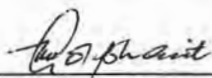

GENERAL NOTICES • ALGEMENE KENNISGEWINGS

**DEPARTMENT OF LABOUR
NOTICE 265 OF 2017****COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES 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), I 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 2017.
2. Medical Tariffs increase for **2017** is **7%**.
3. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2017** and exclude VAT.
4. The Compensation Fund may review any tariff/s and or item/s appearing in the Schedule during this period.



**MN OLIPHANT, MP
MINISTER OF LABOUR**

DATE: 09/03/2017

GENERAL INFORMATION / ALGEMENE INLIGTING

THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

The employee is permitted to freely choose his own service provider e.g. doctor, pharmacy, physiotherapist, hospital, etc. and no interference with this privilege is permitted, as long as it is exercised reasonably and without prejudice to the employee or to the Compensation Fund. The only exception to this rule is in case where an employer, with the approval of the Compensation Fund, provides comprehensive medical aid facilities to his employees, i.e. including hospital, nursing and other services — section 78 of the Compensation for Occupational Injuries and Diseases Act refers.

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

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

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

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

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

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

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

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

DIE WERKNEMER EN DIE MEDIESE DIENSVERSKAFFER

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

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

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

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

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

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

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

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

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

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

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

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

1. New claims are registered by the 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 • *Nuwe eise word geregistreer deur die Vergoedingsfonds en die werkgewer. Die eisnommer is op die web biskikbaar. Navrae aangaande eisnommers moet aan die werkgewer gerig word en nie aan die Vergoedingskommissaris nie. Die werkgewer kan die eisnommer verskaf en ook aandui of die Vergoedingsfonds die eis aanvaar het of nie*
2. If a claim is **accepted** as a COIDA claim, **reasonable medical expenses** will be paid by the Compensation Commissioner • *As 'n eis deur die Vergoedingsfonds aanvaar is, sal redelike mediese koste betaal word deur die Vergoedingsfonds.*
3. If a claim is **rejected (repudiated)**, accounts for services rendered will not be paid by the Compensation Commissioner. The employer and the employee will be informed of this decision and the injured employee will be liable for payment. • *As 'n eis deur die Vergoedingsfonds afgekeur (gerepudieer) word, word rekenings vir dienste gelewer nie deur die Vergoedingsfonds betaal nie. Die betrokke partye insluitend die diensverskaffers word in kennis gestel van die besluit. Die beseerde werknemer is dan aanspreeklik vir betaling van die rekenings.*
4. If **no decision** can be made regarding acceptance of a claim due to inadequate information, the outstanding information will be requested and upon receipt, the claim will again be adjudicated on. Depending on the outcome, the accounts from the service provider will be dealt with as set out in 2 and 3. Please note that there are claims on which a decision might never be taken due to lack of forthcoming information • *Indien geen besluit oor die aanvaarding van 'n eis weens 'n gebrek aan inligting geneem kan word nie, sal die uitstaande inligting aangevra word. Met ontvangs van sulke inligting sal die eis heroorweeg word. Afhangende van die uitslag, sal die rekening gehanteer word soos uiteengeset in punte 1 en 2. Ongelukkig bestaan daar eise waaroor 'n besluit nooit geneem kan word nie aangesien die uitstaande inligting nooit verskaf word nie.*

BILLING PROCEDURE • EISE PROSEDURE

1. All service providers should be registered on the Compensation Fund electronic claims system (Umehluko) in order to capture medical reports. • *Alle mediese intansies moet geregistreer wees op die Vergoedings Kommissaris se nuwe elektroniese stelsel (Umehluko), om mediese verslae te dokumenteer.*
 - 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 If there's any referrals to another medical service provider, it should be indicated on the medical report.
2. Medical invoices should be switched to the Compensation Fund using the attached format. - Annexure D. • *Mediese rekeninge moet oorgeskuif word na die Vergoedings Kommissaris, deur die aangehegte formule te gebruik. 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 • *Daarop volgende rekeninge moet elektronies ingedien word. Dit is belangrik dat al die voorskrifte vir die indiening van rekeninge nagekom word, insluitend die voorsiening van stawende dokumentasie.*
3. The status of invoices /claims can be viewed on the Compensation Fund electronic 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 • *Die status van rekeninge kan besigtig word op die Vergoedings Kommissaris se elektroniese stelsel. Indien rekenings nog uitstaande is na 60 dae vanaf indiening en ontvangs erkenning deur die Vergoedings Kommissaris, 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 invoice has been partially paid with no reason indicated on the remittance advice, an enquiry should be made with the nearest 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 • *Indien 'n rekening gedeeltelik betaal is met geen rede voorsien op die betaaladvies nie, kan 'n navraag by die Arbeidsentrum gedoen word. Die diensverskaffer moet '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*

5. Details of the employee's medical aid and the practice number of the referring practitioner must not be included in the invoice. • *Inligting van die werknemer se mediese fonds en praktyk nommer van die verwysende dokter moet nie ingesluit wees op die rekening nie.*
6. Service providers **should not generate the following** • *Diensverskaffers moet nie die volgende lewer nie:*
 - a. **Multiple invoices** for services rendered on the **same date** i.e. one invoice for medication and a second invoices for other services • *Meer as een rekening vir dienste gelewer op dieselfde datum, bv. medikasie op een rekening en 'n ander dienste op 'n tweede rekening.*

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

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

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED •
MINIMUM VEREISTES VIR REKENINGE GELEWER

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

- Name of employee and ID number • *Naam van werknemer en ID nommer*
- Name of employer and registration number if available • *Naam van 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)*
- Service provider's reference and **invoice number** • *Diensverskaffer se verwysing of **faktuur nommer***
- The practice number (changes of address should be reported to BHF) • *Die praktyknommer (adresveranderings moet by BHF aangemeld word)*
- VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the account) • *BTW registrasienommer (BTW sal nie betaal word as die BTW registrasienommer nie voorsien word nie)*
- Date of service (the actual service date must be indicated: the invoice date is not acceptable) • *Diensdatum (die werklike diensdatum moet aangedui word; die datum van lewering van die rekening is nie aanvaarbaar nie)*
- Item codes according to the officially published tariff guides, ICD 10 codes and Nappi codes • *Item kodes soos aangedui in die amptelik gepubliseerde handleidings tot tariewe. ICD 10 en Nappi kodes.*
- Amount claimed per item code and total of account • *Bedrag geëis per itemkode en totaal van rekening.*
- It is important that all requirements for the submission of accounts are met, including supporting information, e.g. • *Dit is belangrik dat alle voorskrifte vir die indien van rekeninge insluitend dokumentasie nagekom word bv.*
 - All pharmacy or medication accounts must be accompanied by the original scripts • *Alle apteekrekenings vir medikasie moet vergesel word van die oorspronklike voorskrifte*
 - The referral notes from the treating practitioner must accompany all other medical service providers' accounts. • *Die verwysingsbriewe van die behandelende geneesheer moet rekeninge van ander mediese diensverskaffers vergesel*

COMPENSATION FUND GUIDE TO FEES FOR BLOOD SERVICES 2017

N.B: The account for blood services must be accompanied by blood requisition form reflecting clinical indications, clinical conditions, number of units required and haemoglobin level.

| Item Code | Description | COIDA 2017 Tariffs |
|--------------------|--|--------------------|
| 10345 | Bioplasma FDP - 50ml | 335.93 |
| 10349 | Bioplasma FDP - 200ml | 949.23 |
| 10351 | Haemosolvate Factor VIII 300 IU - 10ml | 965.82 |
| 10352 | Haemosolvate Factor VIII 500 IU - 10ml | 1 562.98 |
| 10341 | Haemosolvate Factor VIII 500 IU:1000 IU - 2 X 10ml | 3 038.65 |
| 10390 | Haemosolvex Factor IX (500 IU) - 10ml | 1 878.98 |
| 10300 | Albusol 4 % - 200ml | 364.56 |
| 10311 | Ibusol 20 % - 50ml | 409.81 |
| 10310 | Albusol 20 % - 100ml | 703.64 |
| 10347 | Polygam 1g - 50ml | 564.96 |
| 10343 | Polygam 3g - 100ml | 1 427.67 |
| 10332 | Polygam 6g - 200ml | 2 457.42 |
| 10338 | Polygam 12g - 400ml | 4 276.60 |
| 10321 | Intragam 2ml | 121.89 |
| 10320 | Intragam 5ml | 235.99 |
| 10337 | Tetagam IM 500 IU - 1ml | 328.63 |
| 10335 | Tetagam IM 250 IU - 2ml | 150.23 |
| 10340 | Hebagam IM - 2ml | 632.64 |
| 10346 | Rabigam IM - 2ml | 635.86 |
| 10348 | Vazigam IM - 2ml | 576.08 |
| 10330 | Rhesugam IM - 2ml | 605.50 |
| Red Cells | | |
| 78040 | Red Cell Concentrate | 2 055.12 |
| 78051 | Red Cell Conc. Leucocyte Depleted | 3 358.05 |
| 78043 | Red Cell Conc. Paed. Leucodepleted | 1 900.77 |
| Platelets | | |
| 78124 | Platelet Conc. Single Donor Apherisis | 10 738.67 |
| 78125 | Platelet Conc. Leucocyte Depleted,Pooled | 9 576.59 |
| 78127 | Platelet Concentrate (Paediatric) | 2 614.27 |
| 78122 | Platelet Concentrate Pooled | 8 658.70 |
| Whole Blood | | |
| 78001 | Whole Blood | 2 276.02 |
| 78059 | Whole Blood Leucocyte Depleted | 3 578.88 |
| 78011 | Whole Blood Paediatric | 1 900.10 |
| Plasma | | |
| 78103 | Cryoprecipitate (Fibrinogen Rich) | 1 161.59 |
| 78174 | Frozen Plasma - Cryo Poor Donor | 1 326.53 |
| 78002 | Quarantine FFP Infant | 1 366.68 |
| 78176 | Fresh Frozen Plasma - Donor Retested | 1 596.31 |

| Item Code | Description | COIDA 2017 Tariffs |
|---------------------------------|--|--------------------|
| Diagnostic | | |
| 78450 | Anti-A Monoclonal 5ml | 84.39 |
| 78452 | Anti-B Monoclonal 5ml | 84.39 |
| 78454 | Anti-A,B Monoclonal 5ml | 84.39 |
| 78461 | Anti-D saline tube & slide monoclonal 5ml | 134.55 |
| 78467 | Anti-D IgM+IgG blend Monoclonal 5ml | 141.02 |
| 78471 | Anti-Human Globulin Polyspecific 5ml | 113.98 |
| 78478 | AB serum 5ml | 85.34 |
| 78479 | Human Complement 2ml | 73.67 |
| 78482 | Lyoph. Bromelin tube & microwell 5ml | 69.35 |
| 78484 | Antibody positive control serum 5ml | 74.31 |
| 78487 | AB serum 20ml | 304.71 |
| 78488 | Group A1 5ml | 70.27 |
| 78490 | Group A2 5ml | 70.27 |
| Pathology Services | | |
| 78137 | Bone Marrow Typing (Serology) | 368.29 |
| 4763 | Blood DNA Extraction | 456.67 |
| 4428 | HLA High res. Class I/II DNA allele | 787.92 |
| 4427 | HLA low res. Class II PCR/DNA Locus DQB/DRB1 | 1 007.00 |
| 78492 | Group B 5ml | 70.27 |
| 78494 | Group O R1R2 5ml | 76.99 |
| 78496 | Group O r 5ml | 76.99 |
| 78502 | Sensitized cells 5ml | 94.29 |
| 78508 | Screen cell set (1 & 2) - 2 X 5ml | 185.62 |
| 78510 | Pooled screen cells - 5ml 60.42 | 93.09 |
| 78516 | Panel cell set 9 x 2ml | 490.82 |
| 78517 | Panel cell set 9 x 1ml | 245.29 |
| 78015 | Anti-Human Globulin Polyspecific 15ml | 305.48 |
| 78018 | Group A1 15ml | 180.49 |
| 78019 | Group A2 15ml | 180.49 |
| 78020 | Group B 15ml | 180.49 |
| 78519 | Group O Rh Positive (R1 R2) 15 ml | 200.67 |
| 78521 | Group O r 15ml | 200.67 |
| 78529 | Anti-A Monoclonal 15ml | 226.68 |
| 78530 | Anti-B Monoclonal 15ml | 226.68 |
| 78531 | Anti A,B Monoclonal 15ml | 226.68 |
| 78536 | Screening Cells Pooled | 227.26 |
| 78522 | Group O Screen 1 Cells 15ml | 254.26 |
| 78523 | Group O Screen 2 Cells 15ml | 254.26 |
| 78524 | Panel cell set 9 x 15ml | 1 762.19 |
| 78525 | Sensitized cells 15ml | 252.66 |
| 78518 | Panel cell set 9 x 5 ml | 1 240.94 |
| 10580 | Packaging | 77.28 |
| 78004 | Whole Blood Reagent | 888.31 |
| 78012 | Buffy Coats | 444.15 |
| Blood and Administration | | |
| 78199 | Blood Filters : 1 Units | 966.64 |
| 78200 | Blood Filters : 2 Units | 1 853.21 |
| 78197 | Platelet Filter 3 - 6 Unit PL2VAE | 1 789.39 |
| 78201 | Set, Blood and plasma Recipient Set | 37.35 |
| 78202 | Set, Platelet Recipient | 74.43 |

| Item Code | Description | COIDA 2017 Tariffs |
|---|--|--------------------|
| Additional Services and Surcharges | | |
| 78050 | Irradiation Fee | 428.06 |
| 10210 | Transfusion Crossmatch | 914.49 |
| 10333 | Type and Screen | 397.53 |
| 78400 | Routine Collection Fee | 181.04 |
| 78401 | Routine Delivery Fee | 181.01 |
| 78402 | Emergency Round Trip | 1 232.10 |
| 78403 | Emergency One Way Fee | 862.48 |
| 78989 | Telephone Consultation 18-0130 | 254.40 |
| 78177 | FFP Autologous/Directed Fee | 180.32 |
| 78049 | Directed Donation | 220.13 |
| 78404 | <5 Day Rcc | 242.54 |
| 78405 | <5 Day Whole Blood | 173.26 |
| 78406 | After Hours | 462.05 |
| 78408 | Autologous/Directed WB | 227.62 |
| 78407 | Autologous/Directed RCC | 205.49 |
| 78409 | Blood Return Basis | 183.08 |
| 78410 | Emergency Cross-Match | 139.40 |
| 78411 | Foreign | 741.08 |
| 78412 | HLA Match | 1 342.38 |
| 78413 | Rare Donation | 1 577.69 |
| 78415 | Washed RCC/WB | 1 314.69 |
| 78414 | Offsite Charge | 1 852.70 |
| 78417 | Emergency Blood Surcharge | 205.52 |
| Transplant Services | | |
| 78078 | HLA low res. Class I DNA/Locus A/B/C | 1 457.72 |
| 4424 | HLA Specific Allele DNA-PCR | 429.70 |
| 4603 | HLA Specific locus/Antigen | 267.62 |
| 4604 | HLA Class I | 515.37 |
| 78024 | Panel Typing Antibody Class I | 1 974.45 |
| 78046 | T & B Cell Crossmatch | 1 263.75 |
| 78213 | Tissue Rapid HBsAg Screen | 303.96 |
| 78231 | Bone Marrow Engraftment Monitoring | 1 338.38 |
| 78214 | Tissue Rapid HIV Screen | 415.31 |
| Laboratory Services | | |
| 4425 | CHE Test | 124.96 |
| 4757 | Additional analysis, Mosaicism/ Staining Procedure | 710.42 |
| 4522 | Alpha Feto Protein(AFP): Amnio Fluid | 123.10 |
| | Karyotyping, amniotic Fluid/Chorionic villus | |
| 4755 | sample/prod of conception | 2 739.99 |
| 3932 | Anti - HIV | 139.74 |
| 3712 | Antibody Identification | 83.82 |
| 78013 | Antibody identification QC | 66.83 |
| 3709 | Antibody Screen/Antiglobulin Test(DAT & IAT) | 36.21 |
| 3710 | Antibody Titration | 71.33 |
| 4531 | HBsAg/Anti-HCV | 143.59 |
| 4752 | Cell Cult. Chorionic Villus Sample | 608.88 |
| 4750 | Cell Culture, blood/cord blood | 183.34 |
| 4751 | Cell Culture, Products of conception/ Amniotic Fluid | 456.67 |
| 3729 | Cold Agglutinins | 35.74 |
| 3739 | Erythrocyte count | 22.35 |
| 3764 | Grouping : A B O Antigen | 35.74 |
| 3765 | Grouping : Rh antigen | 35.74 |
| 3791 | Haematocrit | 17.87 |

| Item Code | Description | COIDA 2017 Tariffs |
|--------------------------|--|--------------------|
| 3762 | Haemoglobin | 17.87 |
| 3953 | Haemolysin/Test Tube Agglutination | 41.14 |
| 4430 | HIV p24 antigen | 247.75 |
| 78921 | Human Platelet AG Genotyping | 1 870.99 |
| 78014 | Aneuploidy Detection | 1 714.43 |
| 4754 | Karyotyping, Blood/Cord Blood | 1 369.99 |
| 3785 | Leucocyte Count | 17.87 |
| 78221 | Perinatal Cord | 178.68 |
| 78225 | Perinatal Post-Natal Mother | 178.68 |
| 4117 | Protein : Total | 33.90 |
| 78922 | Rapid CMV Screen | 185.50 |
| 3834 | Red Cell Rh Phenotype | 98.14 |
| 78230 | Human Platelet Antibody Screen | 2 704.36 |
| Clinical Services | | |
| 78003 | Additional Disposal Kit | 4 280.99 |
| 78054 | Autologous Serum Eye Drops | 3 993.13 |
| 78030 | Designated Serum Eye Drops | 3 993.13 |
| 78005 | Chronic wound treatment kit | 1 563.94 |
| 78007 | Platelet growth Factor macular hole repair | 1 552.61 |
| 78008 | Platelet growth factor wound treatment | 689.30 |
| 78006 | Topical Haemostatic Agent | 1 862.26 |
| 78920 | Cord Blood Cryopreservation | 9 820.94 |
| 78090 | Medical Examination & Consultation 18-0141 | 322.94 |
| 78204 | Red Cell Exchange | 7 223.00 |
| 78923 | Re-Infusion Of Cryo Preserve Stem Cells | 747.28 |
| 78926 | Stem Cell Collection/Leucopheresis | 12 193.38 |
| 78928 | Stem Cell Cryopreservation | 9 820.94 |
| 78106 | Therapeutic Plasma Exchange | 7 566.53 |
| 78129 | Therapeutic Venesection | 78.66 |
| 78416 | Therapeutic Exchange (DALI) | 13 449.97 |
| 78211 | Thrombocytapheresis | 7 295.20 |
| Miscellaneous | | |
| 10298 | Stabilised Human Serum 5% 250ml | 698.92 |
| 10299 | Stabilised Human Serum 5% 50ml | 134.26 |
| 78100 | Paternity Investigation - 1 Client | 1 445.41 |
| 78950 | Paternity Investigation - 3 Client | 4 336.33 |
| 78535 | Blood Pack For therapeutic Venesection | 248.11 |
| 78203 | Blood Pack with Anticoagulant | 108.96 |
| 78206 | Blood Pack, No Anticoagulant | 149.23 |



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 | Member surname | 20 | Alpha |
| 7 | Member initials | 4 | Alpha |
| 8 | Member first name | 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 |
| 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 |