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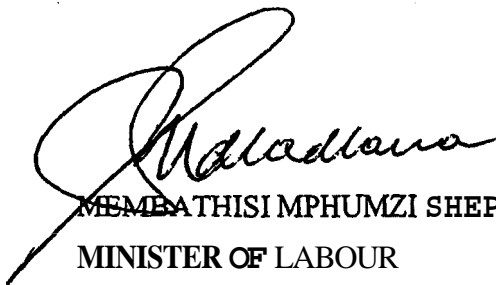
AIDS HELPLINE: 0800-0123-22 Prevention is the cure

GENERAL NOTICE ALGEMENE KENNISGEWING

NOTICE 862 OF 2005

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO. 130 OF 1993)

1. I, Membathisi Mphumzi Shepherd Mdladlana, Minister of Labour, hereby give notice that, after consultation with the Compensation Board and acting under the powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No. 130 of 1993), I prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rules applicable thereto, appearing in the Schedule to this notice, with effect from 1 April 2005.
2. The fees appearing in the Schedule are applicable in respect of services rendered on or after 1 April 2005 and Exclude VAT.



MEMBATHISI MPHUMZI SHEPHERD MDLADLANA
MINISTER OF LABOUR

GENERAL INFORM ALGEMENE I GTING**(i) THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER**

The employee is permitted to choose freely his own service provider e.g. doctor, pharmacy, physiotherapist, hospital, etc. and no interference with this privilege is permitted **as long as** it is exercised reasonably and without prejudice to the employee himself or the Compensation Fund. The only exceptions to this rule are those cases where employers, with the Compensation Commissioner's approval, provide their own medical aid facilities in toto, i.e. including hospital, nursing and other services—section 78 of the Act refers.

In terms of section 42 either the Compensation Commissioner or an employer may send the injured employee to another doctor chosen by him (compensation Commissioner or employer) for a special examination and report. Special fees are payable for this service. This examination and report is usually done only by specialists.

In the event of a change of doctors attending a case, the first doctor in attendance will, except where the case is handed over to a specialist, be regarded as the principal, and payment will normally be made to him. To **avoid disputes, doctors should refrain from treating a case already under treatment without first discussing it with the first doctor.** As a general rule, changes of doctor are not favoured, unless there are sufficient reasons therefore.

If an injured employee is in need of emergency treatment, the doctor should act in the same manner **as** he would to any patient who needs his urgent help. He should not, however, ask the Compensation Commissioner to authorise such treatment before the claim has been admitted **as** falling within the scope of the Act.

It should be remembered that an employee seeks medical advice at his own risk. If, therefore, an employee represents to his medical service provider that he is a Compensation for Occupational Injuries and Diseases Act case and yet fails to claim the benefits of the Act, leaving the Compensation Commissioner, or his employer, in ignorance of any possible grounds for a claim, the insurance fund concerned cannot accept any responsibility for any medical expenses incurred if the claim is not reported in the prescribed manner. The Compensation Commissioner can also have reason not to accept the claim lodged against the Fund. In such circumstances the employee would be in the same position **as** any other member of the public as regards payment of his medical expenses.

The amounts published in the tariff for COIDA for medical services are calculated without VAT. The only exclusion is die "per diem" tariff for Private Hospitals, that includes VAT. The account for services rendered will be assessed and calculated without VAT. If VAT is applicable and a VAT registration number was indicated, it will be calculated and added to the payment without being rounded off

**CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS
FOLLOWS •**

EISE TEENDIE VERGOEDINGSFONDS WORD HANTEER SOOS VOLG:

1. If the claim is **accepted** as a **COIDA** claim, reasonable medical expenses will be paid by the Compensation Commissioner • *As die eis teen die **Fonds aanvaar** word, word redelike mediese koste betaal deur die Vergoedings Kommissaris.*
2. If the claim is **rejected (repudiated)**, services will not be paid by the Compensation Commissioner. All parties are informed of this decision, including the service providers. The injured employee will be liable for payment, • *As die eis teen die **Fonds afgekeur** word (**gerepudieer**), word dienste nie deur die Vergoedings Kommissaris betaal nie. Die betrokke partye word in kennis gestel **van** die besluit, ingesluit die diensverskaffers. Die beseerde werknemer is dan aanspreeklik vir die rekening.*

If **no decision** can be made due to a lack of information, the outstanding information is requested and upon receipt, the claim will again be adjudicated. Depending on the outcome, the accounts from the service provider, will be handled as set out in 1 and 2. Unfortunately, there **are** claims for which a decision might never be made due to a lack of forthcoming information • *Indien **geen** besluit geneem **kan** word nie, weens 'n gebrek aan inligting, word die uitstaande inligting aangevra. Met ontvangs word die eis heroorweeg. Afhangende van die uitslag, word die rekening hanteer **soos** uiteengesit in nommer 1 en 2. Ongelukkig is daar eise waar 'n besluit nooit geneem kan word nie aangesien die uitstaande inligting nie verskaf word nie*

BILLING PROCEDURE • EIS PROSEDURE:

1. The **first account** for services rendered to the injured employee (INCLUDING the First medical report) must be submitted to the employer who will collate all the documents (from other service providers etc.) and submit them to the Compensation Commissioner • *Die eerste rekening (INSLUITEND die Eerste mediese verslag) vir diens gelewer aan die beseerde werknemer, moet aan die werkgewer gestuur word, wat die eise (van ander diensverskaffers ens.) bymekaar sal sit en dit aanstuur na die Vergoedingskommissaris.*
2. New claims are registered by the Commissioner and the **employer is notified of the claim number** allocated to the claim. Enquiries for claim numbers should be directed to the employer and not to the Commissioner. The employer will be able to give you the claim number for the patient as well as indicate whether the Compensation Commissioner accepted the claim as a COIDA case • *Nuwe eise word geopen deur die Kommissaris en die werkgewer word in kennis gestel van die eisnommer. Navrae vir eisnommers moet aan die werkgewer gerig word en nie aan die Kommissaris nie. Die werkgewer kan die eisnommer verskaf en ook aandui of die Kommissaris die eis teen die Fonds aanvaar het of nie*
3. All new accounts are captured on the Commissioners database and a summarized notice is posted weekly to the service provider. This is only an **acknowledgement of receipt** and not a payment or a guarantee thereof • *Alle nuwe rekeninge word vasgelê op die Kommissaris se databasis en 'n opsomming van rekeninge ontvang word weekliks aan die diensverskaffer gestuur. Dit is slegs 'n erkenning van ontvangs en nie 'n betaling of waarborg daarvan nie.*
4. If accounts are still outstanding after 60 days following submission and acknowledgement by the Commissioner Service providers should complete an enquiry form, W.CL 20, and submit it ONCE to the Commissioner. **DO NOT SUBMIT DUPLICATE ACCOUNTS WHEN AN ACKNOWLEDGEMENT WAS RECEIVED FOR THE PARTICULAR ACCOUNT** • *Indien die rekening nog uitstaande is na 60 dae na indiening en ontvangserkenning deur die Vergoedingskommissaris, moet die diensverskaffer 'n navraag vorm, W.CL 20 voltooi en EENMALIG indien na die Kommissaris. MOENIE 'N DUPLIKAAT REKENING INDIEN AS ONTVANGS ERKEN IS VIR DIE BETROKKE REKENING NIE.*
5. If no **acknowledgement** was received and the account is unpaid **60 days after** it was submitted to the employer, a **duplicate account** must be submitted to the Commissioner directly. The account must be accompanied by any supporting documents e.g. PART B of the Employers Report of an Accident (W.CL 2), First (W.CL 4), and Progress/Final (W.CL 5/5F) medical reports • *Indien ontvangs nie erken is 60 dae na versending aan die werkgewer, moet 'n duplikaatrekening ingedien word by die Vergoedingskommissaris. Die rekening moet vergesel word van ander dokumentasie bv. DEEL B van die Werkgewer se Verslag oor 'n Ongeval (W.CL 2), Eerste (W.CL 4) en Vordering/Finale (W.CL 5/5F) mediese verslae.*
6. If the account is **partially paid** with no reason therefore indicated on the remittance advise, a duplicate account with the unpaid services clearly indicated must be submitted, accompanied

by a **WCI** 20 form. (*see website for example) • **Indien 'n rekening gedeeltelik betaal is met geen rede voorsien op die betaaladvies nie, kan 'n duplikaatrekening met die kortbetaling duidelik aangedui, vergesel van 'n WCI20form ingedien word (*sien webblad vir voorbeeld van vorm).**

7. **Information NOT to be reflected** on the account: Details of the employee's medical aid and the practice number of the referring practitioner • *Inligting wat **NIE** aangedui moet word op die rekening nie: Besonderhede van die werknemer se mediese fonds en die verwysende geneesheer se praktyknommer.*
8. Service provider **should not generate** • *Diensverskaffer moenie die volgende genereer:*
- a. **Multiple accounts** for services rendered on the **same date i.e.** one account for medication **and** a second account for other services • *Meer as een rekening vir dienste gelewer op dieselfde datum, bv. Medikasie op een rekening en ander dienste op 'n tweede rekening.*
 - b. **Accumulative accounts** but rather submit **a** separate account for every **month** • *Aaneenlopende rekeninge: aparte rekeninge per maand word verkies.*
 - c. **Accounts on the old documents (W.CL 4/5/5F) A** *New First Medical Report (W.CL 4) and Progress/Final Report (W.CL 5/5F) forms are available. The old forms combined with the account (W.CL11), were replaced. **Accounts on the old medical reports will not be entertained** • *Rekeninge op die ou voorgeskrewe dokumente van die Vergoedingskommissaris. 'n *Nuwe Eerste mediese verslag (W.CL4) en Vordering/Finale verslag (W.CL5) is beskikbaar. Die vorige vorms gekombineer met die rekening (W.CL11) is vervang. Rekeninge op die ou vorms is nie aanvaarbaar nie.*

* **Examples of the new forms (W.CL 4/5/5F) are available on the website**
www.labour.gov.za •

* *Voorbeelde van die nuwe vorms (W.CL 4/5/5F) is beskikbaar op die webblad www.labour.gov.za*

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED •
MINIMUM VEREISTES VIR REKENINGE GEHEF

1. **Minimum information** to be indicated on the account submitted to the Commissioner • *Minimum besonderhede wat aangedui moet word op 'n rekening vir die Vergoedingskommissaris:*
 - a. Name of employee **and** ID number • *Naam van werknemer **en** ID nommer.*
 - b. Name of employer and registration number if available. • *Naam van werkgewer en registrasie nommer indien beskikbaar.*
 - c. CC claim number/ alternatively employer's registration number • *CC eisnommer/alternatiewelik die werkgewer se registrasie nommer.*
 - d. DATE OF **ACCIDENT** (not only the service date) • *DATUM VAN **BESERING** (nie slegs die diensdatum nie)*
 - e. Service provider's reference number • *Diensverskaffer se rekening nommer*
 - f. The practice number (In case of address change, BHF must be notified) • *Die praktyknommer (in geval van adresverandering moet dit by BHF verander word)*
 - g. VAT registration number (The Compensation Commissioner will not pay VAT if a VAT registration number is not indicated on the account) • ***BTW** registrasie nommer (die Kommissaris sal nie BTW betaal as die BTW registrasie nommer nie aangedui word nie)*
 - h. Date of service (Actual service date must be indicated. Invoice date is not acceptable) • *Diensdatum (die werklike diensdatum moet aangedui word Rekening datum is nie aanvaarbaar)*
 - i. Items according to the official published tariffs • *Items **soos** aangedui in die amptelik gepubliseerde tariewe.*
 - j. Amount claimed per item and total for account • *Bedragge-eis vir item en totaal van rekening.*

2. Please note that **as from 1 January 2004 a certified copy of an employee's identity document will be required** in order to register a claim With the Compensation Fund. If a copy of the identity document is not submitted the claim will not be registered but will be returned to you/the employer to attach a certified copy of the employee's identity document. Furthermore, all supporting documentation sent to this office must reflect the identity number **as** well. If it is not reflected, the documents will not be processed but will be returned to the sender to add the ID number. • *Neem asseblief kennis dat 'n gesertifiseerde afskrif van van die werknemer **se** identiteits dokument benodig word vanaf 1 Januarie 2004 om 'neis by die Vergoedingsfonds aan te meld. Indien 'n afskrif van die identiteitsdokument nie aangeheg is nie, sal die eis nie geregistreer word nie en die dokumente sal teruggestuur word aan die werkgewer/uself vir die aanheg van die dokument. Alle ander dokumentasie wat aan die kintoor gestuur word moet die identiteitsnommer aangedui **hê**. Indien nie aangedui nie, sal die dokumentasie nie verwerk word nie, maar teruggestuur word vir die aanbring van die identiteitsnommer.*

SCHEDULE • BYLAE**TARIFF OF FEES IN RESPECT OF OCCUPATIONAL THERAPY SERVICES FROM 1 APRIL 2005
GELDTARIEF TEN OPSIGTE VAN ARBEIDSTERAPEUTIESE DIENSTE VANAF 1 APRIL 2005****GENERAL RULES GOVERNING THE TARIFF****ALGEMENE REBLS VAN TOEPASSING OP DIE TARIEF**

- 001 Unless timely steps are taken (at least two hours) to cancel an appointment for a consultation the relevant consultation fee shall be payable by the employee. • Tensy vroegtydige reëlings (minstens twee uur voor die afspraak) getref is om 'n afspraak vir 'n konsultasie te kanselleer, sal die werknemer aanspreeklik wees vir die konsultasiegelde.
- 002 In exceptional cases where the tariff fees is disproportionately low in relation to the actual services rendered by the 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. • In uitsonderlike gevalle, waar die fooi uitermatig laag is in vergelyking tot die diens deur die praktisyn gelewer, is hoër gelde onderhandelbaar. Aan die ander kant, as die gelde buiten verhouding hoog is met betrekking tot die werklike dienste gelewer, moet 'n laer bedrag as dit! wat in die geldetarief aangegee word, gevra word.
- 003 The service of an occupational therapist shall be **available** only on written referral by a medical practitioner. • Die dienste van 'n arbeidsterapeut sal alleenlik beskikbaar wees op skriftelike verwysing deur 'n mediese praktisyn.
- 004 In the case of prolonged *or* costly treatments these would only be embarked upon after negotiations between the referring medical practitioner, occupational therapist and the Commissioner. • In die geval van langdurige of duur behandeling moet daar vooraf tussen die verwysende geneesheer, arbeidsterapeut en die Kommissaris onderhandel word.
- 005 **After a series of 800 units (R3696.00) for the same condition, the medical practitioner must reevaluate the employee's condition and submit a report to the Commissioner, in which the necessity for further treatment is indicated. • Na 'n reeks van 800 eenhede (R3544.00) vir dieselfde toestand moet die mediese praktisyn die werknemer se toestand herevalueer en die Kommissaris van 'n mediese verslag voorsien waarin die noodsaaklikheid vir verdere behandeling aangedui word.**
- 006 "After hours 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 Saturday and 07:00 Monday. Public holidays are regarded as Sundays. The fee for all treatments under this rule shall be the total fee for the treatment plus 50 per cent. This rule shall apply for all treatments given in the practitioner's rooms, or at a nursing home or private residence only by arrangement when the patient's condition necessitates it. Modifier 0006 must then be quoted after the appropriate tariff number to indicate that this rule is applicable. • "Na-uurse behandeling" beteken **dié** behandeling wat **gereël** is in die nag tussen 18:00 en 07:00 van die volgende dag of gedurende naweke tussen 13:00 Saterdag en 07:00 Maandag. **Openbare** vakansiedae word beskou as Sondae. Vir alle behandelings ooreenkomstig hierdie **reël** is die geld die volle tariefgeld vir die behandeling plus 50 persent. Hierdie reël sal vir alle behandelingsgeld, of hulle by die praktisyn se spreekkamers, of by 'n verpleeginrigting, of by 'n private woning toegepas word, deur reeling, alleenlik wanneer die pasient se toestand dit genoodsaak. Na die betrokke tariefnommer moet dan die uitdrukking Wysiger 0006 vermeld word ten einde aan te dui dat hierdie **reël** van toepassing is.
- 008 The provision of aids or assistive devices shall be charged at cost. Modifier 0008 must be quoted after the appropriate code numbers to show this rule is applicable. • Bystands- **of** hulpmiddels sal teen kosprys voorsien word. Wysiger 0008 moet na die toepaslike kodenommers aangehaal word, om aan te dui dat hierdie **reël** van toepassing is.

- 009 Materials used in the construction of orthoses will be charged as per Annexure "A" for the applicable device and pressure garments will be charged as per Annexure "B" for the applicable garment. Modifier 0009 must be quoted after the appropriate code numbers to show that this rule is applicable. • Die koste van die materiaal gebruik in die konstruksie van ortose sal gehêf word soos per Aanhangsel "A" en drukklerasie sal gehêf word soos per Aanhangsel "B" vir die toepaslike klerasie. Wysiger 0009 moet na die toepaslike kodenommers aangehaal word om aan te dui dat hierdie reël van toepassing is.
- 010 Materials used in treatment shall be charged at cost. Modifier 0010 must be quoted after the appropriate tariff numbers to show that this rule is applicable. • Die koste van die materiaal wat tydens behandeling gebruik word sal teen kosprys verhaal word. Wysiger 0010 moet na die toepaslike kodenommers aangehaal word, om aan te dui dat hierdie reël van toepassing is.
- 011 When the occupational therapist perform treatments away from his/her premises, travelling costs shall be charged as follows: R5,00 per km for each kilometre in excess of 16 kilometres total travelled in own car e.g. 19 km total = 3 X R5,00 = R15,00 • Waar die arbeidsterapeut behandelings buite die spreekkamer uitvoer moet vervoerkoste soos volg bereken word: R5,00 per km vir elke kilometer verder as 16 kilometer in total afgeleë in eie motor bv. 19 km totaal = 3 X R5,00 = R15,00.
- 012 The occupational therapist shall submit the account for treatment under the Act to the employer of the employee concerned. • Die arbeidsterapeut moet die rekening ten opsigte van behandeling kragtens die Wet aan die betrokke werknemer se werkgever stuur.

MODIFIERS GOVERNING THE TARIFF • WYSIGERS VAN TOEPASSING OP DIE TARIEF

- 0006 Add 50% of the total fee for the treatment. • Voeg 50% van die totale geld van die prosedure by.
- 0008 Aids or assistive devices to be charged at cost. • Bystands- of hulpmiddels moet teen kosprys gehêf word.
- 0009 Materials used for orthosis or pressure garments to be charged as per Annexure "B". • Materiaal vir ortose of drukkleding moet gehêf word soos per Aanhangsel "B".
- 0010 Materials used in treatment to be charged at cost. • Materiaal gebruik vir die behandeling moet teen kosprys gehêf word.
- 0011 Travelling cost as indicated in Rule 011. • Vervoerkoste soos aangedui in Reël 011.

Note: Monetary value of one unit = R4.62 • Let Wel: Geldwaarde van een eenheid = R4.62

Tariff excluding VAT - Tarief sluit BTW uit

PROCEDURES • PROSEDURES

CODE KODE	ITEM	U/E	RAND
101	First consultation • Eerste konsultasie	20.00	92.40
201	Observation and screening • Observasie en skandering	70.00	46.20
209	Once off work visit for patient already under the care of the therapist • Eenmalige werksbesoek vir pasient reeds onder behandeling van terapeut	20.00	92.40

MEASUREMENT FOR DESIGNING • OPMETING VIR ONTWERP

CODE KODE	ITEM	U/E	RAND
213	A static orthosis • 'n Statische ortose	70.00	46.20
215	A dynamic orthosis • 'n Dinamiese ortose	70.00	46.20
217	A pressure garment for one limb • Drukkleding vir een ledemaat	70.00	46.20
219	A pressure garment for one hand • Drukkleding vir een hand	70.00	46.20
221	A pressure garment for the trunk • Drukkleding vir die romp	70.00	46.20
223	A pressure garment for the face (chin strap only) • Drukkleding vir die gesig (alleenlik kenriem)	70.00	46.20
225	A pressure garment for the face (full face mask) • Drukkleding vir die gesig (volle gesigmasker) The whole body or part thereof will be the sum total of the parts • Die hele liggaam of deel daarvan vorm die totaal van die dele	70.00	46.20

PROCEDURES OF THERAPY • PROSEDURES VAN BEHANDELING

CODE KODE	ITEM	U/E	RAND
301	Group treatments with five (5) or more patients in a taskcentered activity • Groepbehandeling vir vyf (5) of meer pasiente in 'n taak-gesentreerde aktiwiteit	20,00	92.40
		20,00	92.40
307	Simultaneous treatment with two to four patients, each with specific problems utilising individual activities • Gelyktydige behandeling vir twee tot vier pasiente , elkeen met spesifieke probleme deur gebruik te maak van individuele aktiwiteite	48,00	221.80

INDIVIDUAL AND UNDIVIDED ATTENTION DURING TREATMENT SESSIONS UTILISING SPECIFIC ACTIVITY OR TECHNIQUES IN AN INTEGRATED TREATMENT SESSION (TIME OF TREATMENT MUST BE SPECIFIED) • INDIVIDUELE EN ONVERDEELDE AANDAG GEDURENDE BEHANDELINGS DEUR GEBRUIK TE MAAK VAN SPESIFIEKE AKTIWITEITE OF TEGNIEKE (TYD VAN BEHANDELING MOET GESPEFISEER WORD)

CODE KODE	ITEM	U/E	RAND
309	On level one • Op vlak een	12.00	55.40
311	On level two • Op vlak twee	24.00	110.90
313	On level three • Op vlak drie	36.00	166.30
315	On level four • Op vlak vier	48.00	221.80
317	On level five • Op vlak vyf	72.00	332.60
319	On level six • Op vlak ses	96.00	443.50
321	Work evaluation (including work visit if required) upon request of the treating medical practitioner of a patient not under the treatment of the therapist. A detailed report must be submitted with the referral from the medical practitioner. • Werk evaluasie kode (insluitend werksbesoek indien nodig) na versoek van behandelende geneesheer van pasient nie behandel deur terapeut nie. 'n Volledige verslag moet ingedien word met die verwysing van die behandelende geneesheer.	80.00	369.60

DESIGNING AND CONSTRUCTING A CUSTOM MADE ADAPTATION OR ASSISTIVE DEVICE, SPLINT OR SIMPLE PRESSURE GARMENT FOR TREATMENT IN TASK-CENTERED ACTIVITY (SPECIFY THE ADAPTATION, DEVICE, SPLINT OR PRESSUREMENT) • ONTWERP EN VERVAARDIGING VAN AANPASSINGS OF BYSTANDMIDDEL, SPALK OF DRUKKLEDING VIR BEHANDELING IN 'N TAAK-GESENTEERDE AKTIWITEIT (SPESIFISEER DIE AANPASSING, MIDDEL, SPALK OF DRUKKLEDING)

CODE KODE	ITEM	U/E	RAND
403	On level one • Op vlak een	12.00	55.40
405	On level two • Op vlak twee	24.00	110.90
407	On level three • Op vlak drie	36.00	166.30
409	On level four • Op vlak vier	48.00	221.80
411	On level five • Op vlak vyf	60.00	277.20
413	On level six • Op vlak ses	72.00	332.60
415	Designing and constructing a static orthosis • Ontwerp en vervaardiging van 'n statiese ortose	48.00	221.80
417	Designing and constructing a dynamic orthosis • Ontwerp en vervaardiging van 'n dinamiese ortose	96.00	443.50

DESIGNING AND MAKING PRESSURE GARMENT •

CODE KODE	ITEM	U/E	RAND
419	Per limb • Per ledemaat	44.00	203.30
421	Face (chin strap only) • Gesig (kenriem alleenlik)	33.00	152.50
423	Face (full face mask) • Gesig (volle gesigsmasker)	40.00	184.80
425	Trunk • Romp	60.00	277.20
427	Per hand • Per hand	66.00	304.90
	The whole body or part thereof will be the subtotal of the parts for the first garment and 75% of the fee for any additional garments on the same pattern o Die hele liggaam of deel daarvan vorm die totaal van die dele vir die eerste kledingstuk en 75% van die tarief vir enige addisionele kledingstuk op dieselfde patroon.		

ANNEXURE A • AANHANGSEL A

MODIFIER 0009 - MATERIAL COSTS FOR SPLINTS WYSIGER 0009 - MATERIAALKOSTE VIR SPALKE		COST (VAT exclusive) KOSTE (BTW uitgesluit)
501	Static DIP extension/flexion • Statiese DIP ekstensië/fleksie	17.50
502	Static PIP extension/flexion • Statiese PIP ekstensië/fleksie	17.50
503	Dynamic PIP extension/flexion • Dinamiese PIP ekstensië/fleksie	57.80
504	Hand based static finger extension/flexion • Hand gebaseerde statiese vinger ekstensië/fleksie	86.90
505	Hand based static thumb abduction/opposition/flexion/extension • Hand gebaseerde statiese duim abduksie/opposisie/fleksie/ekstensië	86.90
506	Hand based dynamic finger extension/flexion • Hand gebaseerde dinamiese vinger ekstensië/fleksie	121.60
507	Hand based dynamic thumb flexion/extension/opposition • Hand gebaseerde dinamiese duim fleksie/ekstensië/opposisie	121.60
508	Wrist extension/flexion (static or dynamic) • Pols ekstensië/fleksie (staties of dinamies)	130.50
509	Full flexion glove • Volle fleksie handskoen	166.50
510	Forearm based dynamic finger extension/flexion • Voorarm gebaseerde dinamiese vinger ekstensië/fleksie	208.50
511	Forearm based static dorsal protection • Voorarm gebaseerde statiese dorsale beskerming	243.10
512	Forearm based complete volar resting • Voorarm gebaseerde volledige volare rus	243.10
513	Elbow flexion/extension • Elmoog fleksie/ekstensië	289.50
514	Shoulder abduction • Skouer abduksie	463.30
515	Rigid neck extension (Static) • Rigiede nek ekstensië (Staties)	249.00
516	Soft neck extension (Static) • Sagte nek ekstensië (Staties)	81.00

MODIFIER 0009 - MATERIAL COSTS FOR SPLINTS WYSIGER 0009 - MATERIAALKOSTE VIR SPALKE		COST (VAT exclusive) KOSTE (BTW uitgesluit)
517	Static knee extension • Statiese knie ekstensie	462.80
518	Static foot dorsiflexion • Statiese voet dorsifleksie	542.40
519	Buddy strap • Buddy band	16.90
520	DIP/PIP flexion strap • DIP/PIP fleksie band	19.70
521	MP, PIP, DIP flexion strap • MP, PIP, DIP fleksie band	22.00

ANNEXURE B • AANHANGSEL B**MODIFIER 0009 - MATERIAL COSTS FOR PRESSURE GARMENTS****WYSIGER 0009 - MATERIAALKOSTE VIR DRUKKLEDINGSTUKKE**

Indicate all parts of the pressure garment separately. Dui alle dele van die drukkledingstuk apart aan.		COST (VAT exclusive) KOSTE (BTW uitgesluit)
601	Glove • Handskoen	37.80
602	Forearm/upper arm sleeve • Voorarm/bo-arm mou	50.20
603	Full arm • Volle arm	75.50
604	Foot • Voet	88.20
605	Below knee (lower leg) • Onder knie (onderbeen)	60.30
606	Above knee (upper leg) • Bo knie (bobeen)	90.50
607	Chin strap • Ken band	63.10
608	Head (face mask) • Kop (gesigsmasker)	120.90
609	Trunk (excluding sleeves) • Romp (moue uitgesluit)	181.40
610	Finger sock • Vingerkous	8.40
611	Brief • Broek	150.80

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