
GENERAL NOTICE

NOTICE 359 OF 2015

**MINISTER
LABOUR
REPUBLIC OF SOUTH AFRICA**

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DEPARTMENT OF LABOUR

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

ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICES PROVIDERS.

1. I, Mildred Nelisiwe Oliphant Minister of Labour, hereby give notice that, after consultation with the Compensation Board and acting under powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993), I prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rule applicable thereto, appearing in the Schedule, with effect from **1 April 2015**.
2. Medical Tariffs increase for **2015** is **6.4%**.
3. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2015** and **Exclude VAT**.


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**MN OLIPHANT, MP
MINISTER OF LABOUR**

DATE: *09/03/2015*

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.

**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 (gerepudieer) word, word rekenings vir dienste gelewer nie deur die Vergoedingsfonds betaal nie. Die betrokke partye insluitend die diensverskaffers word in kennis gestel van die besluit. Die beseerde werknemer is dan aanspreeklik vir betaling van die rekenings.*
4. If **no decision** can be made regarding acceptance of a claim due to inadequate information, the outstanding information will be requested and upon receipt, the claim will again be adjudicated on. Depending on the outcome, the accounts from the service provider will be dealt with as set out in 2 and 3. Please note that there are claims on which a decision might never be taken due to lack of forthcoming information • *Indien geen besluit oor die aanvaarding van 'n eis weens 'n gebrek aan inligting geneem kan word nie, sal die uitstaande inligting aangevra word. Met ontvangs van sulke inligting sal die eis heroorweeg word. Afhangende van die uitslag, sal die rekening gehanteer word soos uiteengeset in punte 1 en 2. Ongelukkig bestaan daar eise waaroor 'n besluit nooit geneem kan word nie aangesien die uitstaande inligting nooit verskaf word nie.*

BILLING PROCEDURE • EISE PROSEDURE

1. All service providers should be registered on the Compensation Fund electronic claims system (Umehluko) in order to capture medical reports. • *Alle mediese intansies moet geregistreer wees op die Vergoedings Kommissaris se nuwe elektroniese stelsel (Umehluko), om mediese verslae te dokumenteer.*

2. Medical invoices should be switched to the Compensation Fund using the attached format. - Annexure D. • *Mediese rekeninge moet oorgeskuif word na die Vergoedings Kommissaris, deur die aangehegte formule te gebruik. Annexure D.*
 - 2.1. Subsequent invoice must be electronically switched. It is important that all requirements for the submission of invoice, including supporting information, are submitted • *Daarop volgende rekeninge moet elektronies ingedien word. Dit is belangrik dat al die voorskrifte vir die indiening van rekeninge nagekom word, insluitend die voorsiening van stawende dokumentasie.*

3. The status of invoices /claims can be viewed on the Compensation Fund electronic claims system. If invoices are still outstanding after 60 days following submission, the service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za • *Die status van rekeninge kan besigtig word op die Vergoedings Kommissaris se elektroniese stelsel. Indien rekenings nog uitstaande is na 60 dae vanaf indiening en ontvangs erkenning deur die Vergoedings Kommissaris, moet die diensverskaffer 'n navraag vorm, W.Cl 20 voltooi en EENMALIG indien by die Arbeidsentrum. Alle inligting oor Arbeidsentrums is beskikbaar op die webblad www.labour.gov.za*

4. If an invoice has been partially paid with no reason indicated on the remittance advice, an enquiry should be made with the nearest labour centre. • *Indien 'n rekening gedeeltelik betaal is met geen rede voorsien op die betaaladvies nie, kan 'n navraag by die Arbeidsentrum gedoen word.*

5. Details of the employee's medical aid and the practice number of the referring practitioner must not be included in the invoice. • *Inligting van die werknemer se mediese fonds en praktyk nommer van die verwysende dokter moet nie ingesluit wees op die rekening nie.*

6. Service providers should not generate the following • *Diensverskaffers moet nie die volgende lewer nie:*

- a. **Multiple invoices** for services rendered on the same date i.e. one invoice for medication and a second invoices for other services • *Meer as een rekening vir dienste gelewer op dieselfde datum, bv. medikasie op een rekening en 'n ander dienste op 'n tweede rekening.*

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

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

MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED •
MINIMUM VEREISTES VIR REKENINGE GELEWER

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

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

COMPENSATION FUND GUIDE TO FEES FOR BLOOD SERVICES 2015

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 2015 Tariffs
10345	Bioplasma FDP - 50ml	293.96
10349	Bioplasma FDP - 200ml	830.64
10351	Haemosolvate Factor VIII 300 IU - 10ml	845.16
10352	Haemosolvate Factor VIII 500 IU - 10ml	1 367.72
10341	Haemosolvate Factor VIII 500 IU:1000 IU - 2 X 10ml	2 659.04
10390	Haemosolvex Factor IX (500 IU) - 10ml	1 644.24
10300	Albusol 4 % - 200ml	319.01
10311	Ibusol 20 % - 50ml	358.62
10310	Albusol 20 % - 100ml	615.74
10347	Polygam 1g - 50ml	494.38
10343	Polygam 3g - 100ml	1 249.31
10332	Polygam 6g - 200ml	2 150.42
10338	Polygam 12g - 400ml	3 742.33
10321	Intragam 2ml	106.66
10320	Intragam 5ml	206.51
10337	Tetagam IM 500 IU - 1ml	287.58
10335	Tetagam IM 250 IU - 2ml	131.46
10340	Hebagam IM - 2ml	553.60
10346	Rabigam IM - 2ml	556.43
10348	Vazigam IM - 2ml	504.11
10330	Rhesugam IM - 2ml	529.85
	Red Cells	
78040	Red Cell Concentrate	1 798.38
78051	Red Cell Conc. Leucocyte Depleted	2 938.54
78043	Red Cell Conc. Paed. Leucodepleted	1 663.31
	Platelets	
78124	Platelet Conc. Single Donor Apherisis	9 397.10
78125	Platelet Conc. Leucocyte Depleted,Pooled	8 380.20
78127	Platelet Concentrate (Paediatric)	2 287.67
78122	Platelet Concentrate Pooled	7 576.98
	Whole Blood	
78001	Whole Blood	1 991.68
78059	Whole Blood Leucocyte Depleted	3 131.77
78011	Whole Blood Paediatric	1 662.73
	Plasma	
78103	Cryoprecipitate (Fibrinogen Rich)	1 016.47
78174	Frozen Plasma - Cryo Poor Donor	1 160.81
78002	Quarantine FFP Infant	1 195.94
78176	Fresh Frozen Plasma - Donor Retested	1 396.89

Item Code	Description	COIDA 2015 Tariffs
Diagnostic		
78450	Anti-A Monoclonal 5ml	73.85
78452	Anti-B Monoclonal 5ml	73.85
78454	Anti-A,B Monoclonal 5ml	73.85
78461	Anti-D saline tube & slide monoclonal 5ml	117.74
78467	Anti-D IgM+IgG blend Monoclonal 5ml	123.41
78471	Anti-Human Globulin Polyspecific 5ml	99.74
78478	AB serum 5ml	74.68
78479	Human Complement 2ml	64.46
78482	Lyoph. Bromelin tube & microwell 5ml	60.68
78484	Antibody positive control serum 5ml	65.03
78487	AB serum 20ml	266.65
78488	Group A1 5ml	61.49
78490	Group A2 5ml	61.49
Phathology Services		
78137	Bone Marrow Typing (Serology)	322.28
4763	Blood DNA Extraction	399.62
4428	HLA High res. Class I/II DNA allele	689.48
4427	HLA low res. Class II PCR/DNA Locus DQB/DRB1	881.20
78492	Group B 5ml	61.49
78494	Group O R1R2 5ml	67.37
78496	Group O r 5ml	67.37
78502	Sensitized cells 5ml	82.51
78508	Screen cell set (1 & 2) - 2 X 5ml	162.43
78510	Pooled screen cells - 5ml 60.42	81.46
78516	Panel cell set 9 x 2ml	429.50
78517	Panel cell set 9 x 1ml	214.64
78015	Anti-Human Globulin Polyspecific 15ml	267.31
78018	Group A1 15ml	157.94
78019	Group A2 15ml	157.94
78020	Group B 15ml	157.94
78519	Group O Rh Positive (R1 R2) 15 ml	175.60
78521	Group O r 15ml	175.60
78529	Anti-A Monoclonal 15ml	198.37
78530	Anti-B Monoclonal 15ml	198.37
78531	Anti A,B Monoclonal 15ml	198.37
78536	Screening Cells Pooled	198.87
78522	Group O Screen 1 Cells 15ml	222.49
78523	Group O Screen 2 Cells 15ml	222.49
78524	Panel cell set 9 x 15ml	1 542.04
78525	Sensitized cells 15ml	221.10
78518	Panel cell set 9 x 5 ml	1 085.91
10580	Packaging	67.63
78004	Whole Blood Reagent	777.33
78012	Buffy Coats	388.67
Blood and Administration		
78199	Blood Filters : 1 Units	845.88
78200	Blood Filters : 2 Units	1 621.69
78197	Platelet Filter 3 - 6 Unit PL2VAE	1 565.84
78201	Set, Blood and plasma Recipient Set	32.68
78202	Set, Platelet Recipient	65.13

Item Code	Description	COIDA 2015 Tariffs
Additional Services and Surcharges		
78050	Irradiation Fee	374.58
10210	Transfusion Crossmatch	800.24
10333	Type and Screen	347.87
78400	Routine Collection Fee	158.42
78401	Routine Delivery Fee	158.40
78402	Emergency Round Trip	1 078.18
78403	Emergency One Way Fee	754.73
78989	Telephone Consultation 18-0130	222.62
78177	FFP Autologous/Directed Fee	157.79
78049	Directed Donation	192.63
78404	<5 Day Rcc	212.24
78405	<5 Day Whole Blood	151.62
78406	After Hours	404.33
78408	Autologous/Directed WB	199.18
78407	Autologous/Directed RCC	179.82
78409	Blood Return Basis	160.21
78410	Emergency Cross-Match	121.98
78411	Foreign	648.50
78412	HLA Match	1 174.68
78413	Rare Donation	1 380.59
78415	Washed RCC/WB	1 150.45
78414	Offsite Charge	1 621.25
78417	Emergency Blood Surcharge	179.84
Transplant Services		
78078	HLA low res.ClassI DNA/Locus A/B/C	1 275.61
4424	HLA Specific Allele DNA-PCR	376.02
4603	HLA Specific locus/Antigen	234.19
4604	HLA Class I	450.99
78024	Panel Typing Antibody Class I	1 727.78
78046	T & B Cell Crossmatch	1 105.87
78213	Tissue Rapid HBsAg Screen	265.99
78231	Bone Marrow Engraftment Monitoring	1 171.18
78214	Tissue Rapid HIV Screen	363.43
Laboratory Services		
4425	CHE Test	109.34
4757	Additional analysis, Mosaicism/ Staining Procedure	621.67
4522	Alpha Feto Protein(AFP): Amnio Fluid Karyotyping, amniotic Fluid/Chorionic villus	107.72
4755	sample/prod of conception	2 397.68
3932	Anti - HIV	122.29
3712	Antibody Identification	73.35
78013	Antibody identification QC	58.48
3709	Antibody Screen/Antiglobulin Test(DAT & IAT)	31.69
3710	Antibody Titration	62.42
4531	HBsAg/Anti-HCV	125.65
4752	Cell Cult. Chorionic Villus Sample	532.81
4750	Cell Culture, blood/cord blood	160.44
4751	Cell Culture, Products of conception/ Amniotic Fluid	399.62
3729	Cold Agglutinins	31.27
3739	Erythrocyte count	19.56
3764	Grouping : A B O Antigen	31.27

Item Code	Description	COIDA 2015 Tariffs
3765	Grouping : Rh antigen	31.27
3791	Haematocrit	15.64
3762	Haemoglobin	15.64
3953	Haemolysin/Test Tube Agglutination	36.00
4430	HIV p24 antigen	216.80
78921	Human Platelet AG Genotyping	1 637.25
78014	Aneuploidy Detection	1 500.25
4754	Karyotyping, Blood/Cord Blood	1 198.84
3785	Leucocyte Count	15.64
78221	Perinatal Cord	156.36
78225	Perinatal Post-Natal Mother	156.36
4117	Protein : Total	29.66
78922	Rapid CMV Screen	162.33
3834	Red Cell Rh Phenotype	85.88
78230	Human Platelet Antibody Screen	2 366.51
Clinical Services		
78003	Additional Disposal Kit	3 746.17
78054	Autologous Serum Eye Drops	3 494.27
78030	Designated Serum Eye Drops	3 494.27
78005	Chronic wound treatment kit	1 368.56
78007	Platelet growth Factor macular hole repair	1 358.64
78008	Platelet growth factor wound treatment	603.19
78006	Topical Haemostatic Agent	1 629.61
78920	Cord Blood Cryopreservation	8 594.02
78090	Medical Examination & Consultation 18-0141	282.60
78204	Red Cell Exchange	6 320.64
78923	Re-Infusion Of Cryo Preserve Stem Cells	653.93
78926	Stem Cell Collection/Leucopheresis	10 670.08
78928	Stem Cell Cryopreservation	8 594.02
78106	Therapeutic Plasma Exchange	6 621.26
78129	Therapeutic Venesection	68.84
78416	Therapeutic Exchange (DALI)	11 769.68
78211	Thrombocytapheresis	6 383.82
Miscellaneous		
10298	Stabilised Human Serum 5% 250ml	611.60
10299	Stabilised Human Serum 5% 50ml	117.48
78100	Paternity Investigation - 1 Client	1 264.84
78950	Paternity Investigation - 3 Client	3 794.60
78535	Blood Pack For therapeutic Venesection	217.11
78203	Blood Pack with Anticoagulant	95.35
78206	Blood Pack, No Anticoagulant	130.59



labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

UMEHLUKO ELECTRONIC INVOICING FILE LAYOUT

Field	Description	Max length	Data Type
BATCH HEADER			
1	Header identifier = 1	1	Numeric
2	Switch internal Medical aid reference number	5	Alpha
3	Transaction type = M	1	Alpha
4	Switch administrator number	3	Numeric
5	Batch number	9	Numeric
6	Batch date (CCYYMMDD)	8	Date
7	Scheme name	40	Alpha
8	Switch internal	1	Numeric
DETAIL LINES			
1	Transaction identifier = M	1	Alpha
2	Batch sequence number	10	Numeric
3	Switch transaction number	10	Numeric
4	Switch internal	3	Numeric
5	CF Claim number	20	Alpha
6	Employee surname	20	Alpha
7	Employee initials	4	Alpha
8	Employee Names	20	Alpha
9	BHF Practice number	15	Alpha
10	Switch ID	3	Numeric
11	Patient reference number (account number)	10	Alpha
12	Type of service	1	Alpha
13	Service date (CCYYMMDD)	8	Date
14	Quantity / Time in minutes	7	Decimal
15	Service amount	15	Decimal
16	Discount amount	15	Decimal
17	Description	30	Alpha
18	Tariff	10	Alpha
Field	Description	Max length	Data Type
19	Service fee	1	Numeric
20	Modifier 1	5	Alpha
21	Modifier 2	5	Alpha
22	Modifier 3	5	Alpha
23	Modifier 4	5	Alpha
24	Invoice Number	10	Alpha

25	Practice name	40	Alpha
26	Referring doctor's BHF practice number	15	Alpha
27	Medicine code (NAPPI CODE)	15	Alpha
28	Doctor practice number -sReferredTo	30	Numeric
29	Date of birth / ID number	13	Numeric
30	Service Switch transaction number – batch number	20	Alpha
31	Hospital indicator	1	Alpha
32	Authorisation number	21	Alpha
33	Resubmission flag	5	Alpha
34	Diagnostic codes	64	Alpha
35	Treating Doctor BHF practice number	9	Alpha
36	Dosage duration (for medicine)	4	Alpha
37	Tooth numbers		Alpha
38	Gender (M ,F)	1	Alpha
39	HPCSA number	15	Alpha
40	Diagnostic code type	1	Alpha
41	Tariff code type	1	Alpha
42	CPT code / CDT code	8	Numeric
43	Free Text	250	Alpha
44	Place of service	2	Numeric
45	Batch number	10	Numeric
46	Switch Medical scheme identifier	5	Alpha
47	Referring Doctor's HPCSA number	15	Alpha
48	Tracking number	15	Alpha
49	Optometry: Reading additions	12	Alpha
50	Optometry: Lens	34	Alpha
51	Optometry: Density of tint	6	Alpha
52	Discipline code	7	Numeric
53	Employer name	40	Alpha
54	Employee number	15	Alpha

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

TRAILER

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