
GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

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 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 LABOURDATE: *23/01/2024***Compensation Fund**
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COID 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).
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)
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)

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)
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)

- **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, are as published 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 |
|---------------------|--|------------|-----------|-----------|
| 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) | 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 | |
| TRAILER | | | | |
| 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

| DISCIPLINE CODE: | DISCIPLINE DESCRIPTION: |
|-------------------------|--|
| 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

| WOUND CARE TARIFF OF FEES AS FROM 1 APRIL 2024 (PRACTICE TYPE 088) | | |
|---|--|---------------|
| Code | Code Description | Rand |
| 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. All of the above applies, i.e. history, medication, education. | 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 |
| | Limited bilateral non-invasive physiologic studies of upper or lower extremity arteries | |
| 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 ₂). 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 |

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

BLOOD SERVICES GAZETTE 2024

| BLOOD SERVICES TARIFF OF FEES AS FROM 1 April 2024 (PRACTICE TYPE 078) | | |
|--|--|-------------|
| N.B.: The invoice for blood services must be accompanied by blood requisition form reflecting clinical indications, number of units required and haemoglobin level. | | |
| Tariff Codes | | |
| Code | Code Description | Rand |
| 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 |
| Red Cells | | |
| 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 |
| Platelets | | |
| 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 |
| Whole Blood | | |
| 78001 | Whole Blood | 3 145.76 |
| 78059 | Whole Blood Leucocyte Depleted | 4 946.49 |
| 78011 | Whole Blood Paediatric | 2 626.20 |
| Plasma | | |
| 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 |
|-------|--|----------|
| | Diagnostic | |
| 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 |
| | Phathology Services | |
| 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 |
|-------|--|----------|
| | Blood and Administration | |
| 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 |
| | Additional Services and Surcharges | |
| 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 |
| | Transplant Services | |
| 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 |
| | Laboratory Services | |
| 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 |
| | Clinical Services | |
| 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 |
| | Miscellaneous | |
| 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 |