

No. 316

20 April 2012

**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT,
1993
(ACT NO. 130 OF 1993), AS AMENDED
ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICE
PROVIDERS, PHARMACIES AND HOSPITAL GROUPS**

1. I, Nelisiwe Mildred Oliphant, Minister of Labour, hereby give notice that, after consultation with the Compensation Board and acting under the powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No. 130 of 1993), I prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rules applicable thereto, appearing in the Schedule to this notice, with effect from the **1 April 2012**.

2. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2012** and **Exclude VAT**.



N M OLIPHANT

MINISTER OF LABOUR

07/02/2012

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 diensverskaffer bv. dokter, apteek, fisioterapeut, hospitaal ens. en geen inmenging met hierdie voorreg word toegelaat nie, solank dit redelik en sonder benadeling van die werknemer self of die Vergoedingsfonds uitgeoefen word. Die enigste uitsondering op hierdie reël is in geval waar die werkgewer met die goedkeuring van die Vergoedingskommissaris 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 bepalinge van artikel 42 van die Wet op Vergoeding vir Beroepsbeserings en Siektes mag die Vergoedingskommissaris '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 Vergoedingsfonds 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

Vergoedingskommissaris 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 ambulanse 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 Compensation Fund and the **employer is notified of the claim number** allocated to the claim. 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 word in kennis gestel van die eisnommer. 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 (gerepudleer) 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 • EISPROSEDURE

1. The **first account** for services rendered for an injured employee (INCLUDING the First Medical Report) must be submitted to the employer who will collate all the necessary documents and submit them to the Compensation Commissioner • *Die eerste rekening (INSLUITEND die Eerste Mediese Verslag) vir dienste gelewer aan 'n beseerde werknemer moet aan die werkgewer gestuur word, wat die nodige dokumentasie sal versamel en dit aan die Vergoedingskommissaris sal voorlê*
2. Subsequent accounts must be submitted or posted to the closest Labour Centre. It is important that all requirements for the submission of accounts, including supporting information, are met • *Daaropvolgende rekeninge moet ingedien of gepos word aan die naaste Arbeidsentrum. Dit is belangrik dat al die voorskrifte vir die indien van rekeninge nagekom word, insluitend die voorsiening van stawende dokumentasie*
3. If accounts are still outstanding after 60 days following submission, the service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za • *Indien rekenings nog uitstaande is na 60 dae vanaf indiening en ontvangserkenning deur die Vergoedingskommissaris, moet die diensverskaffer 'n navraag vorm, W.Cl 20 voltooi en EENMALIG indien by die Arbeidsentrum. Alle inligting oor Arbeidsentrums is beskikbaar op die webblad www.labour.gov.za*
4. If an account has been **partially paid** with no reason indicated on the remittance advice, a duplicate account with the unpaid services clearly marked can be submitted to the Labour Centre, accompanied by a WCI 20 form. (*see website for example of the form). • *Indien 'n rekening gedeeltelik betaal is met geen rede voorsien op die betaaladvies nie, kan 'n duplikaatrekening met die wanbetaling duidelik aangedui, vergesel van 'n WCI 20 vorm by die Arbeidsentrum ingedien word (*sien webblad vir 'n voorbeeld van die vorm)*
5. **Information NOT to be reflected** on the account: Details of the employee's medical aid and the practice number of the referring practitioner • *Inligting wat NIE aangedui moet word op die rekening nie: Besonderhede van die werknemer se mediese fonds en die verwysende geneesheer se praktyknommer*
6. Service providers **should not generate** • *Diensverskaffers moenie die volgende lewer nie:*
 - a. **Multiple accounts** for services rendered on the **same date** i.e. one account for medication and a second account for other services • *Meer as een rekening vir dienste gelewer op dieselfde datum, bv. medikasie op een rekening en ander dienste op 'n tweede rekening*
 - b. **Accumulative accounts** - submit a separate account for every month • *Aaneenlopende rekeninge –lewer 'n aparte rekening vir elke maand*
 - c. **Accounts on the old documents** (W.Cl 4 / W.Cl 5/ W.Cl 5F) New *First Medical Report (W.Cl 4) and Progress / Final Medical Report (W.Cl 5 / W.Cl 5F) forms

are available. The use of the old reporting forms combined with an account (W.CL11) has been discontinued. **Accounts on the old medical reports will not be processed • *Rekeninge op die ou voorgeskrewe dokumente van die Vergoedingskommissaris. Nuwe *Eerste Mediese Verslag (W.Cl 4) en Vorderings / Finale Mediese Verslag (W.Cl 5) vorms is beskikbaar. Die vorige verslagvorms gekombineer met die rekening (W.CL11) is vervang. Rekeninge op die ou vorms word nie verwerk nie.***

*** 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 • *Item kodes soos aangedui in die amptelik gepubliseerde handleidings tot tariewe*
- Amount claimed per item code and total of account • *Bedrag geëis per itemkode en totaal van rekening.*
- It is important that all requirements for the submission of accounts are met, including supporting information, e.g. • *Dit is belangrik dat alle voorskrifte vir die indien van rekeninge insluitend dokumentasie nagekom word bv.*
 - All pharmacy or medication accounts must be accompanied by the original scripts • *Alle apteekrekenings vir medikasie moet vergesel word van die oorspronklike voorskrifte*
 - The referral notes from the treating practitioner must accompany all other medical service providers' accounts. • *Die verwysingsbriewe van die behandelende geneesheer moet rekeninge van ander mediese diensverskaffers vergesel*

COMPENSATION FUND GUIDE TO FEES FOR BLOOD SERVICES 2012

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 2012 Tariffs
10345	Bioplasma FDP - 50ml	244.97
10349	Bioplasma FDP - 200ml	692.19
10351	Haemosolvate Factor VIII 300 IU - 10ml	704.29
10352	Haemosolvate Factor VIII 500 IU - 10ml	1 139.74
10341	Haemosolvate Factor VIII 500 IU:1000 IU - 2 X 10ml	2 215.83
10390	Haemosolvex Factor IX (500 IU) - 10ml	1 370.18
10300	Albusol 4 % - 200ml	265.84
10311	lbusol 20 % - 50ml	298.84
10310	Albusol 20 % - 100ml	513.10
10347	Polygam 1g - 50ml	411.98
10343	Polygam 3g - 100ml	1 041.08
10332	Polygam 6g - 200ml	1 791.98
10338	Polygam 12g - 400ml	3 118.55
10321	Intragam 2ml	88.88
10320	Intragam 5ml	172.08
10337	Tetagam IM 500 IU - 1ml	239.64
10335	Tetagam IM 250 IU - 2ml	109.55
10340	Hebagam IM - 2ml	461.33
10346	Rabigam IM - 2ml	463.68
10348	Vazigam IM - 2ml	420.08
10330	Rhesugam IM - 2ml	441.54
Red Cells		
78040	Red Cell Concentrate	1 498.62
78051	Red Cell Conc. Leucocyte Depleted	2 448.74
78043	Red Cell Conc. Paed. Leucodepleted	1 386.06
Platelets		
78124	Platelet Conc. Single Donor Apherisis	7 830.77
78125	Platelet Conc. Leucocyte Depleted,Pooled	6 983.37
78127	Platelet Concentrate (Paediatric)	1 906.36
78122	Platelet Concentrate Pooled	6 314.04
Whole Blood		
78001	Whole Blood	1 659.70
78059	Whole Blood Leucocyte Depleted	2 609.76
78011	Whole Blood Paediatric	1 385.58
Plasma		
78103	Cryoprecipitate (Fibrinogen Rich)	847.05
78174	Frozen Plasma - Cryo Poor Donor	967.32
78002	Quarantine FFP Infant	996.60
78176	Fresh Frozen Plasma - Donor Retested	1 164.05

Item Code	Description	COIDA 2012 Tariffs
Diagnostic		
78450	Anti-A Monoclonal 5ml	61.54
78452	Anti-B Monoclonal 5ml	61.54
78454	Anti-A,B Monoclonal 5ml	61.54
78461	Anti-D saline tube & slide monoclonal 5ml	98.11
78467	Anti-D IgM+IgG blend Monoclonal 5ml	102.84
78471	Anti-Human Globulin Polyspecific 5ml	83.12
78478	AB serum 5ml	62.23
78479	Human Complement 2ml	53.72
78482	Lyoph. Bromelin tube & microwell 5ml	50.57
78484	Antibody positive control serum 5ml	54.19
78487	AB serum 20ml	222.20
78488	Group A1 5ml	51.24
78490	Group A2 5ml	51.24
Phathology Services		
78137	Bone Marrow Typing (Serology)	268.56
4763	Blood DNA Extraction	333.01
4428	HLA High res. Class I/II DNA allele	574.56
4427	HLA low res. Class II PCR/DNA Locus DQB/DRB1	734.32
78492	Group B 5ml	51.24
78494	Group O R1R2 5ml	56.14
78496	Group O r 5ml	56.14
78502	Sensitized cells 5ml	68.75
78508	Screen cell set (1 & 2) - 2 X 5ml	135.36
78510	Pooled screen cells - 5ml 60.42	67.88
78516	Panel cell set 9 x 2ml	357.91
78517	Panel cell set 9 x 1ml	178.87
78015	Anti-Human Globulin Polyspecific 15ml	222.76
78018	Group A1 15ml	131.62
78019	Group A2 15ml	131.62
78020	Group B 15ml	131.62
78519	Group O Rh Positive (R1 R2) 15 ml	146.33
78521	Group O r 15ml	146.33
78529	Anti-A Monoclonal 15ml	165.30
78530	Anti-B Monoclonal 15ml	165.30
78531	Anti A,B Monoclonal 15ml	165.30
78536	Screening Cells Pooled	165.72
78522	Group O Screen 1 Cells 15ml	185.41
78523	Group O Screen 2 Cells 15ml	185.41
78524	Panel cell set 9 x 15ml	1 285.01
78525	Sensitized cells 15ml	184.24
78518	Panel cell set 9 x 5 ml	904.91
10580	Packaging	56.35
78004	Whole Blood Reagent	647.77
78012	Buffy Coats	323.88
Blood and Administration		
78199	Blood Filters : 1 Units	704.89
78200	Blood Filters : 2 Units	1 351.38
78197	Platelet Filter 3 - 6 Unit PL2VAE	1 304.85
78201	Set, Blood and plasma Recipient Set	27.24
78202	Set, Platelet Recipient	54.27

Item Code	Description	COIDA 2012 Tariffs
Additional Services and Surcharges		
78050	Irradiation Fee	312.14
10210	Transfusion Crossmatch	666.86
10333	Type and Screen	289.88
78400	Routine Collection Fee	132.02
78401	Routine Delivery Fee	132.00
78402	Emergency Round Trip	898.46
78403	Emergency One Way Fee	628.93
78989	Telephone Consultation 18-0130	185.51
78177	FFP Autologous/Directed Fee	131.49
78049	Directed Donation	160.52
78404	<5 Day Rcc	176.86
78405	<5 Day Whole Blood	126.35
78406	After Hours	336.93
78408	Autologous/Directed WB	165.98
78407	Autologous/Directed RCC	149.85
78409	Blood Return Basis	133.51
78410	Emergency Cross-Match	101.65
78411	Foreign	540.40
78412	HLA Match	978.88
78413	Rare Donation	1 150.47
78415	Washed RCC/WB	958.69
78414	Offsite Charge	1 351.01
78417	Emergency Blood Surcharge	149.87
Transplant Services		
78078	HLA low res.ClassI DNA/Locus A/B/C	1 062.99
4424	HLA Specific Allele DNA-PCR	313.34
4603	HLA Specific locus/Antigen	195.15
4604	HLA Class I	375.82
78024	Panel Typing Antibody Class I	1 439.79
78046	T & B Cell Crossmatch	921.54
78213	Tissue Rapid HBsAg Screen	221.66
78231	Bone Marrow Engraftment Monitoring	975.96
78214	Tissue Rapid HIV Screen	302.85
Laboratory Services		
4425	CHE Test	91.12
4757	Additional analysis, Mosaicism/ Staining Procedure	518.05
4522	Alpha Feto Protein(AFP): Amnio Fluid Karyotyping, amniotic Fluid/Chorionic villus	89.76
4755	sample/prod of conception	1 998.03
3932	Anti - HIV	101.90
3712	Antibody Identification	61.12
78013	Antibody identification QC	48.73
3709	Antibody Screen/Antiglobulin Test(DAT & IAT)	26.41
3710	Antibody Titration	52.02
4531	HBsAg/Anti-HCV	104.71
4752	Cell Cult. Chorionic Villus Sample	444.00
4750	Cell Culture, blood/cord blood	133.70
4751	Cell Culture, Products of conception/ Amniotic Fluid	333.01
3729	Cold Agglutinins	26.06
3739	Erythrocyte count	16.30
3764	Grouping : A B O Antigen	26.06

Item Code	Description	COIDA 2012 Tariffs
3765	Grouping : Rh antigen	26.06
3791	Haematocrit	13.03
3762	Haemoglobin	13.03
3953	Haemolysin/Test Tube Agglutination	30.00
4430	HIV p24 antigen	180.66
78921	Human Platelet AG Genotyping	1 364.35
78014	Aneuploidy Detection	1 250.18
4754	Karyotyping, Blood/Cord Blood	999.01
3785	Leucocyte Count	13.03
78221	Perinatal Cord	130.29
78225	Perinatal Post-Natal Mother	130.29
4117	Protein : Total	24.72
78922	Rapid CMV Screen	135.27
3834	Red Cell Rh Phenotype	71.57
78230	Human Platelet Antibody Screen	1 972.06
Clinical Services		
78003	Additional Disposal Kit	3 121.76
78054	Autologous Serum Eye Drops	2 911.84
78030	Designated Serum Eye Drops	2 911.84
78005	Chronic wound treatment kit	1 140.45
78007	Platelet growth Factor macular hole repair	1 132.18
78008	Platelet growth factor wound treatment	502.65
78006	Topical Haemostatic Agent	1 357.99
78920	Cord Blood Cryopreservation	7 161.56
78090	Medical Examination & Consultation 18-0141	235.49
78204	Red Cell Exchange	5 267.10
78923	Re-Infusion Of Cryo Preserve Stem Cells	544.93
78926	Stem Cell Collection/Leucopheresis	8 891.57
78928	Stem Cell Cryopreservation	7 161.56
78106	Therapeutic Plasma Exchange	5 517.61
78129	Therapeutic Venesection	57.36
78416	Therapeutic Exchange (DALI)	9 807.89
78211	Thrombocytapheresis	5 319.75
Miscellaneous		
10298	Stabilised Human Serum 5% 250ml	509.66
10299	Stabilised Human Serum 5% 50ml	97.90
78100	Paternity Investigation - 1 Client	1 054.01
78950	Paternity Investigation - 3 Client	3 162.11
78535	Blood Pack For therapeutic Venesection	180.93
78203	Blood Pack with Anticoagulant	79.45
78206	Blood Pack, No Anticoagulant	108.82