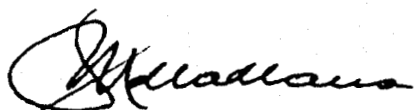

GENERAL NOTICE

NOTICE 825 OF 2006

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

1. I, Membathisi Mphumzi Shepherd Mdladlana, 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 **1 April 2006**.
2. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2006** and **Exclude VAT**.



M M S MDLADLANA
MINISTER OF LABOUR
19 May 2006

RA INFUCTION / AL VE INLIGTING.

(i) THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER.

The employee is permitted to choose freely his own service provider **eg. 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 himself or the Compensation Fund. The only exceptions to this rule are those cases where employers, with the Compensation Commissioner's approval, provide their own medical aid facilities in total, i.e. including hospital, nursing and other services—section 78 of the Act refers.

In terms of section 42 either the Compensation Commissioner or an employer may send the injured employee to another doctor chosen by him (Compensation Commissioner or employer) for a special examination and report. Special fees are payable for this service. This examination and report is usually done only by specialists.

In the event of a change of doctors attending a case, the first doctor in attendance will, except where the case is handed over to a specialist, be regarded as the principal, and payment will normally be made to him. **To avoid disputes, doctors should refrain from treating a case already under treatment without first discussing it with the first doctor.** As a general rule, changes of doctor are not favoured, unless there are sufficient reasons therefore.

If **an** injured employee is in need of emergency treatment, the doctor should act in the same manner **as** he would to any patient who needs his urgent help. He should not, however, **ask** the Compensation Commissioner to authorise such treatment before the claim has been admitted as falling within the scope of **the** Act.

It should be remembered that an employee seeks medical advice at his own risk. If, therefore, an employee represents to his medical service provider that he is a Compensation for Occupational Injuries and Diseases Act case and yet fails to claim the benefits of the Act, leaving the Compensation Commissioner, or his employer, in ignorance of any possible grounds for a claim, the insurance **fund** concerned cannot accept **any** responsibility for any medical expenses incurred if the claim is not reported in the prescribed manner. The Compensation Commissioner can also have reason not to accept the claim lodged against the Fund. In such circumstances the employee would be **in** the same position **as** any other member of the public **as** regards payment of his medical expenses.

The amounts published in the tariff for COIDA for medical services are calculated without VAT. The only exclusion is die "per diem" tariff for Private Hospitals, that includes VAT. The account for services rendered will be assessed and calculated without **VAT**. If **VAT is** applicable and a VAT registration number was indicated, it will be calculated and added to the payment without being rounded off

**CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS
FOLLOWS •**

EISE TEENDIE VERGOEDINGSFONDS WORD HANTEER SOOS VOLG:

1. If the claim is **accepted** as a COIDA claim, reasonable medical expenses will be paid by the Compensation Commissioner • *As die eis teen die **Fonds** aanvaar word, word redelike mediese koste betaal deur die Vergoedings Kommissaris.*

2. If the claim is **rejected (repudiated)**, services will not be paid by the Compensation Commissioner. All parties are informed of this decision, including the service providers. The injured employee will be liable for payment. • *As die eis teen die Fonds afgekeur word (**gerepudieer**), word dienste nie deur die Vergoedings Kommissaris betaal nie. Die betrokke partye word **in** kennis gestel van die besluit, ingesluit die diensverskaffers. Die beseerde werknemer is dan aanspreeklik vir die rekening.*

If no decision can be made due to a lack of information, the outstanding information is requested and upon receipt, the claim will again be adjudicated. Depending on the outcome, the accounts from the service provider, will be handled as set out in **1** and **2**. Unfortunately, there are claims for which a decision might never be made due to a lack of forthcoming information • *Indien **geen besluit** geneem **kan** word nie, weens 'n gebrek aan inligting, word die uitstaande inligting aangevra. Met ontvangs word die eis heroorweeg. Afhangende van die uitslag, word die rekening hanteer soos uiteengesit in nommer 1 en 2. Ongelukkig is daar eise waar 'n besluit nooit geneem **kan** word nie aangesien die uitstaande inligting nie verskaf word nie*

BILLING PROCEDURE • EIS PROSEDURE:

1. The **first account** for services rendered to the injured employee (INCLUDING the First medical report) must be submitted to the employer who will collate all the documents (from other service providers etc.) and submit them to the Compensation Commissioner • *Die eerste rekening (INSLUITEND die Eerste mediese verslag) vir diens gelewer aan die beseerde werknemer, moet aan die werkgewer gestuur word, wat die eise (van ander diensverskaffers ens.) bymekaar sal sit en dit aanstuur na die Vergoedingskommissaris.*
2. New claims are registered by the Commissioner and the **employer is notified of the claim number** allocated to the claim. Enquiries for claim numbers should be directed to the employer and not to the Commissioner. The employer will be able to give you the claim number for the patient as well **as** indicate whether the Compensation Commissioner accepted the claim as a COIDA case • *Nuwe eise word geopen deur die Kommissaris en die werkgewer word in kennis gestel van die eisnommer. Navrae vir eisnommers moet aan die werkgewer gerig word en nie aan die Kommissaris nie. Die werkgewer kan die eisnommer verskaf en ook aandui of die Kommissaris die eis teen die Fonds aanvaar het of nie*
3. All new accounts are captured on the Commissioners database and a summarized notice is posted weekly to the service provider. This is only an **acknowledgement of receipt** and not a payment or a guarantee there of • *Alle nuwe rekeninge word vasgelê op die Kommissaris se databasis en 'n opsomming van rekeninge ontvang word wekeliks aan die diensverskaffer gestuur. Dit is slegs 'n erkenning van ontvangs en nie 'n betaling of waarborg daarvan nie.*
4. If accounts are still outstanding after **60** days following submission and acknowledgement by the Commissioner Service providers should complete an enquiry form, W.CL 20, and submit it ONCE to the Commissioner. **DO NOT SUBMIT DUPLICATE ACCOUNTS WHEN AN ACKNOWLEDGEMENT WAS RECEIVED FOR THE PARTICULAR ACCOUNT** • *Indien die rekening nog uitstaande is na 60 dae na indiening en ontvangserkenning deur die Vergoedingskommissaris, moet die diensverskaffer 'n navraag vorm, W.CL 20 voltooi en EENMALIG indien na die Kommissaris. MOENIE 'N DUPLIKAAT REKENING INDIEN AS ONTVANGS ERKEN IS VIR DIE BETROKKE REKENING NIE.*
5. If **no acknowledgement** was received and the account is unpaid **60 days after** it was submitted to the employer, a **duplicate account** must be submitted to the Commissioner directly. The account must be accompanied by any supporting documents e.g. PART B of the Employers Report of an Accident (W.CL 2), First (W.CL 4), and Progress/Final (W.CL 5/5F) medical reports • *Indien ontvangs nie erken is 60 dae na versending aan die werkgewer, moet 'n duplikaatrekening ingedien word by die Vergoedingskommissaris. Die rekening moet vergesel word van ander dokumentasie bv. DEEL B van die Werkgewer se Verslag oor 'n Ongeval (WCL 2), Eerste (W.CL 4) en Vordering/Finale (W.CL 5/5F) mediese verslae.*
6. If the account is **partially paid** with no **reason** therefore indicated on the remittance advise, a duplicate account with the unpaid services clearly indicated must be submitted, accompanied

by a WCI 20 form. (*see website for example) • *Indien 'n rekening gedeeltelik betaal is met geen rede voorsien op die betaaladvies nie, kan 'n duplikaatrekening met die kortbetaling duidelik aangedui, vergesel van 'n WCI20form ingedien word (*sien webblad vir voorbeeld van vorm).*

7. 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.*

8. Service provider should not generate • *Diensverskaffer moenie die volgende genereer:*

- 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 'ntweede rekening.*
- b. **Accumulative accounts** but rather submit a separate account **for** every month • *Aaneenlopende rekeninge: aparte rekeninge per maand word verkies.*
- c. **Accounts on the old documents (W.CL 4/5/5F) A** *New First Medical Report (W.CL 4) and Progress/Final Report (W.CL 5/5F) forms are available. The old forms combined with the account (W.CL11), were replaced. **Accounts on the old medical reports will not be entertained** • *Rekeninge op die ou voorgeskrewe dokumente van die Vergoedingskommissaris. 'n *Nuwe Eerste mediese verslag (W.CL4) en Vordering/Finale verslag (W.CL5) is beskikbaar. Die vorige vorms gekombineer met die rekening (W.CL11) is vervang. Rekeninge op die ou vorms is nie aanvaarbaar nie.*

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

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

MINIMUM REQUIREMENTS OR ACCT RENDERED
MINIMUM VER VIR REKENINGE GEHEF

1. **Minimum information** to be indicated on the account submitted to the Commissioner • *Minimum besonderhede* wat aangedui moet word op 'n rekening vir die Vergoedingskommissaris:
 - a. Name of employee and ID number • *Naam van werknemer en ID nommer.*
 - b. Name of employer and registration number if available. • *Naam van werkgewer en registrasie nommer indien beskikbaar.*
 - c. CC claim number/ alternatively employer's registration number • *CC eisnommer/alternatiewelik die werkgewer se registrasie nommer.*
 - d. DATE OF ACCIDENT (not only the service date) • *DATUM VAN BESERING (nie slegs die diensdatum nie)*
 - e. Service provider's reference number • *Diensverskaffer se rekening nommer*
 - f. The practice number (In case of address change, BHF must be notified) • *Die praktyknommer (in geval van adresverandering moet dit by BHF verander word)*
 - g. VAT registration number (The Compensation Commissioner will not pay VAT if a VAT registration number **is** not indicated on the account) • *BTW registrasie nommer (die Kommissaris sal nie BTW betaal as die BTW registrasie nommer nie aangedui word nie)*
 - h. Date of service (Actual service date must be indicated. Invoice date is not acceptable) • *Diensdatum (die werklike diensdatum moet aangedui word. Rekening datum is nie aanvaarbaar)*
 - i. Items according to the official published tariffs • *Items soos aangedui in die amptelik gepubliseerde tariewe.*
 - j. Amount claimed per item and total for account • *Bedrag ge-eis vir item en totaal van rekening.*

2. Please note that **as from 1 January 2004 a certified copy of an employee's identity document will be required** in order to register a claim 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 you/the employer to attach a certified copy of the employee's identity document. Furthermore, all supporting documentation sent to this office must reflect **the** identity number as well. If it is not reflected, the documents will not be processed but will be returned to the sender to add the ID number. • *Neem asseblief kennis dat 'n gesertifiseerde afskrif van van die werknemer se identiteits dokument benodig word vanaf 1 Januarie 2004 om 'n eis by die Vergoedingsfonsaan 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/uself vir die aanheg van die dokument. Alle ander dokumentasie wat aan die kantoor gestuur word moet die identiteitsnommer aangedui hê. Indien nie aangedui nie, sal die dokumentasie nie verwerk word nie, maar teruggestuur word vir die aanbring van die identiteitsnommer.*

TARIFF OF FEES FOR PROSTHETIC AND ORTHOTIC SERVICES:

STATEMENT OF PURPOSE

This tariff of fees applies to all orthotic and prosthetic services rendered on and after 01 April 2006. Every prosthetist and orthotist must acquaint him/herself with the provisions of the Compensation for Occupational Injuries and Diseases Act, 1993.

A. GENERAL RULES

1. The Compensation Fund will bear the reasonable cost for any reasonable orthosis and or prosthesis provided that liability for a claim for compensation has been accepted by the Director-General, treatment was prescribed by a medical practitioner and such prosthesis and/or orthosis will enable the employee to stay or return to the Labour market.
2. The Compensation Fund has the right to investigate any complaints lodged concerning the professional conduct of a service provider and, where necessary, to take steps against any practitioner who is found to have acted unprofessionally, whether by over-servicing, over-charging, rendering poor quality of service, goods or workmanship, or for any other reason
3. No special authorization is required for the initial supply of an orthotic and prosthetic services rendered within the first year from the date of an accident.
4. Pre-authorization must be obtained for all new orthotic and prosthetic services rendered after the first year from the date of an accident. No authorization for the initial prosthesis will be approved if the employee did not undergo proper rehabilitation.
5. Paragraph 3 and 4 apply to all orthotic and prosthetic services rendered for the period of not more than two years from the date of an accident
6. The Compensation Fund will be responsible for the orthotic and prosthetic services rendered after the supply of the first prosthesis
7. All refits, replacement of prosthesis and repairs will be managed by the Compensation Fund.
8. In case of a first leg prosthesis, one pair of standard crutches may be issued to supplement the prosthesis. The need for other pair of crutches will be assessed when the prosthesis is being replaced.

A1. ROLE OF THE EMPLOYEE**1. Permission for refit, repairs and realacement:**

The employee must request for permission for the above services and such **request** must be in writing and must include the following particulars:

- (a) Claim number or pension number and identity number.
- (b) Postal and residential addresses and telephone number (if available).
- (c) Name and address of the present employer and telephone numbers.
- (d) He/she must motivate requirements which can be supported by an **orthotist** and must be supported by medical opinion in the case of a refit.
- (e) The Commissioner will in writing convey a decision to the **employee and the service provider**. If approved the employee can approach the **orthotist** to proceed with the rendering of the services approved by the **Commissioner**.
- (f) After the artificial appliance has been delivered, **the employee must confirm** whether he/she received the correct equipment and it is in **good working** condition.
- (g) Current address and telephone number must be reflected in the statement if no telephone numbers a contact number is essential.
- (h) The employee must always sign for the services rendered.

A2. ROLE OF SERVICE PROVIDER

1. The orthotist and/or prosthetist must submit referral letter from the **medical** practitioner, completed assessment form, the quotation and all the **necessary** documents that may be required for the initial prosthesis or orthosis.
2. The provider must train the employee on basic care and maintenance of the prosthesis.
3. The prosthetists may assist the employee to complete the request form.

B. RULES FOR NEW PROSTHESIS/ORTHOISIS, COSMETIC PROTHESIS/ ORTHOISIS, REFIT, REPAIR AND REPLACEMENT PROSTHESIS/ ORTHOISIS**1. New Prosthesis or orthosis**

- 1.1 The need for the any orthotic and prosthetic services must authorise or prescribed by the medical practitioner. The medical practitioner's report must indicate stump volume (in centimetres) and exclude any other relative or absolute medical contraindications to the prosthesis.
- 1.2 Proposed orthotic and prosthetic services to new patients or of new equipment must be accompanied by a *O/P* report indicating the functional level and work environmental circumstances of the patient. The occupational therapist report must be submitted where necessary.
- 1.3 One suitable (reasonable) prosthesis per employee.

- 1.4 The orthotic and prosthetic services must be rendered to suite the employee circumstances **after** full rehabilitation.
- 1.5 The second prosthesis will be provided if the employment necessitates it and **with** motivation attached and confirmed by the employer. Evaluation will be done by the Compensation Fund to determine the need for the second prosthesis.

2. Refit of prosthesis

- Refit is categorized **as** only change of the socket on prosthesis due to stump shrinkage.
- The first prosthesis will be refitted only within a period of a year and all subsequent refits (including those after one year from the initial prosthesis) will be evaluated and managed by the Compensation Fund.
- The employee must always consult a medical practitioner to support request for refits and medical report must be supplied.
- All requests for a refit must be accompanied by the proof of stump volume changes in centimetres **from** a medical practitioner.
- The cost of the refit will be negotiated with the prosthetist **treating** the employee.

3. Repair of prosthesis

Repairs to prosthesis are considered to be replacement or repair of **damaged/worn out parts** and prosthetic covers to maintain good functional condition.

All repairs will be done by prosthetist and/or orthotist designated by the Director-General.

The Compensation Fund will bear the **tariff** cost of repairs to or replacement of a prosthesis, which has suffered from fair, wear and tear.

4. Replacement of a prosthesis

Prosthesis should last for a minimum of five years. Replacement of a new prosthesis due to **normal** wear and tear will be considered on application with motivation from **the emp** loyee after five years. The following rules apply:

- a) silicone suspension sleeves – two sleeves every three years
- b) Gel liners- two sleeves every eighteen months.
- c) Straps **and** belts (including for callipers)- Eighteen months
- d) Stump socks –if worn with silicon or gel liners ,six every year
-if worn with conventional prosthesis, twelve per year.
- e) Stump sheath – if worn with silicone or gel liners, six every year.
-if worn with conventional prosthesis, twelve per year.
- f) Cosmetic stockings-onepair per year.
- g) Replacement of cosmetic cover –two in one year due to some refits.

- h) Callipers -3 years (normal wear and tear) full motivation needed with request for replacement.
- i) Accessories may be approved only at the request of the employee and if in the opinion of the prosthetist appointed by Director-General are necessary.

5. Cosmetic prosthesis

The Commissioner will only consider the prosthesis which is functional in nature in order to assist the employee to perform his duties.

C. Suitable Wheelchairs

- 5.1 Any wheelchair application should be covered by occupational therapist assessment report
- 5.2 Normal wheelchair warranty is five years
- 5.3 Replacement of wheelchair will be considered if accompanied with necessary motivation
- 5.4 Repairs during the five years will be considered by the commissioner if deemed reasonable
- 5.5 The hire of a wheelchair is applicable if the use of the wheelchair will not be permanent. A maximum of four months is considered reasonable and if exceed, full motivation must be supplied by the occupational therapist. Cost for hire of wheelchair may never exceed purchase price. See tariff guide for applicable fees.

D. Callipers

- (a) A doctor's prescription must accompany the account/request. A medical report describing the employee's condition may be required by the Compensation Fund indicating how often the callipers will be used.
- (b) If the callipers are supplied with a wheelchair to an employee, replacement of the callipers will be considered with replacement of the wheelchair if needed.

E. FUNCTIONAL LEVELS

The employee must be graded as follows:

A determination of the medical necessity for certain components/additions to the prosthesis is based on the patient's potential functional abilities. Potential functional ability is based on the reasonable expectations of the prosthetics and ordering physician, considering factors including but not limited to the patient's:

- (a) Past history (including prior prosthetic use if applicable);
- (b) Current condition including the status of the residual limb and the nature of other medical problems;
- (c) Employment status and;
- (d) Desire to ambulate.

A functional level is a measurement of the capacity and potential of the patient to accomplish his/her expected post-rehabilitation, daily function. The functional

classification is used to establish the medical necessity only of prosthetic knees, feet, ankles, sockets and suspension systems.

Clinical assessment of patient rehabilitation potential should be based on the following classification levels:

Level 0 : Does not have the ability or potential to ambulate or transfer safely with or without assistance and prosthesis does not enhance their quality of life or mobility.
No prosthesis is recommended for amputees in this category.

Level 1: ~~Has~~ the ability or potential to use prosthesis for transfers or ambulation on level surfaces at fixed cadence. Typical of the limited and unlimited household ambulator.
CATEGORY 1 components are recommended prosthetics at this level. Amputees typically require significant STANCE PHASE security and minimal SWING PHASE control.

Level 2: ~~Has~~ the ability or potential for ambulation with the ability to traverse low-level environmental barriers such as curbs, stairs or uneven surfaces. Typical of the limited community ambulator.
CATEGORY II components are recommended prosthetics at this level. Amputees typically require moderate STANCE PHASE security and moderate SWING PHASE control.

Level 3: Has the ability or potential for ambulation with variable cadence. Typical of the community ambulatory that has the ability to traverse most environmental barriers and may have vocational, therapeutic, or exercise activity that demands prosthetic utilization beyond simple locomotion.
CATEGORY III components are recommended prosthetics at this level. Amputees typically require minimal STANCE PHASE security and maximum SWING PHASE control.

Level 4: ~~Has~~ the ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress or energy levels. Daily activities include rigorous and repeated actions of high impact or stress such as lifting, jumping, climbing and walking long distances. Typical of the prosthetic demands of the active adult. Unless otherwise accepted by the Commissioner, amputees in this category must be employed. This will be considered in exceptional cases with the active participation of the employer.
In addition to CATEGORY III components, these patients require components that will stand up to **daily**, repeated, high load and stress levels. Amputees typically require minimal STANCE PHASE security and maximum SWING PHASE control.

If the employment status and activity levels of the amputee changes before a new prosthesis is due, the amputee may request the Commissioner for a new prosthesis which is more suitable to his/her employment conditions.

The records should document the patient's current functional capabilities and his/her expected functional potential, including an explanation for the difference, if that is the case.

COIDA

ASSESSMENT FOR PROSTHESIS : NEW UPPER LIMB/LOWER LIMB OR REFIT OF EXISTING PROSTHESIS

SECTION 1

CLAIM NUMBER : _____

1. EMPLOYEE'S DETAILS: (ALL these fields are COMPULSORY)

Surname:	ID number :
First names:	
Postal address :	
Home phone number :	Work phone number :
Date of accident :	
Date of birth :	Age of employee :
Height of employee:	Weight of employee :
Stump measurement in centimetres:	

2. EMPLOYER'S DETAILS: (ALL these fields are COMPULSORY)

Employer at the time of accident :
Job description at time of accident :
Current employer* : (if not employed, kindly indicate so)
Current job description :

*If employee is currently employed, please include letter with confirmation of employment from the employer.

3. DESCRIBE ACTIONS OF MOBILITY WHILE AT WORK THAT MY BE AFFECTED BY THE TYPE OF PROSTHESIS FITTED :

--

4. HOW OFTEN AND FOR WHAT TIME PERIOD DOES THE PATIENT WEAR THE PROSTHESIS?

HOW OFTEN: (tick box below)

Everyday	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>
Seldom	<input type="checkbox"/>

WHAT PERIOD : (tick box below)

All day	<input type="checkbox"/>
Most part of the day	<input type="checkbox"/>
Less than half a day	<input type="checkbox"/>

5. DO CONDITIONS EXIST THAT AFFECT PROSTHETIC MOBILITY?

<p>Medical :</p> <p>Psychological :</p> <p>Environmental :</p> <p>Other remarks :</p>

6. ACTIVITY LEVELS : (ONLY APPLICABLE WITH LOWER LIMB PROSTHESIS)
(Please tick the appropriate box)

Level 1:

Patient is a household ambulatory

Patient has the ability to use prosthesis for transfers

Can ambulation on level surfaces at fixed cadence

Components that provide maximum stance phase security and minimum swing phase control should be supplied to level 1.

Level 2:

Patient is a limited community ambulatory

Patient has the ability to ambulate with fixed cadence

Patient is able to transverse low-level barriers such as curbs, stairs, slopes, and uneven surfaces with walking aid

Patients require components that provide moderate stance and swing phase control for level 2.

Level 3:

Patient is an unrestricted community ambulatory

Patient has the ability to ambulate with variable cadence

Has the ability to transverse most environmental barriers without walking aid

Patient requires prosthetic components that provide minimal stance phase security and maximum swing phase control for level 3.

Level 4 :

Patients ambulatory skills exceed those described in Level 3

Has vocational, therapeutic and exercise activity that demands prosthetic utilization beyond simple locomotion

Daily activities include rigorous and repeated actions of high impact or stress levels.

Such activities include :

- lifting
- jumping
- climbing
- walk long distances & standing for hours

Prosthetic components designed for high load levels are required for patients in this category.

7. REMARKS BY ORTHOTIST/PROSTHETIST:

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8. NEW PROSTHESIS RECOMMENDED

Amputation level : _____

Prosthetic category (applicable for lower limb) : _____

Date when previous prosthesis was received : _____

Prosthesis was supplied by : _____

SECTION 2 - APPLICABLE TO REFIT OF PROSTHESIS ONLY**9. PROSTHESIS/TYPE OF REFIT RECOMMENDED**

Amputation level : _____

Prosthetic category (lower limbs) : _____

Date when prosthesis now due for refit was received : _____

Prosthesis was supplied by : _____

10. MOTIVATION FOR REFIT (COMPULSORY):

PLEASE CONSULT COIDA POLICY DOCUMENT FOR GUIDELINE
(Stump volume changes etc. must be mentioned)

--

S _____

11. QUOTATION FOR NEW PROSTHESIS/REFIT:

TARIFF CODE	DESCRIPTION	QTY	AMOUNT
		SUB-TOTAL	
		VAT @ 14%	
		TOTAL	

(if quotation is submitted separately with letterhead, employee must please sign it)

Remarks on quotation if necessary :

SIGNED : _____

PROSTHETIST (name): _____

DATE : _____

SIGNED : _____

EMPLOYEE (name): _____

DATE : _____

**COIDA CONFIRMATION OF RECEIPT :
ARTIFICIAL LIMB AND/OR ACCESSORIES**

CLAIM NUMBER : _____

1. Confirmation of Manufacture/supply by Orthotist:

This serves to confirm that I have manufactured and supplied the following for the above-mentioned employee as per approval from the Office of the Compensation Commissioner dated _____

Service Provider (name in full) : _____

Practice Number : _____

Signature : _____

Date supplied : _____

2. * Confirmation of receipt by employee :

I confirm that I have received the correct prosthesis and/or accessories and I am satisfied that it is good working condition.

I also confirm that the account reflects the correct items supplied to me, to the value of R _____

* If employee is unable to sign below, next of kin may acknowledge receipt on his/her behalf, or an affidavit must be attached.

Employee (full names) : _____

Identity number : _____

CC Pension Number : _____

Postal address: _____

Telephone number : _____

Full name of person acknowledging receipt : _____

Signature of employee (next of kin or affidavit) : _____

Date received _____

Name of Current employer _____

Address of employer: _____

Telephone number of employer _____

**THIS FORM MUST BE SUBMITTED WITH QUOTATION,
COIDA APPROVAL AND ACCOUNT FOR PAYMENT**

COIDA Guide to Fees for Prosthetic and Orthotic Services from 1 April 2006

Important: Prosthesis fees EXCLUDE the following components-

1. Foot
2. Ankle unit
3. Knee
4. Suspension

The appropriate component must be selected from the list and charged as a separate item

Lower limb prosthetics:

CAT 1 and CAT 2 are fabricated with glass/perlon reinforced acrylic resin and stainless steel

CAT 3 is fabricated with carbon reinforced epoxy resin and Titanium or composite components

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Prosthetics</u>	<u>Description</u>	<u>2006 COID</u>
FOOT PROSTHETICS					
FP010	A20010			Toe filler	ea 1282.00
FP020	A20020			Fore-foot prosthesis - moulded leather or similar	ea 1874.00
FP030	A20030	1		Mid-foot prosthesis Cat 1 - moulded leather or similar	ea 2383.00
FP031	A20031	2		Mid-foot prosthesis Cat 2 - laminated SACH type foot	ea 8332.00
				Mid-foot prosthesis Cat 3 - laminated CRA + energy foot	ea 22887.00
FP035	A20035	3			
FP040	A20040	1,2		Chopart prosthesis - Cat 1/2	ea 13343.00
FP050	A20050	1,2		O'Connors extension Cat 1/2	ea 12890.00
FP070	A20070	1,2		Symes prosthesis- CAT 1&2	ea 13706.00
FP081	A20081	3		Symes prosthesis - CAT 3	ea 16171.00
FP090	A20090			Symes test socket - diagnostic	ea 2679.00
BK				BELOW KNEE PROSTHESIS	
BK030	A20530	1,2		BK exoskeletal CAT 1&2	ea 13090.00
BK061	A20561	1,2		BK endoskeletal CAT 1&2	ea 18558.00
BK090	A20590	3		BK endoskeletal CAT 3	ea 20945.00
Additions to Below knee prosthesis					
BK134	A20634			BK flexible inner socket	ea 2212.00
BK140	A20640			BK test socket - diagnostic	ea 2053.00
BK145	A20645			BK skin cosmesis	ea 2772.00
BK accessories and repairs					
BK190	A20690			BK cosmetic foam replaced	ea 3455.00
BK191	A20691			BK cosmetic stocking	ea 146.00
BK195	A20695			BK leather lining	ea 892.00
BK196	A20696			BK pelite socket lining	ea 1427.00
BK210	A20710			BK Joint covers	pr 237.00
TK				THROUGH KNEE PROSTHESIS	

<u>Item</u>	<u>Code</u>	<u>Cateaory</u>	<u>Description</u>		<u>2006 COID</u>
TK010	A21010		TK exoskeletal CAT 1&2	ea	29610.00
TK030	A21030		TK endoskeletal CAT 1&2	ea	35663.00
TK040	A21040		TK endoskeletal CAT 3	ea	40536.00
TK075	A21075		TK test socket - diagnostic	ea	2741.00
AK			ABOVE KNEE PROSTHESIS		
AK040	A21540	1,2	AK prosthesis* exoskeletal CAT 1&2	ea	23102.00
AK060	A21560	1,2	AK prosthesis - endoskeletal CAT 1&2	ea	34807.00
AK080	A21580	3	AK prosthesis endoskeletal CAT 3	ea	37886.00
AK120	A21620		AK test socket - diagnostic	ea	2323.00
			Additions and repairs to AK prosthesis		
AK716	A21716		AK - Cosmetic cover - replaced	ea	4299.00
AK720	A21720		AK - cosmetic stocking	ea	216.00
AK724	A21724		AK - flexible inner socket	ea	4264.00
AK724	A21725		AK - laminate shin CRA	ea	2388.00
AK732	A21732		AK - laminate thigh CRA	ea	3046.00
AK740	A21740		AK - socket lined with leather	ea	1041.00
AK800	A21800		AK - prosthetic skin	ea	2772.00
HD			HIP DISARTICULATION PROSTHESIS		
HD030	A22030	1,2	HD prosthesis endoskeletal CAT 1&2	ea	60063.00
			PROSTHETIC COMPONENTS AND ACCESSORIES		
			Prosthetic ankles		
LA000	A22500		Ankle - Cat 1/2 single axis - with block	ea	3307.00
LA001	A22501		Ankle - Cat 1/2 single axis - without block	ea	1981.00
LA002	A22502		Ankle - Cat 1/2 single axis - modular steel	ea	1951.00
LA003	A22503		Ankle - Cat 3 single axis - modular titanium	ea	3426.00
LA004	A22504		Ankle - Cat 1/2 multi axis - with block	ea	3363.00
LA005	A22505		Ankle - Cat 1/2 multi axis - without block	ea	2282.00
LA006	A22506		Ankle - Cat 1/2 multi axis - modular steel	ea	4265.00
LA007	A22507		Ankle - Cat 3 multi axis - modular Ti or composite	ea	5048.00
LA008	A22508		Ankle - Cat 1/2 SACH wooden block	ea	570.00
LA009	A22509		Ankle - Cat 2 SACH modular steel	ea	1048.00
LA010	A22510		Ankle - Cat 3 SACH modular titanium	ea	1799.00
LA011	A22511		Ankle - Cat 1 SACH modular aluminium	ea	1683.00
PF			Activity level Prosthetic feet		
LA 092		2	Foot - Single axis <i>with</i> adapter		
	A2259211		Foot - Cat 1 - with ankle Single axis Teh Lin TAJ P1		1674.00
LA090		1,2	Foot - Single <i>axis without</i> ankle adapter		
	A2259011		Foot - Cat 1/2 - w/o ankle Single axis OB	ea	2317.00
	A2259012		Foot - Cat 1/2 - w/o ankle SACH - SINGLE AXIS OWW	ea	2568.00
	A2259013		Foot - Cat 1/2 - w/o ankle Single axis Teh Lin TFF02H		1674.00
	A2259014		Foot - Cat 1 - w/o ankle Light duty OB 1G9		1924.00
LA091		1,2	Foot - <i>multi-axis without</i> ankle adapter		

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Description</u>	<u>2006 COID</u>
	A22591		Foot- Cat 1/2 - w/o ankle Greisinger OB	ea 2360.00
LA100		1,2	Foot - SACH without ankle adapter	
	A2260011		Foot - Cat 112 - w/o ankle SACH OB	ea 1784.00
	A2260012		Foot - Cat 112 - w/o ankle SACH - OWW	ea 2042.00
	A2260013		Foot - Cat 1/2 - w/o ankle SACH - Kingsly	ea 1002.00
LA110		3	Foot - Dynamic without ankle adapter	
	A2261011		Foot - Cat 3 - w/o ankle Dynamic 1D10 OB	ea 3516.00
	A2261012		Foot - Cat 3 - w/o ankle Seattle carbon	ea 8532.00
	A2261013		Foot - Cat 3 - w/o ankle CC2 LIGHT O W	ea 7151.00
	A2261014		Foot - Cat 3 - w/o ankle CCII OWW	ea 8249.00
	A2261015		Foot - Cat 3 - w/o ankle Energizer USMC	ea 5228.00
	A2261016		Foot - Cat 3 - w/o ankle Seattle Lifecast	ea 8532.00
LA111		3	Foot - Dynamic with pyramid adapter	
	A226111/1		Foot - Cat 3 - with ankle Dynamic PRO 1D25 OB	ea 7078.00
	A226111/2		Foot - Cat 3 - with ankle SACH - Enhanced OWW	ea 3724.00
LA160		3	Foot - Multi axis dynamic without adapter	
	A226601/1		Foot - Cat 3 - w/o ankle Endolite multi flex	ea 5500.00
	A226601/2		Foot - Cat 3 - w/o ankle Quantum	ea 5048.00
LA116		3	Foot - Multi-axis dynamic with pyramid adapter	
	A226161/1		Foot - Cat 3 - with ankle SACH - Multi axis 1M1	ea 6414.00
	A226161/2		Foot - Cat 3 - with ankle Endolite Dynamic Response	ea 8173.00
	A226161/3		Foot - Cat 3 - with ankle Flexfoot SURE-FLEX III	ea 12241.00
	A226161/4		Foot - Cat 3 - with ankle CC HP O W	ea 3724.00
	A226161/5		Foot - Cat 3 - with ankle Single axis Teh Lin TGAPM or TGAOM	ea 6777.00
LA115		3	Foot - Symes	
	A226151/1		Foot - SYMES OB Pigoroff	ea 4187.00
	A226151/2		Foot - Kingsley Symes	ea 2318.00
EK			<u>Prosthetic knees</u>	
LA179		1,2	Exoskeletal knee hinge BK	
	A226791/1		Knee - Cat 1/2 OB - BK joint 7U25	pr 4631.00
LA178		1,2	Exoskeletal knee hinge TK	
	A226781/1		Knee - Cat 1/2 OB - TK joint 7G3	pr 5076.00
LA180		1	Knee - exoskeletal knee single axis with manual lock	
	A226801/1		Knee - Cat 1 OB - single axis 3P4	ea 6468.00
LA181		2	Knee - exoskeletal single axis	
	A226811/1		Knee - Cat 2 OB 3P1	ea 4929.00
LA182		2	Knee - exoskeletal knee multi axis friction	
	A226821/1		Knee - Cat 2 OB swing phase control 3P23	ea 7199.00
LA209		1	Knee - endoskeletal single axis with manual lock	

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Description</u>	<u>2006 COID</u>
	A22710/1		Knee - Cat 1 OB 3R40	3696.00
LA183	A2268311	1	<i>Knee single axis safety s/s stance phase control</i> Knee - Cat 1 OB - safety 3R15	ea 5766.00
LA185	A2270111	2	<i>Knee multi axis steel mod S&SPC</i> Knee - Cat 2 OB - Habermann 3R20 s/s	ea 8477.00
LA186	A22702/1	2	<i>Knee multi axis safety Ti or carbon mod S&SPC</i> Knee - Cat 2 OB - Habermann 3R36 titanium	ea 15258.00
LA191	A2269111	3	<i>Multi axis knee with Ti or carbon with pneumatic/hydraulic swing phase control</i> Knee - Cat 3 OB 3R70	ea 30516.00
LA189	A22689/1 A2268912	3	<i>Knee single axis Ti with hydraulic swing phase control</i> Knee - Cat 3 OB - single axis Ti, hydraulic 3R45 Knee - Cat 3 TEH LIN hydraulic TGK 1H100 or 100S	ea 24581.00 ea 30854.00
LA209	A2270911 A2270912	3	<i>Knee multi axis stance flex, swing phase control</i> Knee - Cat 3 TOTAL - 7axis Polymer Friction Knee - Cat 3 OWW GEOFLEX	ea 31446.00 ea 27971.00
LA207	A2270711	3	<i>Knee multi axis stance flex hydraulic swing phase control</i> Knee - Cat 3 OB - 3R55	31132.00

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Description</u>	<u>2006 COID</u>
LA200	A2270011	3	Knee single axis Ti or carbon with hydraulic S&SPC Knee - Cat 3 OB - 3R80 - Hydraulic	ea 39839.00
<u>Knees for TK prosthesis</u>				
LA186	A2268611	1	Knee four bar manual locks/s Knee - Cat 1 OB - 4bar-linkage manual lock 3R23	ea 15088.00
LA185	A2268511 A2268512 A2268513	2	Knee four bars/s Knee - Cat 2 OB - 4bar-linkage 3R21 Knee - Cat 2 Teh LIN four bar TK4010 Knee - Cat 2 Teh LIN four bar TK4000S	ea 12715.00 13244.00 10011.00
LA188	A2268811	3	Knee four bar Ti or carbon, hydraulic or pneumatic SPC Knee - Cat 3 OB - 4bar-linkage Ti, hydraulic 3R46	ea 32210.00
GPA General Prosthetic Accessories				
LA230	A22730		Patella buttons replaced	ea 126.00
LA235	A22735		Re-alignment(dynamic)of AK/TK modular prosthesis	ea 571.00
LA236	A22736		Re-alignment(dynamic)of BK modular prosthesis	ea 541.00
LA440	A22940		Stump care - Cleani-stump	box 537.00
LA450	A22950		Stump care - Ampu aid	tube 108.00
LA460	A22960		Stump care - Talc	tin 146.00
LA461	A22961		Stumps skin lotion	ea 252.00
LA462	A22962		Stump lubricant	ea 223.00
LA463	A22963		Stump cleaner	ea 258.00
LA464	A22964		Stump moisturiser	ea 258.00
LA465	A22965		Stump ointment	ea 319.00
LA470	A22970		Stump care - Balm	tin 258.00
LA480	A22980		Stump coning bandage 6cm	ea 210.00
LA481	A22981		Stump coning bandage 8cm	ea 266.00
LA482	A22982		Stump coning bandage 10cm	ea 356.00
LA490	A22990		Stump coning bandage 15cm	ea 389.00
LA510	A23010		Suction valve OB standard	ea 435.00
LA520	A23020		Suction valve OB total contact	ea 796.00
LA530	A23030		Suction Valve Green dot standard	ea 859.00
LA540	A23040		Suction valve Green dot total contact	ea 859.00
PH PARTIAL HAND PROSTHESIS				
PH020	A30020		Partial hand prosthesis - functional	ea 17767.00
PH030	A30030		Partial hand - opposition post	ea 8762.00
Repairs				
PH050	A30050		Partial hand - new silicone socket	ea 4012.00
PH060	A30060		Partial hand - cosmetic glove replaced	ea 3021.00
WD WRIST DISARTICULATION PROSTHESIS				
WD020	A30520		Wrist disarticulation - functional	ea 32263.00

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Description</u>	<u>2006 COID</u>
BE			BELOW ELBOW PROSTHESIS	
BE020	A31020		Below elbow prosthesis - functional hand & cosmetic cover	ea 32263.00
BE040	A31040		BE test socket * diagnostic	ea 1371.00
ED			ELBOW DISARTICULATION PROSTHESIS	
ED020	A31520		Elbow disarticulation prosthesis - functional hand and cosmetic cover	ea 47473.00
E0030	A31530		ED test socket - diagnostic	ea 1371.00
			ABOVE ELBOW PROSTHESIS	
AE010	A32010		Above elbow prosthesis- passive hand & cosmetic cover	ea 28656.00
AE020	A32020		Above elbow prosthesis - functional hand & cosmetic cover	ea 37875.00
AE040	A32040		AE test socket - diagnostic	ea 1371.00
			Additional charges	
AE060	A32060		Automatic locking elbow 12K4	ea 13339.00
AE065	A32065		Elbow Joint with cable lock	ea 9359.00
AE067	A32067		Step-upjoints for short BE or TE	ea 10529.00
			Notes	
			Manual locking elbows 12K5 are supplied as standard. Prosthetist may supply an automatic elbow on request and adjust the fee accordingly	
			The cost of the standard elbow must be deducted and the automatic elbow added.	
			Prosthetic hooks are not included with upper extremity prosthesis as standard	
SD			SHOULDER DISARTICULATION PROSTHESIS	
SD010	A32510		Shoulder disarticulation prosthesis - passive hand & cosmetic cover	ea 39678.00
SD020	A32520		Shoulder disarticulation- functional hand & cosmetic cover	ea 48896.00
AA			ACCESSORIES	
AA010	A33010		Cable - AE	ea 1373.00
AA020	A33020		Cable - BE	ea 1373.00
AA030	A33030		Corset - BE	ea 1251.00
AA040	A33040		Passive hand	ea 4989.00
AA050	A33050		Felt hand	ea 5888.00
AA060	A33060		Functional hand	ea 7391.00
AA070	A33070		Harness - AE	ea 1255.00
AA080	A33080		Harness - BE	ea 1255.00
AA090	A33090		Hook elastics	ea 33.00
AA100	A33100		Prosthetic glove - cosmetic	ea 2997.00
AA110	A33110		Prosthetic glove - leather	ea 627.00
AA120	A33120		Prosthetic hook - aluminium	ea 8596.00
AA130	A33130		Prosthetic hook - steel	ea 10999.00

<u>item</u>	<u>Code</u>	<u>Cateaoory</u>	<u>Description</u>		<u>2006 COID</u>
AA160	A33160		Wrist insert	ea	809.00
AA165	A33165		Wrist Unit	ea	3145.00
AA170	A33170		Manual locking elbow 12K5	ea	4855.00
SS		PROSTHETIC SOCKS			
SS010	A35010		Stump sock - BK local	ea	225.00
SS020	A35020		Stump sock - AK local	ea	251.00
SS030	A35030		Stump sock - Arm local	ea	162.00
SS040	A35040		Stump sock - Symes local	ea	417.00
SS090	A35090		Prosthetic sheath - imported	ea	252.00
SS093	A35093		Prosthetic sheath with hole for pin - local	ea	57.00
SS110	A35110		Fix Prosthesis - European (Daw)	ea	599.00
SS120	A35120		Fix Prosthesis - American (silicone suspension liner)	ea	295.00
SS130	A35130		Stump Shrinker B/K	ea	680.00
SS140	A35140		Stump Shrinker A/K	ea	904.00
		SUSPENSION SYSTEMS, LINERS AND LOCKS			
AK150	A21650		AK - hip-joint and pelvic band to prosthesis	ea	5425.00
AK700	A21700		AK - shoulder belt	ea	748.00
AK701	A21701		AK - silesion belt	ea	685.00
AK704	A21704		AK - silesion strap	ea	208.00
AK708	A21708		AK -waist belt	ea	720.00
AK712	A21712		AK - neoprene suspension belt	ea	1893.00
BK132	A20632		BK joints and thigh corset	ea	9285.00
BK133	A20633		Bk joints and weightbearing corset	ea	70421.00
BK192	A20692		BK back check strap	ea	415.00
BK193	A20693		BK backlift	ea	430.00
BK194	A20694		BK crutch strap	ea	465.00
BK197	A20697		BK ptb strap	ea	805.00
BK200	A20700		BK thigh corset	ea	2231.00
BK201	A20701		BK waistbelt leather	ea	864.00
BK202	A20702		BK waistbelt webbing	ea	566.00
SI600	A36600		Silicone sleeve - custom made (sleeve only)	ea	8253.00
SI605	A36605		Silicon sleeve suspension system - custom (in addition to cost of prosthesis)	ea	14653.00
SI610	A36610		Silicone sleeve suspension system (in addition to cost to prosthesis)	ea	12736.00
SI620	A36620		Silicone suspension sleeve with pin attachment	ea	6766.00
SI622	A36622		Silicone suspension sleeve (COMFORT) with pin attachment	ea	7084.00
SI625	A36625		Silicon sleeve without pin attachment	ea	5590.00
SI626	A36626		Silicon sleeve (COMFORT) without pin attachment	ea	5590.00
SI630	A36630		Silicone thigh sleeve	ea	4960.00
SI640	A36640		Silicone distal end pad	ea	4960.00
SI650	A36650		Shuttle lock only	ea	4621.00
SI651	A36651		Fit shuttle lock fitted to prosthesis (excl lock)	ea	1735.00
SI660	A36660		Plunger pin for shuttle lock	ea	333.00
SI670	A36670		Flex-seal system to prosthesis	ea	7192.00
SI675	A36675		Flex-seal	ea	6212.00
SI680	A36680		PU sleeve with locking pin attachment (set of two)	set	18973.00
SI685	A36685		PU sleeve without locking pin attachment (set of two)	set	15408.00

COIDA Guide to Fees for Prosthetic and Orthotic Services from 1 April 2006**ORTHOTICS**

= INDICATE ITEMS WHICH REQUIRE SPECIAL MOTIVATION BY COID

S = ITEM SUPPLIED WITHOUT FITTING**SF** = ITEM SUPPLIED AND FITTED TO PATIENT**CF** = ITEM CUSTOM (MODIFIED, ALTERED, CONTOURED) FITTED TO PATIENT**CM** = ITEM IS CUSTOM MANUFACTURED TO PATIENT MEASUREMENTS

Note: Fee for fitting, fabricating, modifying and altering is included in tariff fee

<u>Item</u>	<u>Code</u>		<u>DescrIption</u>		<u>COID 2006</u>
AFO ANKLE FOOT ORTHOSIS					
AFO010	A10010	S	Ankle brace * elastic	ea	144.00
AFO012	A10012	CM	Ankle brace - moulded with lacing	ea	1761.00
AFO020	A10020	CM	Ankle brace - moulded plastic	ea	1761.00
AFO021	A10021	CM	Ankle brace - lace up	ea	885.00
AFO030	A10030	S	Ankle brace - neoprene	ea	166.00
AFO031	A10031	S	Ankle brace - neoprene with splint (corrective)	ea	913.00
AFO040	A10040	S	Ankle brace - pneumatic	ea	693.00
AFO050	A10050	CM	Ankle foot orthosis - leg rotation control - resting splint	ea	1817.00
AFO060	A10060	CM	Ankle foot orthosis - plantar flexion control - resting splint	ea	1817.00
AFO070	A10070	CM	Ankle foot orthosis - moulded - with lapped joint	ea	2255.00
AFO080	A10080	CM	Ankle foot orthosis - moulded - with system joint	ea	4738.00
AFO090	A10090	CM	Ankle foot orthosis - USMC spring loaded with socket	ea	3807.00
AFOI00	A10100	CM	Below knee DOUBLE caliper	ea	1016.00
AFO110	A10110	CM	Below knee DOUBLE caliper, socket and T-strap	ea	1433.00
AFO120	A10120	CM	Below knee SINGLE caliper	ea	1016.00
AFOI30	A10130	CM	Below knee SINGLE caliper, socket and T-strap	ea	1538.00
AFO140	A10140	S	Calf sleeve neoprene	ea	267.00
AFOI90	A10190	CM	Dropfoot splint - O'Gorman	ea	1206.00
AFO200	A10200	CM	Dropfoot splint * plastic custom made	ea	1871.00
AFO220	A10220	CF	Dropfoot splint - plastic local	ea	1107.00
AFO230	A10230	CM	Fracture brace BK leather	ea	2916.00
AFO240	A10240	CM	Fracture brace BK plastic	ea	2697.00
AFO250	A10250	CF	Fracture brace - BK pneumatic walker	ea	2164.00
AFO251	A10251	CF	Fracture brace - BK pneumatic/foam walker	ea	1231.00
AFO260	A10260	CM	Heel socket round	ea	631.00
AFO270	A10270	CM	Heel socket square	ea	645.00
AFO271	A10271	CF	Heel socket - USMC - to shoe	ea	848.00
AFO280	A10280	CM	Heel socket with back-stop	ea	658.00
AFO300	A10300	CM	T-strap	ea	439.00
FO FOOT ORTHOTICS					
FO010	A11010	S	Accommodative heel (spur) pad	pr	116.00
FO020	A11020	CM	Arch support - metatarsal insole	pr	417.00
FO030	A11030	CM	Arch support - moulded 3/4 length (plaster cast)	pr	1037.00
FO031	A11031	CM	Arch support - moulded 3/4 length (foam cast)	pr	1016.00
FO040	A11040	CM	Arch support - valgus insole	pr	417.00
FO050	A11050	CM	Arch support - valgus and metatarsal insole	pr	464.00
FO053	A11053	S	Arch support silicone (Ipocon or similar)	pr	580.00
FO060	A11060	CM	Arch supports - moulded full length (cast)	pr	1284.00
FO061	A11061	CM	Arch supports - moulded full length (foam)	pr	1264.00
FO070	A11070	CF	Arch supports covering - Spenco, PPT or similar	pr	296.00
FO110	A11110	SF	Heel seats	pr	503.00

<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>COID 2006</u>
FO111	A11111	CM	Heel seats - custom made	pr	1484.00
FO120	A11120	SF	Insoles (shock absorbing) Sorbothane	pr	268.00
FO130	A11130	CF	Metatarsal pads stuck in	pr	68.00
FO031	A11131	CM	Orthotic - modify existing innersole of sports shoe	pr	662.00
FO140	A11140	CM	Orthotics U.S.C.L.	pr	1331.00
FO145	A11145	SF	Toe alignment splint	ea	333.00
FO146	A11146	S	Toe abduction splint post-op	ea	378.00
FO150	A11150	CF	Valgus pad stuck in	pr	153.00
FW			FOOTWEAR		
FO500	A11500	SF	Boots DERBY adults	pr	999.00
FO520	A11520	SF	Boots LTT adults	pr	999.00
FO600	A11600	SF	Orthopaedic footwear - extra depth shoes	pr	3500.00
FO620	A11620	S	Sandle POP	ea	123.00
FO630	A11630	S	Sandle post-op (B+J)	ea	253.00
FO631	A11631	S	Sandle post-op (B+J health sandal)	pr	206.00
FO632	A11632	S	Sandle post-op (B+J Comfy Casual)	pr	141.00
FO635	A11635	S	Sandle post-op (Arco Pedico)	pr	464.00
FO640	A11640	S	Shoes adult mens lace-up	pr	410.00
FO670	A11670	CM	Surgical boots made to measure	pr	5711.00
FO680	A11680	CM	Surgical shoes made to measure	pr	5435.00
FO685	A11690	CM	Fleace lining for boots	ea	839.00
FM			FOOTWEAR MODIFICATIONS		
FM010	A12010	CM	C & E Heels	pr	219.00
FM020	A12020	CM	Excavate heels	pr	192.00
FM030	A12030	CM	Flared heels	ea	272.00
FM040	A12040	CM	Metatarsal bars	pr	219.00
FM050	A12050	CM	Raise heel 1 cm and sole to balance	ea	305.00
FM060	A12060	CM	Raise heel 2 cm and sole to balance	ea	331.00
FM070	A12070	CM	Raise heel 3 cm and sole to balance	ea	411.00
FM080	A12080	CM	Raise heel 4 cm and sole to balance	ea	439.00
FM090	A12090	CM	Raise heel 5 cm and sole to balance	ea	470.00
FH100	A12100	CM	Raised heel insert 1 - 2 cm	ea	111.00
FM110	A12110	CM	Raised heel insert up to 1 cm	ea	111.00
FM120	A12120	CM	Raised heel insert * moulded to foot	ea	331.00
FM130	A12130	CM	Raise heel up to 1 cm	ea	141.00
FM140	A12140	CM	Raise heel up to 2 cm	ea	166.00
FM150	A12150	CM	Raise heel up to 3 cm	ea	220.00
FM160	A12160	CM	Raise heel up to 4 cm	ea	249.00
FM170	A12170	CM	Raise heel up to 5 cm	ea	279.00
FM180	A12180	CM	Raise shoe by adjustment	ea	192.00
FM190	A12190	CM	Raise shoe - Cork - up to 2.5 cm	ea	935.00
FM200	A12200	CM	Raise shoe - Cork - 2.5 to 5 cm	ea	1155.00
FM210	A12210	CM	Raise shoe - Cork - 5 to 10 cm	ea	1376.00
FM220	A12220	CM	Raise shoe * Pattern	ea	1056.00
FM230	A12230	CM	Rocker sole	ea	358.00
FM240	A12240	CM	Stretch shoes	pr	81.00
FM250	A12250	CM	Thomas's Heels	pr	219.00
FM270	A12270	CM	Wedged heel	pr	219.00
FM280	A12280	CM	Wedged heel and sole	pr	331.00
FM290	A12290	CM	Wedged sole	pr	219.00
FM300	A12300	CM	Toe cap steel	pr	357.00
FM310	A12310	CM	Toe cap moulded plastic	pr	219.00

<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>COID 2006</u>
KO			KNEE ORTHOTICS		
KO010	A13010	CM	Knee brace - custom moulded with polycentric joints	ea	6052.00
KO011	A13011	CM	Knee brace - custom moulded with locking joints	ea	7719.00
KO013	A13013	CM	Knee brace - custom moulded with overlapping joints	ea	6468.00
KO020	A13020	CF	Knee brace - neoprene with hinges local	ea	698.00
KO030	A13030	SF	Knee brace - Osgood Schlatter	ea	465.00
KO040	A13040	SF	Knee brace - Patella stabilizer	ea	465.00
KO041	A13041	SF	Knee brace - Patella stabilizer - anterior opening	ea	999.00
KO043	A13043	SF	Knee brace - Patella brace 210 P-I	ea	527.00
KO050	A13050	CF	Knee brace - Rigid ACL brace	ea	11025.00
KO070	A13070	S	Knee guard - elastic	ea	182.00
KO080	A13080	SF	Knee immobilizer post-op	ea	1165.00
KO090	A13090	SF	Knee sleeve neoprene local	ea	249.00
KO100	A13100	CF	Post - op ROM brace - local	ea	1693.00
KO120	A13120	CM	Post-op ROM brace - custom made	ea	3967.00
KO121	A13121	CM	Post-op knee extention lock	ea	2022.00
KO130	A13130	CF	Swedish Knee cage	ea	2732.00
KO140	A13140	CF	Swedish Knee cage - hinged	ea	4364.00
LO			LEG ORTHOSIS		
LO005	A14005	CM	Bi-valved full length moulded leg brace	ea	4548.00
LO010	A14010	CM	Caliper full length with knee hinges and spurs	ea	8088.00
LO020	A14020	CM	Caliper full length with knee hinges ankle joints and footplat	ea	10446.00
LO030	A14030	CM	Caliper - AK straight	ea	3275.00
LO040	A14040	CM	Caliper - AK straight for Perthes disease	ea	4466.00
LO050	A14050	CM	Caliper - weight bearing with knee joints	ea	8666.00
LO060	A14060	CM	Fracture brace AK moulded plastic	ea	3860.00
LO070	A14070	CM	Fracture brace AK moulded plastic with knee joints	ea	6853.00
LO080	A14080	CM	Fracture brace AK plus HIP spica	ea	5680.00
LO101	A14101	CM	T.H.R. Hip brace with hip controll joint - imported	ea	8806.00
LO125	A14125	CM	Posterior leg splint - moulded	ea	3387.00
LO140	A14140	S	Thigh sleeve - neoprene	ea	249.00
LO151	A14151	S	Thermal pants	ea	527.00
			Orthotic repairs	unit	
LO170	A14170	CM	Replace calf/thigh band	ea	579.00
LO180	A14180	CM	Knee cap square	ea	605.00
LO190	A14190	CM	Knee cap long (KK)	ea	777.00
LO195	A14195	CM	Orthotic repairs - (specify)	units	201.00
CO			CERVICAL ORTHOSIS		
CO010	A15010	CF	ABCO (Conradie brace)	ea	3827.00
CO015	A15015	CF	Custom moulded Plastic collar	ea	2638.00
CO020	A15020	CF	Custom moulded Plastozote collar	ea	935.00
CO030	A15030	CF	Executive cervical collar	ea	1109.00
CO040	A15040	CF	Four poster brace	ea	3019.00
CO050	A15050	CF	Halo brace and hardware without ring or pins	ea	11735.00
CO060	A15060	CF	Halo brace complete (invasive or non-invasive)	ea	20664.00
CO068	A15068	CF	Miami J	ea	1137.00
CO069	A15069	CF	Neck Lock	ea	667.00
CO070	A15070	CF	Plastic collar with chin piece	ea	608.00
CO080	A15080	CF	Plastic collar without chinpiece	ea	499.00
CO083	A15083	CF	Philidalphia collar	ea	720.00
coo90	A15090	CF	Poly pad cervical collar	ea	570.00

<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>COID 2006</u>
COO91	A15091	CF	Poly and occipital pad	ea	664.00
CO100	A15100	CF	Soft collar	ea	68.00
CO101	A15101	CF	Soft collar - extra	ea	166.00
CO102	A15102	CF	Soft collar - firm	ea	279.00
CO110	A15110	CF	S.O.M.I. brace	ea	1273.00
CO130	A15130	CF	Scull cap	ea	1816.00
SO		SPINAL ORTHOSIS			
SO005	A16005	CF	Abdominal binder * elastic 12"	ea	385.00
SO010	A16010	CF	Abdominal binder - elastic 10"	ea	338.00
SO020	A16020	CF	Abdominal binder - elastic 8"	ea	302.00
SO030	A16030	CF	Abdominal binder - 6	ea	267.00
SO040	A16040	CF	Abdominal corset * female	ea	887.00
SO050	A16050	CF	Abdominal corset - male	ea	887.00
SO070	A16070	CF	Hyper-extention (CASH) orthosis	ea	2383.00
SO075	A16075	CF	Hyper-extention (JEWETS) orthosis	ea	3827.00
SO080	A16080	CF	Lumbo Sacral Orthosis - Chairback brace	ea	2194.00
SO090	A16090	CM	Lumbo Sacral Orthosis - Bennett's Brace	ea	2924.00
SO100	A16100	CM	Lumbo-sacral Orthosis - Pantaloon brace	ea	4493.00
SO110	A16110	CM	Lumbo sacral Orthosis - post-op bivalve	ea	5188.00
SO120	A16120	CF	Lumbodorsal corset - female	ea	1071.00
SO140	A16140	CF	Lumbo-dorsal corset - male	ea	987.00
SO160	A16160	CF	Lumbo-sacral corset - elastic pullwrap	ea	765.00
SO161	A16161	CF	Lumbo-sacral corset - neopren pull wrap	ea	580.00
SO162	A16162	CF	Lumbo-sacral corset - elastic velcro	ea	608.00
SO170	A16170	CF	Lumbo-sacral corset - elastic X-strap	ea	608.00
SO180	A16180	CF	Lumbo-sacral corset - female 11"	ea	914.00
SO200	A16200	CF	Lumbo-sacral corset - female 9	ea	860.00
SO230	A16230	CF	Lumbo-sacral corset - male	ea	860.00
SO250	A16250	CM	Thoraco Lumbar Sacral Orthosis - post op	ea	4847.00
SO260	A16260	CM	Thoraco Lumbar Sacral Orthosis - post op bivalve	ea	5899.00
SO270	A16270	CF	Thoraco Lumbar Sacral Orthosis - Taylor's brace	ea	1636.00
SO271	A16271	CM	Taylor's brace custom moulded	ea	3807.00
SO280	A16280	CM	Taylor's extension to corset	ea	662.00
SO290	A16290	CF	Sacro Iliac belt	ea	580.00
AO		ARM ORTHOSIS			
AO010	A17010	CM	Arm abduction splint - custom made	ea	4178.00
AO030	A17030	S	Arm immobiliser sling	ea	166.00
AO040	A17040	S	Clavicle brace	ea	166.00
AO050	A17050	S	Collar and Cuff	ea	28.00
AO060	A17060	CM	Elbow splint - moulded, rigid	ea	2144.00
AO070	A17070	CM	Elbow splint - moulded, with free joints	ea	3694.00
AO080	A17080	CM	Elbow splint - moulded, with locking joints	ea	4640.00
AO090	A17090	CM	Fracture brace - Humerus	ea	1512.00
AO100	A17100	CM	Fracture brace - Radius, ulna	ea	1512.00
AO105	A17105	SF	Tennis elbow - single pad	ea	206.00
AO110	A17110	SF	Tennis elbow - single pad pneumatic	ea	248.00
AO120	A17120	SF	Tennis elbow - double pad	ea	389.00
HO		HAND ORTHOSIS			
HO010	A18010	SF	Carpometacarpal immobilizer strap	ea	350.00
HO020	A18020	CM	Carpometacarpal immobilizer - moulded	ea	411.00
HO030	A18030	SF	Finger splint - PIP extension	ea	500.00
HOMO	A18040	SF	Finger splint - PIP flexion	ea	500.00

<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>COID 2006</u>
HO050	A18050	S	Finger stall - leather	ea	47.00
HO060	A18060	CM	Hand splint - Post-op mobilizer	ea	1156.00
HO070	A18070	CM	Hand splint - moulded resting splint	ea	716.00
HO080	A18080	CM	Hand splint - moulded - finger flexion/extension	ea	4197.00
HO090	A18090	CM	Hand splint - Combination finger ext , MP ext , wrist ext	ea	1163.00
HO100	A18100	CM	Hand splint - Combination finger ext , MP flex, Wrist ext	ea	1163.00
HO110	A18110	CF	Hand splint - finger and MP flexion	ea	1054.00
HO120	A18120	CF	Hand splint - MP extention	ea	885.00
HO130	A18130	CF	Hand splint - MP flexion	ea	885.00
HO140	A18140	SF	Mallet finger splint	ea	174.00
HO150	A18150	SF	Thumb wrap	ea	218.00
HO151	A18151	SF	Thumb support	ea	307.00
HO152	A18152	CM	Thumb abduction splint	ea	664.00
HO160	A18160	CF	Wrist brace - elastic with volar splint	ea	316.00
HO165	A18165	CF	Wrist brace - reinforced leatherette with volar splint	ea	382.00
HO170	A18170	CF	Wrist brace - neoprene with volar splint	ea	471.00
HO180	A18180	CM	Wrist brace - moulded leather	ea	2089.00
HO190	A18190	CM	Wrist brace - moulded plastic	ea	1976.00
HO200	A18200	S	Wrist guard - elastic	ea	152.00
HO210	A18210	CF	Wrist splint - dynamic extention	ea	500.00
CU		CUSHIONS			
CU010	A40010	S	Abduction pillow	ea	605.00
CU020	A40020	S	Cervical cushion	ea	415.00
CU030	A40030	S	Coccyx cushion	ea	333.00
CU035	A40035	S	Leg elevation cushion	ea	771.00
CU040	A40040	S	Lumbar roll cushion	ea	122.00
CU050	A40050	S	Lumbar support cushion - local	ea	249.00
CU060	A40060	S	Paraplegic cushion - foam	ea	655.00
CU070	A40070	S	Paraplegic cushion - gel	ea	5836.00
CU075	A40075	CM	Wheelchair insert - custom made	ea	11856.00
CU080	A40080	S	Ring cushion - Foam	ea	146.00
CU100	A40100	S	Ring cushion - Inflatable	ea	193.00
GC		GRADUATED COMPRESSION HOSE			
GC010	A50010	SF	Anti embolic stocking thigh high with waistbelt	pr	588.00
GC020	A50020	SF	Anti-embolic stocking calf length	pr	415.00
GC030	A50030	SF	Anti-embolic stocking thigh length	pr	555.00
GC040	A50040	SF	Class I compression stocking - Calf length	pr	470.00
GC050	A50050	SF	Class I compression stocking - Half thigh	pr	574.00
GC060	A50060	SF	Class I compression stocking - Thigh high	pr	648.00
GC065	A50065	SF	Class I compression stocking - Thigh high + silicone garter	pr	788.00
GC070	A50070	SF	Class I compression - Pantyhose	ea	860.00
GC075	A50075	SF	Class I compression - Maternity Pantyhose	ea	927.00
GC080	A50080	SF	Class II compression stocking - Calf length	pr	656.00
GC090	A50090	SF	Class II compression stocking - Half thigh	pr	784.00
GC100	A50100	SF	Class II compression stocking - Thigh high	pr	844.00
GC110	A50110	SF	Class II compression stocking - Thigh high with waistbelt	ea	677.00
GC130	A50130	SF	Class III compression stocking - calf length	pr	700.00
GC140	A50140	SF	Class III compression stocking - half thigh	pr	784.00
GC150	A50150	SF	Class III compression stocking - thigh high	pr	864.00
GC160	A50160	SF	Class III compression stocking -thigh high with waistbelt	ea	700.00
HOSPITAL AND HOME NURSING EQUIPMENT					
HE010	A54010	S	Bath chair/board	ea	784.00

<u>Item</u>	<u>Code</u>		<u>DescriDtion</u>		<u>COID 2006</u>
HE020	A54020	S	Bath chair * swivel type	ea	1813.00
HE030	A54030	S	Bed frame	ea	567.00
HE040	A54040	S	Bed pan	ea	146.00
HE050	A54050	S	Bed pan - slipper type	ea	141.00
HE060	A54060	S	Charnley commode	ea	1407.00
HE070	A54070	S	Commode	ea	1168.00
HE080	A54080	S	Commode with wheels	ea	1611.00
HE090	A54090	S	Commode with wheels and foot rests	ea	2083.00
HE100	A54100	S	Sheepskin bedpad	ea	487.00
HE110	A54110	S	Sheepskin heellelbow protectors	pr	161.00
HE120	A54120	S	Toilet seat raiser	ea	796.00
HE130	A54130	S	Urinal bottle	ea	48.00
HE140	A54140	S	Water proof sheet	ea	99.00
PS					
PROFFESIONAL SERVICES					
PS030	A60030		Hospitalvisit	ea	129.00
PS070	A60070		Theatre attendance	ea	656.00
PS090	A60090		Time 1 unit	ea	66.00
TE					
TRACTION EQUIPMENT					
TE010	A70010	S	Cervicaltraction halter - disposable	ea	20.00
TE020	A70020	S	Cervicaltraction halter - leather / canvas	ea	491.00
TE030	A70030	S	Pelvic traction belt - canvass	ea	235.00
TE040	A70040	S	Pelvic traction belt - leather	ea	884.00
TE050	A70050	S	Pelvic traction corset	ea	456.00
TE060	A70060	S	Traction cord	mtr	1.00
TE070	A70070	S	Traction kit * over door	ea	734.00
TE080	A70080	S	Traction kit * under mattress	ea	760.00
TE090	A70090	S	Traction water weight bag	ea	185.00
TE100	A70100	S	Thomas's splint	ea	686.00
TE110	A70110	S	Thomas's splint foot piece	ea	253.00
TE120	A70120	S	Thomas's splint - Pearson's knee piece	ea	253.00
TE130	A70130	S	Skin traction - foam	ea	220.00
TE140	A70140	S	Skin traction - elastoplast	ea	220.00
WA					
WALKING AIDS					
WAOIO	A71010	S	Delta walker	ea	2362.00
WA020	A71020	S	Elbow crutches	pr	321.00
WA030	A71030	S	Elbow crutches * moulded handels	pr	1083.00
WA040	A71040	S	Gutter crutch	ea	500.00
WA050	A71050	S	Walking frame	ea	427.00
WA060	A71060	S	Walking frame - folding	ea	439.00
WA070	A71070	S	Walking frame - reciprocal	ea	1253.00
WA080	A71080	S	Walking frame -with wheels	ea	676.00
WA090	A71090	S	Walking stick - adjustable	ea	160.00
WA100	A71100	S	Walking stick - cane	ea	161.00
WA110	A71110	S	Wooden crutches	pr	308.00
WA120	A71120	S	Ferrule * local	ea	9.00
WAI30	A71130	S	Ferrule- JOLO	ea	668.00
WA140	A71140	S	Tripod walking stick	ea	295.00
WA150	A71150	S	Ring crutches -wood	pr	664.00
WA160	A71160	S	Ring crutches - metal	pr	551.00
WC					
WHEELCHAIRS					

<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>COID 2006</u>
WC010	A80010	S	Economy wheelchair	ea	6111.00
WC020	A80020	S #	Light weight wheelchair	ea	11950.00
WC030	A80030	S	Standard wheelchair	ea	7195.00
WC050	A80050	S #	Reclining wheelchair	ea	8948.00
WC060	A80060	S	Hire of wheelchair per month (Guideline no 2.7 refers)	ea	358.00
WC070	A80070	S	Hire of wheelchair per week (Guideline no 2.7 refers)	ea	81.00
