



Important RMA Updates



1. Nappi Codes on medication/ consumables/disposables

Please ensure that your Nappi Price File service provider is updating its price file on a regular basis, as poor updates could result in unnecessary payment discrepancies.

2. Tariff Code 0201

Kindly note that the 0201 tariff code is not accepted for payment. This means that all medication, consumables and disposable items must have a related Nappi code attached for each item used. Should this tariff code be used for these items, it will be rejected.

3. Modifiers: Multiple therapeutic procedures/operations under the same anaesthetic – Modifier 0005

When performing multiple procedures or operations under the same anaesthetic and this adds significantly to the time spent on, or to the complexity of, the procedure, and if each procedure or operation is clearly identifiable and defined, the following values should be used:

- 100% (full value) for the first or major procedure or operation;
- 75% for the second procedure or operation;
- 50% for the third procedure or operation; and
- 25% for the fourth and any subsequent procedures/operations.

These values should only be used if these modifiers are not identified in the tariff. Each modifier is to be billed for the relevant procedure, including the first. For example:

Service Date	Code	Tariff Description	(R)	QTY	Amt (R)	QTY	Amt (R)	(R)	(Ex) (R)	VAI (R)	(R)	
11 Aug 2016	0885	Removal of prosthesis for infection soon after operation	3068.67	1.00	3068.67	1.00	3068.67	0.00	2691.82	376.85	3068.67	✓
11 Aug 2016	0005	In cases where the fee is disproportionately low in relation to the service rendered, a higher fee may be negotiated with the scheme. Motivation to be attached.	0.00	1.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	✓
11 Aug 2016	0537	Exostosis: Excision: Less accessible sites.	2301.50	1.00	2301.50	1.00	2301.50	0.00	2018.86	282.64	2301.50	✓
11 Aug 2016	0005	In cases where the fee is disproportionately low in relation to the service rendered, a higher fee may be negotiated with the scheme. Motivation to be attached.	-575.38	1.00	0.00	1.00	0.00	0.00	-504.72	-70.66	-575.38	✓
11 Aug 2016	0583	Capsulotomy or arthrotomy or biopsy or drainage of joint: Large joint (including three weeks after-care).	2301.50	1.00	2301.50	1.00	2301.50	0.00	2018.86	282.64	2301.50	✓
11 Aug 2016	0005	In cases where the fee is disproportionately low in relation to the service rendered, a higher fee may be negotiated with the scheme. Motivation to be attached.	-1150.75	1.00	0.00	1.00	0.00	0.00	-1009.43	-141.32	-1150.75	✓
11 Aug 2016	0886	Late removal of infected or not infected total joint replacement prosthesis (including six weeks after-care): ADD to the item for total joint replacement of the specific joint	1534.34	1.00	1534.34	1.00	1534.34	0.00	1345.91	188.43	1534.34	✓
11 Aug 2016	0005	In cases where the fee is disproportionately low in relation to the service rendered, a higher fee may be negotiated with the scheme. Motivation to be attached.	-1150.76	1.00	0.00	1.00	0.00	0.00	-1009.44	-141.32	-1150.76	✓

4. RMA Forms

When submitting medical reports to RMA, please ensure that these are on the correct RMA forms, and not on the Department of Labour’s forms.

All RMA forms and medical reports are available under the **Downloads** tab on the RMA website – click here: <http://randmutual.co.za/downloads/>

Correct:

Accident:



RMA First Medical Report




RMA Progress Report



RMA Final Medical Report

For example:



Caring | Compassionate | Compensation

FIRST MEDICAL REPORT		
DETAILS OF INJURED EMPLOYEE		
Employee Name:		
Date of Birth: / /	Occupation:	Cell No:
Employer Name:		
Date of Accident/Onset of Disease: / /	Date of Consultation: / /	
RMA Claim No:	Industry No/Company No:	
DETAILS OF INJURY		
Mechanism of injury:		

Disease:



RMA First Medical Report



RMA Progress/Final Report for Occupational Diseases

For example:

PROGRESS/FINAL MEDICAL REPORT FOR AN OCCUPATIONAL DISEASE			
*Delete which is not applicable above			
EMPLOYEE DETAILS			
Surname:			
Full Names:			
Date of birth (Day/Month/Year):	Gender:	Occupation:	
RMA Claim No:	Industry / Company No: (where applicable)	Date of Accident: / /	
Employer:			

Incorrect: ❌

Accident:

- W.CL.4 - First Medical Report in Respect of an Accident
- W.CL.5 - Final/Progress Medical Report in Respect of an Accident

Disease:

- W.CL.22 - First Medical Report in Respect of an Occupational Disease
- W.CL.26 - Final or Progress Medical Report in Respect of an Occupational Disease



For example:

W.CI.4



labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA



Claim Number:

FIRST MEDICAL REPORT IN RESPECT OF AN ACCIDENT
COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT No. 130 OF 1993)
(Section 6A(b) – Commissioner's rules, forms and particulars – Annexure 15)

Names and Surname of employee

Identity Number Address:

..... Postal Code

Name of employer

Address

..... Postal Code

Date of accident