DEPARTMENT OF LABOUR

NOTICE 192 OF 2019

PHYSIOTHERAPIST, OCCUPATIONAL THERAPY AND CHIROPRACTOR 2019

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASSES ACT, 1993 (ACT NO.130 OF 1993), AS AMENDED

ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICES PROVIDERS.

1. I, Mildred Nelisiwe Oliphant, Minister of Labour, hereby give notice that, after consultation with the Compensation Board and acting under powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993), prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rule applicable thereto, appearing in the Schedule, with effect from **1 April 2019**.

2. Medical Tariffs increase for **2019** is **6.4%**

3. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2019** and **Exclude 15% Vat.**

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MN OLIPHANT, MP
MINISTER OF LABOUR

DATE: 05/12/2018

GENERAL INFORMATION

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 designated by the Director General for a medical examination and report. Special fees are payable when this service is requested.

In terms of section 76,3(b) of the Compensation for Occupational Injuries and Diseases Act, no amount in respect of medical expenses shall be recoverable from the employee.

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.

CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS FOLLOWS

1. New claims are registered by the Employers and the Compensation Fund and the **employer views the claim number allocated online.** 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

2. If a claim is **accepted** as a COIDA claim, **reasonable medical expenses** will be paid by the Compensation Commissioner.

3. If a claim is **rejected (repudiated)**, medical expenses 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.

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.

BILLING PROCEDURE

1. All service providers should be registered on the Compensation Fund claims system in order to capture medical reports.

   1.1 Medical reports should always have a clear and detailed clinical description of injury
   1.2 In a case where a procedure is done, an operation report is required
   1.3 Only one medical report is required when multiple procedures are done on the same service date
   1.4 A medical report is required for every invoice submitted covering every date of service.
   1.5 Service providers are required to keep original documents (i.e medical reports, invoices) and these should be made available to the Compensation Commissioner on request.
   1.6 Referrals to another medical service provider should be indicated on the medical report.

2. Medical invoices should be switched to the Compensation Fund using the attached format. - Annexure D.

   2.1. Subsequent invoice must be electronically switched. It is important that all requirements for the submission of invoice, including supporting information, are submitted.
   2.2. Manual documents for medical refunds should be submitted to the nearest labour centre.

3. The status of invoices /claims can be viewed on the Compensation Fund claims system. If invoices 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 Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za .

4. If an invoice has been partially paid with no reason indicated on the remittance advice, an enquiry should be made with the nearest processing labour centre. The service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za .

5. Details of the employee's medical aid and the practice number of the referring practitioner must not be included in the invoice.

- If a medical service provider claims an amount less than the published tariff amount for a code, the Compensation Fund will only pay the claimed amount and the short fall will not be paid.

6. Service providers should not generate the following:

   a. Multiple invoices for services rendered on the same date i.e. one invoice for medication and a second invoices for other services.

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

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED

Minimum information to be indicated on invoices submitted to the Compensation Fund

- Name of employee and ID number
- Name of employer and registration number if available
- Compensation Fund claim number
- DATE OF ACCIDENT (not only the service date)
- Service provider's **invoice number**
- The practice number (changes of address should be reported to BHF)
- VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the account)
- Date of service (the actual service date must be indicated: the invoice date is not acceptable)
- Item codes according to the officially published tariff guides
- Amount claimed per item code and total of account
- It is important that all requirements for the submission of invoices are met, including supporting information, e.g:
    - All pharmacy or medication accounts must be accompanied by the original scripts
    - The referral letter from the treating practitioner must accompany the medical service providers' invoice.

TARIFF OF FEES IN RESPECT OF PHYSIOTHERAPY SERVICES

FROM 1 APRIL 2019

001. Unless timely steps are taken to cancel an appointment, the relevant fee may be charged to the employee. Each case shall be considered on merit and if the circumstances warrant, no fee shall be charged.

002. In exceptional cases where the tariff fee is disproportionately low in relation to the actual services rendered by a physiotherapist, a higher fee may be negotiated. Conversely, if the fee is disproportionately high in relation to the actual services rendered, a lower fee than that in the tariff should be charged.

003. Newly hospitalised patients will be allowed up 20 sessions without pre-authorisation. After a series of 20 treatment sessions in hospital, the treating medical practitioner must submit motivation with a treatment plan to the Compensation Fund for authorisation.

004. AM and PM treatment sessions, applicable only to hospitalised patients, should be specified and medically motivated for on the progress rehabilitation report.

005. In cases of out-patients, all treatment sessions will need pre-authorisation. All request for pre-authorisation must be based on clinical need, best practice and be in the best interest of the patient. The physiotherapist must submit a referral with motivation from the treating doctor and a treatment plan. The first consultation can be done before pre-authorisation to allow the physiotherapist to provide a treatment plan to the fund for preauthorisation. Practitioners will be allowed up to twenty treatment sessions to continue with treatment after submitting their request while awaiting response from the Fund. The rehabilitation professional must submit monthly progress report.

006. "After hour treatment" shall mean all physiotherapy performed where emergency treatment and /or essential continuation of care is required after working hours, before 07:00 and after 17:00 on weekdays, and any treatment over a weekend or public holiday . In cases where the physiotherapist's scheduled working hours extend after 17:00 and before 07:00 during the week or weekend, the above rule shall not apply and the treatment fee shall be that of the normal listed tariff. The fee for all treatment under this rule shall be the total fee for the treatment plus 50 per cent. Modifier 006 must then be quoted after the appropriate tariff code to indicate that this rule is applicable.

For the purpose of this rule:

Emergency treatment and/or essential continuation of care refers to a physiotherapy procedure , where failure to provide the procedure would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the patient's life in serious jeopardy.

007. The physiotherapist shall submit his / her account for treatment to the employer of the employee concerned.

008. When an employee is referred for physiotherapy treatment after a surgical procedure, a new treatment plan needs to be provided to the Fund.

011. Cost of material does not include consumables (e.g. ultrasound gel, massage oil, gloves, alcohol swabs, facial tissues, paper towels and etc.)

012. An account for services rendered will be assessed and added without VAT. VAT is then calculated and added to the final payment amount.

013. Where a physiotherapist is called out from residence or rooms to an employee's home or hospital, travelling fees to be charged for travelling will be R 3.30 per kilometer from the 1st kilometer. If more than one employee is attended to during the course of a trip, the full travelling expenses must be divided pro rata between the relevant employees(the physiotherapist will claim for one trip). A physiotherapist is not entitled to charge any travelling expenses or travelling time to his / her rooms.

014. Physiotherapy services rendered in a hospital or nursing facility.

015. The services of a physiotherapist shall be available only on referral from the treating medical practitioner. Where a physiotherapist's letterhead is used as a referral letter, it must bear the medical practitioner's signature, date and stamp. The referral letter for any physiotherapy treatment provided should be submitted to the Compensation Commissioner with the account for such services.

016 Physiotherapist, Occupational Therapists and Chiropractors cannot give the treatment concurrently and the treatment must not overlap.

NB **Only one of the following codes can be claimed per session/consultation: 72925,72926,72921,72923,72928,72927,72501 and 72503**

MODIFIERS GOVERNING THE TARIFF

0001 To be quoted after appropriate treatment codes when rule 001 is applicable.

0006 Add 50% of the total fee for the treatment.

0013 R3.30 per km for each kilometre

0014. Treatment in a nursing facility.

PHYSIOTHERAPY TARIFF OF FEES AS FROM 1 APRIL 2019

Please note that only one treatment code may be charged per treatment. The only exceptions are one relevant evaluation code (**72701** or **72702** or **72703**, treatment code **72509** (extra treatment time), one visiting code (**72901** or **72903**) and cost of material code(**72939**)

Code	Service type	Service description	2019 Tariffs
72701	Evaluation level 1 (to be fully documented)	Applies to simple evaluation **once** at first visit only. It should not be used for each condition. A treatment plan / rehabilitation progress report must be submitted at the initiation of treatment.	**263.94**
72702	Complex evaluation (to be fully documented)	Complex evaluation **once** at first visit only. Applies to complex evaluation once at first visit only. Applies to complex injuries only.It should not be used for each condition. A treatment plan / rehabilitation progress report describing what makes the evaluation complex, must be submitted at the initiation of treatment.	**395.55**
72703	Re-assessment	Complete re-assessment or one physical pefomance test during the course of treatment. This should be fully documented and a rehabilitation progress report provided to th CF. This code will only apply to patients that have been discharged and are now re -admitted.	**131.63**
72901	Treatment at nursing home	Relevant fee plus (to be charged only once per day and not with every hospital visit)	**96.45**
72305	Very Simple treatment	Simple treatment for one condition/injury of one treatment technique	**96.45**
72509	Extra treatment time	There should be a clear indication and motivation and Should be medically motivated for e.g. complicated condition. This code can only be claimed once per treatment session.	**146.60**
72903	Domiciliary treatments	Apply only when medically motivated: relevant fee plus.	**175.49**
72925	Level 1 chest pathology	Applies to simple chest conditions / injuries. Multiple treatment techniques to be used.	**432.11**
72926	Level 2 chest pathology	Applies only to complex chest conditions / injuries that require undivided attention of the physiotherapist. Multiple treatment techniques to be used.	**713.97**
72921	Simple spinal treatment	Applies to simple spinal injuries / conditions. Multiple treatment techniques to be used.	**634.58**
72923	Complex spinal treatment	Applies to complex spinal injuries/conditions. Multiple treatment techniques to be used. Rehabilitation reports must clearly indicate the reasons for choosing complex as apposed to simple.	**916.62**
72928	Simple soft tissue / peripheral joint injuries or other general treatment	Apply to all soft tissue / peripheral injuries or other general treatment.	**634.58**

72927	Complex soft tissue / peripheral joint injuries or other general treatment	Applies to complex soft tissue/peripheral joint injuries/conditions. Multiple treatment techniques to be used. Rehabilitation reports must clearly indicate the reasons for choosing complex as opposed to simple.	**828.87**
72501	Rehabilitation	Rehabilitation first 30 minutes, where the pathology requires the undivided attention of the physiotherapist	**458.23**
72503	Rehabilitation centralnervous system	Also includes spinal rehabilitation (cannot be charged for bed exercises / passive movements only)	**916.62**
72939	Cost of material	Single items below R 1733.90 (VAT excl)may be charged for at cost price plus 20% storage and handling fees. The invoice must be attached to the account.	
		Cost of materials does not cover consumables	
		See the attached **Annexure A** for consumables and **Annexure B** for equipment and or appliances that are considered reasonable to be used with code 72939	

ANNEXURE A

LIST OF CONSUMABLES

To be used with code 72939

Service providers may add on 20% for storage and handling

NAME OF PRODUCT	UNIT	APPROX UNIT PRICE(excl VAT)
Tubigrip (A & B white)	1	176.89
Self adhesive disposable electrodes (one set per employee is payable)	1	70.70
Sports		
Taping / Strapping (type & quantity must be specified)		
Elastoplast 75mm x 4.5	1	151.64
Coverol	1	112.82
Leukotape	1	151.64
Magic Grip Spray	1	109.52
Fixomull	1	126.41
Leukoban 50-75mm x 4.5m	1	59.03
Other		
Incontinence electrodes for pathway EMG	1	336.88
EMG flat electrodes	1	28.55
(should be medically justified)		

ANNEXURE B

List of equipment / appliances to be used with code 72939
Service providers may add on 20% for storage and handling
Equipment not payable if the same were already supplied by an Prosthetist to the same employee

NAME OF PRODUCT	UNIT	APPROX UNIT PRICE(excl VAT)
Hot / cold packs	1	67.38
Braces		
Cervical collar	1	67.38
Lumbar brace	1	395.90
Standard heel cups	pair	101.15
Cliniband	1	53.81
Fit band 5.5cm	1	136.49
Fit band 30cm	1	478.42
Peak flow meter	1	314.95
Peak flow meter	2	3.32

Claim number: ----------

Physiotherapy Rehabilitation progress report
Compensation for Occupational injuries and disease act, 1993
(Act No.130 0f 1993)

PART 1 - INITIAL EVALUATION AND PLAN

Submit with first account

Names and Surname of Employee _____
Identity Number _____Address_____
_____
_____Postal Code_____

Name of Employer_____
Address_____
_____
_____Postal Code _____
Date of Accident _____ Date of referral_____
Name of referring medical practitioner_____

Name of Physiotherapist_____
Practice Number_____
Physiotherapy Account number_____

1. Date of first treatment_____
2. Initial clinical presentation _____
_____
_____
3. Describe patient's symptoms and functional status_____
_____
_____
_____
4. Are there any complicating factors that may prolong rehab or delay recovery (specify)?
_____
_____
_____
5. Overall goal of treatment_____
_____
_____
6. Treatment Plan for proposed treatment session _____
_____
_____

Signature of Physiotherapist_____Date_____

Claim number_____

Physiotherapy Rehabilitation progress report
Compensation for Occupational injuries and disease act, 1993
(Act No.130 0f 1993)

PART 2 - TREATMENT AND PROGRESS (Monthly)

Submit on a monthly basis attached to the submitted accounts

Names and Surname of Employee _____
Identity Number _____Address_____
_____
_____Postal Code_____

Name of Employer_____
Address_____
_____
_____Postal Code _____
Date of Accident _____ Date of referral_____
Name of referring medical practitioner_____

Name of Physiotherapist_____
Practice Number_____
Physiotherapy Account number_____

1. Number of Sessions (dates) already delivered? _____From_____To_____
2. Progress achieved_____
_____
_____
_____
3. Did the patient undergo surgical procedures during this treatment period? _____
Dates of surgical procedures_____
_____

4. Number of sessions (dates) still required_____
5. Treatment plan for proposed treatment sessions_____
_____
_____
_____

Signature of Physiotherapist_____Date_____

Claim number_____

Physiotherapy Rehabilitation progress report
Compensation for Occupational injuries and disease act, 1993
(Act No.130 0f 1993)

PART 3 - FINAL PROGRESS REPORT

Submit with final account

Names and Surname of Employee _____
Identity Number _____Address_____
_____
_____Postal Code_____

Name of Employer_____
Address_____
_____
_____Postal Code _____
Date of Accident _____ Date of referral_____
Name of referring medical practitioner_____

Name of Physiotherapist_____
Practice Number_____
Physiotherapy Account numbers_____

Date of final treatment_____ Number of treatment Dates_____

Progress achieved_____
_____
From what date has the employee been fit for his/her normal work? _____
_____
Is the employee fully rehabilitated/has the employee obtained the highest level of function?
_____
If not, describe in detail any present permanent anatomical defect and/or impairment of function as a result of the accident (R.O.M., if applicable, must be indicated in degrees at each specific joint) _____
_____
_____

_____

Signature of the Physiotherapist_____Date_____

SCHEDULE

TARIFF OF FEES IN RESPECT OF OCCUPATIONAL THERAPY SERVICES FROM 1 APRIL 2019

GENERAL RULES GOVERNING THE TARIFF

001 Unless timely steps are taken (at least two hours) to cancel an appointment for a consultation the relevant consultation fee shall be payable by the employee.

002 In exceptional cases where the tariff fees is disproportionately low in relation to the actual services rendered by the practitioner, a higher fee may be negotiated. Conversely, if the fee is disproportionately high in relation to the actual services rendered, a lower fee than that in the tariff should be charged.

003 **The service of an occupational therapist shall be available only on written referral by the treating doctor medical doctor. The referral must be signed,dated and stamped by the treating doctor.**

004 **In cases of out-patients, all treatment sessions will need pre-authorisation. The Occupational Therapist must submit a referral with motivation from the treating doctor and a treatment plan.The referral letter should be signed,dated and stamped.The first consultation can be done before pre-authorisation to allow the O.T to provide a treatment plan to the Fund for pre-authorisation. Practitioners will be allowed up to a maximum of ten (10) sessions to continue with treatment after submitting their request while awaiting response from the Fund.**

005 **The Occupational Therapist must provide an updated Rehabilitation Report including outcome based measures.**

006 "After hours treatment" shall mean those emergency treatment sessions performed at night between 18:00 anc 07:00 on the following day or during weekends between 13:00 Saturday and 07:00 Monday. Public holidays are regarded as Sundays. The fee for all treatment under this rule shall be the total fee for the treatment plus 50 per cent. This rule shall apply for all treatment administered in the practitioner's rooms, or at a nursing home or private residence (only by arrangement when the patient's condition necessitates it). Modifier 0006 must then be quoted after the appropriate tariff code to indicate that this rule is applicable.

008 The provision of aids or assistive devices shall be charged at cost. Modifier **0008** must be quoted after the appropriate codes to show this rule is applicable.

009 Materials used in the construction of orthoses will be charged as per Annexure "A" for the applicable device and pressure garments will be charged as per Annexure "B" for the applicable garment. Modifier 0009 must be quoted after the appropriate codes to show that this rule is applicable.

010 Materials used in treatment shall be charged at cost. Modifier 0010 must be quoted after the appropriate tariff codes to show that this rule is applicable.

011 When the occupational therapist administers treatment away from his / her premises, travelling costs shall be charged as follows: R3.30 per km for each kilometre travelled in own car e.g. 19 km total = 19X R3.30 = R62.70

012 The occupational therapist shall submit the account for treatment to the employer of the employee concerned.

013 **Physiotherapist, Occupational Therapists and Chiropractors cannot give the treatment concurrently and the treatment must not overlap.**

MODIFIERS GOVERNING THE TARIFF

0006 Add 50% of the total fee for the treatment.

0008	Aids or assistive devices should be charged at cost.
0009	Materials used for orthoses or pressure garments should be charged as per Annexure "B".
0010	Materials used in treatment should be charged at cost.
0011	Travelling cost: as indicated in Rule 011.
0012	A detailed report of the work assessment with signatures of the employer and the injured worker shall be submitted to the Compensation Commissioner with the invoice.
0014	Only one evaluation code may be billed per treatment session and utilised as per the rule of the individual code

Note: Monetary value of one unit = R10.85 • Let Wel: Geldwaarde van een eenheid = R10.85

OCCUPATIONAL THERAPHY GAZETTE 2019

2019 Tariff excluding VAT - 2019 Tarief sluit BTW uit

PLEASE TAKE NOTE OF GENERAL RULE 005

NEEM ASSEBLIEF KENNIS VAN ALGEMENE REEL 005

CONSULTATION PROCEDURES. KONSULTASIE PROSEDURES

CODE KODE	DESCRIPTION	U/E	RAND
			2019
101	First consultation (5-15 min) Eerste konsultasie (5-15 min) Charged once.	60	651.00
108	Followup consultation (15-30 min) Opvolg konsultasie (15-30 min) May be charged twic only per week.	15	162.75
109	Followup consultation (30-60 min) Opvolg konsultasie (30-60 min) May be charged up t four times per week	30	325.50

EVALUATION PROCEDURES • EVALUASIE PROSEDURES

CODE KODE	DESCRIPTION	U/E	RAND
201	Observation and screening• Observasie en skandering. May be charged at every treatment session as clinically appropriate	10	108.50
203	Specific evaluation for a single aspect of dysfunction (Specify which aspect)Spesifieke evaluasie vir 'n enkele aspek van wanfunksie (Spesifiseer aspek). May be charged o per week as clinically appropriate	7.5	81.38
205	Specific evaluation of dysfunction involving one part of the body for a specific functional problem (Specify part and aspects evaluated) Spesifieke evaluasie van wanfunksie van e gedeelte van die liggaam vir 'n spesifieke funksionele probleem (Spesifiseer gedeelte sow as aspek geëvalueer) May be charged once per week as clinically appropriate	22.5	244.13
207	Specific evaluation for dysfunction involving the whole body (Specify condition and which aspects evaluated)• Spesifieke evaluasie van wanfunksie wat die hele liggaam insluit (spesifiseer toestand en aspekte geëvalueer) May be charg once per three months as clinically appropriate	45	488.25
209	Specific in depth evaluation of certain functions affecting the total person (Specify the aspe assessed) • Spesifieke in-diepte evaluasie van sekere funksies wat die persoon in geheel affekteer (spesifiseer die aspekte geëvalueer) May be charged once per three months as clinically appropriate	75	813.75
211	In depth evaluation of the total person to enable the vocational rehabilitation specialist t complete a comprehensive assessment of certain functions affecting the total person (Th code can only be requested by the Compensation Fund for Section 42 Cases reviews)	105	1139.25

MEASUREMENT FOR DESIGNING • OPMETING VIR ONTWERP

CODE KODE	DESCRIPTION	U/E	RAND
213	Measurement for designing a static orthosis Opmetering vir ontwerp 'n Statiese ortose	10	108.50
215	Measurement for designing a dynamic orthosis Opmetering vir ontwerp 'n Dinamiese ortose	10	108.50
217	Measurement for designing a pressure garment for one limb orthosis Opmetering vir ontwerp drukkledingstuk vir een ledemaat	10	108.50
219	Measurement for designing a pressure garment for one hand orthosis Drukkledingstuk vir een hand	10	108.50
221	Measurement for designing a pressure garment for the trunk orthosis Opmetering vir ontwerp drukkledingstuk vir die romp	10	108.50
223	Measurement for designing a pressure garment for the face (chin strap only) Opmetering vir ontwerp drukkledingstuk vir die gesig (alleenlik kenriem)	10	108.50
225	Measurement for designing a pressure garment for the face (full face mask) orthosis Opmetering vir ontwerp drukkledingstuk vir die gesig (volle gesigmasker)	10	108.50
	The whole body or part thereof will be the sum total of the parts Die hele liggaam of deel daarvan vorm die totaal van die dele		

PROCEDURES FOR THERAPY • PROSEDURES VIR BEHANDELING

CODE KODE	DESCRIPTION	U/E	RAND
303	Placement of a patient in an appropriate treatment situation requiring structuring the environment, adapting equipment and positioning the patient. This does not require individual attention for the whole treatment session	*20*	**217.00**
307	Simultaneous treatment of two to four patients, each with specific problems utilising individ activities · Gelyktydige behandeling vir twee tot vier pasiënte, elkeen met spesifieke probleme deur gebruik te maak van individuele aktiwiteite	*48*	**520.80**

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

CODE KODE	DESCRIPTION	U/E	RAND
309	On level one• Op vlak een (15min)	*12*	**130.20**
311	On level two• Op vlak twee (30 min)	*24*	**260.40**
313	On level three• Op vlak drie (45min)	*36*	**390.60**
315	On level four• Op vlak vier (60 min)	*48*	**520.80**
317	On level five• Op vlak vyf (90 min)	*72*	**781.20**
319	On level six · Op vlak ses (120 min)	*96*	**1041.60**

PROCEDURES FOR WORK REHABILITATION • PROSEDURES VIR WERKREHABILITASIE

CODE KODE	DESCRIPTION	U/E	U/E
321	Work evaluation - . This includes an assessment of the inherent demands of the job and t patient's ability to perform these. A detailed report is not included in this code (charged for under 325), but must be submitted with the referral from the medical practitioner.)	*80*	**868.00**
323	Work Visit Evaluation of the job tasks by observing while the patient or a colleague in the same role performs the job tasks. May include discussing possible adaptations to the process or the work station and making the necessary recommendations to enable a patie to return to work. Rule: A maximum of two work visits are allowed per patient. However, in extenuating circumstatnces, further motivation may be made to the CC.	*40*	**434.00**
325	**Reports - To be used only when reporting on work assessments. Verslae - Vir gebruik slegs vir rapportering oor werk evaluasies.**	22.14	**240.22**

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

CODE KODE	DESCRIPTION	U/E	RAND
403	On level one• Op vlak een	*12*	**130.20**
405	On level two• Op vlak twee	*24*	**260.40**
407	On level three• Op vlak drie	*36*	**390.60**
409	On level four• Op vlak vier	*48*	**520.80**
411	On level five• Op vlak vyf	*60*	**651.00**
413	On level six• Op vlak ses	*72*	**781.20**
415	Designing and constructing a static orthosis• Ontwerp en vervaardiging van 'n statiese ortose	*60*	**651.00**
417	Designing and constructing a dynamic orthosis• Ontwerp en vervaardinging van 'n dinamiese ortose	*120*	**1302.00**

DESIGNING AND MAKING A PRESSURE GARMENT •

ONTWERP EN VERVAARDIGING VAN 'N DRUKKLEDINGSTUK

CODE KODE	DESCRIPTION	U/E	RAND
419	Per limb • Per ledemaat	*60*	**651.00**
421	Face (chin strap only)• Gesig (kenriem alleenlik)	*45*	**488.25**
423	Face (full face mask)• Gesig (volle gesigsmasker)	*60*	**651.00**
425	Trunk• Romp	*90*	**976.50**
427	Per hand • Per hand	*90*	**976.50**
	The whole body or part thereof will be the subtotal of the parts for the first garment and 75% the fee for any additional garments on the same pattern•Die hele liggaam of deel daarvan vorm die totaal van die dele vir die eerste kledingstuk en 75% van die tarief vir enige addisionele kledingstuk op dieselfde patroon.		

ANNEXURE A • AANHANGSEL A

	MODIFIER 0009 - MATERIAL COSTS FOR SPLINTS WYSIGER 0009 - MATERIAALKOSTE VIR SPALKE	COST (VAT exclusive) KOSTE (BTW uitgesluit)
		2019
501	Static DIP extension / flexion • Statiese DIP ekstensie / fleksie	41.26
502	Static PIP extension / flexion• Statiese PIP ekstensie / fleksie	41.26
503	Dynamic PIP extension / flexion• Dinamiese PIP ekstensie / fleksie	136.49
504	Hand based static finger extension / flexion• Hand gebaseerde statiese vinger ekstensie / fleksie	205.43
505	Hand based static thumb abduction / opposition / flexion / extension• Hand gebaseerde statiese duim abduksie / opposisie / fleksie / ekstensie	205.43
506	Hand based dynamic finger extension / flexion• Hand gebaseerde dinamiese vinger ekstensie / fleksie	287.43
507	Hand based dynamic thumb flexion / extension / opposition• Hand gebaseerde dinamiese duim fleksie / ekstensie / opposisie	287.43
508	Wrist extension / flexion (static or dynamic)• Pols ekstensie / fleksie (staties of dinamies)	308.51
509	Full flexion glove • Volle fleksie handskoen	393.64
510	Forearm based dynamic finger extension / flexion• Voorarm gebaseerde dinamiese vinger ekstensie / fleksie	492.69
511	Forearm based static dorsal protection • Voorarm gebaseerde statiese dorsale beskerming	574.17
512	Forearm based complete volar resting• Voorarm gebaseerde volledige volare rus	574.17
513	Elbow flexion / extension • Elmboog fleksie / ekstensie	684.21
514	Shoulder abduction • Skouer abduksie	1094.72
515	Rigid neck extension (static) • Rigiede nek ekstensie (staties)	588.63
516	Soft neck extension (static)• Sagte nek ekstensie (staties)	191.68
517	Static knee extension • Statiese knie ekstensie	1093.67
518	Static foot dorsiflexion • Statiese voet dorsifleksie	1281.71
519	Buddy strap • Buddy band	40.23
520	DIP / PIP flexion strap• DIP / PIP fleksieband	46.66
521	MP, PIP, DIP flexion strap• MP, PIP, DIP fleksieband	51.88

ANNEXURE B • AANHANGSEL B

MODIFIER 0009 - MATERIAL COSTS FOR PRESSURE GARMENTS

WYSIGER 0009 - MATERIAALKOSTE VIR DRUKKLEDINGSTUKKE

	Indicate all parts of the pressure garment separately. **Dui alle dele van die drukkledingstuk apart aan.**	**COST (VAT exclusive) KOSTE (BTW uitgesluit)**
		2019
601	Glove • Handskoen	**89.33**
602	Forearm / upper arm sleeve • Voorarm / boarm mou	**118.56**
603	Full arm • Volle arm	**178.28**
604	Foot • Voet	**208.38**
605	Below knee (lower leg) • Onder knie (onderbeen)	**142.42**
606	Above knee (upper leg) • Bo knie (bobeen)	**213.80**
607	Chin strap • Ken band	**149.21**
608	Head (face mask) • Kop (gesigsmasker)	**285.69**
609	Trunk (excluding sleeves) • Romp (moue uitgesluit)	**428.63**
610	Finger sock • Vingerkous	**19.70**
611	Brief • Broek	**356.22**

Claim Number: ----------

REHABILITATION PROGRESS REPORT

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASE ACT

Names and Surname of Employee _____

Identity Number_____ Address_____

_____Postal Code_____

Name of Employer_____

Address_____

_____Postal Code_____

Date of Accident _____

1. Date of first treatment_____ Provider who provided first treatment_____
2. Initial clinical presentation and functional status_____

   _____

   _____
3. Name of referring medical practitioner _____ Date of referral_____
4. Describe patient's current symptoms and functional status_____

   _____

   _____

   _____
5. Are there any complicating factors that may prolong rehabilitation or delay recovery (specify)?_____

   _____

   _____
6. Overall goal of treatment:_____

   _____

   _____
7. Number of sessions already delivered_____ Progress achieved_____

   _____

   _____

   _____

   _____

Claim Number: ----------

8. Number of sessions required_____ Treatment plan for proposed treatment sessions_____

_____

_____

9. From what date has the employee been fit for his/her normal work?_____
10. Is the employee fully rehabilitated / has the employee obtained the highest level of function?_____
11. **If so, describe in detail any present permanent anatomical defect and / or impairment of function as a result of the accident (R.O.M, if any must be indicated in degrees at each specific joint)**_____

_____

_____

_____

_____

_____

_____

I certify that I have by examination, satisfied myself that the injury(ies) are as a result of the accident.

Signature of rehabilitation service provider_____

Name(Printed) _____ Date(Important)_____

Address_____

Practice number_____

NB: Rehabilitation progress reports must be submitted on a monthly basis and attached to the submitted accounts.

TARIFF OF FEES IN RESPECT OF CHIROPRACTIC SERVICES FROM 1 APRIL 2019

GENERAL RULES GOVERNING THE TARIFF

001 "After hours treatment" shall mean those performed by arrangement at night between 18:00 and 07:00 on the following day or during weekends between 13:00 Saturday and 07:00 on Monday. Public holidays are regarded as Sundays. This rule shall apply for all treatment whether administered in the practitioner's rooms, or at a nursing home or private residence (only by arrangement when the employee's condition necessitates it).

The fee for all treatment under this rule shall be the total fee for treatment + 50%.

In cases where the chiropractor's scheduled working hours extend after 18:00 during the week or 13:00 on a Saturday the above rule shall not apply and the treatment fee shall be that of the **normal listed tariff**.

002 ***Travelling fees***

(a) Where, in the case of emergency, a chiropractor is called out from his residence or rooms to an employee's home or the hospital, travelling fees can be charged if more than 16 kilometres in total have to be travelled.

(b) If more than one employee is attended to during the course of a trip, the full travelling expenses must be divided *pro rata* between the relevant employees.

(c) A practitioner is not entitled to charge for any travelling expenses to his rooms.

When a chiropractor has to travel to visit an employee, the fees shall be calculated as follows:

R3.30.00 per km for each kilometre travelled in **own car.**

003 If, after a series of 20 treatment sessions for the same condition, further treatment is required, the practitioner must submit a progress report to the Compensation Commissioner indicating the necessity for further treatment and the number of further treatment sessions required. Without such a report payment for treatment sessions in excess of 20 shall not be considered.

004 The reports for completion by the practitioner:

(a) **The First Medical Report (W.Cl.4)**

The form is used for all injured employees. The practitioner should note that the form is in the nature of a signed medical certificate and he should, therefore, observe due care in completing, dating and signing the form.

(b) **The Progress or Final Medical Report (W.Cl.5)**

This form is used either for progress reports or the final report; the appropriate descriptive title being retained as the case may be. Most of the items in the report are self-explanatory and require no special amplification.

006 Un-cancelled appointments — Appointments not cancelled at least four hours before the relevant appointment time — relevant practitioner's fees shall be payable by the employee.

007 **Reports:**

Not applicable in respect of injured workmen covered under the COIDA.

008 **Change of chiropractor / medical practitioner ("supersession"):**

In the event of a change of chiropractor / medical practitioner consulted, the first chiropractor / medical practitioner in attendance will, except where the case is handed over to a specialist, be regarded as the principal, and payment will normally be made to him / her. To avoid disputes, chiropractors / medical practitioners should refrain from treating a case already under treatment without first discussing it with the first chiropractor / medical practitioner. As a general rule, changes of chiropractor / medical practitioner are not favoured, unless sufficient reasons exist.

CHIROPRACTOR / CHIROPRAKTISYN 2019
Tariff of fees for 2018 / Tariewe vir 2019 **2019**

1 CONSULTATIONS / KONSULTASIES

04301	Initial consultation — including the taking of a full case history or pertinent history, but excluding remedies,immobilisation and manipulation procedures Consultation includes history taking,guidance,education,health promotion and/or consultation. The consultation code may be charged only once at the consultation or Visit.	R 273.41

2 DIAGNOSTIC PROCEDURES

Only a single item from this section may be charged per patient encounter. Diagnostic procedures included in the scope of practice are; physical examination, neurological examination
Initial consultation- charge 04313 (may only be used once per episode of injury)
Follow up consultation - use 04311 or 04312 only
When using 04312 at a subsequent consultation, a motivation detailing why two diagnostic are required at a follow up treatment. Use form WCL5 to submit your motivation.

04311	Single diagnostic procedure **(May be used with up to three treatment/therapeutic codes)**	R 177.24
04312	Two diagnostic procedures (**Attach Motivation**)	R 269.29
04313	Three diagnostic procedures (**May only be used on an initial Consultation**)	R 354.47

TREATMENT (THERAPEUTIC PROCEDURES)
Only a single item from this section may be charged per patient encounter

04331	Single treatment procedure	R 376.46
04332	Two treatment procedures	R 456.15
04333	Three treatment procedures	R 535.83
04334	Four treatment procedures	R 615.52
04335	Five treatment procedures	R 695.21
04336	Six treatment procedures	R 773.52

IMMOBILISATION OR THERAPEUTIC EXERCISE IN RELATION TO PREPARATION OR FITTING OF APPLIANCES
Only a single item from this section may be charged per patient encounter

04321	Single instance of immobilization or therapeutic exercises	R 535.83
04322	Two instances of immobilization or therapeutic exercises **(Attach Motivation)**	R 673.23

(k) ***RADIOLOGY/RADIOLOGIE***

04049	Ankle—AP / LAT• Enkel—AP / LAT	R 218.86
04050	Ankle—Complete Study—3 views• Enkel—Volledige studie—3 aansigte	R 327.66
04051	Cervical—AP / LAT• Servikaal—AP / LAT	R 218.66
04052	Cervical—AP / LAT / OBL• Servikaal—AP / LAT / Skuinsaansigte	R 327.66
04053	Cervical study—6 views• Servikaal—6 aansigte	R 655.35
04054	Cervical—Davis Series—7 views• Servikaal—Davis Series—7 aansigte	R 764.12
04055	Elbow—AP / LAT• Elmboog—AP / LAT	R 214.58
04056	Elbow—3 views• Elmboog—3 aansigte	R 327.66
04057	Foot—AP / LAT• Voet—AP / LAT	R 218.66
04058	Foot—3 views• Voet—3 aansigte	R 327.66
04059	Femur—AP / LAT• Dybeen—AP / LAT	R 436.87
04060	Hand—AP / LAT• Hand—AP / LAT	R 218.66
04061	Hand—3 views• Hand—3 aansigte	R 327.66
04062	Hip unilateral—1 view• Heup—1 aansig	R 152.96
04063	Hip—2 views• Heup—2 aansigte	R 305.70
04064	Knee—AP / LAT • Knie—AP / LAT	R 218.66
04065	Knee—3 views• Knie—3 aansigte	R 327.66
04066	Lumbo-Sacral—3 views• Lumbo-Sakraal—3 aansigte	R 524.14
04067	Lumbar spine & pelvis—5 views• Lumbale werwels & pelvis—5 aansigte	R 785.90
04068	Pelvis AP • Pelvis AP	R 218.66
04069	Pelvis—3 views• Pelvis—3 aansigte	R 480.59
04070	Ribs—Unilateral—2 views• Ribbes—Unilateraal—2 aansigte	R 261.97
04071	Ribs—Bilateral—3 views• Ribbes—Bilateraal—3 aansigte	R 392.94
04072	Radius / Ulna• Radius / Ulna	R 218.66

04073	Spine—Full spine study—AP / LAT• Werwelkolom—hele werwelkolom plus pelvis—AP / LAT	R 785.90
04074	Spine—8 X 10—Single study• Spinaal—8 X 10—Enkele aansig	R 129.37
04075	Spine—10 X 12—Single study• Spinaal—10 X 12—Enkele studie	R 131.20
04076	Spine—14 X 17—Single study• Spinaal—14 X 17—Enkele studie	R 218.66
04077	Shoulder—1 view• Skouer—1 aansig	R 131.20
04078	Shoulder—2 views• Skouer—2 aansigte	R 261.97
04079	Thoraco—Lumbar—AP / LAT• Torako—Lumbaal—AP / LAT	R 436.87
04080	Thoracic—AP / LAT Torakaal—AP / LAT	R 436.87
04081	Tibia/Fibula—AP / LAT• Tibia/Fibula—AP / LAT	R 436.87
04082	Wrist—AP / LAT • Gewrig—AP / LAT	R 218.66
04083	Wrist—3 views• Gewrig—3 aansigte	R 327.66
04084	Stress views—Lumbar• Spanningsopnames—Lumbaal	R 273.97
04100	Consumables (claim using Nappi codes)	

Radiation Control Council Certificate number to be on account if X-Rays charged

Claim Number: ----------

REHABILITATION PROGRESS REPORT

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASE ACT

Names and Surname of Employee _____

Identity Number_____ Address_____

_____Postal Code_____

Name of Employer_____

Address_____

_____Postal Code_____

Date of Accident _____

1. Date of first treatment_____ Provider who provided first treatment_____
2. Initial clinical presentation and functional status_____

   _____

   _____
3. Name of referring medical practitioner _____ Date of referral_____
4. Describe patient's current symptoms and functional status_____

   _____

   _____

   _____
5. Are there any complicating factors that may prolong rehabilitation or delay recovery (specify)?_____

   _____

   _____
6. Overall goal of treatment:_____

   _____

   _____
7. Number of sessions already delivered_____ Progress achieved_____

   _____

   _____

   _____

   _____

Claim Number: ----------

8. Number of sessions required_____ Treatment plan for proposed treatment sessions_____

_____

_____

9. From what date has the employee been fit for his/her normal work?_____
10. Is the employee fully rehabilitated / has the employee obtained the highest level of function?_____
11. **If so, describe in detail any present permanent anatomical defect and / or impairment of function as a result of the accident (R.O.M, if any must be indicated in degrees at each specific joint)**_____

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_____

I certify that I have by examination, satisfied myself that the injury(ies) are as a result of the accident.

Signature of rehabilitation service provider_____

Name(Printed) _____ Date(Important)_____

Address_____

Practice number_____

NB: Rehabilitation progress reports must be submitted on a monthly basis and attached to the submitted accounts.

REQUIREMENTS FOR SWITCHING MEDICAL INVOICES WITH THE COMPENSATION FUND

The switching provider must comply with the following requirements:

1. Registration requirements as an employer with the Compensation Fund.
2. Host a secure FTP server to ensure encrypted connectivity with the Fund.
3. Submit and complete a successful test file before switching the invoices.
4 Validate medical service providers' registration with the Health Professional Council of South Africa.
5 Validate medical service providers' registration with the Board of Healthcare Funders of South Africa.
5. Ensure elimination of duplicate medical invoices before switching to the Fund.
6. Invoices submitted to the Compensation Fund must have Gazetted COIDA Tariffs that are published annually and comply with minimum requirements for submission of medical invoices and billing requirements.
7. File must be switched in a gazetted documented file format published annually with COIDA tariffs.
8. Single batch submitted must have a maximum of 100 medical invoices.
9. File name must include a sequential batch number in the file naming convention.
10. File names to include sequential number to determine order of processing.
11. Medical Service Providers will be subjected to Compensation Fund vetting processes.
12. Provide any information requested by the Fund.
13. The switching provider must sign a service level agreement with the Fund.
14. Third parties must submit power of attorney.

Failure to comply with the above requirements will result in deregistration of the switching house.

MSP's PAID BY THE COMPENSATION FUND	
Discipline Code :	**Discipline Description :**
4	Chiropractors
9	Ambulance Services - advanced
10	Anesthetists
11	Ambulance Services - Intermediate
12	Dermatology
13	Ambulance Services - Basic
14	General Medical Practice
15	General Medical Practice
16	Obstetrics and Gynecology (work related injuries)
17	Pulmonology
18	Specialist Physician
19	Gastroenterology
20	Neurology
22	Psychiatry
23	Rediation/Medical Oncology
24	Neurosurgery
25	Nuclear Medicine
26	Ophthalmology
28	Orthopedics
30	Otorhinolaryngology
34	Physical Medicine
36	Plastic and Reconstructive Surgery
38	Diagnostic Radiology
39	Radiographers
40	Radiotherapy/Nuclear Medicine/Oncologist
42	Surgery Specialist
44	Cardio Thoracic Surgery
46	Urology
49	Sub-Acute Facilities
52	Pathology
54	General Dental Practice
55	Mental Health Institutions
56	Provincial Hospitals
57	Private Hospitals
58	Private Hospitals
59	Private Rehab Hospital (Acute)
60	Pharmacies
62	Maxillo-facial and Oral Surgery
64	Orthodontics
66	Occupational Therapy
70	Optometrists
72	Physiotherapists
75	Clinical technology (Renal Dialysis only)
76	Unattached operating theatres / Day clinics
77	Approved U O T U / Day clinics
78	Blood transfusion services
82	Speech therapy and Audiology
86	Psychologists
87	Orthotists & Prosthetists

88	Registered nurses
89	Social workers
90	Manufacturers of assisstive devices

labour
Department:
Labour
REPUBLIC OF SOUTH AFRICA

UMEHLUKO ELECTRONIC INVOICING FILE LAYOUT

Field	Description	Max length	Data Type
BATCH HEADER			
1	Header identifier = 1	1	Numeric
2	Switch internal Medical aid reference number	5	Alpha
3	Transaction type = M	1	Alpha
4	Switch administrator number	3	Numeric
5	Batch number	9	Numeric
6	Batch date (CCYYMMDD)	8	Date
7	Scheme name	40	Alpha
8	Switch internal	1	Numeric
DETAIL LINES			
1	Transaction identifier = M	1	Alpha
2	Batch sequence number	10	Numeric
3	Switch transaction number	10	Numeric
4	Switch internal	3	Numeric
5	CF Claim number	20	Alpha
6	Employee surname	20	Alpha
7	Employee initials	4	Alpha
8	Employee Names	20	Alpha
9	BHF Practice number	15	Alpha
10	Switch ID	3	Numeric
11	Patient reference number (account number)	10	Alpha
12	Type of service	1	Alpha
13	Service date (CCYYMMDD)	8	Date
14	Quantity / Time in minutes	7	Decimal
15	Service amount	15	Decimal
16	Discount amount	15	Decimal
17	Description	30	Alpha
18	Tariff	10	Alpha
Field	**Description**	**Max length**	**Data Type**
19	Service fee	1	Numeric
20	Modifier 1	5	Alpha
21	Modifier 2	5	Alpha
22	Modifier 3	5	Alpha
23	Modifier 4	5	Alpha
24	Invoice Number	10	Alpha
25	Practice name	40	Alpha
26	Referring doctor's BHF practice number	15	Alpha
27	Medicine code (NAPPI CODE)	15	Alpha
28	Doctor practice number -sReferredTo	30	Numeric
29	Date of birth / ID number	13	Numeric
30	Service Switch transaction number – batch number	20	Alpha
31	Hospital indicator	1	Alpha
32	Authorisation number	21	Alpha
33	Resubmission flag	5	Alpha
34	Diagnostic codes	64	Alpha

35	Treating Doctor BHF practice number	9	Alpha
36	Dosage duration (for medicine)	4	Alpha
37	Tooth numbers		Alpha
38	Gender (M ,F)	1	Alpha
39	HPCSA number	15	Alpha
40	Diagnostic code type	1	Alpha
41	Tariff code type	1	Alpha
42	CPT code / CDT code	8	Numeric
43	Free Text	250	Alpha
44	Place of service	2	Numeric
45	Batch number	10	Numeric
46	Switch Medical scheme identifier	5	Alpha
47	Referring Doctor's HPCSA number	15	Alpha
48	Tracking number	15	Alpha
49	Optometry: Reading additions	12	Alpha
50	Optometry: Lens	34	Alpha
51	Optometry: Density of tint	6	Alpha
52	Discipline code	7	Numeric
53	Employer name	40	Alpha
54	Employee number	15	Alpha

Field	Description	Max length	Data Type
55	Date of Injury (CCYYMMDD)	8	Date
56	IOD reference number	15	Alpha
57	Single Exit Price (Inclusive of VAT)	15	Numeric
58	Dispensing Fee	15	Numeric
59	Service Time	4	Numeric
60			
61			
62			
63			
64	Treatment Date from (CCYYMMDD)	8	Date
65	Treatment Time (HHMM)	4	Numeric
66	Treatment Date to (CCYYMMDD)	8	Date
67	Treatment Time (HHMM)	4	Numeric
68	Surgeon BHF Practice Number	15	Alpha
69	Anaesthetist BHF Practice Number	15	Alpha
70	Assistant BHF Practice Number	15	Alpha
71	Hospital Tariff Type	1	Alpha
72	Per diem (Y/N)	1	Alpha
73	Length of stay	5	Numeric
74	Free text diagnosis	30	Alpha

TRAILER

1	Trailer Identifier = Z	1	Alpha
2	Total number of transactions in batch	10	Numeric
3	Total amount of detail transactions	15	Decimal