GOVERNMENT NOTICE

DEPARTMENT OF LABOUR

No. 450 **24 May 2011**

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

(ACT NO. 130 OF 1993), AS AMENDED

ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICE PROVIDERS, PHARMACIES AND HOSPITAL GROUPS

1. I, Nelisiwe Mildred Oliphant, 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 the **1 April 2011**.

2. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2011** and **Exclude VAT**.

N M OLIPHANT
MINISTER OF LABOUR
14/12/2010

WOUND CARE

GENERAL INFORMATION / *ALGEMENE INLIGTING*

THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

The employee is permitted to freely choose 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 or to the Compensation Fund. The only exception to this rule is in case where an employer, with the approval of the Compensation Fund, provides comprehensive medical aid facilities to his employees, i.e. including hospital, nursing and other services — section 78 of the Compensation for Occupational Injuries and Diseases Act refers.

In terms of section 42 of the Compensation for Occupational Injuries and Diseases Act the Compensation Fund may refer an injured employee to a specialist medical practitioner of his choice for a medical examination and report. Special fees are payable when this service is requested.

In the event of a change of medical practitioner attending to a case, the first doctor in attendance will, except where the case is transferred to a specialist, be regarded as the principal. **To avoid disputes regarding the payment for services rendered, medical practitioners should refrain from treating an employee already under treatment by another doctor without consulting / informing the first doctor.** As a general rule, changes of doctor are not favoured by the Compensation Fund, unless sufficient reasons exist.

According to the National Health Act no 61 of 2003, Section 5, a health care provider may not refuse a person emergency medical treatment. Such a medical service provider should not request the Compensation Fund to authorise such treatment before the claim has been submitted to and accepted by the Compensation Fund. **Pre-authorisation of treatment is not possible and no medical expense will be approved if liability for the claim has not been accepted by the Compensation Fund.**

An employee seeks medical advice at his own risk. If an employee represented to a medical service provider that he is entitled to treatment in terms of the Compensation for Occupational Injuries and Diseases Act, and yet failed to inform the Compensation Commissioner or his employer of any possible grounds for a claim, the Compensation Fund cannot accept responsibility for medical expenses incurred. The Compensation Commissioner could also have reasons not to accept a claim lodged against the Compensation Fund. In such circumstances the employee would be in the same position as any other member of the public regarding payment of his medical expenses.

Please note that from 1 January 2004 a certified copy of an employee's identity document will be required in order for a claim to be registered 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 the employer for attachment of a certified copy of the employee's identity document. Furthermore, all supporting documentation submitted to the Compensation Fund must reflect the identity number of the employee. If the identity number is not

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED • MINIMUM VEREISTES VIR REKENINGE GELEWER

Minimum information to be indicated on accounts submitted to the Compensation Fund • ***Minimum besonderhede*** *wat aangedui moet word op rekeninge gelewer aan die Vergoedingsfonds*

- Name of employee and ID number • *Naam van werknemer en ID nommer*
- Name of employer and registration number if available • *Naam van werkgewer en registrasienommer indien beskikbaar*
- Compensation Fund claim number • *Vergoedingsfonds eisnommer*
- DATE OF ACCIDENT (not only the service date) • *DATUM VAN BESERING (nie slegs die diensdatum nie)*
- Date of service and **invoice number** • *datum van dienste en* ***faktuur nommer***
- The practice number (changes of address should be reported to BHF) • *Die praktyknommer (adresveranderings moet by BHF aangemeld word)*
- VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the account) • *BTW registrasienommer (BTW sal nie betaal word as die BTW registrasienommer nie voorsien word nie)*
- Item codes according to the officially published tariff guides • *Item kodes soos aangedui in die amptelik gepubliseerde handleidings tot tariewe*
- Amount claimed per item code and total of account • *Bedrag geëis per itemkode en totaal van rekening.*
- It is important that all requirements for the submission of accounts are met, including supporting information, e.g • *Dit is belangrik dat alle voorskrifte vir die indien van rekeninge insluitend dokumentasie nagekom word bv.*
    - All pharmacy or medication accounts must be accompanied by the original scripts • *Alle apteekrekenings vir medikasie moet vergesel word van die oorspronklike voorskrifte*
    - The referral notes from the treating practitioner must accompany all other medical service providers' accounts. • *Die verwysingsbriewe van die behandelende geneesheer moet rekeninge van ander mediese diensverskaffers vergesel*

BILLING PROCEDURE • *EISPROSEDURE*

1. The **first account** for services rendered for an injured employee (INCLUDING the First Medical Report) must be submitted to the employer who will collate all the necessary documents and submit them to the Compensation Commissioner • *Die **eerste rekening** (INSLUITEND die Eerste Mediese Verslag) vir dienste gelewer aan 'n beseerde werknemer moet aan die werkgewer gestuur word, wat die nodige dokumentasie sal versamel en dit aan die Vergoedingskommissaris sal voorlê*

2. Subsequent accounts must be submitted or posted to the closest Labour Centre. It is important that all requirements for the submission of accounts, including supporting information, are met • Daaropvolgende rekeninge moet ingedien of gepos word aan die naaste Arbeidsentrum. Dit is belangrik dat al die voorskrifte vir die indien van rekeninge nagekom word, insluitend die voorsiening van stawende dokumentasie

3. If accounts are still outstanding after 60 days following submission, the service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za • *Indien rekenings nog uitstaande is na 60 dae vanaf indiening en ontvangserkenning deur die Vergoedingskommissaris, moet die diensverskaffer 'n navraag vorm, W.Cl 20 voltooi en EENMALIG indien by die Arbeidsentrum.* Alle inligting oor Arbeidsentrums is beskikbaar op die webblad www.labour.gov.za

4. If an account has been **partially paid** with no reason indicated on the remittance advice, a duplicate account with the unpaid services clearly marked can be submitted to the Labour Centre, accompanied by a WCl 20 form. (*see website for example of the form). • *Indien 'n rekening **gedeeltelik betaal** is met geen rede voorsien op die betaaladvies nie, kan 'n duplikaatrekening met die wanbetaling duidelik aangedui, vergesel van 'n WCl 20 vorm by die Arbeidsentrum ingedien word (*sien webblad vir 'n voorbeeld van die vorm)*

5. **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*

6. Service providers **should not generate** • *Diensverskaffers **moenie die volgende lewer nie**:*

    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** - submit a separate account for every month • ***Aaneenlopende rekeninge** –lewer 'n aparte rekening vir elke maand*
    c. **Accounts on the old documents** (W.Cl 4 / W.Cl 5/ W.Cl 5F) New *First Medical Report (W.Cl 4) and Progress / Final Medical Report (W.Cl 5 / W.Cl 5F) forms

GENERAL INFORMATION / *ALGEMENE INLIGTING*

THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

The employee is permitted to freely choose 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 or to the Compensation Fund. The only exception to this rule is in case where an employer, with the approval of the Compensation Fund, provides comprehensive medical aid facilities to his employees, i.e. including hospital, nursing and other services — section 78 of the Compensation for Occupational Injuries and Diseases Act refers.

In terms of section 42 of the Compensation for Occupational Injuries and Diseases Act the Compensation Fund may refer an injured employee to a specialist medical practitioner of his choice for a medical examination and report. Special fees are payable when this service is requested.

In the event of a change of medical practitioner attending to a case, the first doctor in attendance will, except where the case is transferred to a specialist, be regarded as the principal. **To avoid disputes regarding the payment for services rendered, medical practitioners should refrain from treating an employee already under treatment by another doctor without consulting / informing the first doctor.** As a general rule, changes of doctor are not favoured by the Compensation Fund, unless sufficient reasons exist.

According to the National Health Act no 61 of 2003, Section 5, a health care provider may not refuse a person emergency medical treatment. Such a medical service provider should not request the Compensation Fund to authorise such treatment before the claim has been submitted to and accepted by the Compensation Fund. **Pre-authorisation of treatment is not possible and no medical expense will be approved if liability for the claim has not been accepted by the Compensation Fund.**

An employee seeks medical advice at his own risk. If an employee represented to a medical service provider that he is entitled to treatment in terms of the Compensation for Occupational Injuries and Diseases Act, and yet failed to inform the Compensation Commissioner or his employer of any possible grounds for a claim, the Compensation Fund cannot accept responsibility for medical expenses incurred. The Compensation Commissioner could also have reasons not to accept a claim lodged against the Compensation Fund. In such circumstances the employee would be in the same position as any other member of the public regarding payment of his medical expenses.

Please note that from 1 January 2004 a certified copy of an employee's identity document will be required in order for a claim to be registered 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 the employer for attachment of a certified copy of the employee's identity document. Furthermore, all supporting documentation submitted to the Compensation Fund must reflect the identity number of the employee. If the identity number is not

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED • MINIMUM VEREISTES VIR REKENINGE GELEWER

Minimum information to be indicated on accounts submitted to the Compensation Fund • ***Minimum besonderhede*** *wat aangedui moet word op rekeninge gelewer aan die Vergoedingsfonds*

- Name of employee and ID number • *Naam van werknemer en ID nommer*
- Name of employer and registration number if available • *Naam van werkgewer en registrasienommer indien beskikbaar*
- Compensation Fund claim number • *Vergoedingsfonds eisnommer*
- DATE OF ACCIDENT (not only the service date) • *DATUM VAN BESERING (nie slegs die diensdatum nie)*
- Date of service and **invoice number** • *datum van dienste en* ***faktuur nommer***
- The practice number (changes of address should be reported to BHF) • *Die praktyknommer (adresveranderings moet by BHF aangemeld word)*
- VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the account) • *BTW registrasienommer (BTW sal nie betaal word as die BTW registrasienommer nie voorsien word nie)*
- Item codes according to the officially published tariff guides • *Item kodes soos aangedui in die amptelik gepubliseerde handleidings tot tariewe*
- Amount claimed per item code and total of account • *Bedrag geëis per itemkode en totaal van rekening.*
- It is important that all requirements for the submission of accounts are met, including supporting information, e.g • *Dit is belangrik dat alle voorskrifte vir die indien van rekeninge insluitend dokumentasie nagekom word bv.*
    - All pharmacy or medication accounts must be accompanied by the original scripts • *Alle apteekrekenings vir medikasie moet vergesel word van die oorspronklike voorskrifte*
    - The referral notes from the treating practitioner must accompany all other medical service providers' accounts. • *Die verwysingsbriewe van die behandelende geneesheer moet rekeninge van ander mediese diensverskaffers vergesel*

BILLING PROCEDURE • *EISPROSEDURE*

1. The **first account** for services rendered for an injured employee (INCLUDING the First Medical Report) must be submitted to the employer who will collate all the necessary documents and submit them to the Compensation Commissioner • *Die **eerste rekening** (INSLUITEND die Eerste Mediese Verslag) vir dienste gelewer aan 'n beseerde werknemer moet aan die werkgewer gestuur word, wat die nodige dokumentasie sal versamel en dit aan die Vergoedingskommissaris sal voorlê*

2. Subsequent accounts must be submitted or posted to the closest Labour Centre. It is important that all requirements for the submission of accounts, including supporting information, are met • Daaropvolgende rekeninge moet ingedien of gepos word aan die naaste Arbeidsentrum. Dit is belangrik dat al die voorskrifte vir die indien van rekeninge nagekom word, insluitend die voorsiening van stawende dokumentasie

3. If accounts are still outstanding after 60 days following submission, the service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za • *Indien rekenings nog uitstaande is na 60 dae vanaf indiening en ontvangserkenning deur die Vergoedingskommissaris, moet die diensverskaffer 'n navraag vorm, W.Cl 20 voltooi en EENMALIG indien by die Arbeidsentrum.* Alle inligting oor Arbeidsentrums is beskikbaar op die webblad www.labour.gov.za

4. If an account has been **partially paid** with no reason indicated on the remittance advice, a duplicate account with the unpaid services clearly marked can be submitted to the Labour Centre, accompanied by a WCl 20 form. (*see website for example of the form). • *Indien 'n rekening **gedeeltelik betaal** is met geen rede voorsien op die betaaladvies nie, kan 'n duplikaatrekening met die wanbetaling duidelik aangedui, vergesel van 'n WCl 20 vorm by die Arbeidsentrum ingedien word (*sien webblad vir 'n voorbeeld van die vorm)*

5. **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*

6. Service providers **should not generate** • *Diensverskaffers **moenie die volgende lewer nie**:*

    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** - submit a separate account for every month • ***Aaneenlopende rekeninge** –lewer 'n aparte rekening vir elke maand*
    c. **Accounts on the old documents** (W.Cl 4 / W.Cl 5/ W.Cl 5F) New *First Medical Report (W.Cl 4) and Progress / Final Medical Report (W.Cl 5 / W.Cl 5F) forms

Wound care services:

Topical negative pressure (TNP) therapy in wound management

Application of TNP:

- Vacuum assisted closure (VAC) method
- Chariker-Jeter method

Guidelines:

The guidelines are based and adopted from the WHASA 2009 Consensus Document

Published in Wound Healing Southern Africa:

2009; 2(2) 85-88

Current indications as stipulated by the World Union of Wound Healing Societies:

- Diabetic foot ulcers
- Complex leg ulcers
- Pressure ulcers
- Dehisced sternal wounds
- Open abdominal wounds
- Traumatic wounds

Current contra-indications as stipulated by the World Union of Wound Healing Societies:

- Not stand alone treatment for infection
- Not for use in grossly infected wounds
- Not for use on visible ischaemic wounds
- Not for use with underlying osteomyelitis
- Not for use with TcPO2 lower than 40 mmHg
- Not for use in malignancies UNLESS for palliative care

All treatment to be motivated, with detailed progress reports and images and should clearly include the following:

- Patient details
- Claim number and ID number
- COIDA tariff code

- Multi-disciplinary team (MDT) involved
- Indication for treatment
- Clear endpoint with a time frame
- Goal of treatment is to be clearly stipulated:
  - wound bed preparation for surgical intervention
  - wound volume reduction
  - exudates management
  - wound closure

WHASA consensus indications

Open Abdomen
Use: Yes
Applied by: WCP with consultation AND motivation from a medical modality

Sternal Wounds
Use: Yes
Applied by: WCP with consultation AND motivation from a medical modality

Trauma Wounds
Use: Yes
Applied by: WCP with consultation AND motivation from a medical modality

Burn Wounds
Use: Yes
Applied by: WCP with consultation from a medical modality

Pressure Ulcers
Use: Yes
Applied by: ACP with consultation AND motivation from a medical modality

Leg ulcers
Initial onset of ulcer: No – First therapy of choice is COMPRESSION THERAPY if ABPI indicates sufficient lower limb arterial blood supply
Therapy Resistant Ulcer: Yes – End point/treatment objectives to be clearly stated as well as a brief overview of failed treatment regimens

Diabetic Foot Ulcers
Use: Yes
Applied by: WCP with consultation AND motivation from a medical modality, such as a podiatrist

Non-healing or treatment resistant wounds
Use: No

Applied by: WCP with consultation AND motivation from a medical modality, such as a podiatrist

Abbreviations and terminology used

TNP	Topical negative pressure
WCP	Wound care practitioner
MDT	Multi-disciplinary team
ABP1	Ankle brachial pressure index
TCP02	Transcutaneous oxymetry measurement
MEDICAL MODALITY	Surgeon, general practitioner, specialist physician, etc.

'***According to the Consensus document, this should be seen as a guideline to the use of TNP in wound management and should not replace good clinical judgement and wound management***'

code	Service description	tariff
88002	Per 60 minutes. First assessment of the patient and the wound. During this 1 hour assessment, full history of the patient is taken: -Current use of medication, -Patients with other underlying metabolic diseases -HIV positive patients & those taking immunosuppressant drugs -Severely injured patients, ICU, Oncology patients and those with PMB conditions -Patients with infected wounds, swabs or tissue samples to be taken to the laboratory for culture and sensitivity. -need for referral to other appropriate team members, physiotherapists, dieticians, psychologists, occupational therapists is established -Education on healthy lifestyle and good nutrition -Training & education in elevation of injured limbs is also covered. -Patient education on wound healing and nutrition	R390.00
88001	Per 30 minutes. This assessment code to be used only with first consultation in healthy patients with minimal factors which may influence healing. All of the above applies, i.e. history, medication, education.	R 195.00
88041	Per 30 minutes. Wound treatment for complicated wound or potentially complicated wound in patient with underlying metabolic diseases. Patients requiring compression bandaging, sharp debridement, bio mechanical	R205.00

	debridement, off loading, will also be billed on this code. Ongoing wound assessment and education with every visit.	
880411	additional time - for additional 15 minutes	R55.00
88042	Per 30 minutes. Wound treatment without complications, no sharp debridement, no bio mechanical debridement, no compression therapy or off loading will be billed on this code. Ongoing wound assessment and education with every visit.	R110.00
880421	Code for additional time for additional 15 minutes	R55.00
88040	Per 30 minutes. This code should be used for assessing suture lines in uncomplicated patients. No additional time should be allocated to this code.	R85.00
88020	Per specimen. This included correct collection of material, swab or tissue, completion of documentation and speedy delivery to laboratory. Ensuring copies of reports to relevant team members are received and acted upon.	R55.00
88049	Emergency/ Urgent/ unplanned treatment	R110.00
88046	Per Ankle Brachial Pressure Index (ABPI). Involves testing systolic blood pressure on both arms and both legs with a hand held Doppler. Interpretation of results will determine if patient requires referral to vascular surgeon and if compression bandaging is suitable	R125.00
88047	Trans cutaneous Oxygen pressure (TcPO2). Measured by a trans cutaneous oxymeter. This measures the oxygen pressure in and around	R280.00

	injured tissue, also used in lower limb assessment where arterial incompetence is suspected. Accurate indicator arterial disease and expected would healing.	

RENAL

GENERAL INFORMATION / *ALGEMENE INLIGTING*

THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

The employee is permitted to freely choose 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 or to the Compensation Fund. The only exception to this rule is in case where an employer, with the approval of the Compensation Fund, provides comprehensive medical aid facilities to his employees, i.e. including hospital, nursing and other services — section 78 of the Compensation for Occupational Injuries and Diseases Act refers.

In terms of section 42 of the Compensation for Occupational Injuries and Diseases Act the Compensation Fund may refer an injured employee to a specialist medical practitioner of his choice for a medical examination and report. Special fees are payable when this service is requested.

In the event of a change of medical practitioner attending to a case, the first doctor in attendance will, except where the case is transferred to a specialist, be regarded as the principal. **To avoid disputes regarding the payment for services rendered, medical practitioners should refrain from treating an employee already under treatment by another doctor without consulting / informing the first doctor.** As a general rule, changes of doctor are not favoured by the Compensation Fund, unless sufficient reasons exist.

According to the National Health Act no 61 of 2003, Section 5, a health care provider may not refuse a person emergency medical treatment. Such a medical service provider should not request the Compensation Fund to authorise such treatment before the claim has been submitted to and accepted by the Compensation Fund. **Pre-authorisation of treatment is not possible and no medical expense will be approved if liability for the claim has not been accepted by the Compensation Fund.**

An employee seeks medical advice at his own risk. If an employee represented to a medical service provider that he is entitled to treatment in terms of the Compensation for Occupational Injuries and Diseases Act, and yet failed to inform the Compensation Commissioner or his employer of any possible grounds for a claim, the Compensation Fund cannot accept responsibility for medical expenses incurred. The Compensation Commissioner could also have reasons not to accept a claim lodged against the Compensation Fund. In such circumstances the employee would be in the same position as any other member of the public regarding payment of his medical expenses.

Please note that from 1 January 2004 a certified copy of an employee's identity document will be required in order for a claim to be registered 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 the employer for attachment of a certified copy of the employee's identity document. Furthermore, all supporting documentation submitted to the Compensation Fund must reflect the identity number of the employee. If the identity number is not

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED • MINIMUM VEREISTES VIR REKENINGE GELEWER

Minimum information to be indicated on accounts submitted to the Compensation Fund • ***Minimum besonderhede*** *wat aangedui moet word op rekeninge gelewer aan die Vergoedingsfonds*

- Name of employee and ID number • *Naam van werknemer en ID nommer*
- Name of employer and registration number if available • *Naam van werkgewer en registrasienommer indien beskikbaar*
- Compensation Fund claim number • *Vergoedingsfonds eisnommer*
- DATE OF ACCIDENT (not only the service date) • *DATUM VAN BESERING (nie slegs die diensdatum nie)*
- Date of service and **invoice number** • *datum van dienste en* ***faktuur nommer***
- The practice number (changes of address should be reported to BHF) • *Die praktyknommer (adresveranderings moet by BHF aangemeld word)*
- VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the account) • *BTW registrasienommer (BTW sal nie betaal word as die BTW registrasienommer nie voorsien word nie)*
- Item codes according to the officially published tariff guides • *Item kodes soos aangedui in die amptelik gepubliseerde handleidings tot tariewe*
- Amount claimed per item code and total of account • *Bedrag geëis per itemkode en totaal van rekening.*
- It is important that all requirements for the submission of accounts are met, including supporting information, e.g • *Dit is belangrik dat alle voorskrifte vir die indien van rekeninge insluitend dokumentasie nagekom word bv.*
    - All pharmacy or medication accounts must be accompanied by the original scripts • *Alle apteekrekenings vir medikasie moet vergesel word van die oorspronklike voorskrifte*
    - The referral notes from the treating practitioner must accompany all other medical service providers' accounts. • *Die verwysingsbriewe van die behandelende geneesheer moet rekeninge van ander mediese diensverskaffers vergesel*

BILLING PROCEDURE • *EISPROSEDURE*

1. The **first account** for services rendered for an injured employee (INCLUDING the First Medical Report) must be submitted to the employer who will collate all the necessary documents and submit them to the Compensation Commissioner • *Die **eerste rekening** (INSLUITEND die Eerste Mediese Verslag) vir dienste gelewer aan 'n beseerde werknemer moet aan die werkgewer gestuur word, wat die nodige dokumentasie sal versamel en dit aan die Vergoedingskommissaris sal voorlê*

2. Subsequent accounts must be submitted or posted to the closest Labour Centre. It is important that all requirements for the submission of accounts, including supporting information, are met • Daaropvolgende rekeninge moet ingedien of gepos word aan die naaste Arbeidsentrum. Dit is belangrik dat al die voorskrifte vir die indien van rekeninge nagekom word, insluitend die voorsiening van stawende dokumentasie

3. If accounts are still outstanding after 60 days following submission, the service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za • *Indien rekenings nog uitstaande is na 60 dae vanaf indiening en ontvangserkenning deur die Vergoedingskommissaris, moet die diensverskaffer 'n navraag vorm, W.Cl 20 voltooi en EENMALIG indien by die Arbeidsentrum.* Alle inligting oor Arbeidsentrums is beskikbaar op die webblad www.labour.gov.za

4. If an account has been **partially paid** with no reason indicated on the remittance advice, a duplicate account with the unpaid services clearly marked can be submitted to the Labour Centre, accompanied by a WCl 20 form. (*see website for example of the form). • *Indien 'n rekening **gedeeltelik betaal** is met geen rede voorsien op die betaaladvies nie, kan 'n duplikaatrekening met die wanbetaling duidelik aangedui, vergesel van 'n WCl 20 vorm by die Arbeidsentrum ingedien word (*sien webblad vir 'n voorbeeld van die vorm)*

5. **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*

6. Service providers **should not generate** • *Diensverskaffers **moenie die volgende lewer nie**:*

    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** - submit a separate account for every month • ***Aaneenlopende rekeninge** –lewer 'n aparte rekening vir elke maand*
    c. **Accounts on the old documents** (W.Cl 4 / W.Cl 5/ W.Cl 5F) New *First Medical Report (W.Cl 4) and Progress / Final Medical Report (W.Cl 5 / W.Cl 5F) forms

Renal care services

Who is at Risk for kidney disease?

- Any person with a family history of kidney disease should be fully assessed and regularly followed up
- All patients with hypertension should be evaluated at first presentation for kidney disease, and thereafter their kidney function should be regularly assessed.
- All diabetic patients should be regularly assessed for kidney disease.
- Any person with repeated kidney infections.
- Any person who has blood or protein in their urine even if completely asymptomatic.
- HIV positive patients

Chronic haemodialysis- Quality is assured through adherence to national and international best practices as well as measurement of dialysis efficiency (KT/V). The South African Renal Society (SARS) and Dialysis Outcomes Quality Indicators (DOQI) are used as benchmarks and guidelines.

Peritoneal dialysis – Continuous Ambulatory Peritoneal Dialysis (CAPD) and Automated Peritoneal Dialysis (APD)

Acute dialysis – A fully comprehensive mobile acute dialysis service, manned 24-hour call. The range of services includes haemodialysis, peritoneal dialysis, continuous therapies for unstable patients, plasma filtration therapy and blood exchange.

Dialysis tariffs

CODE	PROCEDURE	RATES 2011
75148	Chronic Haemodialysis (Bicarbonate Dialysate)	R 1 556.60
75176	Global Fee for Continous Ambulatory Peritoneal (CAPD) per 30 day	R16 581.04
75177	Global Fee for Automated Peritoneal Dialysis (APD), per 30 day period	R23 018.44
75150	Acute Haemodialysis	R3 093.82
75151	Treatment procedures for CRRT for up to 6 hours or part thereof	R223.92
75152	Treatment procedures for CRRT for up to 12 hours or part thereof	R448.81
75154	Treatment procedures for CRRT for up to 18 hours or part thereof	R672.84
75156	Treatment procedures for CRRT for up to 24 hours or part thereof	R896.77

BLOOD SERVICES

GENERAL INFORMATION / *ALGEMENE INLIGTING*

THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

The employee is permitted to freely choose 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 or to the Compensation Fund. The only exception to this rule is in case where an employer, with the approval of the Compensation Fund, provides comprehensive medical aid facilities to his employees, i.e. including hospital, nursing and other services — section 78 of the Compensation for Occupational Injuries and Diseases Act refers.

In terms of section 42 of the Compensation for Occupational Injuries and Diseases Act the Compensation Fund may refer an injured employee to a specialist medical practitioner of his choice for a medical examination and report. Special fees are payable when this service is requested.

In the event of a change of medical practitioner attending to a case, the first doctor in attendance will, except where the case is transferred to a specialist, be regarded as the principal. **To avoid disputes regarding the payment for services rendered, medical practitioners should refrain from treating an employee already under treatment by another doctor without consulting / informing the first doctor.** As a general rule, changes of doctor are not favoured by the Compensation Fund, unless sufficient reasons exist.

According to the National Health Act no 61 of 2003, Section 5, a health care provider may not refuse a person emergency medical treatment. Such a medical service provider should not request the Compensation Fund to authorise such treatment before the claim has been submitted to and accepted by the Compensation Fund. **Pre-authorisation of treatment is not possible and no medical expense will be approved if liability for the claim has not been accepted by the Compensation Fund.**

An employee seeks medical advice at his own risk. If an employee represented to a medical service provider that he is entitled to treatment in terms of the Compensation for Occupational Injuries and Diseases Act, and yet failed to inform the Compensation Commissioner or his employer of any possible grounds for a claim, the Compensation Fund cannot accept responsibility for medical expenses incurred. The Compensation Commissioner could also have reasons not to accept a claim lodged against the Compensation Fund. In such circumstances the employee would be in the same position as any other member of the public regarding payment of his medical expenses.

Please note that from 1 January 2004 a certified copy of an employee's identity document will be required in order for a claim to be registered 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 the employer for attachment of a certified copy of the employee's identity document. Furthermore, all supporting documentation submitted to the Compensation Fund must reflect the identity number of the employee. If the identity number is not included such documents can not be processed but will be returned to the sender to add the ID number.

The tariff amounts published in the tariff guides to medical services rendered in terms of the Compensation for Occupational Injuries and Diseases Act do not include VAT. All accounts for services rendered will be assessed without VAT. Only if it is indicated that the service provider is registered as a VAT vendor and a VAT registration number is provided, will VAT be calculated and added to the payment, without being rounded off.

The only exception is the "per diem" tariffs for Private Hospitals that already include VAT.

Please note that there are VAT exempted codes in the private ambulance tariff structure.

DIE WERKNEMER EN DIE MEDIESE DIENSVERSKAFFER

Die werknemer het 'n vrye keuse van diensverskaffer bv. dokter, apteek, fisioterapeut, hospitaal ens. *en geen inmenging met hierdie voorreg word toegelaat nie, solank dit redelik en sonder benadeling van die werknemer self of die Vergoedingsfonds uitgeoefen word. Die enigste uitsondering op hierdie reël is in geval waar die werkgewer met die goedkeuring van die Vergoedingskommissaris omvattende geneeskundige dienste aan sy werknemers voorsien, d.i. insluitende hospitaal-, verplegings- en ander dienste — artikel 78 van die Wet op Vergoeding vir Beroepsbeserings en Siektes verwys.*

Kragtens die bepalings van artikel 42 van die Wet op Vergoeding vir Beroepsbeserings en Siektes mag die Vergoedingskommissaris 'n beseerde werknemer na 'n ander geneesheer deur homself aangewys verwys vir 'n mediese ondersoek en verslag. Spesiale fooie is betaalbaar vir hierdie diens wat feitlik uitsluitlik deur spesialiste gelewer word.

In die geval van 'n verandering in geneesheer wat 'n werknemer behandel, sal die eerste geneesheer wat behandeling toegedien het, behalwe waar die werknemer na 'n spesialis verwys is, as die lasgewer beskou word. ***Ten einde geskille rakende die betaling vir dienste gelewer te voorkom, moet geneeshere hul daarvan weerhou om 'n werknemer wat reeds onder behandeling is te behandel sonder om die eerste geneesheer in te lig****. Oor die algemeen word verandering van geneesheer, tensy voldoende redes daarvoor bestaan, nie aangemoedig nie.*

Volgens die Nasionale Gesondheidswet no 61 van 2003 Afdeling 5, mag 'n gesondheidswerker of diensverskaffer nie weier om noodbehandeling te verskaf nie. Die Vergoedingskommissaris kan egter nie sulke behandeling goedkeur alvorens aanspreeklikheid vir die eis kragtens die Wet op Vergoeding vir Beroepsbeserings en Siektes aanvaar is nie. ***Vooraf goedkeuring vir behandeling is nie moontlik nie en geen mediese onkoste sal betaal word as die eis nie deur die Vergoedingsfonds aanvaar word nie.***

Dit moet in gedagte gehou word dat 'n werknemer geneeskundige behandeling op sy eie risiko aanvra. As 'n werknemer dus aan 'n geneesheer voorgee dat hy geregtig is op behandeling in terme van die Wet op Vergoeding vir Beroepsbeserings en Siektes en tog versuim om die Vergoedingskommissaris of sy werkgewer in te lig oor enige moontlike gronde vir 'n eis, kan die Vergoedingsfonds geen aanspreeklikheid aanvaar vir geneeskundige onkoste wat aangegaan is nie. Die

Vergoedingskommissaris kan ook rede hê om 'n eis teen die Vergoedingsfonds nie te aanvaar nie. Onder sulke omstandighede sou die werknemer in dieselfde posisie verkeer as enige lid van die publiek wat betaling van sy geneeskundige onkoste betref.

Neem asseblief kennis dat 'n ***gesertifiseerde afskrif van die werknemer se identiteitsdokument benodig word vanaf 1 Januarie 2004*** *om 'n eis 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 vir die aanheg van die ID dokument. Alle ander dokumentasie wat aan die kantoor gestuur word moet ook die identiteitsnommer aandui. Indien nie aangedui nie, sal die dokumentasie nie verwerk word nie, maar teruggestuur word vir die aanbring van die identiteitsnommer.*

Die bedrae gepubliseer in die handleiding tot tariewe vir dienste gelewer in terme van die Wet op Vergoeding vir Beroepsbeserings en Siektes, sluit BTW uit. Die rekenings vir dienste gelewer word aangeslaan en bereken sonder BTW.

Indien BTW van toepassing is en 'n BTW registrasienommer voorsien is, word BTW bereken en by die betalingsbedrag gevoeg sonder om afgerond te word.

Die enigste uitsondering is die "per diem" tarief vir Privaat Hospitale, wat BTW insluit.

Neem asseblief kennis dat daar tariewe in die kodestruktuur vir privaat ambulanse is waarop BTW nie betaalbaar is nie.

CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS FOLLOWS •
EISE TEEN DIE VERGOEDINGSFONDS WORD AS VOLG GEHANTEER

1. New claims are registered by the Compensation Fund and the **employer is notified of the claim number** allocated to the claim. The allocation of a claim number by the Compensation Fund, does not constitute acceptance of liability for a claim, but means that the injury on duty has been reported to and registered by the Compensation Commissioner. Enquiries regarding claim numbers should be directed to the employer and not to the Compensation Fund. The employer will be in the position to provide the claim number for the employee as well as indicate whether the claim has been accepted by the Compensation Fund • *Nuwe eise word geregistreer deur die Vergoedingsfonds en die **werkgewer word in kennis gestel van die eisnommer**. Navrae aangaande eisnommers moet aan die werkgewer gerig word en nie aan die Vergoedingskommissaris nie. Die werkgewer kan die eisnommer verskaf en ook aandui of die Vergoedingsfonds die eis aanvaar het of nie*

2. If a claim is **accepted** as a COIDA claim, **reasonable medical expenses** will be paid by the Compensation Commissioner • *As 'n eis deur die Vergoedingsfonds **aanvaar** is, sal **redelike mediese koste** betaal word deur die Vergoedingsfonds.*

3. If a claim is **rejected (repudiated)**, accounts for services rendered will not be paid by the Compensation Commissioner. The employer and the employee will be informed of this decision and the injured employee will be liable for payment. • *As 'n eis deur die Vergoedingsfonds afgekeur **(gerepudieer)** word, word rekenings vir dienste gelewer nie deur die Vergoedingsfonds betaal nie. Die betrokke partye insluitend die diensverskaffers word in kennis gestel van die besluit. Die beseerde werknemer is dan aanspreeklik vir betaling van die rekenings.*

4. If **no decision** can be made regarding acceptance of a claim due to inadequate information, the outstanding information will be requested and upon receipt, the claim will again be adjudicated on. Depending on the outcome, the accounts from the service provider will be dealt with as set out in 2 and 3. Please note that there are claims on which a decision might never be taken due to lack of forthcoming information • *Indien **geen besluit** oor die aanvaarding van 'n eis weens 'n gebrek aan inligting geneem kan word nie, sal die uitstaande inligting aangevra word. Met ontvangs van sulke inligting sal die eis heroorweeg word. Afhangende van die uitslag, sal die rekening gehanteer word soos uiteengeset in punte 1 en 2. Ongelukkig bestaan daar eise waaroor 'n besluit nooit geneem kan word nie aangesien die uitstaande inligting nooit verskaf word nie.*

BILLING PROCEDURE • *EISPROSEDURE*

1. The **first account** for services rendered for an injured employee (INCLUDING the First Medical Report) must be submitted to the employer who will collate all the necessary documents and submit them to the Compensation Commis sioner • *Die **eerste rekening** (INSLUITEND die Eerste Mediese Verslag) vir dienste gelewer aan 'n beseerde werknemer moet aan die werkgewer gestuur word, wat die nodige dokumentasie sal versamel en dit aan die Vergoedingskommissaris sal voorlê*

2. Subsequent accounts must be submitted or posted to the closest Labour Centre. It is important that all requirements for the submission of accounts, including supporting information, are met • Daaropvolgende rekeninge moet ingedien of gepos word aan die naaste Arbeidsentrum. Dit is belangrik dat al die voorskrifte vir die indien van rekeninge nagekom word, insluitend die voorsiening van stawende dokumentasie

3. If accounts are still outstanding after 60 days following sub mission, the service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Labour Centre. All relevant details regarding Labour Centres are available on the websi te www.labour.gov.za • *Indien rekenings nog uitstaande is na 60 dae vanaf indiening en ontvangserkenning deur die Vergoedingskommissaris, moet die diensverskaffer 'n navraag vorm, W.Cl 20 voltooi en EENMALIG indien by die Arbeidsentrum*. Alle inligting oor Arbeidsentrums is beskikbaar op die webblad www.labour.gov.za

4. If an account has been **partially paid** with no reason indicated on the remittance advice, a duplicate account with the unpaid services clearly marked can be submitted to the Labour Centre, accompanied by a WCl 20 form. (*see website for example of the form). • *Indien 'n rekening **gedeeltelik betaal** is met geen rede voorsien op die betaaladvies nie, kan 'n duplikaatrekening met die wanbetaling duidelik aangedui, vergesel van 'n WCl 20 vorm by die Arbeidsentrum ingedien word (*sien webb lad vir 'n voorbeeld van die vorm)*

5. **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*

6. Service providers **should not generate** • *Diensverskaffers **moenie die volgende lewer nie**:*

    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** - submit a separate account for every month • ***Aaneenlopende rekeninge** –lewer 'n aparte rekening vir elke maand*
    c. **Accounts on the old documents** (W.Cl 4 / W.Cl 5/ W.Cl 5F) New *First Medical Report (W.Cl 4) and Progress / Final Medical Report (W.Cl 5 / W.Cl 5F) forms

are available. The use of the old reporting forms combined with an account (W.CL11) has been discontinued. **Accounts on the old medical reports will not be processed** • ***Rekeninge op die ou voorgeskrewe dokumente*** *van die Vergoedingskommissaris. Nuwe *Eerste Mediese Verslag (W.Cl 4) en Vorderings / Finale Mediese Verslag (W.Cl 5) vorms is beskikbaar. Die vorige verslagvorms gekombineer met die rekening (W.CL11) is vervang.* ***Rekeninge op die ou vorms word nie verwerk nie.***

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

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

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED • MINIMUM VEREISTES VIR REKENINGE GELEWER

Minimum information to be indicated on accounts submitted to the Compensation Fund • ***Minimum besonderhede*** *wat aangedui moet word op rekeninge gelewer aan die Vergoedingsfonds*

- Name of employee and ID number • *Naam van werknemer en ID nommer*
- Name of employer and registration number if available • *Naam van werkgewer en registrasienommer indien beskikbaar*
- Compensation Fund claim number • *Vergoedingsfonds eisnommer*
- DATE OF ACCIDENT (not only the service date) • *DATUM VAN BESERING (nie slegs die diensdatum nie)*
- Date of service and invoice number • Datum van diens en faktuur nommer
- The practice number (changes of address should be reported to BHF) • *Die praktyknommer (adresveranderings moet by BHF aangemeld word)*
- VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the account) • *BTW registrasienommer (BTW sal nie betaal word as die BTW registrasienommer nie voorsien word nie)*
- Date of service (the actual service date must be indicated: the invoice date is not acceptable) • *Diensdatum (die werklike diensdatum moet aangedui word: die datum van lewering van die rekening is nie aanvaarbaar nie)*
- Item codes according to the officially published tariff guides • *Item kodes soos aangedui in die amptelik gepubliseerde handleidings tot tariewe*
- Amount claimed per item code and total of account • *Bedrag geëis per itemkode en totaal van rekening.*
- It is important that all requirements for the submission of accounts are met, including supporting information, e.g • *Dit is belangrik dat alle voorskrifte vir die indien van rekeninge insluitend dokumentasie nagekom word bv.*
    - All pharmacy or medication accounts must be accompanied by the original scripts • *Alle apteekrekenings vir medikasie moet vergesel word van die oorspronklike voorskrifte*
    - The referral notes from the treating practitioner must accompany all other medical service providers' accounts. • *Die verwysingsbriewe van die behandelende geneesheer moet rekeninge van ander mediese diensverskaffers vergesel*

COMPENSATION FUND GUIDE TO FEES FOR BLOOD SERVICES 2011

Item Code	Description	COIDA 2011
10345	Bioplasma FDP - 50ml	233.30
10349	Bioplasma FDP - 200ml	659.23
10351	Haemosolvate Factor VIII 300 IU - 10ml	670.75
10352	Haemosolvate Factor VIII 500 IU - 10ml	1,085.47
10341	Haemosolvate Factor VIII 500 IU:1000 IU - 2 X 10ml	2,110.31
10390	Haemosolvex Factor IX (500 IU) - 10ml	1,304.93
10300	Albusol 4 % - 200ml	253.18
10311	Ibusol 20 % - 50ml	284.61
10310	Albusol 20 % - 100ml	488.67
10347	Polygam 1g - 50ml	392.36
10343	Polygam 3g - 100ml	991.50
10332	Polygam 6g - 200ml	1,706.65
10338	Polygam 12g - 400ml	2,970.05
10321	Intragam 2ml	84.65
10320	Intragam 5ml	163.89
10337	Tetagam IM 500 IU - 1ml	228.23
10335	Tetagam IM 250 IU - 2ml	104.33
10340	Hebagam IM - 2ml	439.36
10346	Rabigam IM - 2ml	441.60
10348	Vazigam IM - 2ml	400.08
10330	Rhesugam IM - 2ml	420.51
	Red Cells	
78040	Red Cell Concentrate	1,427.26
78051	Red Cell Conc. Leucocyte Depleted	2,332.13
78043	Red Cell Conc. Paed. Leucodepleted	1,320.06
	Platelets	
78124	Platelet Conc. Single Donor Apherisis	7,457.88
78125	Platelet Conc. Leucocyte Depleted,Pooled	6,650.83
78127	Platelet Concentrate (Paediatric)	1,815.58
78122	Platelet Concentrate Pooled	6,013.37
	Whole Blood	
78001	Whole Blood	1,580.67
78059	Whole Blood Leucocyte Depleted	2,485.49
78011	Whole Blood Paediatric	1,319.60
	Plasma	
78103	Cryoprecipitate (Fibrinogen Rich)	806.71
78174	Frozen Plasma - Cryo Poor Donor	921.26
78002	Quarantine FFP Infant	949.14
78176	Fresh Frozen Plasma - Donor Retested	1,108.62

	Diagnostic	
78450	Anti-A Monoclonal 5ml	58.61
78452	Anti-B Monoclonal 5ml	58.61
78454	Anti-A,B Monoclonal 5ml	58.61
78461	Anti-D saline tube &slide monoclonal 5ml	93.44
78467	Anti-D IgM+IgG blend Monoclonal 5ml	97.94
78471	Anti-Human Globulin Polyspecific 5ml	79.16
78478	AB serum 5ml	59.27
78479	Human Complement 2ml	51.16
78482	Lyoph. Bromelin tube & microwell 5ml	48.16
78484	Antibody positive control serum 5ml	51.61
78487	AB serum 20ml	211.62
78488	Group A1 5ml	48.80
78490	Group A2 5ml	48.80
	Phathology Services	
78137	Bone Marrow Typing (Serology)	255.77
4763	Blood DNA Extraction	317.15
4428	HLA High res.Class I/II DNA allele	547.20
4427	HLA low res.Class II PCR/DNA Locus DQB/DRB1	699.35
78492	Group B 5ml	48.80
78494	Group O R1R2 5ml	53.47
78496	Group O r 5ml	53.47
78502	Sensitized cells 5ml	65.48
78508	Screen cell set (1 & 2) - 2 X 5ml	128.91
78510	Pooled screen cells - 5ml 60.42	64.65
78516	Panel cell set 9 x 2ml	340.87
78517	Panel cell set 9 x 1ml	170.35
78015	Anti-Human Globulin Polyspecific 15ml	212.15
78018	Group A1 15ml	125.35
78019	Group A2 15ml	125.35
78020	Group B 15ml	125.35
78519	Group O Rh Positive (R1 R2) 15 ml	139.36
78521	Group O r 15ml	139.36
78529	Anti-A Monoclonal 15ml	157.43
78530	Anti-B Monoclonal 15ml	157.43
78531	Anti A,B Monoclonal 15ml	157.43
78536	Screening Cells Pooled	157.83
78522	Group O Screen 1 Cells 15ml	176.58
78523	Group O Screen 2 Cells 15ml	176.58
78524	Panel cell set 9 x 15ml	1,223.82
78525	Sensitized cells 15ml	175.47
78518	Panel cell set 9 x 5 ml	861.82
10580	Packaging	53.67
78004	Whole Blood Reagent	616.92
78012	Buffy Coats	308.46
	Blood and Administration	
78199	Blood Filters : 1 Units	671.32
78200	Blood Filters : 2 Units	1,287.03
78197	Platelet Filter 3 - 6 Unit PL2VAE	1,242.71
78201	Set, Blood and plasma Recipient Set	25.94
78202	Set, Platelet Recipient	51.69

	Additional Services and Surcharges	
78050	Irradiation Fee	297.28
10210	Transfusion Crossmatch	635.10
10333	Type and Screen	276.08
78400	Routine Collection Fee	125.73
78401	Routine Delivery Fee	125.71
78402	Emergency Round Trip	855.68
78403	Emergency One Way Fee	598.98
78989	Telephone Consultation 18-0130	176.68
78177	FFP Autologous/Directed Fee	125.23
78049	Directed Donation	152.88
78404	<5 Day Rcc	168.44
78405	<5 Day Whole Blood	120.33
78406	After Hours	320.89
78408	Autologous/Directed WB	158.08
78407	Autologous/Directed RCC	142.71
78409	Blood Return Basis	127.15
78410	Emergency Cross-Match	96.81
78411	Foreign	514.67
78412	HLA Match	932.27
78413	Rare Donation	1,095.69
78415	Washed RCC/WB	913.04
78414	Offsite Charge	1,286.68
78417	Emergency Blood Surcharge	142.73
	Transplant Services	
78078	HLA low res.ClassI DNA/Locus A/B/C	1,012.37
4424	HLA Specific Allele DNA-PCR	298.42
4603	HLA Specific locus/Antigen	185.86
4604	HLA Class I	357.92
78024	Panel Typing Antibody Class I	1,371.23
78046	T & B Cell Crossmatch	877.66
78213	Tissue Rapid HBsAg Screen	211.10
78231	Bone Marrow Engraftment Monitoring	929.49
78214	Tissue Rapid HIV Screen	288.43
	Laboratory Services	
4425	CHE Test	86.78
4757	Additional analysis, Mosaicism/ Staining Procedure	493.38
4522	Alpha Feto Protein(AFP): Amnio Fluid	85.49
4755	Karyotyping, amniotic Fluid/Chorionic villus sample/prod of conception	1,902.89
3932	Anti - HIV	97.05
3712	Antibody Identification	58.21
78013	Antibody identification QC	46.41
3709	Antibody Screen/Antiglobulin Test(DAT & IAT)	25.15
3710	Antibody Titration	49.54
4531	HBsAg/Anti-HCV	99.72
4752	Cell Cult. Chorionic Villus Sample	422.86
4750	Cell Culture, blood/cord blood	127.33
4751	Cell Culture, Products of conception/ Amniotic Fluid	317.15
3729	Cold Agglutinins	24.82

3739	Erythrocyte count	15.52
3764	Grouping : A B O Antigen	24.82
3765	Grouping : Rh antigen	24.82
3791	Haematocrit	12.41
3762	Haemoglobin	12.41
3953	Haemolysin/Test Tube Agglutination	28.57
4430	HIV p24 antigen	172.06
78921	Human Platelet AG Genotyping	1,299.38
78014	Aneuploidy Detection	1,190.65
4754	Karyotyping, Blood/Cord Blood	951.44
3785	Leucocyte Count	12.41
78221	Perinatal Cord	124.09
78225	Perinatal Post-Natal Mother	124.09
4117	Protein : Total	23.54
78922	Rapid CMV Screen	128.83
3834	Red Cell Rh Phenotype	68.16
78230	Human Platelet Antibody Screen	1,878.15
	Clinical Services	
78003	Additional Disposal Kit	2,973.10
78054	utologous Serum Eye Drops	2,773.18
78030	Designated Serum Eye Drops	2,773.18
78005	Chronic wound treatment kit	1,086.14
78007	Platelet growth Factor macular hole repair	1,078.27
78008	Platelet growth factor wound treatment	478.71
78006	Topical Haemostatic Agent	1,293.32
78920	Cord Blood Cryopreservation	6,820.53
78090	Medical Examination & Consultation 18-0141	224.28
78204	Red Cell Exchange	5,016.29
78923	Re-Infusion Of Cryo Preserve Stem Cells	518.98
78926	Stem Cell Collection/Leucopherisis	8,468.16
78928	Stem Cell Cryopreservation	6,820.53
78106	Therapeutic Plasma Exchange	5,254.87
78129	Theurapeutic Venesection	54.63
78416	Theurapeutic Exchange (DALI)	9,340.85
78211	hrombocytapherisis	5,066.43
	Miscallaneous	
10298	Stabilised Human Serum 5% 250ml	485.39
10299	Stabilised Human Serum 5% 50ml	93.24
78100	Paternity Investigation - 1 Client	1,003.82
78950	Paternity Investigation - 3 Client	3,011.53
78535	Blood Pack For therapeutic Venesection	172.31
78203	Blood Pack with Anticoagulant	75.67
78206	Blood Pack, No Anticoagulant	103.64