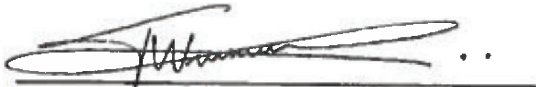


# **BLOOD SERVICES GAZETTE 2020.**

**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 2020**.
2. Medical Tariffs increase for **2020** is **5.6%**
3. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2020** and **Exclude 15% Vat**.



**MR TW NXESI, MP**  
**MINISTER OF EMPLOYMENT AND LABOUR**  
**DATE: 17/01/2020**

Kommunikasie-en-inligtingsteelsel • Dilhaelelsano tsa Puso • Tekuchumana taHulumende • EzokuXhumana koMbuso • Dikgokahano tsa Mmuso  
Vhudavhidzani ha Muvhuso • Dikgokagano tsa Mmuso • liNkonzo zokhibelelwano lukaRhulumente • Vuhlanganisi bya Mfumo • UkuThintanisa koMbuso

*Batho Pele* - putting people first

## GENERAL INFORMATION

### 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 designated by the Director General for a medical examination and report. Special fees are payable when this service is requested.

In terms of section 76,3(b) of the Compensation for Occupational Injuries and Diseases Act, no amount in respect of medical expenses shall be recoverable from the employee.

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**

1. New claims are registered by the Employers and the Compensation Fund and **the employer views the claim number allocated online.** The allocation of a claim number by the Compensation Fund, does not constitute acceptance of liability for a claim, but means that the injury on duty has been reported to and registered by the Compensation Commissioner. Enquiries regarding claim numbers should be directed to the employer and not to the Compensation Fund. The employer will be in the position to provide the claim number for the employee as well as indicate whether the claim has been accepted by the Compensation Fund
2. If a claim is **accepted** as a COIDA claim, **reasonable medical expenses** will be paid by the Compensation Commissioner.
3. If a claim is **rejected (repudiated)**, medical expenses 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.
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 invoices 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.

## BILLING PROCEDURE

1. All service providers should be registered on the Compensation Fund claims system in order to capture invoices and medical reports.
  - 1.1 Medical reports should always have a clear and detailed clinical description of injury and related ICD 10 Code.
  - 1.2 In a case where a surgical procedure is done, an operation report is required
  - 1.3 Only one medical report is required when multiple procedures are done on the same service date
  - 1.4 A medical report is required for every invoice submitted covering every date of service.
  - 1.5 Referrals to another medical service provider should be indicated on the medical report.
  - 1.6 Medical reports, referral letters and all necessary documents should be uploaded on the Compensation Fund claims system.

**NOTE: Service providers are required to keep original documents (i.e medical reports, invoices) and these should be made available to the Compensation Commissioner on request.**

2. Medical invoices should be switched to the Compensation Fund using the attached format. - 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.
  - 2.2. Manual documents for medical refunds should be submitted to the nearest labour centre.
  - 2.3 Service providers may capture and submit medical invoices directly on the Compensation Fund system online application.
3. The status of invoices /claims can be viewed on the Compensation Fund 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](http://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 processing labour centre. The service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website [www.labour.gov.za](http://www.labour.gov.za) .

5. Details of the employee's medical aid and the practice number of the referring practitioner must not be included in the invoice.
  - If a medical service provider claims an amount less than the published tariff amount for a code, the Compensation Fund will only pay the claimed amount and the short fall will not be paid.
6. Service providers should not generate the following:
  - a. Multiple invoices for services rendered on the same date i.e. one invoice for medication and a second invoices for other services.
  - b. Cumulative invoices – Submit a separate invoice for every month.

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

**MINIMUM REQUIREMENTS FOR INVOICE RENDERED****Minimum information to be indicated on invoices submitted to the Compensation Fund**

- Name of employee and ID number
- Name of employer and registration number if available
- Compensation Fund claim number
- DATE OF ACCIDENT (not only the service date)
- Service provider's **invoice number**
- The practice number (changes of address should be reported to BHF)
- VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the account)
- Date of service (the actual service date must be indicated: the invoice date is not acceptable)
- Item codes according to the officially published tariff guides
- Amount claimed per item code and total of account
- It is important that all requirements for the submission of invoices are met, including supporting information, e.g:
  - All pharmacy or medication accounts must be accompanied by the original scripts
  - The referral letter from the treating practitioner must accompany the medical service providers' invoice.

**COMPENSATION FUND MEDICAL SERVICE PROVIDERS REGISTRATION REQUIREMENTS**

Medical service providers treating COIDA patients must comply with the following requirements before submitting medical invoices to the Compensation Fund:

- Medical Service Providers must register with the Compensation Fund as a Medical Service Provider.
- Medical Service Providers must register with the Compensation Fund as a system user for loading of medical invoices and medical reports.
- Render medical treatment to patients in terms of COIDA Section 76 (3) (b).
- Submit Proof of registration with the Board of Healthcare Funders of South Africa.
- Submit SARS Vat registration number document on registration.
- A certified copy of the MSP's Identity document not older than three months.
- Proof of address not older than three months.
- Submit medical invoices with gazetted COIDA medical tariffs, relevant ICD10 codes and additional medical tariffs specified by the Fund when submitting medical invoices.
- All medical invoices must be submitted with invoice numbers exclude duplicates.
- Submit medical reports and medical invoices through the Compensation Fund Medical service provider application on or before submission/switching of medical invoices.
- Provide medical reports and invoices within a specified time frame on request by the Compensation Fund in terms of Section 74 (1) and (2).
- The name of the switching house that submit invoices on behalf of the medical service provider must be indicated on Medical service provider letterhead. The Fund must be notified in writing when changing from one switching house to another.

All medical service providers will be subjected to the Compensation Fund vetting processes.

**The Compensation Fund will reject all invoices that do not comply with billing requirements as published in the Government Gazette.**

**REQUIREMENTS FOR SWITCHING MEDICAL INVOICES WITH THE COMPENSATION FUND**

The switching provider must comply with the following requirements:

1. Registration requirements as an employer with the Compensation Fund.
2. Host a secure FTP server to ensure encrypted connectivity with the Fund.
3. Submit and complete a successful test file before switching the invoices.
4. Validate medical service providers' registration with the Board of Healthcare Funders of South Africa.
5. Ensure elimination of duplicate medical invoices before switching to the Fund.
6. Invoices submitted to the Compensation Fund must have Gazetted COIDA Tariffs that are published annually and comply with minimum requirements for submission of medical invoices and billing requirements.
7. File must be switched in a gazetted documented file format published annually with COIDA tariffs.
8. Single batch submitted must have a maximum of 100 medical invoices.
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. Medical Service Providers will be subjected to Compensation Fund vetting processes.
12. Provide any information requested by the Fund.
13. Third parties must submit power of attorney.

**Failure to comply with the above requirements will result in deregistration of the switching house.**

<b>MSP's PAID BY THE COMPENSATION FUND</b>	
<b>Discipline Code :</b>	<b>Discipline Description :</b>
4	Chiropractors
9	Ambulance Services - advanced
10	Anesthetists
11	Ambulance Services - Intermediate
12	Dermatology
13	Ambulance Services - Basic
14	General Medical Practice
15	General Medical Practice
16	Obstetrics and Gynecology (work related injuries)
17	Pulmonology
18	Specialist Physician
19	Gastroenterology
20	Neurology
22	Psychiatry
23	Rediation/Medical Oncology
24	Neurosurgery
25	Nuclear Medicine
26	Ophthalmology
28	Orthopedics
30	Otorhinolaryngology
34	Physical Medicine
35	Emergency Medicine Independent Practice Specialist
36	Plastic and Reconstructive Surgery
38	Diagnostic Radiology
39	Radiographers
40	Radiotherapy/Nuclear Medicine/Oncologist
42	Surgery Specialist
44	Cardio Thoracic Surgery
46	Urology
49	Sub-Acute Facilities
52	Pathology
54	General Dental Practice
55	Mental Health Institutions
56	Provincial Hospitals
57	Private Hospitals
58	Private Hospitals
59	Private Rehab Hospital (Acute)
60	Pharmacies
62	Maxillo-facial and Oral Surgery
64	Orthodontics
66	Occupational Therapy
70	Optometrists
72	Physiotherapists
75	Clinical technology (Renal Dialysis only)
76	Unattached operating theatres / Day clinics
77	Approved U O T U / Day clinics
78	Blood transfusion services
79	Hospices
82	Speech therapy and Audiology
86	Psychologists
87	Orthotists & Prosthetists

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88	Registered nurses
89	Social workers
90	Manufacturers of assisstive devices

**BLOOD  
SERVICES  
GAZETTE  
2020.**

## COMPENSATION FUND GUIDE TO FEES FOR BLOOD SERVICES 2020

**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 2020 Tariffs
10345	Bioplasma FDP - 50ml	401.60
10349	Bioplasma FDP - 200ml	1 134.80
10351	Haemosolvate Factor VIII 300 IU - 10ml	1 154.63
10352	Haemosolvate Factor VIII 500 IU - 10ml	1 868.53
10341	Haemosolvate Factor VIII 500 IU:1000 IU - 2 X 10ml	3 632.69
10390	Haemosolvex Factor IX (500 IU) - 10ml	2 246.31
10300	Albusol 4 % - 200ml	435.82
10311	lbusol 20 % - 50ml	489.93
10310	Albusol 20 % - 100ml	841.20
10347	Polygam 1g - 50ml	675.41
10343	Polygam 3g - 100ml	1 706.77
10332	Polygam 6g - 200ml	2 937.83
10338	Polygam 12g - 400ml	5 112.65
10321	Intragam 2ml	145.72
10320	Intragam 5ml	282.12
10337	Tetagam IM 500 IU - 1ml	392.88
10335	Tetagam IM 250 IU - 2ml	179.59
10340	Hebagam IM - 2ml	756.31
10346	Rabigam IM - 2ml	760.17
10348	Vazigam IM - 2ml	688.70
10330	Rhesugam IM - 2ml	723.87
<b>Red Cells</b>		
78040	Red Cell Concentrate	2 456.89
78051	Red Cell Conc. Leucocyte Depleted	4 014.53
78043	Red Cell Conc. Paed. Leucodepleted	2 272.35
<b>Platelets</b>		
78124	Platelet Conc. Single Donor Apherisis	12 838.01
78125	Platelet Conc. Leucocyte Depleted,Pooled	11 448.75
78127	Platelet Concentrate (Paediatric)	3 125.34
78122	Platelet Concentrate Pooled	10 351.42
<b>Whole Blood</b>		
78001	Whole Blood	2 720.97
78059	Whole Blood Leucocyte Depleted	4 278.53
78011	Whole Blood Paediatric	2 271.56
<b>Plasma</b>		
78103	Cryoprecipitate (Fibrinogen Rich)	1 388.67
78174	Frozen Plasma - Cryo Poor Donor	1 585.86
78002	Quarantine FFP Infant	1 633.85
78176	Fresh Frozen Plasma - Donor Retested	1 908.38

Item Code	Description	COIDA 2020 Tariffs
<b>Diagnostic</b>		
78450	Anti-A Monoclonal 5ml	100.89
78452	Anti-B Monoclonal 5ml	100.89
78454	Anti-A,B Monoclonal 5ml	100.89
78461	Anti-D saline tube & slide monoclonal 5ml	160.85
78467	Anti-D IgM+IgG blend Monoclonal 5ml	168.59
78471	Anti-Human Globulin Polyspecific 5ml	136.27
78478	AB serum 5ml	102.03
78479	Human Complement 2ml	88.07
78482	Lyoph. Bromelin tube & microwell 5ml	82.90
78484	Antibody positive control serum 5ml	88.84
78487	AB serum 20ml	364.28
78488	Group A1 5ml	84.00
78490	Group A2 5ml	84.00
<b>Phathology Services</b>		
78137	Bone Marrow Typing (Serology)	440.28
4763	Blood DNA Extraction	545.94
4428	HLA High res. Class I/II DNA allele	941.95
4427	HLA low res. Class II PCR/DNA Locus DQB/DRB1	1 203.86
78492	Group B 5ml	84.00
78494	Group O R1R2 5ml	92.04
78496	Group O r 5ml	92.04
78502	Sensitized cells 5ml	112.72
78508	Screen cell set (1 & 2) - 2 X 5ml	221.91
78510	Pooled screen cells - 5ml 60.42	111.29
78516	Panel cell set 9 x 2ml	586.77
78517	Panel cell set 9 x 1ml	293.24
78015	Anti-Human Globulin Polyspecific 15ml	365.20
78018	Group A1 15ml	215.78
78019	Group A2 15ml	215.78
78020	Group B 15ml	215.78
78519	Group O Rh Positive (R1 R2) 15 ml	239.89
78521	Group O r 15ml	239.89
78529	Anti-A Monoclonal 15ml	271.00
78530	Anti-B Monoclonal 15ml	271.00
78531	Anti A,B Monoclonal 15ml	271.00
78536	Screening Cells Pooled	271.69
78522	Group O Screen 1 Cells 15ml	303.97
78523	Group O Screen 2 Cells 15ml	303.97
78524	Panel cell set 9 x 15ml	2 106.69
78525	Sensitized cells 15ml	302.05
78518	Panel cell set 9 x 5 ml	1 483.54
10580	Packaging	92.39
78004	Whole Blood Reagent	1 061.97
78012	Buffy Coats	530.98
<b>Blood and Administration</b>		
78199	Blood Filters : 1 Units	1 155.61
78200	Blood Filters : 2 Units	2 215.50
78197	Platelet Filter 3 - 6 Unit PL2VAE	2 139.20
78201	Set, Blood and plasma Recipient Set	44.65
78202	Set, Platelet Recipient	88.98

Item Code	Description	COIDA 2020 Tariffs
<b>Additional Services and Surcharges</b>		
78050	Irradiation Fee	511.74
10210	Transfusion Crossmatch	1 093.26
10333	Type and Screen	475.24
78400	Routine Collection Fee	216.43
78401	Routine Delivery Fee	216.40
78402	Emergency Round Trip	1 472.97
78403	Emergency One Way Fee	1 031.09
78989	Telephone Consultation 18-0130	304.14
78177	FFP Autologous/Directed Fee	215.57
78049	Directed Donation	263.17
78404	<5 Day Rcc	289.95
78405	<5 Day Whole Blood	207.14
78406	After Hours	552.38
78408	Autologous/Directed WB	272.12
78407	Autologous/Directed RCC	245.66
78409	Blood Return Basis	218.88
78410	Emergency Cross-Match	166.65
78411	Foreign	885.95
78412	HLA Match	1 604.81
78413	Rare Donation	1 886.12
78415	Washed RCC/WB	1 571.71
78414	Offsite Charge	2 214.89
78417	Emergency Blood Surcharge	245.70
<b>Transplant Services</b>		
78078	HLA low res.ClassI DNA/Locus A/B/C	1 742.70
4424	HLA Specific Allele DNA-PCR	513.70
4603	HLA Specific locus/Antigen	319.94
4604	HLA Class I	616.12
78024	Panel Typing Antibody Class I	2 360.44
78046	T & B Cell Crossmatch	1 510.81
78213	Tissue Rapid HBsAg Screen	363.39
78231	Bone Marrow Engraftment Monitoring	1 600.03
78214	Tissue Rapid HIV Screen	496.50
<b>Laboratory Services</b>		
4425	CHE Test	149.38
4757	Additional analysis, Mosaicism/ Staining Procedure	849.31
4522	Alpha Feto Protein(AFP): Amnio Fluid	147.16
	Karyotyping, amniotic Fluid/Chorionic villus	
4755	sample/prod of conception	3 275.64
3932	Anti - HIV	167.06
3712	Antibody Identification	100.20
78013	Antibody identification QC	79.89
3709	Antibody Screen/Antiglobulin Test(DAT & IAT)	43.29
3710	Antibody Titration	85.28
4531	HBsAg/Anti-HCV	171.66
4752	Cell Cult. Chorionic Villus Sample	727.91
4750	Cell Culture, blood/cord blood	219.19
4751	Cell Culture, Products of conception/ Amniotic Fluid	545.94
3729	Cold Agglutinins	42.73
3739	Erythrocyte count	26.72
3764	Grouping : A B O Antigen	42.73
3765	Grouping : Rh antigen	42.73
3791	Haematocrit	21.36
3762	Haemoglobin	21.36
3953	Haemolysin/Test Tube Agglutination	49.18
4430	HIV p24 antigen	296.18
78921	Human Platelet AG Genotyping	2 236.75
78014	Aneuploidy Detection	2 049.59

<b>Item Code</b>	<b>Description</b>	<b>COIDA 2020 Tariffs</b>
4754	Karyotyping, Blood/Cord Blood	1 637.81
3785	Leucocyte Count	21.36
78221	Perinatal Cord	213.61
78225	Perinatal Post-Natal Mother	213.61
4117	Protein : Total	40.52
78922	Rapid CMV Screen	221.77
3834	Red Cell Rh Phenotype	117.33
78230	Human Platelet Antibody Screen	3 233.05
<b>Clinical Services</b>		
78003	Additional Disposal Kit	5 117.90
78054	Autologous Serum Eye Drops	4 773.76
78030	Designated Serum Eye Drops	4 773.76
78005	Chronic wound treatment kit	1 869.68
78007	Platelet growth Factor macular hole repair	1 856.14
78008	Platelet growth factor wound treatment	824.05
78006	Topical Haemostatic Agent	2 226.32
78920	Cord Blood Cryopreservation	11 740.87
78090	Medical Examination & Consultation 18-0141	386.08
78204	Red Cell Exchange	8 635.05
78923	Re-Infusion Of Cryo Preserve Stem Cells	893.37
78926	Stem Cell Collection/Leucopheresis	14 577.10
78928	Stem Cell Cryopreservation	11 740.87
78106	Therapeutic Plasma Exchange	9 045.74
78129	Therapeutic Venesection	94.04
78416	Therapeutic Exchange ( DALI)	16 079.35
78211	Thrombocytapheresis	8 721.36
<b>Miscellaneous</b>		
10298	Stabilised Human Serum 5% 250ml	835.55
10299	Stabilised Human Serum 5% 50ml	160.50
78100	Paternity Investigation - 1 Client	1 727.98
78950	Paternity Investigation - 3 Client	5 184.05
78535	Blood Pack For therapeutic Venesection	296.61
78203	Blood Pack with Anticoagulant	130.26
78206	Blood Pack, No Anticoagulant	178.41

**ELECTRONIC INVOICING FILE LAYOUT**

<b>Field</b>	<b>Description</b>	<b>Max length</b>	<b>Data Type</b>
<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)	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
<b>Field</b>	<b>Description</b>	<b>Max length</b>	<b>Data Type</b>
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) [MANDATORY]	8	Date
65	Treatment Time (HHMM)	4	Numeric
66	Treatment Date to (CCYYMMDD) [MANDATORY]	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