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GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

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DEPARTMENT OF EMPLOYMENT AND LABOUR

NO. 4572

28 March 2024

**WOUND CARE  
&  
BLOOD SERVICES  
GAZETTE  
2024**

**employment & labour**Department:  
Employment and Labour  
REPUBLIC OF SOUTH AFRICA

Compensation Fund, Delta Heights Building 167 Thabo Sehume Street, Pretoria 0001

Tel: 0860 105 350 | Email address: [cfcallcentre@labour.gov.za](mailto:cfcallcentre@labour.gov.za) [www.labour.gov.za](http://www.labour.gov.za)**DEPARTMENT OF EMPLOYMENT & LABOUR****NOTICE:****DATE:****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, Thembelani Waltermade Nxesi, Minister of Employment and 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 2024**.
2. Medical Tariffs increase for **2024/25** are as follows:
  - 2.1. **HOSPITAL TARIFFS: To be increased between 0% - 9.7% as applicable**
  - 2.2. **Non HOSPITAL TARIFFS: 5.4%**
3. The fees appearing in the Schedule are applicable in respect of services rendered from **1 April 2024 for the financial year 2024/25 and exclude 15% VAT.**

**MR TW NXESI, MP  
MINISTER OF EMPLOYMENT AND LABOUR**DATE: *23/01/2024***Compensation Fund**  
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### **COVID MEDICAL TARIFFS GENERAL INFORMATION**

#### **1. POPI ACT COMPLIANCE**

*In terms of Protection of Personal Information Act, 2013 (POPI Act), the Compensation Fund wants to assure Employees and the Medical Service Providers that all personal information collected is treated as private and confidential. The Compensation Fund has put in place the necessary safeguards and controls to maintain confidentiality, prevent loss, unauthorized access and damage to information by unauthorized parties.*

#### **2. THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER**

Medical Service Providers are advised to take note of the following as it pertains to the treatment of patients in relation to The Compensation for Occupational Injuries and Diseases Act of 1993 (COID Act):

1. An employee as defined in the COID Act of 1993, is at liberty to choose their preferred Medical Service Provider and no interference with this is permitted. As long as it is exercised reasonably and without prejudice to the employee or The Compensation Fund.
  - a. The only exception 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 COID Act refers.
2. In terms of Section 42 of The COID 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.
3. In terms of section 76,3(b) of the COID Act, no amount in respect of medical expenses shall be recoverable from the employee.
4. In the event of a change of a Medical Service Provider attending to a case, the first treating doctor in attendance will, except where the case is transferred to a specialist, be regarded as the principal treating doctor.
5. To avoid disputes regarding the payment for services rendered, Medical Service Providers should refrain from treating an employee already under treatment by another medical practitioner without consulting/informing the principal treating doctor. As a general rule, changes of Medical Service Providers are not encouraged by The Compensation Fund, unless sufficient reasons exist for such a change.



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6. 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 registered and liability for the claim is accepted by The Compensation Fund.
7. An employee seeks medical advice at their own risk. If such an employee presents themselves to a Medical Service Provider as being entitled to treatment in terms of The COID Act, whilst having failed to inform their employer and/or The Compensation Fund of any possible grounds for a claim. The Compensation Fund cannot accept responsibility for the settlement of medical expenses incurred under such circumstances.
8. The Compensation Fund could have reasons to repudiate a claim lodged with it, in such circumstances the employee would be in the same position as any other member of the public regarding payment of his medical expenses.
9. Proof of identity is required in order for a claim to be registered with The Compensation Fund.
  - a. In the case of a South African citizen, a copy of a South African Identity Document.
  - b. In the case of foreign nationals, the proof of identity (Passport) must be certified.
10. All supporting documentation submitted to The Compensation Fund must reflect the identity and claim numbers of the employee.
11. The completion of medical reports cannot be claimed separately, fees quoted in the COID medical tariffs are inclusive of medical report completion.
12. The tariff amounts published in the COID medical tariffs guides, for services rendered do not include VAT unless otherwise specified. All invoices for services will therefore be assessed without VAT.
  - a. VAT will be applied without rounding off, to invoices for service providers that have confirmed their VAT vendor status through the submission of their VAT registration number.
13. All Medical Service Providers transacting with The Compensation Fund will be subject to a vetting process
14. All Medical Service Providers must ensure that they are compliant with the Board of Health Funders to avoid payments being due to them being withheld.
15. Medical Service Providers may be requested to grant The Compensation Fund access to their premises for auditing purposes.



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### **3. OVERVIEW OF COID CLAIMS PROCESS**

All claims lodged in the prescribed manner with The Compensation Fund undergo the following process:

1. New claims are registered by the Employers with The Compensation Fund. Details and progress of the claim can be viewed on the online processing system for registered online users.
2. The allocation of a claim number after the registration of the claim by The Compensation Fund, does not constitute acceptance of liability. It confirms the injury on duty has been reported and receipt acknowledged by The Compensation Fund.
3. In the event of insufficient claim information being made available to The Compensation Fund, the claim will be rejected until the outstanding information is submitted.
  - a. Please note that there are claims on which a decision might never be taken due to the non-submission of outstanding information.
4. If a claim is repudiated in terms of the COID Act medical expenses for services rendered, will not be payable by The Compensation Fund. The employer and the employee will be informed of this decision and the injured employee will be liable for payment of medical costs incurred
5. Reasonable medical expense in terms of the COID Act, become payable subsequent to the acceptance of liability by The Compensation Fund.
  - a. Reasonable medical expense shall be paid in line with approved tariffs, billing rules and procedures published in COID medical tariffs.
  - b. Only medical treatment related to the injury/disease shall be payable.
6. Reasonable medical expenses for COID claims where liability has been accepted (adjudicated) on or after 01 April 2024:
  - a. All medical invoices for accepted claims must be submitted, in the prescribed manner within 24 months of the date of acceptance of liability. Medical invoices received after said time frame, will be considered as late submission of invoices.
  - b. Payment may be rejected/withheld for medical invoices that fail to meet the requirements as set is 6(a).



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### **4. COID REGISTRATION REQUIREMENTS FOR MEDICAL SERVICE PROVIDERS**

The Compensation Fund requires that any Medical Service Provider who intends to treat patients in terms of the COID Act, must register this intent by following the registration process as below:

1. Copies of the following documents must be submitted to the nearest Labour Centre
  - a. A certified Identity Document of the practitioner.
  - b. Certified valid BHF certificate.
  - c. Their most recent bank statement with the bank stamp.
  - d. Proof of address not older than 3 months.
  - e. Submit SARS VAT registration number document where applicable. If this is not provided the Medical Service Provider will be registered as a Non-VAT vendor.
  - f. Submit proof of dispensing licence where applicable.
  - g. A power of attorney is required where the Medical Service Provider has appointed a third party for administration of their COID claims.
2. A duly completed original Banking Details form (WaC 33) that can be downloaded in PDF from the Department of Employment and Labour Website ([www.labour.gov.za](http://www.labour.gov.za)).
3. Submit the following additional information on the Medical Service Providers letterhead, Cell phone number, Business contact number, Postal address and Email address. The Compensation Fund must be notified in writing of any changes to contact details.





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### **5. REGISTRATION PROCESS: TO BECOME COID ONLINE SYSTEM USER FOR MEDICAL SERVICE PROVIDERS**

To become an online user of the claims processing system, Medical Service Providers please do as follow steps.

1. Register as an online user with the Department of Employment and Labour on its website ( [www.labour.gov.za](http://www.labour.gov.za) )
2. Register on the CompEasy application:
  - a. The following documents must be at hand to be uploaded
    - i. A certified copy of Identity Document (not older than a month from the date of application)
    - ii. Certified valid BHF certificate
    - iii. Proof of address not older than 3 months
  - b. In the case where a Medical Service Provider makes use of a third party to access the claims processing system on their behalf, the following ADDITIONAL documents must be uploaded
    - i. An appointment letter for proxy (the template is available online)
    - ii. The proxy's certified Identity Document (not older than a month from the date of application)
3. There are instructions online to guide a user on successfully registering ([www.compeasy.gov.za](http://www.compeasy.gov.za) )

### **6. REQUIREMENTS FOR THIRD PARTIES TRANSACTING WITH THE COMPENSATION FUND ON BEHALF OF MEDICAL SERVICE PROVIDERS**

Third Parties that administer invoices on behalf of Medical Service Providers must comply with the following:

1. A third-party transacting with The Compensation Fund, must be capable of obtaining original claim documents and medical invoices from Medical Service Providers.
2. The third party must keep such records in their original state as received from the medical service provider and must furnish The Compensation Commissioner with such documents on request
3. The Compensation Fund shall not provide or disclose any information related to a Medical Service Provider who is contracted to a third party where such information was obtained or relates to a period prior to an agreement between Medical Service Provider and a third party.



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### **7. COID REQUIREMENTS WHEN BILLING FOR MEDICAL SERVICES PROVIDED TO INJURED/DISEASED EMPLOYEES**

1. All service providers should be registered on The Compensation Fund claims processing system in order to capture medical invoices and medical reports.
2. Medical reports and medical invoices should **ONLY** be submitted/transmitted for claims that The Compensation Fund has accepted liability for and reasonable medical expenses are payable.
3. Medical Reports:  
In terms of Sec 74(1)(2)(3)(4) and (5) of COID Act, submission of Medical Report; Medical service provider are advised to take note of the following:
  - a. The First Medical Report (W. CL 4), completed after the first consultation must confirm the **clinical** description of the injury/disease. It must also detail any procedure performed and any referrals to other medical service providers where applicable.
  - b. All follow up consultations must be completed on a Progress Medical Report (W.CL5). Any operation/procedure performed must be detailed therein and any referrals to other Medical Service Providers where applicable.
    - i. A progress medical report is considered to cover a period of 30 days, with the exception where a procedure was performed during that period, then an additional operation report will be required.
    - ii. Only one medical report is required when multiple procedures are done on the same service date.
  - c. When the injury/disease being treated stabilises, a Final Medical Report must be completed (W.CL 5F).
  - d. Medical Service Providers are required to keep copies of medical reports which should be made available to The Compensation Commissioner on demand.
4. Medical Invoices:
  - a. The ICD-10 validations will apply as per the national ICD-10 phase 3 and phase 4.1 requirements. Note that these phases were implemented on 01 July 2014 and entail the following:
    - i. Valid and ICD-10 codes as the SA ICD-10 Master Industry Table
    - ii. Maximum level of specificity: ICD-10 codes to be valid at the correct 3rd,4th Or 5th
    - iii. character level.
    - iv. Valid ICD-10 primary codes, codes not valid as primary will be rejected
    - v. Comply with the dagger and asterisk rule
    - vi. Comply with the sequelae coding rules
    - vii. Age edits for ICD-10 codes that have age requirements
    - viii. Gender edits



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- ix. All injury and poisoning codes must be accompanied by external cause codes
- b. The Compensation Fund allows the submission of invoices in 3 different formats:
  - i. Switching of invoices: Medical invoices should be switched to The Compensation Fund using the approved format/ electronic invoicing file layout. It must be noted that the corresponding medical report must be uploaded online prior to the invoice data being switched, to avoid system rejections on receipt.
  - ii. Direct uploading of invoices onto the processing application (External APP): The processing system has an online guide available to guide Medical Service Providers for the direct uploading of invoice on the application.
  - iii. Receipt of manual invoices by Labour Centres.

The first two options are encouraged for ease of processing.
- c. The progress of claims/invoices may be viewed on The Compensation Funds processing system.
- d. If invoices are partially or wholly outstanding with no reason indicated after 60 days of submission, a medical service provider should enquire by completing an Enquiry Form W.Cl-20 and submit it **ONCE** to nearest Labour Centre. Details regarding Labour Centres are available on the website ([www.labour.gov.za](http://www.labour.gov.za))
5. When a Medical Service Provider claims an amount less than the published tariff amount for a code, The Compensation Fund will pay the claimed amount.
6. When a Medical Service Provider claims an amount more than the published tariff amount for a code, The Compensation Fund will pay the Gazetted amount.
7. Medical Service Provider are required to keep copies of medical invoices, medical report and any other claim documents and make these available to The Compensation Commissioner on request.
8. Medical Service Provider should not generate multiple invoices for services rendered on the same date i.e. one invoice for medication and the second invoice for other services.

**NOTE:** Medical forms are available on the Department of Employment and Labour website ([www.labour.gov.za](http://www.labour.gov.za))

- **First Medical Report (W.CL 4)**
- **Progress/Final Medical Report (W.CL 5)**



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### **8. MINIMUM INFORMATION REQUIRED FOR MEDICAL INVOICES SUBMITTED TO THE COMPENSATION FUND:**

The following must be indicated on a medical invoice in order to be processed by The Compensation Fund

1. The allocated Compensation Fund claim number
2. Name and Identity number of the employee
3. Name and Compensation Fund registration number of Employer, as indicated on the Employers Report of Accident (W.CL 2)
4. DATES:
  - a. Date of accident
  - b. Date of service (From and to)
5. Medical Service Provider BHF practice number
6. VAT registration number of medical service provider: VAT will not be applied if a VAT registration number is not supplied on the invoice.
7. Tariff Codes:
  - a. Tariff code applicable to injury/disease, as published in tariff gazettes.
  - b. Amount claimed per code, quantity and the total amount of the invoice
8. VAT:
  - a. The tariff amounts published in the tariff guides exclude VAT.
  - b. All invoices for services rendered will be assessed without VAT.
  - c. VAT will be applied to VAT registered vendors (Medical Service Providers) without being rounded off
  - d. With the exception of the following:
    - i. "PER DIEM" tariffs for Private Hospitals that already are VAT inclusive
    - ii. Certain VAT exempted codes in the Private Ambulance tariff structure.
9. All pharmacy or medication invoices must be accompanied by copies of the original script(s)
10. Where applicable the referral letter from the treating practitioner must accompany the Medical Service Provider's invoice.
11. All medical invoices must be submitted with invoice numbers to prevent system rejections.
12. Duplicate invoices should not be submitted.
13. The Compensation Fund does not accept submission of running accounts /statements.

**NOTE:** The Compensation Fund will withhold payments if medical invoices do not comply with minimum submission and billing requirements as published in the Government Gazette.



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### **9. REQUIREMENTS FOR SWITCHING MEDICAL INVOICES TO THE COMPENSATION FUND**

A switching provider must comply with the following requirements:

1. Register with The Compensation Fund as an employer where applicable in terms of the COID Act 1993
2. Host a secure FTP (or SFTP) server to ensure encrypted connectivity with The Compensation Fund. This requires that they ensure the following:
  - a. Disable Standard FTP because is now obsolete. ...and use latest version and reinforce FTPS protocols and TLS protocols
  - b. Use Strong Encryption and Hashing.
  - c. Place Behind a Gateway.
  - d. Implement IP Blacklists and Whitelists.
  - e. Harden Your FTPS Server.
  - f. Utilize Good Account Management.
  - g. Use Strong Passwords.
  - h. Implement File and Folder Security
  - i. Secure administrator, and require staff to use multifactor authentication
3. Submit a complete successful test file after registration before switching invoices.
4. Verify medical service provider's registration with the Board of Healthcare Funders of South Africa.
5. Submit medical invoices with gazetted COIDA tariffs that are published annually.
6. Comply with medical billing requirements of The Compensation Fund.
7. Single batch submitted must have a maximum of 150 medical invoices.
8. Eliminate duplicate invoices before switching to the Fund.
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. Only pharmacies should claim from the NAPPI file.

**NOTE:** Failure to comply with the above requirements will result in deregistration/penalty imposed on the switching house.



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### COMPEASY ELECTRONIC INVOICING FILE LAYOUT

\* Mandatory fields

FIELD	DESCRIPTION	MAX LENGTH	DATA TYPE	MANDATORY
<b>BATCH HEADER</b>				
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	
<b>DETAIL LINES</b>				
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)	11	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	*
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	*



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FIELD	DESCRIPTION	MAX LENGTH	DATA TYPE	MANDATORY
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	*
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	



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FIELD	DESCRIPTION	MAX LENGTH	DATA TYPE	MANDATORY
72	Per diem (Y/N)	1	Alpha	
73	Length of stay	5	Numeric	*
74	Free text diagnosis	30	Alpha	
<b>TRAILER</b>				
1	Trailer Identifier = Z	1	Alpha	*
2	Total number of transactions in batch	10	Numeric	*
3	Total amount of detail transactions	15	Decimal	*





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### **MSPs PAID BY THE COMPENSATION FUND**

<b>DISCIPLINE CODE:</b>	<b>DISCIPLINE DESCRIPTION:</b>
004	Chiropractors
009	Ambulance Services - Advanced
010	Anesthesiology
011	Ambulance Services - Intermediate
012	Dermatology
013	Ambulance Services - Basic
014	General Medical Practice
015	General Medical Practice
016	Obstetrics and Gynecology (Occupational related cases)
017	Pulmonology
018	Specialist Medicine
019	Gastroenterology
020	Neurology
021	Cardiology (Occupational Related Cases)
022	Psychiatry
023	Medical Oncology
024	Neurosurgery
025	Nuclear Medicine
026	Ophthalmology
028	Orthopaedic
030	Otorhinolaryngology
034	Physical Medicine
035	Emergency Medicine Independent Practice Speciality
036	Plastic and Reconstructive Surgery
038	Diagnostic Radiology
039	Radiography
040	Radiation Oncology
042	Surgery Specialist
044	Cardio Thoracic Surgery
046	Urology
049	Sub-Acute Facilities
052	Pathology
054	General Dental Practice
055	Mental Health Institutions
056	Provincial Hospitals
057	Private Hospitals
058	Private Hospitals
059	Private Rehab Hospital (Acute)



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060	Pharmacy
062	Maxillo-facial and Oral Surgery
064	Orthodontics
066	Occupational Therapy
070	Optometry
072	Physiotherapy
075	Clinical Technology (Renal Dialysis only)
076	Unattached operating theatres / Day clinics
077	Approved U O T U / Day clinics
078	Blood transfusion services
079	Hospices/Frail Care
082	Speech Therapy and Audiology
083	Hearing Aid Acoustician
084	Dietician
086	Psychology
087	Orthotists & Prosthetics
088	Registered Nurses (Wound Care only)
089	Social Worker
090	Clinical Services: (Wheelchairs and Gases only)
094	Prosthodontic

# **WOUND CARE GAZETTE 2024**

<b>WOUND CARE TARIFF OF FEES AS FROM 1 APRIL 2024 (PRACTICE TYPE 088)</b>		
<b>Code</b>	<b>Code Description</b>	<b>Rand</b>
88002	Per 60 minutes. First assessment of the patient and the wound. During this 1 hour assessment, full history of the patient is taken: -Current use of medication, -Patients with other underlying metabolic diseases -HIV positive patients & those taking immunosuppressant drugs -Patients with infected wounds, swabs or tissue samples to be taken to the laboratory for culture and sensitivity. -Training & education in elevation of injured limbs is also covered. -Patient education on wound healing and nutrition	774.70
88001	Per 30 minutes. This assessment code to be used only with first consultation in patients with minimal factors which may influence healing.  <b>All of the above applies, i.e. history, medication, education.</b>	387.35
88040	Per 30 minutes. This code should be used for assessing suture lines in uncomplicated patients. Treatment of simple wounds or burns requiring dressing only. No additional time should be allocated to this code.	168.84
88041	Per 30 minutes. Wound treatment for complicated wound or potentially complicated wound in patient with underlying metabolic diseases. Patients requiring compression bandaging, sharp debridement, bio mechanical debridement, off loading (extensive wound/burns), will also be billed on this code. Ongoing wound assessment and education with every visit.	407.21
88411	Additional time - for additional 15 minutes	109.25
88020	Per specimen. This included correct collection of material, swab or tissue, completion of documentation and speedy delivery to laboratory. Ensuring copies of reports to relevant team members are received and acted upon. Specimen type should be stated where applicable.	109.25
88042	Per 30 minutes. Wound treatment without complications, no sharp debridement, no bio mechanical debridement, no compression therapy or off loading will be billed on this code (Treatment of moderate wounds/burns e.g. drains or fistula and insertion of sutures). Ongoing wound assessment and education with every visit.	218.51
880421	Code for additional time for additional 15 minutes	109.25
	<b>Limited bilateral non-invasive physiologic studies of upper or lower extremity arteries</b>	
88046	Per Ankle Brachial Pressure Index (ABPI). Involves testing systolic blood pressure on both arms and both legs with a hand held Doppler. Interpretation of results will determine if patient requires referral to vascular surgeon and if compression bandaging is suitable.	248.30
88047	Trans cutaneous Oxygen pressure (TcPO <sub>2</sub> ). Measured by a trans cutaneous oxymeter. This measures the oxygen pressure in and around injured tissue, also used in lower limb assessment where arterial incompetence is suspected. Accurate indicator arterial disease and expected wound healing.	556.19
88049	Emergency/ Urgent/ unplanned treatment	218.51

<b>Wound Packs</b>	
<b>88301</b>	Cost of material and special medicine used in treatment.Charges for medicine used in treatment not to exceed the retail Ethical Price List
	<b>List of Materials</b>
	<ol style="list-style-type: none"> <li>1. Skin closure strips</li> <li>2. Fast setting bandages</li> <li>3. Disposable Dressings Kit</li> <li>4. Micropore</li> <li>5. Wound plast</li> <li>6. Orthopaedic wool bandage</li> <li>7. Surgical tape</li> <li>8. Stockinette</li> <li>9. Ribbon gauze</li> <li>10. Cotton wool</li> <li>11. Crepe bandage</li> <li>12. Elastic adhesive bandage</li> <li>13. Zinc oxide adhesive plaster</li> <li>14. Absorbent gauze and gauze swabs</li> <li>15. Elastoplast</li> <li>16. Cleaning/infusion solution</li> <li>17. Dressing tray</li> <li>18. Ointment</li> <li>19. Gloves</li> <li>20. Face mask</li> <li>21. Protective sheet</li> <li>22. Protective apron</li> <li>23. Foam Dressing kit (S,M,L, XL)</li> <li>24. Canister (300ml,500ml,1000ml)</li> <li>25. Y connectors</li> <li>26. Gel Strips</li> <li>27. Instillation Cassette/trackpad duo/dressing</li> <li>28. Wound Crown</li> <li>29. Diagnostic Imaging</li> </ol>

# **BLOOD SERVICES GAZETTE 2024**

<b>BLOOD SERVICES TARIFF OF FEES AS FROM 1 April 2024 (PRACTICE TYPE 078)</b>		
<b>N.B.: The invoice for blood services must be accompanied by blood requisition form reflecting clinical indications, number of units required and haemoglobin level.</b>		
<b>Tariff Codes</b>		
<b>Code</b>	<b>Code Description</b>	<b>Rand</b>
10345	Bioplasma FDP - 50ml	464.30
10349	Bioplasma FDP - 200ml	1 311.96
10351	Haemosolvate Factor VIII 300 IU - 10ml	1 334.89
10352	Haemosolvate Factor VIII 500 IU - 10ml	2 160.24
10341	Haemosolvate Factor VIII 500 IU:1000 IU - 2 X 10ml	4 199.83
10390	Haemosolvex Factor IX (500 IU) - 10ml	2 597.00
10300	Albusol 4 % - 200ml	503.87
10311	Ibusol 20 % - 50ml	566.42
10310	Albusol 20 % - 100ml	972.52
10347	Polygam 1g - 50ml	780.85
10343	Polygam 3g - 100ml	1 973.23
10332	Polygam 6g - 200ml	3 396.48
10338	Polygam 12g - 400ml	5 910.83
10321	Intragam 2ml	168.47
10320	Intragam 5ml	326.17
10337	Tetagam IM 500 IU - 1ml	454.21
10335	Tetagam IM 250 IU - 2ml	207.63
10340	Hebagam IM - 2ml	874.39
10346	Rabigam IM - 2ml	878.85
10348	Vazigam IM - 2ml	796.22
10330	Rhesugam IM - 2ml	836.88
<b>Red Cells</b>		
78040	Red Cell Concentrate	2 840.46
78051	Red Cell Conc. Leucocyte Depleted	4 641.28
78043	Red Cell Conc. Paed. Leucodepleted	2 627.11
<b>Platelets</b>		
78124	Platelet Conc. Single Donor Apherisis	14 842.27
78125	Platelet Conc. Leucocyte Depleted,Pooled	13 236.13
78127	Platelet Concentrate (Paediatric)	3 613.27
78122	Platelet Concentrate Pooled	11 967.49
78041	Compatibility Testing QC	298.40
<b>Whole Blood</b>		
78001	Whole Blood	3 145.76
78059	Whole Blood Leucocyte Depleted	4 946.49
78011	Whole Blood Paediatric	2 626.20
<b>Plasma</b>		
78103	Cryoprecipitate (Fibrinogen Rich)	1 605.47
78174	Frozen Plasma - Cryo Poor Donor	1 833.44
78176	Fresh Frozen Plasma - Donor Retested	2 206.32
78686	Fresh Frozen Plasma	2 121.46

Code	Code Description	Rand
	<b>Diagnostic</b>	
78450	Anti-A Monoclonal 5ml	116.64
78452	Anti-B Monoclonal 5ml	116.64
78454	Anti-A,B Monoclonal 5ml	116.64
78461	Anti-D saline tube & slide monoclonal 5ml	185.96
78467	Anti-D IgM+IgG blend Monoclonal 5ml	194.91
78471	Anti-Human Globulin Polyspecific 5ml	157.54
78478	AB serum 5ml	117.96
78479	Human Complement 2ml	101.82
78482	Lyoph. Bromelin tube & microwell 5ml	95.85
78484	Antibody positive control serum 5ml	102.71
78487	AB serum 20ml	421.15
78488	Group A1 5ml	97.12
78490	Group A2 5ml	97.12
	<b>Phathology Services</b>	
78137	Bone Marrow Typing (Serology)	509.02
4763	Blood DNA Extraction	631.17
4428	HLA High res. Class I/II DNA allele	1 089.01
4427	HLA low res. Class II PCR/DNA Locus DQB/DRB1	1 391.81
78492	Group B 5ml	97.12
78494	Group O R1R2 5ml	106.41
78496	Group O r 5ml	106.41
78502	Sensitized cells 5ml	130.31
78508	Screen cell set (1 & 2) - 2 X 5ml	256.55
78510	Pooled screen cells - 5ml 60.42	128.66
78516	Panel cell set 9 x 2ml	678.38
78517	Panel cell set 9 x 1ml	339.02
78015	Anti-Human Globulin Polyspecific 15ml	422.21
78018	Group A1 15ml	249.46
78019	Group A2 15ml	249.46
78020	Group B 15ml	249.46
78519	Group O Rh Positive (R1 R2) 15 ml	277.35
78521	Group O r 15ml	277.35
78529	Anti-A Monoclonal 15ml	313.31
78530	Anti-B Monoclonal 15ml	313.31
78531	Anti A,B Monoclonal 15ml	313.31
78536	Screening Cells Pooled	314.10
78522	Group O Screen 1 Cells 15ml	351.42
78523	Group O Screen 2 Cells 15ml	351.42
78524	Panel cell set 9 x 15ml	2 435.58
78525	Sensitized cells 15ml	349.21
78518	Panel cell set 9 x 5 ml	1 715.15
10580	Packaging	106.81
78004	Whole Blood Reagent	1 227.76
78012	Buffy Coats	613.88
78940	CD 34 Testing	638.2
78550	HLA Class 1 and 2 Antibody Screen	3988.3
78551	HLA Single Antigen Class 1	3748.5
78552	HLA Single Antigen Class 2	2802.2



Code	Code Description	Rand
	<b>Blood and Administration</b>	
78199	Blood Filters : 1 Unit	1 336.03
78200	Blood Filters : 2 Units	2 561.38
78197	Platelet Filter 3 - 6 Units PL2VAE	2 473.17
78201	Set, Blood and plasma Recipient Set	51.62
78202	Set, Platelet Recipient	102.87
	<b>Additional Services and Surcharges</b>	
78050	Irradiation Fee	591.63
10210	Transfusion Crossmatch	1 263.94
10333	Type and Screen	549.44
78400	Routine Collection Fee	250.22
78401	Routine Delivery Fee	250.18
78402	Emergency Round Trip	1 702.93
78403	Emergency One Way Fee	1 192.06
78989	Telephone Consultation 18-0130	351.62
78177	FFP Autologous/Directed Fee	249.23
78049	Directed Donation	304.25
78404	<5 Day Rcc	335.22
78405	<5 Day Whole Blood	239.47
78406	After Hours	638.62
78408	Autologous/Directed WB	314.60
78407	Autologous/Directed RCC	284.01
78409	Blood Return Basis	253.05
78410	Emergency Cross-Match	192.67
78411	Foreign	1 024.27
78412	HLA Match	1 855.35
78413	Rare Donation	2 180.58
78415	Washed RCC/WB	1 817.08
78414	Offsite Charge	2 560.68
78417	Emergency Blood Surcharge	284.05
	<b>Transplant Services</b>	
78078	HLA low res.ClassI DNA/Locus A/B/C	2 014.76
4424	HLA Specific Allele DNA-PCR	593.90
4603	HLA Specific locus/Antigen	369.89
4604	HLA Class I	712.31
78024	Panel Typing Antibody Class I	2 728.95
78046	T & B Cell Crossmatch	1 746.67
78213	Tissue Rapid HBsAg Screen	420.12
78231	Bone Marrow Engraftment Monitoring	1 849.82
78214	Tissue Rapid HIV Screen	574.02
	<b>Laboratory Services</b>	
4425	CHE Test	172.70
4757	Additional analysis, Mosaicism/ Staining Procedure	981.90
4522	Alpha Feto Protein(AFP): Amnio Fluid	170.14
4755	Karyotyping, amniotic Fluid/Chorionic villus sample/prod of conception	3 787.03
3932	Anti - HIV	193.14
3712	Antibody Identification	115.85
78013	Antibody identification QC	92.36
3709	Antibody Screen/Antiglobulin Test(DAT & IAT)	50.05
3710	Antibody Titration	98.59
4531	HBsAg/Anti-HCV	198.46

Code	Code Description	Rand
4750	Cell Culture, blood/cord blood	253.41
4751	Cell Culture, Products of conception/ Amniotic Fluid	631.17
3729	Cold Agglutinins	49.40
3739	Erythrocyte count	30.89
3764	Grouping : A B O Antigen	49.40
3765	Grouping : Rh antigen	49.40
3791	Haematocrit	24.70
3762	Haemoglobin	24.70
3953	Haemolysin/Test Tube Agglutination	56.86
4430	HIV p24 antigen	342.42
78921	Human Platelet AG Genotyping	2 585.96
78014	Aneuploidy Detection	2 369.57
4754	Karyotyping, Blood/Cord Blood	1 893.50
3785	Leucocyte Count	24.70
4117	Protein : Total	46.85
78922	Rapid CMV Screen	256.39
3834	Red Cell Rh Phenotype	135.65
78230	Human Platelet Antibody Screen	3 737.79
	<b>Clinical Services</b>	
78003	Additional Disposal Kit	5 916.90
78054	Autologous Serum Eye Drops	5 519.03
78030	Designated Serum Eye Drops	5 519.03
78005	Chronic wound treatment kit	2 161.58
78007	Platelet growth Factor macular hole repair	2 145.92
78008	Platelet growth factor wound treatment	952.70
78006	Topical Haemostatic Agent	2 573.90
78090	Medical Examination & Consultation 18-0141	446.35
78204	Red Cell Exchange	9 983.15
78923	Re-Infusion Of Cryo Preserve Stem Cells	1 032.85
78926	Stem Cell Collection/Leucopheresis	16 852.88
78928	Stem Cell Cryopreservation	13 573.85
78106	Therapeutic Plasma Exchange	10 457.96
78129	Therapeutic Venesection	108.72
78416	Therapeutic Exchange ( DALI)	18 589.66
78211	Thrombocytapheresis	10 082.94
	<b>Miscellaneous</b>	
10298	Stabilised Human Serum 5% 250ml	966.00
10299	Stabilised Human Serum 5% 50ml	185.56
78100	Paternity Investigation - 1 Client	1 997.75
78950	Paternity Investigation - 3 Client	5 993.39
78535	Blood Pack For therapeutic Venesection	342.92
78203	Blood Pack with Anticoagulant	150.59
78206	Blood Pack, No Anticoagulant	206.26



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