

## GEMS TARIFF IN RESPECT OF PHYSIOTHERAPISTS WITH EFFECT FROM 1 JANUARY 2020

Practice Type: **Physiotherapists**  
Code: **072**

TARIFF CODE	TARIFF DESCRIPTION	CONVERSION FACTOR	BASE FACTOR	NUMBER OF UNITS	TARIFF VALUE
	<p>In calculating the GEMS Tariff, 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.</p> <p><b>ALL GEMS TARIFFS ARE VAT INCLUSIVE.</b></p>				
	REGULATIONS DEFINING THE SCOPE OF THE PROFESSION OF PHYSIOTHERAPY (R2301 - 3 December 1976)				
<b>SCHEDULE</b>					
	<b>GENERAL RULES GOVERNING THE SCALE OF BENEFITS</b>				
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				
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				
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				
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				
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				
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				
008	The fee in respect of more than one procedure (excluding evaluation and visiting items 407, 501, 502, 503, 507, 509, 701, 702, 703, 704, 705, 706, 707, 708, 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.				

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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 and the diagnosis or diagnostic codes shall be stated. Modifier 0009 must then be quoted after the appropriate code 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 fee for one condition and 50% of the fee for the other condition. Both conditions must be specified. Modifier 0010 must then be quoted after the appropriate code number to indicate that this rule is applicable.				
011	<p>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.</p> <p>Every account shall contain the following particulars:</p> <ul style="list-style-type: none"> <li>The name and practice code number of the referring practitioner (where applicable).</li> <li>The name of the member.</li> <li>The name of the patient.</li> <li>The name of the medical scheme.</li> <li>The membership number of the member.</li> <li>The practice code number and name of practitioner</li> <li>The nature and cost of the treatment.</li> <li>The date on which the service was rendered.</li> <li>The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered.</li> </ul>				
012	NB: Rounding off does not apply to amounts occurring once the modifiers are used.				
013	Where the physiotherapist performs treatment away from the treatment rooms, travelling costs being more than 16km 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.				
014	Physiotherapy services rendered in a nursing home or hospital. Modifier 0014 must be quoted after each code.				
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.				
<b>MODIFIERS</b>					
0001	Appointment not kept				
0003	15% of the relevant rate to be deducted where equipment used is not owned by the practitioner				
0008	Only 50% of the fee for these additional procedures may be charged				

# PHYSIOTHERAPISTS



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0009	The full fee for the additional condition may be charged				
0010	Only 50% of the fee for the second condition may be charged				
0013	Travelling costs (being more than 16km 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.				
0014	Physiotherapy services rendered to an in-patient in a nursing home or hospital.				
<b>1</b>	<b>RADIATION THERAPY / MOIST HEAT / CRYOTHERAPY</b>				
001	Infra-red, Radiant heat, Wax therapy Hot packs	260	1,00	5,000	R55,20
005	Ultraviolet light	260	1,00	10,000	R110,80
006	Laser beam	260	1,00	15,000	R166,00
007	Cryotherapy	260	1,00	5,000	R55,20
<b>2</b>	<b>LOW FREQUENCY CURRENTS</b>				
103	Galvanism, Diodynamic current, Tens.	260	1,00	10,000	R110,80
105	Muscle and nerve stimulating currents.	260	1,00	12,000	R132,70
107	Interferential Therapy.	260	1,00	10,000	R110,80
<b>3</b>	<b>HIGH FREQUENCY CURRENTS</b>				
201	Shortwave diathermy.	260	1,00	5,000	R55,20
203	Ultrasound.	260	1,00	10,000	R110,80
205	Microwave.	260	1,00	5,000	R55,20
<b>4</b>	<b>PHYSICAL MODALITIES</b>				
300	Vibration	260	1,00	10,000	R110,80
301	Percussion	260	1,00	16,100	R178,20
302	Massage	260	1,00	10,000	R110,80
303	Myofascial release/soft tissue mobilisation, one or more body parts	260	1,00	20,090	R222,20
304	Acupuncture	260	1,00	15,000	R166,00

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305	Re-education of movement/Exercises (excluding ante- and post-natal exercises)	260	1,00	10,000	R110,80
307	Pre- and post-operative exercises and/or breathing exercises	260	1,00	10,000	R110,80
308	Group exercises (excluding ante- and post-natal exercises - maximum of 10 in a group)	260	1,00	10,000	R110,80
309	Isokinetic treatment.	260	1,00	10,000	R110,80
310	Neural tissue mobilisation	260	1,00	20,000	R221,20
313	Ante and post natal exercises/counselling	260	1,00	10,000	R110,80
314	Lymph drainage	260	1,00	5,000	R55,20
315	Postural drainage.	260	1,00	10,000	R110,80
317	Traction	260	1,00	10,000	R110,80
318	Upper respiratory nebulisation and/or lavage	260	1,00	10,000	R110,80
319	Nebulisation	260	1,00	10,000	R110,80
321	Intermittent positive pressure ventilation.	260	1,00	10,000	R110,80
323	Suction: Level 1 (including sputum specimen taken by suction)	260	1,00	5,000	R55,20
325	Suction: Level 2 (Suction with involvement of lavage as a treatment in a special unit situation or in the respiratory compromised patient)	260	1,00	20,090	R222,20
327	Bagging (used on the intubated unconscious patient or in the severely respiratory distressed patient).	260	1,00	5,000	R55,20
328	Dry needling	260	1,00	15,000	R166,00
5	<b>MANIPULATION/MOBILISATION OF JOINTS OR IMMOBILISATION</b>				
401	Spinal.	260	1,00	15,000	R166,00
402	Pre meditated manipulation	260	1,00	10,000	R110,80
405	All other joints.	260	1,00	15,000	R166,00
407	Immobilisation (excluding materials). Rule 008 does not apply.	260	1,00	15,000	R166,00
6	<b>REHABILITATION</b>				
501	Rehabilitation where the pathology requires the undivided attention of the physiotherapist. Rule 008 does not apply. Duration: 30min.	260	1,00	25,000	R276,40

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502	"Hydrotherapy where the pathology requires the undivided attention of the physiotherapist. Rule 008 does not apply. Duration: 30min."	260	1,00	25,000	R276,40
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). Duration: 60min.	260	1,00	55,000	R608,40
504	EMG Biofeedback treatment	260	1,00	15,000	R166,00
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, no charge may be levied by facility	260	1,00	12,000	R132,70
506	Stress management	260	1,00	20,000	R221,20
507	Respiratory Re-education and Training. Duration: 30min.	260	1,00	15,000	R166,00
509	"Rehabilitation. Each additional full 15 mins. Where the pathology requires the undivided attention of the physiotherapist. (Rule 0008 does not apply.) Can only be used with codes 501, 502, 507 or 503 to indicate the completion of an additional 15 minutes. A maximum of two instances of this code may be charged per session."	260	1,00	15,000	R166,00
7	<b>EVALUATION</b>				
701	Evaluation/counselling at the first visit only (to be fully documented)	260	1,00	15,000	R166,00
702	Complex evaluation/counselling at the first visit only (to be fully documented).	260	1,00	30,000	R331,70
703	One complete re-assessment of a patient's condition during the course of treatment. To be used only once per episode of care.	260	1,00	15,000	R166,00
704	Lung function: Peak flow (once per treatment).	260	1,00	5,000	R55,20
705	Computerised/Electronic test for lung pathology	260	1,00	15,000	R166,00
706	Reports. To be used to motivate for therapy and/or give a progress report and/or a pre-authorisation report, where such a report is specifically required by the medical scheme.	260	1,00	15,000	R166,00
707	Physical Performance test. Must be fully documented.	260	1,00	20,000	R221,20
708	Interview, guidance or consultation with the patient or his family. To be used only once per episode of care.	260	1,00	15,000	R166,00
720	Essential continuation of physiotherapy care, in an after-hours situation. ( See general Rules on tariff codes 720 and 721)			20,000	R221,20
721	Emergency physiotherapy intervention ( See general Rules on tariff codes 720 and 721)			30,000	R331,90
801	Electrical test for diagnostic purposes (including IT curve and Isokinetic tests) for a specific medical condition	260	1,00	35,000	R386,80
803	Effort test - multistage treadmill.	260	1,00	35,000	R386,80

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8	<b>VISITING CODES</b>				
901	Treatment at a nursing home : Relevant fee plus (to be charged only once per day and not with every hospital visit	260	1,00	10,000	R110,80
903	Domicilliary treatments : Relevant fee plus.	260	1,00	20,000	R221,20
10	<b>OTHER</b>				
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.	260	1,00	0,000	R0,00
937	Bird or equivalent freestanding nebuliser excluding oxygen at hospital per day.	260	1,00	10,000	R110,80
938	Bird or equivalent freestanding nebuliser excluding oxygen domicilliary per day.	260	1,00	10,000	R110,80
939	Cost of material: Items to be charged (exclusive of VAT) at net acquisition price plus - 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands.	260	1,00	0,000	
940	Cost of appliances: Items to be charged (exclusive of VAT) at net acquisition price plus- 26% of the net acquisition price where the net acquisition price of that appliance is less than one hundred rands.	260	0,00	0,000	
941	Hiring equipment: 1% of the current replacement value of the equipment per day. Total charge not to exceed 50% of replacement value. Description of equipment to be supplied.				
	Payment of this item is at the discretion of medical scheme concerned, and should be considered in instances where cost savings can be achieved. By prior arrangement with the medical scheme.				
	<b>GENERAL RULES ON TARIFF CODE 720 AND 721</b>				
	"Indications for use of code 720 "essential continuation of physiotherapy care in after hours situation\"" <b>This code may be used under the following circumstances where failure to provide the physiotherapy intervention might result in any or all of the following:</b> a) serious impairment to bodily functions b) serious dysfunction of a bodily organ or part c) reduced functional ability due to severe pain d) would place the patient's life in serious jeopardy e) increase of length of hospital stay f) prolongation of expected recovery time				

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	<p>Explanation and use of "after-hours situation" "After-hours situation" shall mean all physiotherapy interventions, where essential continuation of care is required in excess of ordinary working hours in the following circumstances:</p> <ul style="list-style-type: none"> <li>a) Weekdays before 07:00 and after 17:00</li> <li>b) Saturdays before and after the normal working hours of the practice</li> <li>c) Sundays and Public holidays</li> </ul> <p>This code may not be charged in the following circumstances:</p> <ul style="list-style-type: none"> <li>a) Where the physiotherapy appointment is scheduled for the convenience of the patient.</li> <li>b) Where the physiotherapy appointment is scheduled for the convenience of the physiotherapist.</li> <li>c) Where the ordinary outpatient consulting hours for the practice fall outside the above parameters.</li> <li>d) In circumstances where the above criteria are not met the use of code 720 is not applicable.</li> </ul> <p>Code 720 and 721 may not be charged together at the same single intervention.</p> <p>CODE 721 – emergency physiotherapy intervention Explanation and indications for use</p> <p>Code 721 may only be used where an emergency physiotherapy intervention is provided. Emergency is defined as a sudden, and at the time, unexpected onset of a health condition or an unplanned event that requires immediate unscheduled physiotherapy intervention.</p> <p>Failure to provide the physiotherapy intervention immediately might result in any or all of the following:</p> <ul style="list-style-type: none"> <li>a) serious impairment to bodily functions</li> <li>b) serious dysfunction of a bodily organ or part</li> <li>c) reduced functional ability due to severe pain</li> <li>d) would place the patient's life in serious jeopardy</li> </ul> <p>In circumstances where the above criteria are not met the use of code 720 is not applicable.</p>				