
GOVERNMENT NOTICE

DEPARTMENT OF LABOUR


No. 451

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

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.

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 werkgever 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 werkgever 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

ORTHOTIC & PROSTHETIC SUPPLY PROTOCOL**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993**

Section 73 **Medical expenses** (1) The Director-General or the employer individually liable or mutual association concerned, as the case may be, shall for a period of not more than two years from the date of an accident or the commencement of a disease referred to in section 65(1) pay the reasonable cost incurred by or on behalf of an employee in respect of medical aid necessitated by such accident or disease.

(2) If, in the opinion of the Director-General, further medical aid in addition to that referred to in subsection (1) will reduce the disablement from which the employee is suffering, he may pay the cost incurred in respect of such further aid or direct the employer individually liable or the mutual association concerned, as the case may be, to pay it.

Section 42 **Employee to submit to medical examination** (1) An employee who claims compensation or to whom compensation has been paid or is payable shall when so required by the Director-General or the employer individually liable or mutual association concerned, as the case may be, after reasonable notice, submit himself at the time and place mentioned in the notice to an examination by the medical practitioner designated by the Director-general or the employer individually liable or mutual association concerned.

- 1.1 Each orthotic and prosthetic service provider should ensure that the service he / she provides is compatible with the general procurement guidelines issued by National Treasury.
- 1.2 The Compensation Fund will bear the reasonable cost for the issue of orthotic and prosthetic devices after an accident, provided that liability for the claim has been accepted and the service is prescribed by a medical practitioner and the prescribed guidelines are followed.
- 1.3 The published policy on the supply of orthotic and prosthetic devices and the tariff of fees will serve as a guideline to determine if any proposed service is reasonable and it will replace all existing tariff structures.
- 1.4 Pre-authorization by the Compensation Fund is required in all claims, even if the devices are listed in the Government Gazette. It is the responsibility of the service provider to ensure that liability for the claim has been accepted by the Compensation commissioner and that the service is reasonable and in line with the published policy and tariff. Amputees must be fitted with a prosthesis which is suitable for their environment and activity / load level, **the Compensation Fund will approve a CAT 2 for all initial prostheses.**

- 1.5 Replacement of consumable items, refits and repairs must be motivated by the prosthetist and the medical practitioner. Requests must be reasonable and in line with the published policy and tariff.
- 1.6 The employee, assisted by a medical practitioner should complete the appropriate form when requesting replacement, re-fit or repair of any prosthetic / orthotic device. See Section 2 – Request For Prosthesis Services
- 1.7 The request for new equipment must be accompanied by a written report by the prosthetic practitioner indicating that the employee's functional level has been re-evaluated to take into account any physical or environmental changes encountered by the employee. See Sections 7 and 8 - Amputee Activity / Load Level Assessment Form
- 1.8 In exceptional circumstances, if the employment status and / or the functional level of an employee radically changes before a new prosthesis is due, a new prosthesis more suitable to the employment conditions will be considered by the Compensation Fund.
- 1.9 If an employee's employment status / functional level changes and a prosthesis in a higher category is requested, such higher functional level must be confirmed by the employer and a rehabilitation team comprising a medical practitioner, the prosthetist, a physiotherapist and / or an occupational therapist.
- 1.10 The service provider must obtain written authorisation from the Compensation Fund to guarantee payment for services rendered and devices supplied. Such letter of authorisation must be attached to the account that is submitted.
- 1.11 If an employee is in urgent need of new equipment or other services such as repairs and such equipment or services is reasonable and in line with the policy and tariff, the practitioner can, at the practitioner's risk, supply such service / equipment prior to the Compensation Fund's authorisation. Such authorization will not be unreasonably withheld but payment can not be guaranteed.
- 1.12 The Compensation Fund will bear the reasonable cost of repairs to a prosthesis which has suffered from "fair" wear and tear after at least two years of normal use.
- 1.13 The Compensation Fund will not bear the cost of a prosthesis which is lost, broken, worn out or is otherwise unserviceable as a consequence of an employee's neglect or abuse.
- 1.14 The Commissioner will pay for the re-fit of the prosthesis strictly only where motivated and justifiable by the circumstances. See Section 4 - Guidelines for Refit
- 1.15 Replacement of some parts of a prosthesis (straps, socks, suspension sleeves etc) that may perish or become consumed through reasonable usage be will paid for by the Compensation Fund in line with the policy guidelines. See Section 3 - Replacement Period Table.
- 1.16 The Compensation Fund reserves the right in terms of section 42 of the act to call for a second or independent opinion or evaluation of proposed orthotic / prosthetic services.

- 1.17 Any such report obtained by the Compensation Fund shall state whether the proposed orthotic / prosthetic service is appropriate for the diagnosis, functional level and environmental circumstances of the patient. The Compensation Fund reserves the right to use the information so obtained at his discretion and as is deemed appropriate.
- 1.18 The Commissioner is further entitled, pursuant to a complaint by the employee, to call for an independent report concerning any orthotic / prosthetic services that have been rendered. The orthotist / prosthetist should strive to take all reasonable steps to attend to the legitimate complaints of an employee regarding services or assistive devices supplied. If it is found that defective or unsuitable devices have been supplied to an employee the orthotist / prosthetist shall replace / repair / alter such devices at no additional cost to the Compensation Fund or the employee.
- 1.19 The orthotic and / or prosthetic devices paid for by the Compensation Fund remains the property of the Compensation Fund. When an employee demises such devices should be returned to the Compensation Fund.

2. Request for Orthotic / Prosthetic Services

The following details must accompany the request for prosthetic services:

- 2.1 Employee detail form See Section 6
- 2.2 Letter from the employee requesting orthotic / prosthetic services See Section 6
- 2.3 Motivation for services by orthotist / prosthetist
- 2.4 Motivation by the medical practitioner, if required by the guidelines
- 2.5 Amputee activity / load level assessment (for new prosthesis only) See Section 8
- 2.6 Refit report (for refit of prosthesis only) See Section 4
- 2.7 Quotation according to published tariffs See Section 9

3. Replacement Periods of Medical Orthotic / Prosthetic Equipment

- | | | |
|-----|-------------------------------------|---|
| 3.1 | Prosthesis | Five years |
| 3.2 | Refit of prosthesis | Will be considered six months after fitting of initial prosthesis; then to be motivated |
| 3.2 | Silicone liners, sleeves | Two every two years |
| 3.3 | Gel liners, sleeves | Two every eighteen months |
| 3.4 | Prosthetic socks (local) | Twelve per year (or 6 pairs) |
| 3.5 | If worn with silicone or gel liners | Six per year |
| 3.6 | Prosthetic sheath | Twelve per year |
| 3.7 | If worn with silicone or gel liners | Six per year |
| 3.8 | Cosmetic stockings | One pair per year |

3.9	Cosmetic cover	One per year
3.10	Cosmetic skin	One every year
3.11	Calipers	Three years
3.12	Wheelchairs	According to geographical arrears
3.13	Wheelchair cushions	Two years
3.14	Orthopaedic footwear	Two pair per year
3.15	Footwear modifications	Three modifications per year
3.16	Compression stockings	Four pairs every year
3.17	Off the shelf orthosis	Four every year
3.18	Custom made orthosis	Two every year

4. Guidelines for Refit

This guideline covers prostheses that require refit of the socket after the initial issue. A full motivation with a report indicating the following details must be submitted:

- 4.1 Date of amputation
- 4.2 Date when the present prosthesis was fitted
- 4.3 Description of the prosthesis
- 4.4 Residual limb measurements when prosthesis was fitted
- 4.5 Symptoms indicating loss of fit
- 4.6 Diagnosis of loss of fit
- 4.7 Current residual limb measurements
- 4.8 Number and thickness of prosthetic socks and worn by employee
- 4.9 Condition of prosthesis
- 4.10 The employee's current activity level
- 4.11 An opinion as to the suitability of the specific prosthesis for the employee

5. Functional Level

A determination of the medical necessity for certain components / additions to prosthesis is based on the functional ability of the employee. For the first prosthesis, the Compensation Fund will approve Cat 2 prosthesis. Potential functional ability is defined as the reasonable expectation of the rehabilitation team including a medical practitioner, the prosthetist, a physiotherapist and / or an occupational therapist and the employee based on

- past history including prosthetic use
- current condition including the status of the residual limb and other medical factors
- employment status

- desire to ambulate

The clinical assessment of the employee's rehabilitation potential should be based on the following classification levels:

LEVEL 0:

Does not have the ability or potential ability to ambulate or transfer safely with or without assistance and a prosthesis will not enhance the mobility or quality of life

No prosthesis is recommended for amputees in this category.

LEVEL 1:

Has the ability or potential ability to use a prosthesis for transfers or ambulation on level surfaces at a fixed cadence – typically the limited and unlimited household ambulator

CATEGORY 1 components / prosthetics are recommended at this level. Amputees typically require significant stance phase security and minimal swing phase control.

LEVEL 2:

Has the ability or potential ability for ambulation and to traverse low level environmental barriers such as curbs, stairs and uneven surfaces – typically the limited community ambulator.

CATEGORY 2 components / prosthetics are recommended at this level. Amputees typically require moderate stance phase security and moderate swing phase control.

LEVEL 3:

Has the ability or potential ability for ambulation with variable cadence – typically the community ambulator that traverses most environmental barriers with vocational, therapeutic or exercise activity that demands prosthetic utilization beyond simple locomotion

CATEGORY 3 components / prosthetics are recommended at this level. Amputees typically require minimal stance phase security and maximal swing phase control.

LEVEL 4:

Has the ability or potential ability for prosthetic ambulation that exceeds basic ambulation skills exhibiting high impact, stress or energy levels. Daily activities require rigorous and repeated actions of high impact or stress such as lifting, jumping, climbing and walking long distances – typically the active adult ambulator.

In addition to CATEGORY 3 components, the employee requires components that will stand up to daily repeated high load and stress levels. Amputees typically require minimal stance phase security and maximal swing phase control.

UNLESS OTHERWISE STATED IN WRITING BY THE COMPENSATION FUND
EMPLOYEES REQUIRING THIS LEVEL OF ORTHOTIC DEVICES SHALL BE
GAINFULLY EMPLOYED.

6. This form must be completed by the employee when orthotic / prosthetic services are requested.

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

Employee Details

Date: _____ Claim number: _____

Surname: _____ ID Number _____

First names: _____

Postal address: _____

Tel (h) _____ Tel (w) _____

Date of accident: _____

Employer at time of accident: _____

Current employer: _____

Type of orthotic / prosthetic service required: _____

Reason(s) why service is required:

Signature of employee

7. This form should be completed by the orthotic / prosthetic practitioner

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993**Employee Details**

Date: _____ Claim number: _____

Surname: _____ ID Number _____

First names: _____

Postal address: _____

Tel (h) _____ Tel (w) _____

Date of accident: _____

Employer at time of accident: _____

Current employer: _____

RESIDUAL LIMB MEASUREMENTS

Amputation level: _____

Side amputated: Left ☐ Right ☐

Length of residual bone: _____ Length of residual limb: _____

Drawing of residual limb

Circumference measurements:

240 mm from distal end _____

200 mm from distal end _____

160 mm from distal end _____

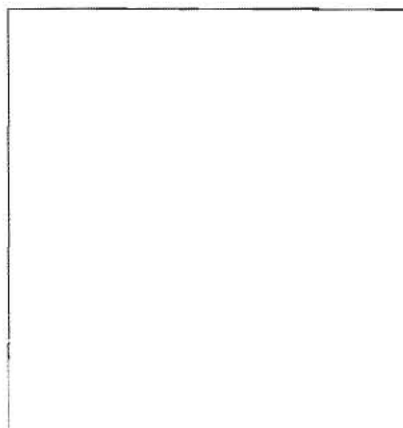
120 mm from distal end _____

80 mm from distal end _____

40 mm from distal end _____

Signature Prosthetist

Date: _____



8. Environment Activity and Load Levels

Patient: _____ Claim Number: _____

Home environment: Suburban ☐ Rural ☐ Informal ☐Means of transport: Private vehicle ☐ Public transport ☐ Pedestrian ☐

Total distance travelled every day: _____

Work environment: Commercial ☐ Industrial ☐ Agricultural ☐ Mining ☐

Job description at time of accident: _____

Current job description: _____

Describe actions of mobility while at work that may be affected by the type of prosthesis fitted: _____

How often does patient wear prosthesis?

Every day ☐, Occasionally ☐, Seldom ☐

How long does patient wear prosthesis every day?

All day ☐, Most part of day ☐, Less than half a day ☐

Weight category:

Less than 75kg ☐, Less than 100kg ☐, Less than 125kg ☐, More than 125kg ☐

Mobility grade:

1. Indoor walker ☐, 2. Restricted outdoor walker ☐, 3. Unrestricted outdoor walker ☐4. Unrestricted outdoor walker with high impact levels ☐

Remarks

Signature _____

Prosthetist _____

Date _____

9. PROSTHETIC QUOTATION:

Patient : _____ Claim Number _____

Amputation level: _____

Prosthetic Category: _____

	<u>Code</u>	<u>Description</u>	<u>Amount excl VAT</u>
Prosthesis	_____	_____	_____
Foot	_____	_____	_____
Ankle	_____	_____	_____
Knee	_____	_____	_____
Suspension:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Other:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Remarks:

Signed _____

Prosthetist

Signed _____

Employee

Print name _____

Date _____

Print name _____

Date _____

10. CONFIRMATION OF RECEIPT OF ARTIFICIAL LIMB AND / OR OTHER ACCESSORIES.

Claim number _____

1. Confirmation of manufacture / supply by orthotic / prosthetic practitioner:

This serves to confirm that I have manufactured and supplied the following for the above mentioned employee, as per approval from the office of the Compensation Fund dated _____

Service provider: _____

Practice number: _____

Signature: _____

Date: _____

2. Confirmation of receipt by employee:

I confirm that I have received the correct prosthesis and / or accessories and I am satisfied that it is in good working condition, to the value of R _____.

Name: _____

Signature: _____

Date: _____

Telephone number: _____

3. Confirmation of receipt of prosthesis by the provincial case manager:

Name: _____

Signature: _____

Date: _____

This form should be completed and submitted to the Compensation Fund by the orthotic / prosthetic service provider for payment with the account, a copy of the initial quotation and the letter of approval from the Compensation Fund.

COMPENSATION FUND GUIDE TO FEES FOR ORTHOTISTS / PROSTHETISTS 2011

ORTHOTICS

= INDICATE ITEMS WHICH REQUIRE SPECIAL MOTIVATION BY THE COMPENSATION FUND

S = ITEM SUPPLIED WITHOUT FITTING

SF = ITEM SUPPLIED AND FITTED TO PATIENT

CF = ITEM CUSTOM (MODIFIED, ALTERED, CONTOURED) FITTED TO PATIENT

CM = ITEM IS CUSTOM MANUFACTURED TO PATIENT MEASUREMENTS

Note: Fee for fitting, fabricating, modifying and altering is included in tariff fee

A20031	MID FOOT LAMINATED / SACH TYPE FOOT CAT 2	10,419.23
A20035	MID FOOT LAMINATED / ENERGY FOOT / LAMINATED CRA	28,618.75
A20040	CHOPART PROSTHESIS CAT 1 AND 2	17,112.62
A20050	O'CONNERS EXTENTION	16,119.01
A20070	SYMES PROSTHESIS CAT 1 AND 2	17,138.40
A20081	SYMES PROSTHESIS CAT 3	20,221.61
A20090	SYMES TEST SOCKET - DIAGNOSTIC	3,350.06
A35040	SYMES STUMP SOCK EACH LOCAL	521.62
A35080	SYMES STUMPSOCKS IMPORTED 3 PLY DAW	770.51
A35085	SYMES STUMPSOCKS IMPORTED 5 PLY DAW	839.63
BELOW KNEE PROSTHESIS: B/K		
IMPORTANT:	CHARGE FOAMCOVER WITH NEW PROSTHESIS REFIT INCLUDES NEW COSMETIC COVER	
A20530	BK EXOSKELETAL CAT 1 AND 2	16,369.07
A20662	REFIT BK EXOSKELETAL CAT 1 AND 2	14,635.14
A20561	BK ENDOSKELETAL CAT 1 AND 2	23,206.05
BELOW KNEE PROSTHESIS: B/K		
A20665	REFIT BK ENDOSKELETAL CAT 1 AND 2	17,138.40
A20590	BK ENDOSKELETAL CAT 3	26,190.50
A20666	REFIT BK ENDOSKELETAL CAT 3	19,451.10
A20697	BK PTB STRAP	1,006.33
A20701	BK WAIST BELT LEATHER	1,080.16

A20702	WAISTBELT WEBBING	707.38
A35010	BK STUMP SOCKS LOCAL EACH F2 20-45,F3 20-45,F4 25-40, F5 25-30	281.09
A35011	BK STUMPSOCKS LOCAL EACH F2 50-60, F3 50-60,F4 45-65,F5 35-60	299.60
A35050	DAW BK STUMPSOCK 5 PLY IMPORTED DAW	556.19
A35055	DAW BK STUMPSOCK 3 PLY IMPORTED DAW	521.62
A35130	BK STUMP SHRINKER	850.33
A20632	BK JOINTS AND THIGH CORSET	11,610.14
A20633	BK JOINTS AND WEIGHT BEARING CORSET	13,030.89
A20634	BK FLEXIBLE INNER SOCKET	2,766.48
A20640	BK TEST SOCKET - DIAGNOSTIC	2,567.57
A20645	BK SKIN COSMESIS	3,466.69
A20690	BK COSMETIC FOAMCOVER REPLACE	4,320.66
A20691	BK COSMETIC STOCKINGS	182.22
A20692	BK BACK CHECK STRAP	519.28
BELOW KNEE PROSTHESIS: B/K		
A20693	BK BACKLIFT	538.32
A20694	BK CRUTCH STRAP	581.12
A20698	FRONT CONTROL STRAP	449.40
A20695	BK LEATHER LINING	1,115.90
A20696	BK PE LITE LINING	1,784.04
A20700	BK THIGH CORSET	2,790.35
A20710	BK JOINT COVERS	296.50
A22736	RE ALIGN BK MODULAR PROSTHESIS	676.45
ABOVE KNEE PROSTHESIS: A/K		
IMPORTANT:	CHARGE FOAMCOVER WITH NEW PROSTHESIS REFIT INCLUDES NEW COSMETIC COVER	
A21540	AK EXOSKELETAL CAT 1 AND 2	28,887.86

A21751	REFIT AK EXOSKELETAL CAT 1 AND 2	21,185.14
A21560	AK ENDOSKELETAL CAT 1 AND 2	43,524.18
A21753	REFIT AK ENDOSKELETAL CAT 1 AND 2	30,041.85
A21580	AK ENDOSKELETAL CAT 3	47,374.36
A21755	REFIT AK ENDOSKELETAL CAT 3	37,360.01
A21620	AK TEST SOCKET - DIAGNOSTIC	2,904.62
A35020	AK STUMP SOCKS LOCAL EACH F2 20-45,F3 20-45,F4 25-40,F5 25-30	314.37
A35021	AK STUMPSOCKS LOCAL EACH F2 50-60,F3 50-60,F4 45-65,F5 35-60	299.60
ABOVE KNEE PROSTHESIS: A/K		
A35060	AK STUMPSOCKS IMPORTED 5 PLY EACH DAW	556.19
A35065	AK STUMPSOCKS IMPORTED 3 PLY EACH DAW	521.63
A35140	AK STUMP SHRINKER	1,130.13
A21650	AK HIP-JOINT AND PELVIC BAND	6,783.37
A21700	AK SHOULDER BELT	934.86
A21701	AK SILESION BELT	856.21
A21704	AK SILESION STRAP	259.58
A21708	AK WAIST BELT	900.30
A21712	AK NEOPRENE SUSPENSION BELT	2,367.48
A21716	AK COSMETIC COVER REPLACE	5,375.79
A21720	AK COSMETIC STOCKINGS	270.39
A21724	AK FLEXIBLE INNER SOCKET	5,331.70
A21725	AK LAMINATE SHIN CRA	3,178.22
A21732	AK LAMINATE THIGH CRA	3,808.56
A21740	AK SOCKET LINED WITH LEATHER	1,301.65
A21800	AK PROSTHETIC SKIN	3,466.69
A22735	RE ALLIGN PROSTHESIS AK/TK MODULAR PROSTHESIS	714.55
THROUGH KNEE PROSTHESIS: T/K		
IMPORTANT:	CHARGE FOAMCOVER WITH NEW PROSTHESIS	

	REFIT TK INCLUDES COSMETIC COVER	
A21010	TK EXOSKELETAL CAT 1 AND 2	37,026.60
THROUGH KNEE PROSTHESIS: T/K		
A21100	REFIT TK EXOSKELETAL CAT 1 AND 2	27,038.47
A21030	TK ENDOSKELETAL CAT 1 AND 2	44,584.12
A21105	REFIT TK ENDOSKELETAL CAT 1 AND 2	37,938.78
A21040	TK ENDOSKELETAL CAT 3	50,688.68
A21115	REFIT TK ENDOSKELETAL CAT 3	44,292.33
A21075	TK TEST SOCKET DIAGNOSTIC	3,427.42
A21076	TK FOAMCOVER REPLACE	4,838.21
HIP DISARTICULATION PROSTHESIS: HD		
IMPORTANT:	CHARGE FOAMCOVER WITH NEW PROSTHESIS	
A22030	HD PROSTHESIS ENDOSKELETAL CAT 1 AND 2	75,105.98
A22031	HIP JOINT 7E5 EACH	15,248.70
A22032	STUMPSOCKS HD LOCAL,F6, EACH	299.60
PROSTHETIC ANKLES		
A22508	ANKLE CAT 1/2 SACH/ WOODEN BLOCK 2K34	713.37
A22512	ANKLE MUTIFLEX ALLUMINIUM CAT 3/DYNAMIC RESPONSE/ MULTIFLEX FOOT	4,220.54
A22513	ANKLE TEHLIN SINGLE AXIS TAJ01	2,029.79
SNUBBER KITS:		
A22514	409007/9 SNUBBER KIT	527.32
FEET / ANKLES:		
SINGLE AXIS FOOT WITH ANKLE ADAPTOR:		
A22590/5	FOOT CAT1/2 WITH ANKLE AND BLOCK SINGLE AXIS OB,1H3	4,842.06
A22592/1	FOOT CAT 1 WITH ANKLE SINGLE AXIS TEHLIN TAJP1	2,093.67
SINGLE AXIS FOOT WITHOUT ANKLE ADAPTOR:		
A22590/1	FOOT CAT1/2 W/O ANKLE SINGLE AXIS, 1H40 OB	2,897.45
A22590/3	FOOT CAT1/2 W/O ANKLE SINGLE AXIS TEHLIN TFF02H	2,093.67
SACH FOOT WITH ANKLE ADAPTOR:		
A22600/2	FOOT-CAT1/2-WITH ANKLE SACH - BOWW-104	2,553.34

A22616/6	FOOT WITH PYRAMID BLATCHFORD SUPER SACH	4,990.83
SACH FOOT WITHOUT ANKLE ADAPTOR:		
A22600/1	FOOT CAT 1/2 W/O ANKLE BLOCK SACH 1S90 OB	2,230.52
A22600/4	FOOT CAT 1/2 W/O ANKLE BLOCK ORTHOMED SACH FOOT	980.00
A22600/3	FOOT-CAT 1/2 W/O ANKLE SACH KINGSLEY	1,252.87
MUTI AXIS FOOT WITH ANKLE ADAPTOR:		
A22591/2	FOOT CAT 1/2 WITH ANKLE ADAPTOR GREISINGER PLUS 1A	12,231.45
MUTI AXIS FOOT WITHOUT ANKLE ADAPTOR:		
A22591	FOOT CAT 1/2 W/O ANKLE GREISINGER OB 1A29	2,951.06
DYNAMIC FOOT WITH PYRAMID ADAPTOR:		
A22611/3	FOOT-CAT 3-WITH ANKLE 1D35 DYNAMIC PLUS FOOT OB	12,835.68
DYNAMIC FOOT WITHOUT ANKLE ADAPTOR:		
A22610/6	FOOT-CAT3-W/O ANKLE SEATTLE LIFECAST	10,669.40
DYNAMIC MULTI AXIS FOOT WITH PYRAMID ADAPTOR:		
A22616/2	FOOT-CAT 3 W/O ANKLE ENDOLITE BLATCHFORD DYNAMIC	10,220.43
A22616/3	FOOT ASSURE WITH PYRAMID AND COVER	8,551.09
DYNAMIC MULTI AXIS FOOT WITHOUT PYRAMID ADAPTOR		
A22660/1	FOOT-CAT 3-W/O ANKLE ENDOLITE MULTIFLEX	6,877.53
A22660/2	FOOT-CAT 3-W/O ANKLE QUANTUM TRUE STEP WITH SPRING AND PYRAMID	6,311.82
A22616/7	FOOT WITH PYRAMID BLATCHFORD SENIOR FOOT 120KG	6,373.21
FEET / ANKLES:		
SYMES FOOT:		
A22615/1	FOOT SYMES PIROGOFF 1P9	5,235.19
A22615/2	FOOT KINGSLEY SYMES WITH ADAPTOR	2,898.63
KNEES:		
A22679/1	7U25 BK KNEE JOINTS PER PAIR CAT 1/2	5,791.38
A22678/1	7G3 TK KNEE HEAVY DUTY JOINT PER PAIR CAT 1/2	6,347.57
A22680/1	3P4 SINGLE AXIS KNEE CAT 1	8,087.49
A22682/1	3P23 SINGLE AXIS EXOSKELETAL CAT 2	9,002.12
A22710/1	3R40 KNEE GERIATIC LOCKING CAT 1	4,621.98
A22683/1	3R15 SAFETY KNEE CAT 1	7,209.77
A22683/2	1904-18 ORTHOMED SINGLE AXIS KNEE WITH EXTENSION A	3,604.50
A22701/1	3R20 KNEE HABERMAN CAT 2	10,600.82

A22701/2	1904-23 ORTHOMED POLYCENTRIC KNEE CAT 2	5,300.14
A22702/1	3R36 HABERMANN KNEE TIT CAT 2	19,079.60
A22702/2	1904-24 ORTHOMED POLYCENTRIC KNEE TITANIUM CAT 2	9,539.50
A22691/2	3R72 KNEE CAT 3	38,159.09
A22691/3	3R95 HYDRAULIC SAFETY KNEE ALLUMINIUM CAT 3	41,395.69
A22707/1	3R55 KNEE CAT 3	38,929.70
A22700/1	3R80 HYDRAULIC KNEE CAT 3	49,816.95
A22686/1	3R23 4 BAR LINKAGE KNEE CAT 1	18,866.35
KNEES:		
A22685/1	3R21 4 BAR LINKAGE TK CAT 2	15,899.88
A22685/4	1904-19 ORTHOMED TK FOUR BAR LINKAGE KNEE CAT2	7,949.50
A22685/2	TK4010 TEHLIN 4 BAR DISARTICULATION KNEE CAT 2	16,560.82
A22685/3	TK400S TEHLIN 4 BAR KNEE CAT 2	12,518.90
A22688/1	3R46 HYDRAULIC TIT 4 BAR LINKAGE KNEE CAT 3	40,277.80
A22688/2	TK 1900 TOTAL KNEE POLYMER FRICTION CAT 3	21,668.98
A22688/3	TK2000 TOTAL KNEE CAT 3	32,771.37
ADAPTORS:		
A24001	2R2 TUBE ADAPTOR STAINLESS STEEL	1,375.51
A24002	BIBR-003 HAWK TUBE ADAPTOR SHORT E05S-B SS	626.91
A24003	2R3 TUBE ADAPTOR STAINLESS STEEL	1,459.85
A24004	ORTHOMEDTUBE WITH ADAPTOR 1907-13	878.28
A24005	2R38 TUBE ADAPTOR TITANIUM	2,897.45
A24006	A-712010TUBE ADAPTOR ALLUMINIUM SHORT/OSSUR	378.65
A24007	A-712020 TUBE ADAPTOR ALLUMINIUM LONG/OSSUR	478.81
A24008	BIBR-004 HAWK TUBE ADAPTOR E05S-A SS	792.07
A24009	2R8=10 SACH FOOT ADAPTOR STAINLESS	833.27
A24010	ORTHOMED SACH FOOT ADAPTOR 1907-14	794.24
A24011	2R8=8 SACH FOOT ADAPTOR STAINLESS	833.27
A24012	2R31 SACH FOOT ADAPTOR TITANIUM	1,710.42
A24013	2R54 SACH FOOT ADAPTOR ALUMINIUM	1,408.87
A24014	BIBR-001 HAWK SACH FOOT ADAPTOR E01S-M10 SS	374.12
A24015	2R10 SINGLE AXIS FOOT ADAPTOR STAINLESS STEEL	2,071.60
A24016	2R51 SINGLE AXIS FOOT ADAPTOR	4,540.82
A24017	2R33 SINGLE AXIS FOOT ADAPTOR TITANIUM	5,360.29

A24018	2R14 CONNECTION PLATE FOR SACH FOOT	113.08
ADAPTORS:		
A24019	1907-1 1ORTHOMED SACH FOAM CONNECTOR	100.52
A24020	2R22 CONNECTION CAP FOR SINGLE AXIS FOOT	236.35
A24021	4R21 TUBE CLAMP ADAPTOR STAINLESS	1,297.64
A24022	1907-22 ORTHOMED TUBE CLAMP CONNECTOR	844.60
A24023	4R82 TUBE CLAMP ADAPTOR TITANIUM	3,142.36
A24024	A-342100 TUBE CLAMP ADAPTOR FEMALE PYRAMID/ OSSUR	954.48
A24025	409054-BL TUBE CLAMP ADAPTOR	1,392.99
A24026	BIBR-005 HAWK TUBE CLAMP ADAPTOR E07S SS	702.75
A24027	4G70 TK LAMINATION ANCHOR	3,325.56
A24028	4R116 LAMINATION ANCHOR	2,934.53
A24029	4R41 LAMINATION ANCHOR/ SOCKET ADAPTOR WITH ROTATION	2,815.89
A24030	4R43 LAMINATION ANCHOR	1,640.59
A24031	ORTHOMED ROTATING SOCKET ADAPTOR 1907-40	2,157.80
A24032	4R51 SOCKET ADAPTOR WITH ROTATION	3,390.55
A24033	4R37 SOCKET ADAPTOR WITH ROTATION	1,725.87
A24034	4R89 SOCKET ADAPTOR WITH ROTATION	2,761.20
A24035	BIBR-006 HAWK 3 PRONG SOCKET ADAPTOR WITH ROTATION	995.98
A24036	BIBR-007 HAWK 3 PRONG PYRAMID ADAPTOR WITH ROTATION	928.57
A24037	4R100 SOCKET ADAPTOR TITANIUM BK	2,346.47
A24038	4R68 SOCKET ADAPTOR ALUMINIUM BK	1,612.37
A24039	4R55 SOCKET ADAPTOR TITANIUM	2,252.34
A24040	4R95 SOCKET ADAPTOR ALUMINIUM	1,305.06
A24041	4R22 SOCKET ADAPTOR STAINLESS STEEL	963.04
A24042	4R63 SOCKET ADAPTOR STAINLESS	1,172.51
A24043	1907-30 ORTHOMED BK SOCKET ADAPTOR WITH PYRAMID	903.82
A24044	4R42 SOCKET ADAPTOR STAINLESS	1,610.93
A24045	A-114030 3 PRONG SOCKET ADAPTOR/OSSUR	1,308.68
A24046	A-114040 4 PRONG SOCKET ADAPTOR/OSSUR	1,432.96
A24047	BIBR-008 3 PRONG FIXED PYRAMID ADAPTOR E11S SS	970.07
A24048	BIBR-009 4 PRONG SOCKET ADAPTOR E12S SS	572.98
ADAPTORS:		
A24049	5R1 SOCKET ATTACHMENT BLOCK	1,161.39
A24050	6PC599 SOCKET LAMINATION PLATFORM	3,284.96
A24051	BOWW-037 LAMINATING SOCKET ATTACHMENT BLOCK 7002	749.94
A24052	BOWW-240 LAMINATING SOCKET ATTACHMENT BLOCK WITH	783.64
A24053	4R98 SLIDING ADAPTOR	2,890.24
A24054	BOWW-200 PYRAMID SLIDING ADAPTOR	4,181.10
SILICONE SLEEVES:		

IMPORTANT:	PIN MUST ONLY BE CHARGED SEPERATE WITH REPAIRS	
A25001	6Y42 SILICONE SLEEVE WITHOUT PIN	9,322.23
A25002	6Y70 SILICONE GEL LINER	15,137.95
A25003	6Y80 SLEEVE TRANSFEMORAL	19,973.89
A25004	14Y1 SILICONE ARM LINER	11,995.53
A25005	I-5406 ICEROSS COMFORT LOCKING LINER	6,259.88
A25006	I-0104 ORIGINAL ICEROSS SLEEVE WITHOUT COVER	4,842.90
A25007	I-7032 TRANSFEMORAL SLEEVE	8,290.93
A25008	I-4013 DERMO LOCK IN SLEEVE	6,570.10
A25009	I-5006 COMFORT PLUS 6MM LINER	6,259.88
A25010	I-6003 ICEROSS SYNERGY LOCKING	7,555.63
A25011	I-7132 ICEROSS TRANSFEMORAL LOCKING CONICAL	8,290.93
A25012	ALPS SLEEVE ELDT LOCK IN LINER	8,757.53
A25013	ELFR CUSHION LINER	8,757.53
A25014	GPDT GENERAL PURPOSE LINER	8,471.06
A25015	GPFR GENERAL PURPOSE CUSHION LINER	8,471.06
A25016	AKDT ALPS LOCKING LINER	8,490.10
A25017	AKFR ALPS CUSHION LINER	8,490.10
A25018	BOWW-016 ALPHA SPIRIT CUSHION LINER SP ALC5366	6,791.56
A25019	BOWW-006 ALPHA ORIGINAL LOCK IN LINER	8,173.46
A25020	BOWW-221 ALPHA AK LOCK IN LINER AKL	8,333.56
A25021	BOWW-225 ALPHA AK CUSHION AKL	6,791.56
SEAL IN SLEEVES:		
A25022	I-4613 ICEROSS DERMO SEAL IN SLEEVE	7,378.45
A25023	I-7532 ICEROSS TRANSFEMORAL SEAL IN SLEEVE	9,360.54
A25024	I-7632 ICEROSS TRANSFEMORAL SEAL IN CONICAL	9,360.54
SEAL IN SOCKS:		
A25025	K5313 SEAL IN LINER SOCK 3 PLY (GOES WITH SEAL IN LINER)	215.35
A25026	K5311 SEAL IN LINER SOCK 1 PLY (GOES WITH SEAL IN LINER)	142.95
KNEE SLEEVES:		
A25027	453A2=1-4 DERMA COMFORT KNEE SLEEVE	1,938.12
A25028	453A3=1-3 PROFLEX KNEE SLEEVE	2,350.59
A25029	453A4=1-3 PROFLEX KNEE SLEEVE SHORT	2,089.41
A25030	F-2011 ICEROSS KNEE SLEEVE=35-62	1,984.18
A25031	BDAW-301 DAW G- SLEEVE	1,081.93
A25032	BMDI-182 MEDI GENU SLEEVE MK00203000	1,175.93
DISTAL CUP:		
A25033	I-3000 DISTAL CUP	1,708.34
A25034	BOWW-042 GEL CUPS EACH	817.35
VOLUME MANAGE PADS:		

A25035	BOWW-045 VOLUME MANAGE PADS X3	578.28
A25036	BPRO-002 1K10 PROTEOR PAD	3,078.95
PINS:		
A25037	6Y13=1-3 LONG PIN ONLY	1,224.41
A25038	L-192000 ATTACHMENT PIN STANDARD	548.54
A25039	BOWW-074 ALPHA LOCK PIN	631.97
SHUTTLE LOCKS:		
A36651	SHUTTLE LOCK FIT: ONLY TO BE CHARGED WITH REPAIRS	2,169.85
A25040	6A20 SHUTTLE LOCK WITH DISTAL ADJUSTMENT PYRAMID	8,512.77
A25041	6A30=20 AND 10 SHUTTLE LOCK	6,770.19
A25042	14A1 SHUTTLE LOCK TO ATTACH 14Y1 SILICONE ARM LINE	6,607.77
A25043	L-621000 ICELOCK RATCHET	1,977.91
A25044	109108 BLATCHFORD SHUTTLE LOCK	6,306.54
A25045	ALPS SHUTTLELOCK WITH PYRAMID S498-P	4,957.04
A25046		
A25047	BOWW-061 ALPHA LOCK KIT (LOCK, DISTAL ADAPTOR, PIN)	4,182.79
A25048	BOWW-062 LANYARD LOCK KIT (LOCK, DISTAL ADAPTOR, L	4,449.06
A25049	BIBR-040 HAWK SHUTTLE LOCK E70	3,876.08
VALVES:		
A25050	21Y12 SCREW VALVE KIT	2,773.25
A25051	21Y40 SUCTION VALVE	401.34
A25052	21Y41 SEAT RING FOR 21Y40 VALVE	114.93
A25053	21Y105 VALVE KIT FOR FLEXIBLE SOCKETS	1,438.53
A25054	4R140 ONE WAY VALVE FOR KNEE SLEEVES	1,153.97
A25055	L-552000 ICELOCK EXPULSION VALVE TF AK VALVE	1,156.66
A25056	L-551002 ICELOCK EXPULSION VALVE TF BK VALVE	1,038.34
A25057	BMDI-240 MEDI VACU VALVE- 1810723000	487.04
A25058	BUSN-001 GREEN DOT VALVE PLASTIC	985.68
A25059	BUSN-002 GREEN DOT VALVE STAINLESS STEEL	726.53
ACCESSORIES:		
A71100	CANE STICK EACH	147.45
A71020	CRUTCHES	401.36
A71030	COOPER CUMFY CRUTCHES MOULDED HANDLES IMPORTE	1,354.09
A71035	NON ADJUSTABLE CRUTCHES, MOULDED HANDLES, LOCAL	535.00
ACCESSORIES:		

A71110	AUXILLA CRUTCHES	384.67
A71040	GUTTER CRUTCH EACH	625.20
A71125	FERRULE IMPORTED EACH	22.58
A71120	FERRULE LOCAL EACH	16.00
A11520	LTT BOOTS ADULT PAIR LOCAL	1,249.22
A11500	DERBY BOOTS ADULT PAIR LOCAL	1,249.22
A10220	DROFFOOT SPLINT LOCAL	1,383.83
A10210	DROFFOOT SPLINT IMPORTED	1,729.23
A50080	AD CALF ELASTIC STOCKINGS CL2 IMPORTED	820.59
A71140	TRI POD	369.15
A22730	PATELLA BUTTONS REPLACE EACH	157.19
A22940	STUMP CARE CLEANI STUMP/BOX	671.64
A22950	STUMP CARE AMPU AID TUBE	134.61
A22960	STUMP CARE TALC TIN	182.22
A22961	STUMP CARE SKIN LOTION EACH	315.54
A22962	STUMP LUBRICANT	278.63
A22963	STUMP CLEANER DERMA CLEAN OB	322.72
A22964	STUMP MOISTURISER DERMA PREVENT OB	322.72
A22966	DERMA REPAIR OB	274.31
A22965	STUMP OINTMENT	399.00
ACCESSORIES:		
A22970	STUMP CARE BALM	322.71
A22980	CONING BANDAGE 6CM	263.22
A22981	CONING BANDAGE 8CM	332.23
A22990	CONING BANDAGE 15CM	485.89
A22982	CONING BANDAGE 10CM	445.44
A22983	PROSTHETIC SHEATHS ALBERT ANDRE PER PAIR	157.02

A22984	PROSTHETIC SHEATH MERIT EACH	69.28
A35090	PROSTHETIC SHEATH IMPORTED/DAW EACH	315.54
A35093	SHEATH WITH HOLE FOR PIN LOCAL EACH	71.48
A35110	DAW FIX PROSTHESIS IMPORTED EACH	749.11
A22985	FIX PROSTHESIS LOCAL 601 KNEEBRACE	288.36
A22986	STUMP SOCK WITH HOLE FOR PIN LOCAL EACH	207.58
A22987	STUMP SOCK WITH HOLE FOR PIN IMPORTED	278.20
A22988	DERMASEAL RESIDUAL LIMB SOCK 453D7	1,345.43
REPAIR KITS:		
A26001	2D2 SINGLE COMPONENT PACK FOR 1A6 AND 1A29	818.06
A26002	2D3 SPARES FOR 1A30 FOOT	500.18
A26003	2D5 SERVICE PACK FOR 2R10 ANKLE	256.46
A26004	3D4 SERVICE KIT FOR 3P23 KNEE	1,217.57
A26005	4D1 SERVICE KIT FOR 3R15/3R46/3R42 KNEES	577.63
REPAIR KITS:		
A26006	4D13 SERVICE KIT FOR 3R36/3R20	1,003.66
A26007	4D18 SERVICE KIT FOR 3R46 KNEE	868.84
A26008	4D19 REPAIR KIT FOR 3R55	728.63
A26009	4V34 DECELERATION BUMPER	337.95
A26010	4H5=26 KNEE EXTENSION STOP RUBBER	70.41
A26011	4H21 SHIN EXTENSION STOP RUBBER	58.42
A26012	7U25 JOINT BEARING 509K11X5X16X5	140.81
A26013	7U25 JOINT BIG SCREW 501A22	71.90
A26014	7U25 JOINT SMALL SCREW 501S6X8XM3.5	22.02
A26015	4B52 SWINGING BLOCK	1,225.51
A26017	4D7 REPAIR KIT FOR 3R21/3R30	1,986.95
A26018	4F34 LOCK CONTROL UNIT AK 3R17/3R33/3R40/3R41 KNEE	732.24
PARTIAL HAND PROSTHESIS		

A30010	PARTIAL HAND PASSIVE	15,705.68
A30020	PARTIAL HAND FUNCTIONAL	22,216.41
A30030	PARTIAL HAND OPPOSITION POST	10,956.37
A30050	PARTIAL HAND NEW SILICONE SOCKET	5,017.34
A30060	PARTIAL HAND COSMETIC GLOVE REPLACE	3,777.53
A30070	PARTIAL HAND REPLACE ZIP TO GLOVE	3,491.73
WRIST DISARTICULATION PROSTHESIS:		
A30510	WRIST DISARTICULATION PASSIVE	30,570.65
A30520	WRIST DISARTICULATION FUNCTIONAL HAND AND GLOVE INCLUDED	40,343.29
BELOW ELBOW PROSTHESIS: B/E		
A31010	BE PROSTHESIS PASSIVE HAND AND COSMETIC COVER HAND AND GLOVE INCLUDED	30,570.65
A31020	NEW BE PROSTHESIS/FUNCTIONAL/COSMETIC COVER HAND AND GLOVE INCLUDED	40,343.29
A31040	BE TEST SOCKET	1,714.89
A33150	REFIT BE PROSTHESIS	8,686.47
A33020	BE CABLE	1,717.24
A33080	BE HARNESS	1,569.58
A33030	BE CORSET	1,564.88
ELBOW DISARTICULATION PROSTHESIS:		
A31510	THROUGH ELBOW PASSIVE	45,549.90
A31520	THROUGH ELBOW PROSTHESIS FUNCTIONAL HAND AND GLOVE INCLUDED	59,363.28
A31530	ED TEST SOCKET	1,714.89
ABOVE ELBOW PROSTHESIS: A/E		
A32010	AE PASSIVE HAND AND COSMETIC GLOVE	35,833.34
A32020	NEW AE PROSTHESIS/FUNCTIONAL/COSMETIC COVER HAND AND GLOVE INCLUDED	47,361.30

ABOVE ELBOW PROSTHESIS: A/E		
A32040	AE TEST SOCKET	1,714.89
A33140	REFIT AE PROSTHESIS	13,921.78
A33010	AE CABLE	1,717.24
A33070	AE HARNESS	1,569.59
A32510	SHOULDER DISARTICULATION PASSIVE HAND AND GLOVE INCLUDED	49,615.69
A32520	SHOULDER DISARTIC PROSTH FUNCTIONAL HAND AND GLOVE INCLUDED	61,142.48
ADDITIONAL CHARGES:		
IMPORTANT:	MANUAL LOCKING ELBOWS ARE SUPPLIED AS STANDARD. PROSTHETIST MAY SUPPLY AUTOMATIC ELBOW, 12K4, ON REQUEST AND ADJUST THE FEE ACCORDINGLY. DEDUCT THE COST OF THE MANUAL ELBOW AND ADD THE COST OF THE AUTOMATIC ELBOW.	
IMPORTANT:	PROSTHETIC HOOKS ARE NOT INCLUDED WITH UPPER EXTREMITY PROSTHESIS AS STANDARD	
A32060	12K4 AUTOMATIC LOCKING ELBOW EACH	16,679.91
A32065	ELBOW JOINT WITH CABLE LOCK 16X12 EACH	11,703.12
A32067	STEP UP JOINTS FOR SHORT BE/TE 16U5 PAIR	13,165.50
ACCESSORIES:		
A33040	PASSIVE HAND 8K19	7,362.24
A33050	FELT HAND	7,362.24
A33060	FUNCTIONAL HAND	9,242.66
ACCESSORIES:		
A33090	HOOK ELASTICS EACH	41.73
A33100	COSMETIC GLOVE	3,747.79
A33110	LEATHER GLOVE	783.67
A33120	PROSTHETIC HOOK ALUMINIUM	10,749.11
A33130	PROSTHETIC HOOK/STEEL	13,753.79

A33160	WRIST INSERT ONLY WITH REPAIRS OR WHEN HOOK IS REQUIRED	1,011.04
A33165	WRIST UNIT INCLUSIVE OF WRIST INSERT	3,932.36
A33170	MANUAL LOCKING ELBOW 12K5 INCLUSIVE WITH NEW ONLY CHARGED SEPERATE WITH REPAIRS	6,071.29
A35030	STUMP SOCKS ARM LOCAL EACH F0- F1 ALL LENGTHS	202.44
A35070	STUMP SOCK ARM IMPORTED 3PLY DAW	281.09
A35075	STUMP SOCK ARM IMPORTED 5PLY DAW	333.41
A35076	RE LAMINATE BE	1,241.22
A35077	BASE PLATE C708	71.70
A35078	AUXILLA LOOP EACH 21A29=25	550.06
A35079	C711HD HANGER	145.36
A35092	C711 STANDARD HANGER	116.84
A35081	C713HD BALL RECEIVER	219.96
A35082	C713 STANDARD BALL RECEIVER	188.75
ACCESSORIES:		
A35083	C703HD BALL TERMINAL	74.90
A35084	C703 STANDARD BALL TERMINAL	97.37
A35094	C701HD TRIPLE SWIVEL	216.55
A35086	C701 STANDARD TRIPLE SWIVEL	216.55
A35087	C709HD RETAINER	122.84
A35088	C709 STANDARD RETAINER	105.23
A35089	C710HD CROSS BAR	194.74
A35091	C710 STANDARD CROSS BAR	188.19