

DIETITIANS CODING STRUCTURE 2017

GENERAL RULES

003	Dietary services are per individual patient
004	Each practitioner must acquaint him-/herself with the provisions of the Medical Schemes Act, as amended, and the regulations promulgated under the Act and shall render a monthly account in respect of any service rendered during the month, irrespective of whether or not the treatment has been completed. NB. Every account shall contain the following particulars: <ul style="list-style-type: none">· The name and practice code number of the referring practitioner.· The name of the member.· The name of the patient.· The name of the medical scheme.· The membership number of the member.· The nature of the treatment.· The date on which the service was rendered.· The relevant diagnostic codes and ADSA consulting item code numbers relating to the health service rendered.
005	When multiple diagnoses apply every applicable diagnosis shall be specified on the statement.
010	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.
011	Compilation of reports is only to be included within billable time if these reports are for purposes of motivating for therapy and/or giving a progress report and/or a pre-authorisation report, and where such a report is specifically required by the medical scheme. Maximum billable time for such a report is 15 minutes.
012	A visiting code may be charged additional to the applicable fee only once per day.
013	Maximum time claimable per patient per day is 2 hours. Actual time spent on patient contact and non-contact medical nutrition therapy planning may be claimed. Non-contact medical nutrition therapy planning may not exceed 50% of the total time claimed, except in the case of inborn errors of metabolism, ketogenic diets as well as renal conditions where planning time may not exceed 75% of the total time claimed. All time claimed for nutritional planning must be justified with documentation.

MODIFIERS

0021	Services to hospital inpatients: Quote modifier 0021 on all accounts for services performed on hospital inpatients.
0022	Compilation of reports for purpose of motivating for therapy and/or a pre-authorisation report: Quote modifier 0022 on all accounts. Compilation of reports is only to be included within billable time if these reports are for purposes of motivating for therapy and/or a pre-authorisation report, and where such a report is specifically required by the medical scheme. Maximum billable time for such a report is 15-20 minutes.

ITEMS

1 INDIVIDUAL ASSESSMENT, COUNSELLING AND/OR TREATMENT

CODE	TARIFF DESCRIPTION	RVU
107	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).	
200	Nutritional assessment, medical nutrition therapy planning, counselling and/or treatment duration 1-10 min	0.50
201	Nutritional assessment, medical nutrition therapy planning, counselling and/or treatment duration 11-20 min	1.50
202	Nutritional assessment, medical nutrition therapy planning, counselling and/or treatment duration 21-30min	2.50
203	Nutritional assessment, medical nutrition therapy planning, counselling and/or treatment duration 31-40 min	3.50
204	Nutritional assessment, medical nutrition therapy planning, counselling and/or treatment duration 41-50 min	4.50
205	Nutritional assessment, medical nutrition therapy planning, counselling and/or treatment duration 51-60 min	5.50
206	Nutritional assessment, medical nutrition therapy planning, counselling and/or treatment duration 61-70 min	6.50
207	Nutritional assessment, medical nutrition therapy planning, counselling and/or treatment duration 71-80 min	7.50
208	Nutritional assessment, medical nutrition therapy planning, counselling and/or treatment duration 81-90 min	8.50
209	Nutritional assessment, medical nutrition therapy planning, counselling and/or treatment duration 91-100 min	9.50
210	Nutritional assessment, medical nutrition therapy planning, counselling and/or treatment duration 101-110 min	10.50
211	Nutritional assessment, medical nutrition therapy planning, counselling and/or treatment duration 111-120 min	11.50

2 GROUP ASSESSMENT, COUNSELLING OR TREATMENT

CODE	TARIFF DESCRIPTION	RVU
300	Group nutritional assessment, counselling and/or treatment per patient duration 1-10 min	0.10
301	Group nutritional assessment, counselling and/or treatment per patient duration 11-20 min	0.30
302	Group nutritional assessment, counselling and/or treatment per patient duration 21-30 min	0.50
303	Group nutritional assessment, counselling and/or treatment per patient duration 31-40 min	0.70
304	Group nutritional assessment, counselling and/or treatment per patient duration 41-50 min	0.90
305	Group nutritional assessment, counselling and/or treatment per patient duration 51-60 min	1.10
306	Group nutritional assessment, counselling and/or treatment per patient duration 61-70 min	1.30
307	Group nutritional assessment, counselling and/or treatment per patient duration 71-80 min	1.50
308	Group nutritional assessment, counselling and/or treatment per patient duration 81-90 min	1.70
309	Group nutritional assessment, counselling and/or treatment per patient duration 91-100 min	1.90
310	Group nutritional assessment, counselling and/or treatment per patient duration 101-110 min	2.10
311	Group nutritional assessment, counselling and/or treatment per patient duration 111-120 min	2.30

3 VISITING CODE

CODE	TARIFF DESCRIPTION	RVU
103	Domiciliary treatment- Treatment of patient at home or nursing home (may be charged additional to the applicable fee only once per day.)	2.00