



GOVERNMENT GAZETTE

OF THE

REPUBLIC OF NAMIBIA

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WINDHOEK — 27 March 1991

No. 169

CONTENTS

GOVERNMENT NOTICE

Page

No. 25	Ministry of Labour and Manpower Development: Workmen's Compensation Act, 1941; Scale of Fees for Physiotherapists	1
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Government Notice

MINISTRY OF LABOUR AND MANPOWER DEVELOPMENT

No. 25

1991

WORKMEN'S COMPENSATION ACT, 1941: SCALE OF FEES FOR PHYSIOTHERAPISTS

I, WILHELM FREDERICH GROBLER, Workmen's Compensation Commissioner, hereby give notice that acting under the powers vested in me by section 79 of the Workmen's Compensation Act, 1941, prescribe the "Scale of Fees for Physiotherapists" inclusive of the general rules and general modifiers applicable thereto, appearing in the Schedule to this notice, with effect from 1 April 1991.

The fees appearing in the Schedule are applicable in respect of payments authorized with effect from 1 April 1991 irrespective of the date of the accident in respect of which payments are made.

W.F. GROBLER
WORKMEN'S COMPENSATION COMMISSIONER

SCHEDULE

TARIFF OF FEES IN RESPECT OF
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 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 hours treatments" shall mean those performed by arrangement at night between 18:00 and 07:00 on the following day or during weekends between 13:00 Saturday and 07:00 on Monday. Public holidays are regarded as Sundays.

This rule shall apply for all treatments whether given in the practitioner's rooms, or at a nursing home or private residence only by arrangement when the patient's condition necessitates it.

The fee for all treatments under this rule shall be the total fee for the treatment plus 50 per cent. 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 during the week 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 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 numbers 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 and 50 per cent 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 per cent of the total fee for the treatment.
- 0008 Only 50 per cent of the fee for these additional procedures may be charged.
- 0009 The full Tariff fee for the additional treatments may be charged.
- 0010 Only 50 per cent of the fee for the second condition may be charged.
- 0011 Add R4,80 when nebulisation is used in thoracic pathology.

PHYSIOTHERAPY TARIFF OF FEES:

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1. Radiation therapy / Moist head therapy / Cryotherapy.

72001	Infra-red; Radiant heat; Wax Therapy; Hot Packs	9,60
72005	Ultraviolet light or Laser beam	14,40
72007	Cryotherapy	9,60

2. Low frequency currents.

72103	Galvanism; Diadynamic current	9,60
72105	Muscle and nerve stimulating currents or TENS	9,60
72107	Interferential Therapy	14,40

3. High frequency currents.

72201	Shortwave diathermy	14,40
72203	Ultrasound	14,40
72205	Microwave	14,40

4. Physical modalities.

011	Items 72305, 72501 and 72503 cannot be claimed simultaneously.	
72301	Percussion; Vibration	9,60
72303	Connective tissue massage; Massage	14,40
72305	Re-education of movement; Exercises, (excluding ante- and post-natal exercises)	9,60
72307	Pre- and post-operative exercises and/or breathing exercises	9,60
72315	Postural drainage	12,50
72317	Traction	14,40
72319	Intermittent positive pressure ventilation and nebulisation	12,50

5. Manipulation / Mobilisation of joints or immobilisation.

72401	Spinal	19,20
72405	All other joints	14,40
72407	Immobilisation (excluding bandaging)	9,60

6. Other.

72501	Rehabilitation and/or hydrotherapy where the pathology requires the undivided attention of the physiotherapist	19,20
72503	Rehabilitation for Central Nervous System disorders — condition to be clearly stated and fully documented (for brain injuries only)	28,80
72701	Specific evaluation and counselling at the first treatment (to be fully documented)	9,60
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 72501 or 72503 — refer to rule 011	9,60
72801	Electrical test for diagnostic purposes (including IT curve and Isokinetic tests) for specific medical condition	19,20
72901	Treatment at a nursing home: Relative fee plus:	7,20
72903	Domiciliary treatments — Apply only when medically motivated: Relative fee plus:	19,20

Note: Composite fees 72921, 72923 and 72925 to be used alone.

72921	Simple spinal treatment (a minimum of 3 modalities must be used)	33,60
72923	Peripheral joint treatment (a minimum of 3 modalities must be used)	28,80
72925	Chest pathology (a minimum of 3 modalities must be used)	28,30