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1	<b>SOUTH AFRICAN SOCIETY OF PHYSIOTHERAPY CODING STRUCTURE 2017</b>							
10	<b>GENERAL RULES AND MODIFIERS GOVERNING THE CODING STRUCTURE</b>							
11								
12	<p><b>RULE 001:</b> Unless timely steps (i.e. 24 hours prior to the appointment) are taken to cancel an appointment, the relevant fee may be charged. Each case shall however, be considered on merit and if the circumstances warrant, no fee shall be charged. <b>MODIFIER 0001 to be quoted when this rule is implemented.</b></p>							
13	<p><b>RULE 003:</b> Where a practitioner uses equipment which is not owned by that practitioner, a reduction of 15% of the relevant tariff will be applicable. Modifier 0003 must be quoted where this rule is applied. <b>MODIFIER 0003: 15% of the relevant tariff to be deducted where equipment used is not owned by the practitioner.</b></p>							
14	<p><b>RULE 004:</b> The practitioner should inform the patient of the financial implications of treatments in advance.</p>							
17	<p><b>RULE 008:</b> The fee in respect of more than one procedure (except for * codes: 72407, 72501, 72502, 72503, 72507, 72508, 72509, 72701, 72702, 72703, 72704, 72705, 72706, 72707, 72708, 72720, 72721, 72801, 72803, 72901 and 72903) 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 four procedures carried out in the treatment of one condition. Modifier 0008 must then be quoted after the appropriate tariff numbers for the additional procedures to indicate that this rule is applicable. Codes marked with an * are stand alone codes and this rule is not applicable. <b>MODIFIER 0008: Only 50% of the fee for additional procedures may be charged except for the codes listed with *.</b></p>							
18	<p><b>RULE 009:</b> When more than one complete separate and different conditions, 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 must be stated. Modifier 0009 must then be quoted after the appropriate code number to indicate that this rule is applicable. <b>MODIFIER 0009: The full fee for the second condition may be charged.</b></p>							
19	<p><b>RULE 010:</b> 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. Modifier 0010 must then be quoted after the appropriate code number to indicate that this rule is applicable, and diagnosis of each condition stated with diagnostic code. <b>MODIFIER 0010: Only 50% of the fee for the second condition may be charged.</b></p>							
20	<p><b>RULE 013:</b> Travelling Fees: 1. Where a practitioner was called out from his residence or rooms to a patient's home or the hospital, travelling fees at AA rates can be charged if he/she had to travel more than 16 kilometers in total. 2. If more than one patient would be attended to during the course of a trip, the full travelling expenses must be divided pro rata between the relevant patients. 3. A practitioner is not entitled to charge for any travelling expenses to his rooms. 4. When a practitioner has to travel more than 16 kilometers in total to visit a patient, the fees shall be calculated as follows: R<sub>x</sub>.xx per km for each km in excess of 16 kilometers in total travelled in own car: 19km total= 3 x R<sub>x</sub>.xx = R<sub>x</sub>.xx where x = ruling AA rates. <b>MODIFIER 0013: Must be quoted</b></p>							
21	<p><b>RULE 014:</b> Physiotherapy services rendered in a hospital or nursing facility. <b>MODIFIER 0014: To indicate physiotherapy service rendered at a hospital or nursing facility. This modifier must be quoted after each modality performed in a hospital or nursing facility. No monetary value is attached to this modifier.</b></p>							
24	<b>PROCEDURE CODES</b>							
25	<b>CODE NO</b>	<b>DESCRIPTORS</b>	<b>SASP RRVU 2016</b>					
26	<b>1</b>	<b>RADIATION THERAPY/ MOIST HEAT/ CRYOTHERAPY</b>						
27	72001	Infra-red, Radiant heat,Wax therapy. Hot packs	6					
28	72005	Ultraviolet light	12					
29	72006	Low level laser therapy (LLLT) (photobiomodulation).	18					
30	72007	Cryotherapy	6					
31	<b>2</b>	<b>LOW FREQUENCY CURRENTS</b>						
32	72103	Galvanism, Diadynamic current, TENS	12					
33	72105	Muscle and nerve stimulating currents.	15					
34	72107	Interferential therapy	12					
35	<b>3</b>	<b>HIGH FREQUENCY CURRENTS</b>						
36	72201	Shortwave diathermy	6					
37	72203	Ultrasound	12					
38	72204	Extracorporeal Shockwave Therapy	23					
39	72205	Microwave	6					
40	<b>4</b>	<b>PHYSICAL MODALITIES</b>						
41	72300	Vibrations	12					
42	72301	Percussion	20					
43	72302	Massage	12					
44	72303	Myofascial Release / Soft tissue mobilisation of <b>one or more body parts.</b>	26					
45	72304	Acupuncture	20					
46	72305	Re-education of movement. Exercises (Excluding pre- or post-natal exercises)	13					
47	72307	Pre and post-operative exercises and/or breathing exercises	13					
48	72308	Group exercises - maximum of 10 patients in a group -	12					
49	72309	Isokinetic treatment	13					
50	72310	Neural tissue mobilisation	26					
51	72313	Ante and post natal exercises	12					
52	72314	Mechanical Lymph Drainage	6					
53	72315	Postural drainage	12					
54	72317	Traction	13					
55	72318	Upper respiratory Nebulization / lavage	12					
56	72319	Nebulisation	12					
57	72321	Intermittent positive pressure ventilation	13					

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58	72323	Suction Level 1 : (including sputum specimen)	7						
59	72325	Suction Level 2 : In combination with lavage as a treatment in a special unit situation or a respiratory compromised patient	27						
60	72327	Bagging (used in the intubated unconscious patient or in the severely respiratory distressed patient)	7						
61	72328	Dry Needling	20						
62	5	<b>MANIPULATION / MOBILISATION OF JOINTS</b>							
63	72401	Spinal	20						
64	72402	Pre- meditated manipulation	13						
65	72405	All other joints	20						
66	*72407	Immobilisation (excluding materials) Rule 008 does not apply -	19						
67	6	<b>REHABILITATION</b>							
68	*72501	Rehabilitation, a goal orientated process to restore optimum function. Where the pathology requires the undivided attention of the physiotherapist. Rule 008 does not apply. <u>Duration: Up to 30 min</u>	33						
69	*72502	Aqua therapy where the pathology requires the undivided attention of the physiotherapist. Rule 008 does not apply. <u>Duration: Up to 30min.</u>	33						
70	*72503	Rehabilitation for Central Nervous System disorders - condition to be clearly stated (No other treatment modality may be charged in conjunction with this). Rule 008 does not apply. <u>Duration: Up to 60 min.</u>	74						
71	72504	EMG Biofeedback Treatment	19						
72	*72505	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 for the venue. Rule 008 does not apply.	15						
73	72506	Stress management	25						
74	*72507	Respiratory Re-education and Training. Rule 008 does not apply. <u>Duration up to 30 mins.</u>	19						
75	*72508	Hourly rehabilitation facility fee. Rule 008 does not apply.	35						
76	*72509	Rehabilitation( <b>additional 15 minutes</b> ) where the pathology requires the undivided attention of the physiotherapist. Can only be used with codes 72501, 72502 and 72503. Rule 008 does not apply	20						
77	7	<b>ASSESSMENT AND PHYSIOTHERAPEUTIC COUNSELLING</b>							
78	*72701	Initial basic assessment once per episode of care. <u>Can not ever be used with 72702.</u> Rule 0008 does not apply.	7						
79	*72702	Initial comprehensive assessment, once per episode of care. <u>Can not ever be used with code 72701.</u> Rule 0008 does not apply	20						
80	*72703	Follow up assessment. May be charged once per day. <u>Can not ever be used with 72701 or 72702.</u> Rule 0008 does not apply	7						
81	*72704	Lung function : peak flow (once per treatment). Rule 008 does not apply.	6						
82	*72705	Computerised / electronic test for lung pathology. Rule 008 does not apply.	19						
83	*72706	Reports writing. To be used to motivate for therapy were such a report is specifically requested by a third party. Rule 0008 does not apply.	18						
84	*72707	Physical Performance Test. Must be fully documented. Rule 008 does not apply.	25						
85	*72708	Physiotherapeutic Counselling. Requires the undivided attention of the physiotherapist. <b>First 15 minutes.</b> Rule 0008 does not apply. <u>Can not ever be used with codes 72709, 72710, 72711.</u>	17						
86	*72709	Physiotherapeutic Counselling. Requires the undivided attention of the physiotherapist. <b>16 -30 minutes. The next time increment can only be charge if services extended to the next 15 minute period.</b> Rule 0008 does not apply. <u>Can not be ever be used with codes 72708, 72710, 72711.</u>	21						
87	*72710	Physiotherapeutic Counselling. Requires the undivided attention of the physiotherapist. <b>31 -45 minutes. The next time increment can only be charge if the service extend into the next 15 minutes.</b> Rule 0008 does not apply. <u>Can not be ever be used with codes 72708, 72709, 72711.</u>	29						
88	*72711	*Physiotherapeutic Counselling. Requires the undivided attention of the physiotherapist. <b>45 minutes plus. The next time increment can only be charge if services extended to the next 15 minute period.</b> Rule 0008 does not apply. <u>Can not be ever be used with codes 72708, 72709, 72710.</u>	32						
89	*72801	Electrical testing for diagnostic purposes (including IT curve and isokinetic tests) for a specific medical condition. Rule 008 does not apply.	46						
90	*72803	Effort test - multi-stage treadmill. Rule 008 does not apply.	45						
91	8	<b>VISITING CODES</b>							
92	*72901	Treatment at a Nursing Home / Hospital relevant fee plus (to be charged only once per day) . Rule 008 does not apply.	12						
93	*72903	Domiciliary treatment : Relevant fee plus. Rule 008 does not apply.	25						
94	9	<b>OTHER</b>							
95	*72117	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). Patients must be made aware of this rule. Each practice determine their own fee for this code.							
96	*72937	Bird or equivalent free-standing nebuliser excluding oxygen, per day, in hospital. Rule 008 does not apply.	12						
97	*72938	Bird or free-standing nebuliser for patient in domiciliary situation. Only owner of equipment may charge. Rule 008 does not apply.	12						
98	*72939	Cost of material	Cost + 26%						
99	*72940	Cost of appliances	Cost + 26%						
100	*72941	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 the medical scheme concerned, and should be considered in instances where cost savings can be achieved. By prior arrangement with the medical scheme.	1% of replacement value per day						
101	*72942	Administration cost for data capturing. Rule 008 does not apply.	15						

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102	<p>Essential continuation of Physiotherapy care, in an after-hours situation. Rule 008 does not apply. Can only be charged once per intervention. Codes 72720 and 72721 may not be charged together at the same single intervention.</p> <p><u>Indications for use of code 72720 "essential continuation of physiotherapy care"</u> This code may be used under the following circumstances where failure to provide the Physiotherapy intervention might result in any or all of:</p> <ul style="list-style-type: none"> <li>• Serious impairment to bodily functions</li> <li>• Serious dysfunction of a bodily organ or part,</li> <li>• Reduced functional ability due to severe pain</li> <li>• Would place the patient's life in serious jeopardy</li> <li>• Increase of length of hospital stay</li> <li>• Prolongation of expected recovery time</li> </ul> <p><u>Explanation and use of "after- hour situation"</u> "After- hour situation" shall mean all physiotherapy interventions, where essential continuation of care is required in excess of ordinary working hours in the following circumstances: Weekdays before 07.00h and after 17.00h Saturdays, Sundays and Public holidays</p>	20							
103	<p>Emergency Physiotherapy intervention. Rule 008 does not apply. Can only be charged once per intervention. Codes 72720 and 72721 may not be charged together at the same single intervention.</p> <p><u>Indications for use of code 72721 "essential continuation of physiotherapy care"</u> Code 72721 may only be used where an emergency Physiotherapy intervention is provided. <b>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.</b> Failure to provide the Physiotherapy intervention immediately might result in any or all of the following:</p> <ul style="list-style-type: none"> <li>• Serious impairment to bodily functions</li> <li>• Serious dysfunction of a bodily organ or part,</li> <li>• Reduced functional ability due to severe pain</li> <li>• 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 72721 is not applicable.</p>	30							
104									