

# **GOVERNMENT GAZETTE**

## **OF THE**

# REPUBLIC OF NAMIBIA

N\$0.80

WINDHOEK - 1 July 1997

No.1592

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## **Government Notice**

#### MINISTRY OF LABOUR

No.132

1997

## EMPLOYEES' COMPENSATION ACT, 1941: TARIFF OF FEES FOR PHYSIOTHERAPY SERVICES

Under section 79 of the Employees' Compensation Act, 1941 (Act 30 of 1941) I hereby with effect from 1 July 1997 -

- (a) prescribe the Tariff of Fees for Occupational Services and the general rules and general modifiers applicable thereto, as set out in the Schedule; and
- (b) repeal Government Notice 1 of 1996.

The fees as set out in the Schedule are applicable in respect of payments authorized for services rendered on or after 1 July 1997.

ADV. G.S. HINDA CHAIRPERSON OF THE SOCIAL SECURITY COMMISSION

#### **SCHEDULE**

#### TARIFF OF FEES IN RESPECT OF PHYSIOTHERAPY SERVICES

#### GENERAL RULES GOVERNING THE TARIFF

- Unless timely steps are taken to cancel an appointment for a consultation the relevant consultation fees shall be payable by the employee.
- 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.
- The services of a physiotherapist shall be available only on referral by a medical or dental practioner.
- In the case of prolonged or costly treatments these should only be embarked upon after negotiations between the referring medical practitioner and the Compensation Commissioner.
- After a series of 20 treatments for the same condition, the physiotherapist must refer the employee 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 Compensation 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.
- "After hour 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 Saturdays and 07:00 on Monday, Public holidays are regarded as Sundays.

This rule shall apply for all treatments whether given in the practioner's room, 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 case 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**.

The practitioner shall submit his account for treatment under the Act to the employer of the employee concerned.

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- 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.
- When more than one condition requires treatment and each of these conditions necessitates in 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.
- 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 percent of the fee for the other condition. Modifier 0010 must then be quoted after the appropriate Tariff numbers to indicate that this rule is applicable.
- ltems 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 for the additional treatments may be charged.
- Only 50 per cent of the fee for the second condition may be charged.
- 0011 Add N\$8,00 when nebulisation is used in respiratory pathology only when own equipment is supplied.
- 0012 To read as follows:

Add N\$13,00 when suctioning/lavage is performed in rooms.

### PHYSIOTHERAPY TARIFF OF FEES

## 1. Radiation therapy/Moist head therapy/Cryotherapy

	1. Radiation therapy. Wolst nead therapy. Or youter apy	
		N\$
72001	Infra-red * Radiantheat * Wax Therapy * Hot Packs	17.00
72005	Ultraviolet light	
72006	Laser beam	
72007	Cryotherapy	17,00
	2. Low frequency currents	
72103	Galvinism, Diadynamic current tens	17,00
72105	Muscle and nerve stimulating currents	17,00
72107	Interferential Therapy	25,00
	3. High frequency currents	
72201	Shortwave diathermy	25,00
22203	Ultrasound	25,00
72205	Microwave	25,00
	4. Physical modalities	
011	Items 72305, 72501 and 72503 cannot be claimed simultaneously	
72301	Percussion, Vibration	17,00
72303	Connective tissue massage . Massage . Triggerpoint therapy	25,00
<b>5000</b>		17.00
72305	Re-education of movement/exercise	17,00
72307 72315	Pre- and post-operative exercises/breathing exercises  Postural drainage	
72317	Traction	
72318	Intermitted positive pressure ventilation	
72319	Nebulisation	
		,
	5. Manipulation/Mobilisation of joints or immobilisation	
72401	Spinal	34,00
72405	All other joints	25,00
72407	Immobilisation (excluding materials)	17,00

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## 6. Rehabilitation

72501	Rehabilitation and/or hydrotherapy where the patient requires the undivided attention of the physiotherapist		
72503	Rehabilitation of Central Nervous System disorders-condition to be clearly stated and		
72505	fully documentated (for brain injuries quadraplegics and paraplegics only).		
	(Not to be used together with 72305 and 72501)		
7. Evaluation/Diagnostic			
72701	Specific evaluation and counselling at the first visit only (to be fully documented)		
	Please note: Item 72701 should not be used for examination of each so called "condition" at the first visit.		
72703	One complete re-assessment of a patient's condition during a course of treatment,		
12100	and/or counselling of the patient to be used with procedures 72501 or 72503 -		
	refer to Rule 011		
72801	Electrical test for diagnostic purpose (including IT curve and Isokinetic		
	tests) for specific medical condition		
	8. Visiting Codes		
72901	Treatment at a nursing home (once per day only): Relative fee plus		
72903	Domiciliary treatments - Apply only when medically motivated: Relative		
. 2500	fee plus		
9. Composite fees			
	Note*		
	Composite fees may not be used with any other items in the treatment of the same condition except for 72701, 72703, 72801, 72901 and 72903. Only modifiers 0006, 0009, 0010 and 0012 may be used in conjection with composite fees.		
72921	Simple spinal treatment (a minimum of 3 modalities must be used)		
72923	Peripheral joint-treatment (a minimum of 3 modalities must be used)		
72925	Chest pathology (a minimum of 3 modalities must be used)		
72927	Soft tissue injury (a minimum of 3 modalities must be used)		
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