12,00
	Low frequency currents	
72103	Galvanism; diadynamic current	12,00
72105	Muscle and nerve stimulating currents or TENS	12,00
72107	Interferential therapy	18,00
	High frequency currents	
72201	Shortwave diathermy	18,00
72203	Ultrasound	18,00
72205	Microwave	18,00
	Physical modalities	
72301	Percussion: Vibration	12,00
72303	Connective tissue massage: Massage	18,00
72305	Re-education of movement: Exercises (excluding ante- and post-natal exercises) ..	12,00
72307	Pre- and post-operative exercises and/or breathing exercises	12,00
72315	Postural drainage	15,60
72317	Traction	18,00
72319	Intermittent positive pressure ventilation and nebuli- sation	15,60
	Manipulation or mobilisation of joints or immobili- sation	
72401	Spinal	24,00
72405	All other joints	18,00
72407	Immobilisation (excluding bandaging)	12,00

Other		
72501	Rehabilitation and/or hydrotherapy where the pathology requires the undivided attention of the physiotherapist	24,00
72503	Rehabilitation for central nervous system disorders (for brain injuries the condition must be clearly stated and fully documented)	36,00
72701	Specific evaluation and counselling at the first treatment (to be fully documented)	12,00
72703	One complete re-assessment of a patient's condition during a course of treatment, and/or counselling of the patient to be used with procedures in items 72501 or 72503 — refer to rule 011	12,00
72801	Electrical test for diagnostic purposes (including IT curve and Isokinetic tests) for specific medical condition	24,00
72901	Treatment at a nursing home: Relative fee plus	9,00
72903	Domiciliary treatments — apply only when medically motivated: Relative fee plus	24,00
72921	Simple spinal treatment (a minimum of 3 modalities must be used)	42,00
72923	Peripheral joint treatment (a minimum of 3 modalities must be used)	36,00
72925	Chest pathology (a minimum of 3 modalities must be used)	35,40
Note		
Composite fees in items 72921, 72923 and 72925 to be used alone.		