



Government Gazette Staatskoerant

REPUBLIC OF SOUTH AFRICA
REPUBLIEK VAN SUID-AFRIKA

Vol. 480

Pretoria, 1 June
Junie 2005

No. 27630



AIDS HELPLINE: 0800-0123-22 Prevention is the cure

CONTENTS**INHOUD**

No.		Page No.	Gazette No.	No.		Bladsy No.	Koerant No.
GENERAL NOTICE				ALGEMENE KENNISGEWING			
Labour, Department of				Arbeid, Departement van			
<i>General Notice</i>				<i>Algemene Kennisgewing</i>			
864	Compensation for Occupational Injuries and Diseases Act (130/1993): Scale of fees for Orthotic and Prosthetic Services	3	27630	864	Wet op Vergoeding vir Beroepsbeserings en -siektes (130/1993): Tarief vir Ortotiese en Prostetiese Dienste.....	4	27630

GENERAL NOTICE ALGEMENE KENNISGEWING

NOTICE 864 OF 2005

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASED 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 2005**.
2. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2005** and **Exclude VAT**.



MEMBATHISI MPHUMZI SHEPHERD MDLADLANA
MINISTER OF LABOUR

KENNISGEWING 864 VAN 2005**WET OP VERGOEDING VIR BEROEPSBESERINGS EN -SIEKTES, 1993 (WET NO. 130 VAN 1993)**

1. Ek, Membathisi Mphumzi Shepherd Mdladlana, Minister van Arbeid, maak hierby bekend dat ek, na beraadslaging met die Vergoedingsraad en handelende kragtens die bevoegdheid my verleen by artikel 97 van die Wet op Vergoeding vir Beroepsbeserings en -siektes, 1993 (Wet No. 130 van 1993), die "Tarief vir Mediese behandeling" betaalbaar ingevolge artikel 76, met inbegrip van die Algemene Reëls en Algemene Wysigers wat daarop van toepassing is, en wat in die Bylae van hierdie kennisgewing verskyn, met ingang van **1 April 2005** voorskryf.
2. Die tarief wat in die Bylae voorkom, is van toepassing op dienste wat op of na **1 April 2005** gelewer word en sluit **BTW** uit.



MEMBATHISI MPHUMZI SHEPHERD MDLADLANA
MINISTER VAN ARBEID

GENERAL INFORMATION / ALGEMENE INLIGTING.**(i) THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER.**

The employee is permitted to choose freely 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 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 toto, 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.

(i) **DIE WERKNEMER EN DIE MEDIESE DIENSVERSKAFFER**

Die werknemer het 'n vrye keuse van diensverskaffer bv. Dokter, apteek, fisioterapeut, hospitaal ens. en geen inmenging met hierdie voorreg word toegelaat solank dit redelik en sonder nadeel vir die werknemer self of die Vergoedingsfonds uitgeoefen word nie. Die enigste uitsonderings op hierdie reël is in daardie gevalle waar die werkgewers met die goedkeuring van die Vergoedingskommissaris hul eie geneeskundige dienste in die geheel voorsien, d.i. insluitende hospitaal- verplegings- en ander dienste—artikel 78 van die Wet verwys.

Kragtens die bepaling van artikel 42 mag die Vergoedingskommissaris of die werkgewer na gelang van die geval, 'n beseerde werknemer na 'n ander geneesheer deur hom (Vergoedingskommissaris of werkgewer) aangewys, stuur vir 'n spesiale ondersoek en verslag. Spesiale gelde is betaalbaar vir hierdie dienste. Hierdie ondersoek word uit die aard van die saak feitlik uitsluitlik deur spesialiste gedoen.

In die geval van verandering van geneeshere wat 'n geval behandel, sal die eerste geneesheer wat behandeling toegedien het, behalwe waar die geval aan 'n spesialis oorhandig is, as die lasgewer beskou word en betaling sal normaalweg aan hom gemaak word. **Ten einde geskille te voorkom, moet geneeshere hul daarvan weerhou om 'n geval wat reeds onder behandeling is te behandel sonder om dit eers met die eerste geneesheer te bespreek.** Oor die algemeen word veranderings van geneeshere, tensy voldoende redes daarvoor bestaan, nie aangemoedig nie.

In gevalle waar 'n beseerde werknemer noodbehandeling benodig, moet die geneesheer op dieselfde wyse as teenoor enige pasient wat sy hulp dringend nodig het optree. Hy moet egter nie die Vergoedingskommissaris vra om sulke behandeling goed te keur alvorens aanspreeklikheid vir die eis kragtens die Wet aanvaar is nie. Dit moet in gedagte gehou word dat 'n werknemer geneeskundige behandeling op sy eie risiko soek. As 'n werknemer dus aan 'n geneesheer voorgee dat hy 'n geval is onder die Wet op Vergoeding vir Beroepsbeserings en Siektes en tog versuim om die voordele van die Wet te eis deur die Vergoedingskommissaris of sy werkgewer in die duister te laat van enige moontlike gronde vir 'n eis, kan die betrokke versekeringsfonds geen aanspreeklikheid aanvaar vir geneeskundige onkoste wat aangegaan is nie as die besering nie aangemeld is op die voorgeskrewe wyse nie. Die Vergoedingskommissaris kan ook rede he om nie die eis teen die Fonds te aanvaar nie. Onder sulke omstandighede sou die werknemer in dieselfde posisie verkeer as enige lid van die publiek wat betaling van sy geneeskundige onkoste betref.

Die bedrae gepubliseer in die tarief vir COIDA is BTW uitgesluit. Die enigste uitsondering is die “per diem” tarief vir Privaat Hospitale, wat BTW insluit. Die rekening vir dienste gelewer word aangeslaan en bereken sonder BTW. Indien BTW van toepassing is en 'n BTW registrasie nommer aangedui is, word dit bereken en by die betalingsbedrag gevoeg sonder om afgerond te word.

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

EISE TEEN DIE 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 werkgever 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 werkgever word in kennis gestel van die eisnommer. Navrae vir eisnommers moet aan die werkgever gerig word en nie aan die Kommissaris nie. Die werkgever 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 thereof • *Alle nuwe rekeninge word vasgelê op die Kommissaris se databasis en 'n opsomming van rekeninge ontvang word weekliks 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 werkgever, moet 'n duplikaatrekening ingedien word by die Vergoedingskommissaris. Die rekening moet vergesel word van ander dokumentasie bv. DEEL B van die Werkgever se Verslag oor 'n Ongeval (W.CL 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 WCI20 form 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 'n tweede 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 FOR ACCOUNTS RENDERED •
MINIMUM VEREISTES 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 werkgever en registrasie nommer indien beskikbaar.*
 - c. CC claim number/ alternatively employer's registration number • *CC eisnommer/alternatiewelik die werkgever 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 Vergoedingsfonds aan te meld. Indien 'n afskrif van die identiteitsdokument nie aangeheg is nie, sal die eis nie geregistreer word nie en die dokumente sal teruggestuur word aan die werkgever/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.*

COIDA POLICY DOCUMENT FOR ORTHOTIC AND PROSTHETIC SERVICES**GUIDELINES :****A : ROLE OF THE COMPENSATION COMMISSIONER****1. LIABILITY UNDER THE ACT (SECTION 73)****1.1 Section 73(1)**

"The Director General or employer individually liable or mutual association concerned, as the case may be, shall for a period of not more than two years from the date of accident or the commencement of a disease referred to in section 65(1) pay the reasonable cost incurred by or on behalf of an employee in respect of medical aid necessitated by such accident or disease."

1.2 Section 73(2)

"If, in the opinion of the Director General, further medical aid in addition to that referred to in subsection (1) will reduce the disablement from which the employee is suffering, he may pay the cost incurred in respect of such further aid or direct the employer individually liable or the mutual association concerned as the case may be, to pay it."

1.3 Section 1 (XXIV)

"Medical aid" means medical, surgical or hospital treatment, skilled nursing services, any remedial treatment approved by the Commissioner, the supply and repair of any prostheses or any device necessitated by disablement, and ambulance services where in the opinion of the commissioner, they were essential.

2. INTERPRETATION OF THE TARIFFS (PROCEDURES TO BE FOLLOWED WITH SUPPLY OF ARTIFICIAL DEVICES)

2.1.1 The Compensation Commissioner will bear the reasonable cost for all reasonable artificial aid as part of active treatment provided that liability has been accepted by the Commissioner and treatment was prescribed by a medical practitioner.

2.1.2 The Commissioner 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

2.1.3 The Commissioner will consider requests only if it will enable the employee to stay or return to the Labour market and therefore reduce disablement.

2.2 Prosthesis or artificial devices

2.2.1 Proposed O/P services to new patients or of new equipment must be accompanied by a written report by the practitioner indicating the functional level and environmental circumstances of the

patient. O/P services effected by a practitioner prior to the Commissioner's authorisation will be at the practitioner's risk.

- 2.2.2 One standard arm or leg prosthesis per employee. If the nature of his employment/work requires a second prosthesis, it must be motivated by the employee and confirmed by the employer. The employee must be evaluated each time he is entitled to a new prosthesis
- 2.2.3 The employee must consult a medical doctor to support requests for refits for stump changes and other medical problems regarding the stump
- 2.2.4 In case of a leg prosthesis, one pair of crutches may supplement the prosthesis

2.3 Refit of prosthesis

A refit will be categorised as ONLY a change to the socket as a result of stump changes.

- 2.3.1 The first prosthesis will be refitted after a period of ± 6 months. The request must be accompanied with the necessary motivation and proof of stump volume changes.
- 2.3.2 The Commissioner will pay for the re-fit of the prosthesis where it is justified by the circumstances. Proof of stump volume changes is required.
- 2.3.3 The prosthetist should provide a reasonable quotation to the Commissioner when recommending each replacement, re-fit or repair.
- 2.3.4 If the employee returns to work after the accident a second prosthesis may be required. This will be supplied by the Commissioner but only if proof of employment and/or motivation from the current employer is supplied.

2.4 Repair of prosthesis

Repairs to a prosthesis are considered to be replacement or repair of damaged/worn out parts and prosthetic covers.

- 2.4.1 The Commissioner will bear the Tariff cost of repairs to or replacement of a prosthesis, which has suffered from "fair wear and tear".
- 2.4.2 The Commissioner will not bear the cost of a prosthesis, which has become lost, broken, worn out or is otherwise unserviceable in consequence of the patient's neglect or abuse.

2.5 Replacement of prosthesis

- 2.5.1 Prosthesis should last for a minimum of five years. Replacement due to normal wear and tear will be considered on application with motivation from the employee after five years.
- 2.5.2 Some parts of the prosthesis (straps, socks, suspension sleeves etc) are degenerative by nature and will perish or become consumed through usage.

Guidelines for replacement of these items are:

- 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 sheaths – if worn with silicone or gel liners, six every year.
– If worn with conventional prosthesis, twelve per year.
- (f) Cosmetic stockings –one pair per year.
- (g) Replacement of cosmetics cover – two years.
- (h) Calipers – 5 years (normal wear and tear) Full motivation needed with request for replacement.

2.6 Cosmetic prosthesis

The Commissioner does not generally regard a prosthesis, which serves a purely cosmetic function as a necessity. The prosthesis MUST be functional in nature.

2.7 Wheelchairs

- 2.7.1 Normally allowed for e.g. bilateral amputees, paraplegics and quadroplegics
- 2.7.2 Normal lifespan of wheelchair is 5 years (normal wear and tear)
- 2.7.3 Replacement of wheelchair will be considered if accompanied with necessary motivation
- 2.7.4 Repairs during the 5 years will be considered by the Commissioner if deemed reasonable.
- 2.7.5 The hire of a wheelchair is applicable if the use of the wheelchair will not be permanent. The wheelchair must be prescribed by the treating doctor. A maximum of four months is considered reasonable and if exceeded, full motivation must be supplied by the doctor. Cost for hire of wheelchair may never exceed purchase price. See tariff guide for applicable fees.

2.8 Calipers

- 2.8.1 A doctors prescription must accompany the account/request. A medical report describing the employees condition may be required by the Commissioner indicating how often the callipers will be used.
- 2.8.2 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.

2.9 New patients/First Prosthesis

- 2.9.1 It is the patient's right to select the practitioner to render services. (must look at this point again to possibly include restrictions about closest orthotist and "marketing" problems)
- 2.9.2 Services rendered must be consistent with the patient's functional and environmental circumstances
- 2.9.3 New amputees will not be assessed higher than level II for their First prosthesis.
- 2.9.4 Normal wear and tear will apply to this first level 1 or 2 prosthesis and the second prosthesis (if approved) may be a level 3 to suite the employees circumstances after full rehabilitation
- 2.9.5 No authorization needs to be obtained from the Commissioner for the first prosthesis as the service provider has a clear policy and guideline as well as tariffs and if it is adhered to, the services will be paid for by the Commissioner
- 2.9.6 Any delay by the service provider to supply a first prosthesis causing further unnecessary expenses e.g. longer hospitalisation, will be recovered from the prosthetist

2.10 Second opinion

The Commissioner is entitled to obtain an independent report concerning any orthotic or prosthetic services, which have been rendered.

B. ROLE OF THE EMPLOYEE

- 1. Permission for refit, repairs and replacement:

The employee must request personally in writing with full particulars i.e.

- (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 number.
- (d) He/she must specify what is required.

- (e) 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.
- (f) 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.
- (g) 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.
- (h) Current address and telephone number must be reflected in the statement if no telephone numbers a contact number is essential.

C. ROLE OF SERVICE PROVIDER

1. The tariffs published by COIDA after consultation with SAOPA will represent the approved tariffs payable, if the Commissioner has approved the service.
2. The tariffs are not an indication that the service by default will be approved by the Commissioner.
3. Authorisation
 - 3.1 No special authorisation is required whilst the employee is under active medical treatment approved by the Commissioner.
 - 3.2 It is prerogative of the provider to repair, refit or replace a prosthesis of an employee at his/her own risk or to approach the Commissioner via the employee for approval in which case a specified quotation according to the negotiated tariff list must be submitted.
 - 3.3 Any request for non-standard prosthesis must be motivated separately and in detail. See role of the employee for guidelines under which it will be considered.
 - 3.4 After approval is obtained and the services rendered, the specified account according to the tariff list can be submitted to the Commissioner for payment.
 - 3.5 The account must be accompanied with a separate written notice from the employee, confirming receipt of the prosthesis in good working condition and the date of receipt.
 - 3.6 The Commissioner will consider reasonable medical expenses.

D. 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 prosthetist 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 assessments 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 a 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 a 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 name :	
Postal address :	
Home phone number :	Work phone number :
Date of accident :	
Date of birth :	Age of employee :
Height of employee:	Weight of employee :

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 MAY 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	☐
Occasionally	☐
Seldom	☐

WHAT PERIOD : (tick box below)

All day	☐
Most part of the day	☐
Less than half a day	☐

5. DO CONDITIONS EXIST THAT AFFECT PROSTHETIC MOBILITY?**Medical :****Psychological :****Environmental :****Other remarks :****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 :**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)

11. QUOTATION FOR NEW PROSTHESIS/REFIT:

(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: : _____

: _____

Home 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 2005**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 2005</u>
AFO ANKLE FOOT ORTHOSIS					
AFO010	A10010	S	Ankle brace - elastic	ea	138.00
AFO012	A10012	CM	Ankle brace - moulded with lacing	ea	1693.00
AFO020	A10020	CM	Ankle brace - moulded plastic	ea	1693.00
AFO021	A10021	CM	Ankle brace - lace up	ea	851.00
AFO030	A10030	S	Ankle brace - neoprene	ea	160.00
AFO031	A10031	S	Ankle brace - neoprene with splint(corrective)	ea	878.00
AFO040	A10040	S	Ankle brace - pneumatic	ea	666.00
AFO050	A10050	CM	Ankle foot orthosis - leg rotation control - resting splint	ea	1747.00
AFO060	A10060	CM	Ankle foot orthosis - plantar flexion control - resting splint	ea	1747.00
AFO070	A10070	CM	Ankle foot orthosis - moulded - with lapped joint	ea	2168.00
AFO080	A10080	CM	Ankle foot orthosis - moulded - with system joint	ea	4556.00
AFO090	A10090	CM	Ankle foot orthosis - USMC spring loaded with socket	ea	3661.00
AFO100	A10100	CM	Below knee DOUBLE caliper	ea	977.00
AFO110	A10110	CM	Below knee DOUBLE caliper, socket and T-strap	ea	1378.00
AFO120	A10120	CM	Below knee SINGLE caliper	ea	977.00
AFO130	A10130	CM	Below knee SINGLE caliper, socket and T-strap	ea	1479.00
AFO140	A10140	S	Calf sleeve neoprene	ea	257.00
AFO190	A10190	CM	Dropfoot splint - O'Gorman	ea	1160.00
AFO200	A10200	CM	Dropfoot splint - plastic custom made	ea	1799.00
AFO210	A10210	CF	Dropfoot splint - plastic imported	ea	1330.00
AFO220	A10220	CF	Dropfoot splint - plastic local	ea	1064.00
AFO230	A10230	CM	Fracture brace BK leather	ea	2804.00
AFO240	A10240	CM	Fracture brace BK plastic	ea	2593.00
AFO250	A10250	CF	Fracture brace - BK pneumatic walker	ea	2081.00
AFO251	A10251	CF	Fracture brace - BK pneumatic/foam walker	ea	1184.00
AFO260	A10260	CM	Heel socket round	ea	607.00
AFO270	A10270	CM	Heel socket square	ea	620.00
AFO271	A10271	CF	Heel socket - USMC - to shoe	ea	815.00
AFO280	A10280	CM	Heel socket with back-stop	ea	633.00
AFO300	A10300	CM	T-strap	ea	422.00
FO FOOT ORTHOTICS					
FO010	A11010	S	Accomodative heel (spur) pad	pr	112.00
FO020	A11020	CM	Arch support - metatarsal insole	pr	401.00
FO030	A11030	CM	Arch support - moulded 3/4 length (plaster cast)	pr	997.00
FO031	A11031	CM	Arch support - moulded 3/4 length (foam cast)	pr	977.00
FO040	A11040	CM	Arch support - valgus insole	pr	401.00
FO050	A11050	CM	Arch support - valgus and metatarsal insole	pr	446.00

<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>COID 2005</u>
FO053	A11053	S	Arch support silicone (Ipocon or similar)	pr	558.00
FO060	A11060	CM	Arch supports - moulded full length (cast)	pr	1235.00
FO061	A11061	CM	Arch supports - moulded full length (foam)	pr	1215.00
FO070	A11070	CF	Arch supports covering - Spenco, PPT or similar	pr	285.00
FO110	A11110	SF	Heel seats	pr	484.00
FO111	A11111	CM	Heel seats - custom made	pr	1427.00
FO120	A11120	SF	Insoles (shock absorbing) Sorbothane	pr	258.00
FO130	A11130	CF	Metatarsal pads stuck in	pr	65.00
FO031	A11131	CM	Orthotic - modify existing innersole of sports shoe	pr	637.00
FO140	A11140	CM	Orthotics U.S.C.L	pr	1280.00
FO145	A11145	SF	Toe alignment splint	ea	320.00
FO146	A11146	S	Toe abduction splint post-op	ea	363.00
FO150	A11150	CF	Valgus pad stuck in	pr	147.00
FW FOOTWEAR					
FO500	A11500	SF	Boots DERBY adults	pr	961.00
FO520	A11520	SF	Boots LTT adults	pr	961.00
FO600	A11600	SF	Orthopaedic footwear - extra depth shoes	pr	3365.00
FO620	A11620	S	Sandle POP	ea	118.00
FO630	A11630	S	Sandle post-op (B+J)	ea	243.00
FO631	A11631	S	Sandle post-op (B+J health sandal)	pr	198.00
FO632	A11632	S	Sandle post-op (B+J Comfy Casual)	pr	136.00
FO635	A11635	S	Sandle post-op (Arco Pedico)	pr	446.00
FO640	A11640	S	Shoes adult mens lace-up	pr	394.00
FO670	A11670	CM	Surgical boots made to measure	pr	5491.00
FO680	A11680	CM	Surgical shoes made to measure	pr	5226.00
FO685	A11690	CM	Fleace lining for boots	ea	807.00
FM FOOTWEAR MODIFICATIONS					
FM010	A12010	CM	C & E Heels	pr	211.00
FM020	A12020	CM	Excavate heels	pr	185.00
FM030	A12030	CM	Flared heels	ea	262.00
FM040	A12040	CM	Metatarsal bars	pr	211.00
FM050	A12050	CM	Raise heel 1 cm and sole to balance	ea	293.00
FM060	A12060	CM	Raise heel 2 cm and sole to balance	ea	318.00
FM070	A12070	CM	Raise heel 3 cm and sole to balance	ea	395.00
FM080	A12080	CM	Raise heel 4 cm and sole to balance	ea	422.00
FM090	A12090	CM	Raise heel 5 cm and sole to balance	ea	452.00
FH100	A12100	CM	Raised heel insert 1 - 2 cm	ea	107.00
FM110	A12110	CM	Raised heel insert up to 1 cm	ea	107.00
FM120	A12120	CM	Raised heel insert - moulded to foot	ea	318.00
FM130	A12130	CM	Raise heel up to 1 cm	ea	136.00
FM140	A12140	CM	Raise heel up to 2 cm	ea	160.00
FM150	A12150	CM	Raise heel up to 3 cm	ea	212.00
FM160	A12160	CM	Raise heel up to 4 cm	ea	239.00
FM170	A12170	CM	Raise heel up to 5 cm	ea	268.00
FM180	A12180	CM	Raise shoe by adjustment	ea	185.00
FM190	A12190	CM	Raise shoe - Cork - up to 2.5 cm	ea	899.00
FM200	A12200	CM	Raise shoe - Cork - 2.5 to 5 cm	ea	1111.00
FM210	A12210	CM	Raise shoe - Cork - 5 to 10 cm	ea	1323.00
FM220	A12220	CM	Raise shoe - Pattern	ea	1015.00
FM230	A12230	CM	Rocker sole	ea	344.00

<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>COID 2005</u>
FM240	A12240	CM	Stretch shoes	pr	78.00
FM250	A12250	CM	Thomas's Heels	pr	211.00
FM270	A12270	CM	Wedged heel	pr	211.00
FM280	A12280	CM	Wedged heel and sole	pr	318.00
FM290	A12290	CM	Wedged sole	pr	211.00
FM300	A12300	CM	Toe cap steel	pr	343.00
FM310	A12310	CM	Toe cap moulded plastic	pr	211.00

KO**KNEE ORTHOTICS**

KO010	A13010	CM	Knee brace - custom moulded with polycentric joints	ea	5819.00
KO011	A13011	CM	Knee brace - custom moulded with locking joints	ea	7422.00
KO013	A13013	CM	Knee brace - custom moulded with overlapping joints	ea	6219.00
KO015	A13015	CF	Knee brace - elastic with hinges imported	ea	720.00
KO020	A13020	CF	Knee brace - neoprene with hinges local	ea	671.00
KO030	A13030	SF	Knee brace - Osgood Schlatter	ea	447.00
KO040	A13040	SF	Knee brace - Patella stabilizer	ea	447.00
KO041	A13041	SF	Knee brace - Patella stabilizer - anterior opening	ea	961.00
KO043	A13043	SF	Knee brace - Patella brace 210 P-I	ea	507.00
KO050	A13050	CF	Knee brace - Rigid ACL brace	ea	10601.00
KO070	A13070	S	Knee guard - elastic	ea	175.00
KO080	A13080	SF	Knee immobilizer post-op	ea	1120.00
KO090	A13090	SF	Knee sleeve neoprene local	ea	239.00
KO091	A13091	SF	Knee sleeve neoprene imported	ea	425.00
KO100	A13100	CF	Post - op ROM brace - local	ea	1628.00
KO110	A13110	CF	Post-op ROM brace - imported	ea	2029.00
KO120	A13120	CM	Post-op ROM brace - custom made	ea	3814.00
KO121	A13121	CM	Post-op knee extension lock	ea	1944.00
KO130	A13130	CF	Swedish Knee cage	ea	2627.00
KO140	A13140	CF	Swedish Knee cage - hinged	ea	4196.00

LO**LEG ORTHOSIS**

LO005	A14005	CM	Bi-valved full length moulded leg brace	ea	4373.00
LO010	A14010	CM	Caliper full length with knee hinges and spurs	ea	7777.00
LO020	A14020	CM	Caliper full length with knee hinges ankle joints and footplat	ea	10044.00
LO030	A14030	CM	Caliper - AK straight	ea	3149.00
LO040	A14040	CM	Caliper - AK straight for Perthes disease	ea	4294.00
LO050	A14050	CM	Caliper - weight bearing with knee joints	ea	8333.00
LO060	A14060	CM	Fracture brace AK moulded plastic	ea	3712.00
LO070	A14070	CM	Fracture brace AK moulded plastic with knee joints	ea	6589.00
LO080	A14080	CM	Fracture brace AK plus HIP spica	ea	5462.00
LO101	A14101	CM	T.H.R. Hip brace with hip controll joint - imported	ea	8467.00
LO125	A14125	CM	Posterior leg splint - moulded	ea	3257.00
LO140	A14140	S	Thigh sleeve - neoprene	ea	239.00
LO141	A14141	S	Thigh sleeve - neoprene imported	ea	433.00
LO151	A14151	S	Thermal pants	ea	507.00

Orthotic repairs

unit

LO170	A14170	CM	Replace calf/thigh band	ea	557.00
LO180	A14180	CM	Knee cap square	ea	582.00
LO190	A14190	CM	Knee cap long (KK)	ea	747.00

<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>COID 2005</u>
LO195	A14195	CM	Orthotic repairs - (specify)	units	193.00
CO CERVICAL ORTHOSIS					
CO010	A15010	CF	ABCO (Conradie brace)	ea	3680.00
CO015	A15015	CF	Custom moulded Plastic collar	ea	2537.00
CO020	A15020	CF	Custom moulded Plastozote collar	ea	899.00
CO030	A15030	CF	Executive cervical collar	ea	1066.00
CO040	A15040	CF	Four poster brace	ea	2903.00
CO050	A15050	CF	Halo brace and hardware without ring or pins	ea	11284.00
CO060	A15060	CF	Halo brace complete (invasive or non-invasive)	ea	19869.00
CO068	A15068	CF	Miami J	ea	1093.00
CO069	A15069	CF	Neck Lock	ea	641.00
CO070	A15070	CF	Plastic collar with chin piece	ea	585.00
CO080	A15080	CF	Plastic collar without chinpiece	ea	480.00
CO083	A15083	CF	Philidalphia collar	ea	692.00
CO084	A15084	CF	Philidalphia / A.B.S collar imported	ea	1544.00
CO090	A15090	CF	Poly pad cervical collar	ea	548.00
CO091	A15091	CF	Poly and occipital pad	ea	638.00
CO100	A15100	CF	Soft collar	ea	65.00
CO101	A15101	CF	Soft collar - extra	ea	160.00
CO102	A15102	CF	Soft collar - firm	ea	268.00
CO110	A15110	CF	S.O.M.I. brace	ea	1224.00
CO120	A15120	CF	S.O.M.I. Brace - imported	ea	1655.00
CO130	A15130	CF	Scull cap	ea	1746.00
SO SPINAL ORTHOSIS					
SO005	A16005	CF	Abdominal binder - elastic 12"	ea	370.00
SO010	A16010	CF	Abdominal binder - elastic 10"	ea	325.00
SO020	A16020	CF	Abdominal binder - elastic 8"	ea	290.00
SO030	A16030	CF	Abdominal binder - 6"	ea	257.00
SO040	A16040	CF	Abdominal corset - female	ea	853.00
SO050	A16050	CF	Abdominal corset - male	ea	853.00
SO070	A16070	CF	Hyper-extention (CASH) orthosis	ea	2291.00
SO075	A16075	CF	Hyper-extention (JEWETS) orthosis	ea	3680.00
SO080	A16080	CF	Lumbo Sacral Orthosis - Chairback brace	ea	2110.00
SO090	A16090	CM	Lumbo Sacral Orthosis - Bennett's Brace	ea	2812.00
SO100	A16100	CM	Lumbo-sacral Orthosis - Pantaloon brace	ea	4320.00
SO110	A16110	CM	Lumbo sacral Orthosis - post-op bivalve	ea	4988.00
SO111	A16111	CF	Lumbo sacral Orthosis - chairback imported	ea	4113.00
SO120	A16120	CF	Lumbo-dorsal corset - female	ea	1030.00
SO130	A16130	CF	Lumbo-dorsal corset - female - imported	ea	1361.00
SO140	A16140	CF	Lumbo-dorsal corset - male	ea	949.00
SO150	A16150	CF	Lumbo-dorsal corset - male - imported	ea	1361.00
SO160	A16160	CF	Lumbo-sacral corset - elastic pullwrap	ea	736.00
SO161	A16161	CF	Lumbo-sacral corset - neopren pull wrap	ea	558.00
SO162	A16162	CF	Lumbo-sacral corset - elastic velcro	ea	585.00
SO163	A16163	CF	Lumbo-sacral corset - elastic velcro imported	ea	744.00
SO170	A16170	CF	Lumbo-sacral corset - elastic X-strap	ea	585.00
SO180	A16180	CF	Lumbo-sacral corset - female 11"	ea	879.00
SO190	A16190	CF	Lumbo-sacral corset - female 11" - imported	ea	1335.00
SO200	A16200	CF	Lumbo-sacral corset - female 9"	ea	827.00
SO210	A16210	CF	Lumbo-sacral corset - female 9" - imported	ea	1335.00

<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>COLD 2005</u>
SO220	A16220	CF	Lumbo-sacral corset - male - imported	ea	1335.00
SO230	A16230	CF	Lumbo-sacral corset - male	ea	827.00
SO250	A16250	CM	Thoraco Lumbar Sacral Orthosis - post op	ea	4661.00
SO260	A16260	CM	Thoraco Lumbar Sacral Orthosis - post op bivalve	ea	5672.00
SO270	A16270	CF	Thoraco Lumbar Sacral Orthosis - Taylor's brace	ea	1573.00
SO271	A16271	CM	Taylor's brace custom moulded	ea	3661.00
SO280	A16280	CM	Taylor's extension to corset	ea	637.00
SO290	A16290	CF	Sacro Iliac belt	ea	558.00

AO

ARM ORTHOSIS

AO010	A17010	CM	Arm abduction splint - custom made	ea	4017.00
AO020	A17020	CF	Arm abduction splint - imported	ea	6549.00
AO030	A17030	S	Arm immobiliser sling	ea	160.00
AO040	A17040	S	Clavicle brace	ea	160.00
AO050	A17050	S	Collar and Cuff	ea	27.00
AO060	A17060	CM	Elbow splint - moulded, rigid	ea	2062.00
AO070	A17070	CM	Elbow splint - moulded, with free joints	ea	3552.00
AO080	A17080	CM	Elbow splint - moulded, with locking joints	ea	4462.00
AO090	A17090	CM	Fracture brace - Humerus	ea	1454.00
AO100	A17100	CM	Fracture brace - Radius, ulna	ea	1454.00
AO105	A17105	SF	Tennis elbow - single pad	ea	198.00
AO110	A17110	SF	Tennis elbow - single pad pneumatic	ea	238.00
AO120	A17120	SF	Tennis elbow - double pad	ea	374.00

HO

HAND ORTHOSIS

HO010	A18010	SF	Carpo-metacarpo immobilizer strap	ea	337.00
HO020	A18020	CM	Carpo-metacarpo immobilizer - moulded	ea	395.00
HO030	A18030	SF	Finger splint - PIP extension	ea	481.00
HO040	A18040	SF	Finger splint - PIP flexion	ea	481.00
HO050	A18050	S	Finger stall - leather	ea	45.00
HO060	A18060	CM	Hand splint - Post-op mobilizer	ea	1112.00
HO070	A18070	CM	Hand splint - moulded resting splint	ea	688.00
HO080	A18080	CM	Hand splint - moulded - finger flexion/extension	ea	4036.00
HO090	A18090	CM	Hand splint - Combination finger ext , MP ext , wrist ext	ea	1118.00
HO100	A18100	CM	Hand splint - Combination finger ext , MP flex , Wrist ext	ea	1118.00
HO110	A18110	CF	Hand splint - finger and MP flexion	ea	1013.00
HO120	A18120	CF	Hand splint - MP extension	ea	851.00
HO130	A18130	CF	Hand splint - MP flexion	ea	851.00
HO140	A18140	SF	Mallet finger splint	ea	167.00
HO150	A18150	SF	Thumb wrap	ea	210.00
HO151	A18151	SF	Thumb support	ea	295.00
HO152	A18152	CM	Thumb abduction splint	ea	638.00
HO160	A18160	CF	Wrist brace - elastic with volar splint	ea	304.00
HO165	A18165	CF	Wrist brace - reinforced leatherette with volar splint	ea	367.00
HO170	A18170	CF	Wrist brace - neoprene with volar splint	ea	453.00
HO180	A18180	CM	Wrist brace - moulded leather	ea	2009.00
HO190	A18190	CM	Wrist brace - moulded plastic	ea	1900.00
HO200	A18200	S	Wrist guard - elastic	ea	146.00
HO210	A18210	CF	Wrist splint - dynamic extension	ea	481.00

CU

CUSHIONS

<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>COID 2005</u>
CU010	A40010	S	Abduction pillow	ea	582.00
CU020	A40020	S	Cervical cushion	ea	399.00
CU030	A40030	S	Coccyx cushion	ea	320.00
CU035	A40035	S	Leg elevation cushion	ea	741.00
CU040	A40040	S	Lumbar roll cushion	ea	117.00
CU050	A40050	S	Lumbar support cushion - local	ea	239.00
CU055	A40055	S	Lumbar support cushion - imported	ea	878.00
CU060	A40060	S	Paraplegic cushion - foam	ea	630.00
CU070	A40070	S	Paraplegic cushion - gel	ea	5612.00
CU075	A40075	CM	Wheelchair insert - custom made	ea	11400.00
CU080	A40080	S	Ring cushion - Foam	ea	140.00
CU100	A40100	S	Ring cushion - Inflatable	ea	186.00

GC

GRADUATED COMPRESSION HOSE

GC010	A50010	SF	Anti embolic stocking thigh high with waistbelt	pr	565.00
GC020	A50020	SF	Anti-embolic stocking calf length	pr	399.00
GC030	A50030	SF	Anti-embolic stocking thigh length	pr	534.00
GC040	A50040	SF	Class I compression stocking - Calf length	pr	452.00
GC050	A50050	SF	Class I compression stocking - Half thigh	pr	552.00
GC060	A50060	SF	Class I compression stocking - Thigh high	pr	623.00
GC065	A50065	SF	Class I compression stocking - Thigh high + silicone garter	pr	758.00
GC070	A50070	SF	Class I compression - Pantyhose	ea	827.00
GC075	A50075	SF	Class I compression - Maternity Pantyhose	ea	891.00
GC080	A50080	SF	Class II compression stocking - Calf length	pr	631.00
GC090	A50090	SF	Class II compression stocking - Half thigh	pr	754.00
GC100	A50100	SF	Class II compression stocking - Thigh high	pr	812.00
GC110	A50110	SF	Class II compression stocking - Thigh high with waistbelt	ea	651.00
GC130	A50130	SF	Class III compression stocking - calf length	pr	673.00
GC140	A50140	SF	Class III compression stocking - half thigh	pr	754.00
GC150	A50150	SF	Class III compression stocking - thigh high	pr	831.00
GC160	A50160	SF	Class III compression stocking - thigh high with waistbelt	ea	673.00

HOSPITAL AND HOME NURSING EQUIPMENT

HE010	A54010	S	Bath chair/board	ea	754.00
HE020	A54020	S	Bath chair - swivel type	ea	1743.00
HE030	A54030	S	Bed frame	ea	545.00
HE040	A54040	S	Bed pan	ea	140.00
HE050	A54050	S	Bed pan - slipper type	ea	136.00
HE060	A54060	S	Charnley commode	ea	1353.00
HE070	A54070	S	Commode	ea	1123.00
HE080	A54080	S	Commode with wheels	ea	1549.00
HE090	A54090	S	Commode with wheels and foot rests	ea	2003.00
HE100	A54100	S	Sheepskin bedpad	ea	468.00
HE110	A54110	S	Sheepskin heel/elbow protectors	pr	155.00
HE120	A54120	S	Toilet seat raiser	ea	765.00
HE130	A54130	S	Urinal bottle	ea	46.00
HE140	A54140	S	Water proof sheet	ea	95.00

PS

PROFFESIONAL SERVICES

PS030	A60030		Hospital visit	ea	124.00
PS070	A60070		Theatre attendance	ea	631.00

<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>COID 2005</u>
PS090	A60090		Time 1 unit	ea	63.00
TE TRACTION EQUIPMENT					
TE010	A70010	S	Cervical traction halter - disposable	ea	19.00
TE020	A70020	S	Cervical traction halter - leather / canvas	ea	472.00
TE030	A70030	S	Pelvic traction belt - canvass	ea	226.00
TE040	A70040	S	Pelvic traction belt - leather	ea	850.00
TE050	A70050	S	Pelvic traction corset	ea	438.00
TE060	A70060	S	Traction cord	mtr	1.00
TE070	A70070	S	Traction kit - over door	ea	706.00
TE080	A70080	S	Traction kit - under mattress	ea	731.00
TE090	A70090	S	Traction water weight bag	ea	178.00
TE100	A70100	S	Thomas's splint	ea	660.00
TE110	A70110	S	Thomas's splint foot piece	ea	243.00
TE120	A70120	S	Thomas's splint - Pearson's knee piece	ea	243.00
TE130	A70130	S	Skin traction - foam	ea	212.00
TE140	A70140	S	Skin traction - elastoplast	ea	212.00
WA WALKING AIDS					
WA010	A71010	S	Delta walker	ea	2271.00
WA020	A71020	S	Elbow crutches	pr	309.00
WA030	A71030	S	Elbow crutches - moulded handels	pr	1041.00
WA040	A71040	S	Gutter crutch	ea	481.00
WA050	A71050	S	Walking frame	ea	411.00
WA060	A71060	S	Walking frame - folding	ea	422.00
WA070	A71070	S	Walking frame - reciprocal	ea	1205.00
WA080	A71080	S	Walking frame - with wheels	ea	650.00
WA090	A71090	S	Walking stick - adjustable	ea	154.00
WA100	A71100	S	Walking stick - cane	ea	155.00
WA110	A71110	S	Wooden crutches	pr	296.00
WA120	A71120	S	Ferrule - local	ea	9.00
WA125	A71125	S	Ferrule - imported	ea	17.00
WA130	A71130	S	Ferrule - JOLO	ea	642.00
WA140	A71140	S	Tripod walking stick	ea	284.00
WA150	A71150	S	Ring crutches - wood	pr	638.00
WA160	A71160	S	Ring crutches - metal	pr	530.00
WC WHEELCHAIRS					
WC010	A80010	S	Economy wheelchair	ea	5876.00
WC020	A80020	S #	Light weight wheelchair	ea	11490.00
WC030	A80030	S	Standard wheelchair	ea	6918.00
WC050	A80050	S #	Reclining wheelchair	ea	8604.00
WC060	A80060	S	Hire of wheelchair per month (Guideline no 2.7 refers)	ea	344.00
WC070	A80070	S	Hire of wheelchair per week (Guideline no 2.7 refers)	ea	78.00

COIDA Guide to Fees for Prosthetic and Orthotic Services from 1 April 2005

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 components

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

Prosthetics

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Description</u>	<u>2005 COID</u>
FOOT PROSTHETICS				
FP010	A20010		Toe filler	ea 1233.00
FP020	A20020		Fore-foot prosthesis - moulded leather or similar	ea 1802.00
FP030	A20030	1	Mid-foot prosthesis Cat 1 - moulded leather or similar	ea 2291.00
FP031	A20031	2	Mid-foot prosthesis Cat 2 - laminated SACH type foot	ea 8012.00
FP035	A20035	3	Mid-foot prosthesis Cat 3 - laminated CRA + energy foot	ea 22007.00
FP040	A20040	1,2	Chopart prosthesis - Cat 1/2	ea 12830.00
FP050	A20050	1,2	O'Connors extension Cat 1/2	ea 12394.00
FP070	A20070	1,2	Symes prosthesis - CAT 1&2	ea 13179.00
FP081	A20081	3	Symes prosthesis - CAT 3	ea 15549.00
FP090	A20090		Symes test socket - diagnostic	ea 2576.00
BK BELOW KNEE PROSTHESIS				
BK030	A20530	1,2	BK exoskeletal CAT 1&2	ea 12587.00
BK061	A20561	1,2	BK endoskeletal CAT 1&2	ea 17844.00
BK090	A20590	3	BK endoskeletal CAT 3	ea 20139.00
Additions to Below knee prosthesis				
BK134	A20634		BK flexible inner socket	ea 2127.00
BK140	A20640		BK test socket - diagnostic	ea 1974.00
BK145	A20645		BK skin cosmesis	ea 2665.00
Refit of Below Knee prosthesis				
NOTE: refit includes a new cosmetic cover				
BK162	A20662		Refit BK exoskeletal CAT 1&2	ea 11254.00
BK165	A20665		Refit BK endoskeletal CAT 1&2	ea 13179.00
BK166	A20666		Refit BK endoskeletal CAT 3	ea 14957.00

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Description</u>		<u>2005 COID</u>
BK accessories and repairs					
BK190	A20690		BK cosmetic foam replaced	ea	3322.00
BK191	A20691		BK cosmetic stocking	ea	140.00
BK195	A20695		BK leather lining	ea	858.00
BK196	A20696		BK pelite socket lining	ea	1372.00
BK210	A20710		BK Joint covers	pr	228.00
TK THROUGH KNEE PROSTHESIS					
TK010	A21010		TK exoskeletal CAT 1&2	ea	28471.00
TK030	A21030		TK endoskeletal CAT 1&2	ea	34291.00
TK040	A21040		TK endoskeletal CAT 3	ea	38977.00
TK075	A21075		TK test socket - diagnostic	ea	2636.00
Refit TK Prosthesis					
NB Includes a new cosmetic cover					
TK100	A21100		TK Refit prosthesis exoskeletal CAT 1&2	ea	20791.00
TK105	A21105		TK Refit prosthesis endoskeletal CAT 1&2	ea	29173.00
TK115	A21115		TK Refit prosthesis endoskeletal CAT 3	ea	34059.00
AK ABOVE KNEE PROSTHESIS					
AK040	A21540	1,2	AK prosthesis - exoskeletal CAT 1&2	ea	22213.00
AK060	A21560	1,2	AK prosthesis - endoskeletal CAT 1&2	ea	33468.00
AK080	A21580	3	AK prosthesis endoskeletal CAT 3	ea	36429.00
AK120	A21620		AK test socket - diagnostic	ea	2234.00
Refit AK prosthesis					
NB Includes a new cosmetic cover					
AK151	A21751		AK - refit prosthesis exoskeletal CAT 1&2	ea	16290.00
AK153	A21753		AK - refit prosthesis endoskeletal CAT 1&2	ea	23101.00
AK155	A21755		AK - refit prosthesis endoskeletal CAT 3	ea	28728.00
Additions and repairs to AK prosthesis					
AK716	A21716		AK - Cosmetic cover - replaced	ea	4134.00
AK720	A21720		AK - cosmetic stocking	ea	208.00
AK724	A21724		AK - flexible inner socket	ea	4100.00
AK724	A21725		AK - laminate shin CRA	ea	2296.00
AK732	A21732		AK - laminate thigh CRA	ea	2929.00
AK740	A21740		AK - socket lined with leather	ea	1001.00
AK800	A21800		AK - prosthetic skin	ea	2665.00
HD HIP DISARTICULATION PROSTHESIS					
HD030	A22030	1,2	HD prosthesis endoskeletal CAT 1&2	ea	57753.00

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Description</u>	<u>2005 COID</u>
PROSTHETIC COMPONENTS AND ACCESSORIES				
Prosthetic ankles				
LA000	A22500	Ankle - Cat 1/2single axis - with block	ea	3180.00
LA001	A22501	Ankle - Cat 1/2 single axis - without block	ea	1905.00
LA002	A22502	Ankle - Cat 1/2 single axis - modular steel	ea	1876.00
LA003	A22503	Ankle - Cat 3 single axis - modular titanium	ea	3294.00
LA004	A22504	Ankle - Cat 1/2 multi axis - with block	ea	3234.00
LA005	A22505	Ankle - Cat 1/2multi axis - without block	ea	2194.00
LA006	A22506	Ankle - Cat 1/2 multi axis - modular steel	ea	4101.00
LA007	A22507	Ankle - Cat 3 multi axis - modular Ti or composite	ea	4854.00
LA008	A22508	Ankle - Cat 1/2 SACH wooden block	ea	548.00
LA009	A22509	Ankle - Cat 2 SACH modular steel	ea	1008.00
LA010	A22510	Ankle - Cat 3 SACH modular titanium	ea	1730.00
LA011	A22511	Ankle - Cat 1 SACH modular aluminium	ea	1618.00
PF	Activity 1e Prosthetic feet			
LA 092	2	Foot - Single axis with adapter		
	A22592/1	Foot - Cat 1 - with ankle Single axis Teh Lin TAJP1		1610.00
LA090	1,2	Foot - Single axis without ankle adapter		
	A22590/1	Foot - Cat 1/2 - w/o ankle Single axis OB	ea	2228.00
	A22590/2	Foot - Cat 1/2 - w/o ankle SACH - SINGLE AXIS OWW	ea	2469.00
	A22590/3	Foot - Cat 1/2 - w/o ankle Single axis Teh Lin TFF02H		1610.00
	A22590/4	Foot - Cat 1 - w/o ankle Light duty OB 1G9		1850.00
LA091	1,2	Foot - multi-axis without ankle adapter		
	A22591	Foot - Cat 1/2 - w/o ankle Greisinger OB	ea	2269.00
LA100	1,2	Foot - SACH without ankle adapter		
	A22600/1	Foot - Cat 1/2 - w/o ankle SACH OB	ea	1715.00
	A22600/2	Foot - Cat 1/2 - w/o ankle SACH - OWW	ea	1963.00
	A22600/3	Foot - Cat 1/2 - w/o ankle SACH - Kingsly	ea	963.00
LA110	3	Foot - Dynamic without ankle adapter		
	A22610/1	Foot - Cat 3 - w/o ankle Dynamic 1D10 OB	ea	3381.00
	A22610/2	Foot - Cat 3 - w/o ankle Seattle carbon	ea	8204.00
	A22610/3	Foot - Cat 3 - w/o ankle CC2 LIGHT OWW	ea	6876.00
	A22610/4	Foot - Cat 3 - w/o ankle CCII OWW	ea	7932.00
	A22610/5	Foot - Cat 3 - w/o ankle Energizer USMC	ea	5027.00
	A22610/6	Foot - Cat 3 - w/o ankle Seattle Lifecast	ea	8204.00
LA111	3	Foot - Dynamic with pyramid adapter		
	A22611/1	Foot - Cat 3 - with ankle Dynamic PRO 1D25 OB	ea	6806.00
	A22611/2	Foot - Cat 3 - with ankle SACH - Enhanced OWW	ea	3581.00
LA160	3	Foot - Multi axis dynamic without adapter		
	A22660/1	Foot - Cat 3 - w/o ankle Endolite multi flex	ea	5288.00
	A22660/2	Foot - Cat 3 - w/o ankle Quantum	ea	4854.00

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Description</u>	<u>2005 COID</u>
LA116		3	<i>Foot - Multi-axis dynamic with pyramid adapter</i>	
	A22616/1		Foot - Cat 3 - with ankle SACH - Multi axis 1M1	ea 6167.00
	A22616/2		Foot - Cat 3 - with ankle Endolite Dynamic Response	ea 7859.00
	A22616/3		Foot - Cat 3 - with ankle Flexfoot SURE-FLEX III	ea 11770.00
	A22616/4		Foot - Cat 3 - with ankle CC HP OWW	ea 3581.00
	A22616/5		Foot - Cat 3 - with ankle Single axis Teh Lin TGAPM or TGAOM	ea 6516.00
LA115		3	<i>Foot - Symes</i>	
	A22615/1		Foot - SYMES OB Pigoroff	ea 4026.00
	A22615/2		Foot - Kingsley Symes	ea 2229.00
PK			<u>Prosthetic knees</u>	
LA179		1,2	<i>Exoskeletal knee hinge BK</i>	
	A22679/1		Knee - Cat 1/2 OB - BK joint 7U25	pr 4453.00
LA178		1,2	<i>Exoskeletal knee hinge TK</i>	
	A22678/1		Knee - Cat 1/2 OB - TK joint 7G3	pr 4881.00
LA180		1	<i>Knee - exoskeletal knee single axis with manual lock</i>	
	A22680/1		Knee - Cat 1 OB - single axis 3P4	ea 6219.00
LA181		2	<i>Knee - exoskeletal single axis</i>	
	A22681/1		Knee - Cat 2 OB 3P1	ea 4739.00
LA182		2	<i>Knee - exoskeletal knee multi axis friction</i>	
	A22682/1		Knee - Cat 2 OB swing phase control 3P23	ea 6922.00
LA209		1	<i>Knee - endoskeletal single axis with manual lock</i>	
	A22710/1		Knee - Cat 1 OB 3R40	3554.00
LA183		1	<i>Knee single axis safety s/s stance phase control</i>	
	A22683/1		Knee - Cat 1 OB - safety 3R15	ea 5544.00
LA185		2	<i>Knee multi axis steel mod S&SPC</i>	
	A22701/1		Knee - Cat 2 OB - Habermann 3R20 s/s	ea 8151.00
LA186		2	<i>Knee multi axis safety Ti or carbon mod S&SPC</i>	
	A22702/1		Knee - Cat 2 OB - Habermann 3R36 titanium	ea 14671.00
LA191		3	<i>Multi axis knee with Ti or carbon with pneumatic/hydraulic swing phase control</i>	
	A22691/1		Knee - Cat 3 OB 3R70	ea 29342.00
LA189		3	<i>Knee single axis Ti with hydraulic swing phase control</i>	
	A22689/1		Knee - Cat 3 OB - single axis Ti, hydraulic 3R45	ea 23636.00

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Description</u>	<u>2005 COID</u>
	A22689/2		Knee - Cat 3 TEH LIN hydraulic TGK 1H100 or 100S	ea 29667.00
LA209		3	<i>Knee multi axis stance flex, swing phase control</i>	
	A22709/1		Knee - Cat 3 TOTAL - 7axis Polymer Friction	ea 30237.00
	A22709/2		Knee - Cat 3 OWW GEOFLEX	ea 26895.00
LA207		3	<i>Knee multi axis stance flex hydraulic swing phase control</i>	
	A22707/1		Knee - Cat 3 OB - 3R55	29935.00
LA200		3	<i>Knee single axis Ti or carbon with hydraulic S&SPC</i>	
	A22700/1		Knee - Cat 3 OB - 3R80 - Hydraulic	ea 38307.00
<u>Knees for TK prosthesis</u>				
LA186		1	<i>Knee four bar manual lock s/s</i>	
	A22686/1		Knee - Cat 1 OB - 4bar-linkage manual lock 3R23	ea 14508.00
LA185		2	<i>Knee four bar s/s</i>	
	A22685/1		Knee - Cat 2 OB - 4bar-linkage 3R21	ea 12226.00
	A22685/2		Knee - Cat 2 Teh LIN four bar TK4010	12735.00
	A22685/3		Knee - Cat 2 Teh LIN four bar TK4000S	9626.00
LA188		3	<i>Knee four bar Ti or carbon, hydraulic or pneumatic SPC</i>	
	A22688/1		Knee - Cat 3 OB - 4bar-linkage Ti, hydraulic 3R46	ea 30971.00
GPA			General Prosthetic Accessories	
LA230	A22730		Patella buttons replaced	ea 121.00
LA235	A22735		Re-alignment (dynamic)of AK/TK modular prosthesis	ea 549.00
LA236	A22736		Re-alignment (dynamic)of BK modular prosthesis	ea 520.00
LA440	A22940		Stump care - Cleani-stump	box 516.00
LA450	A22950		Stump care - Ampu aid	tube 104.00
LA460	A22960		Stump care - Talc	tin 140.00
LA461	A22961		Stump/skin lotion	ea 242.00
LA462	A22962		Stump lubricant	ea 214.00
LA463	A22963		Stump cleaner	ea 248.00
LA464	A22964		Stump moisturiser	ea 248.00
LA465	A22965		Stump ointment	ea 307.00
LA470	A22970		Stump care - Balm	tin 248.00
LA480	A22980		Stump coning bandage 6cm	ea 202.00
LA481	A22981		Stump coning bandage 8cm	ea 256.00
LA482	A22982		Stump coning bandage 10cm	ea 342.00
LA490	A22990		Stump coning bandage 15cm	ea 374.00
LA510	A23010		Suction valve OB standard	ea 418.00
LA520	A23020		Suction valve OB total contact	ea 765.00
LA530	A23030		Suction Valve Green dot standard	ea 826.00
LA540	A23040		Suction valve Green dot total contact	ea 826.00

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Description</u>	<u>2005 COID</u>
PH		PARTIAL HAND PROSTHESIS		
PH010	A30010	Partial hand prosthesis - passive	ea	12077.00
PH020	A30020	Partial hand prosthesis - functional	ea	17084.00
PH030	A30030	Partial hand - opposition post	ea	8425.00
		Repairs		
PH050	A30050	Partial hand - new silicone socket	ea	3858.00
PH060	A30060	Partial hand - cosmetic glove replaced	ea	2905.00
PH070	A30070	Partial hand - replace zip to glove	ea	2685.00
WD		WRIST DISARTICULATION PROSTHESIS		
WD010	A30510	Wrist disarticulation prosthesis - passive	ea	23508.00
WD020	A30520	Wrist disarticulation - functional	ea	31022.00
BE		BELOW ELBOW PROSTHESIS		
BE010	A31010	Below elbow prosthesis - passive hand & cosmetic cover	ea	23508.00
BE020	A31020	Below elbow prosthesis - functional hand & cosmetic cover	ea	31022.00
BE040	A31040	BE test socket - diagnostic	ea	1318.00
ED		ELBOW DISARTICULATION PROSTHESIS		
ED010	A31510	Elbow disarticulation prosthesis - passive hand & cosmetic cover	ea	35026.00
ED020	A31520	Elbow disarticulation prosthesis - functional hand and cosmetic cover	ea	45647.00
ED030	A31530	ED test socket - diagnostic	ea	1318.00
		ABOVE ELBOW PROSTHESIS		
AE010	A32010	Above elbow prosthesis - passive hand & cosmetic cover	ea	27554.00
AE020	A32020	Above elbow prosthesis - functional hand & cosmetic cover	ea	36418.00
AE040	A32040	AE test socket - diagnostic	ea	1318.00
		Additional charges		
AE060	A32060	Automatic locking elbow 12K4	ea	12826.00
AE065	A32065	Elbow Joint with cable lock	ea	8999.00
AE067	A32067	Step-up joints for short BE or TE	ea	10124.00

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.

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Description</u>	<u>2005 COLD</u>
			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 38152.00
SD020	A32520		Shoulder disarticulation - functional hand & cosmetic cover	ea 47015.00
AA		ACCESSORIES		
AA010	A33010		Cable - AE	ea 1320.00
AA020	A33020		Cable - BE	ea 1320.00
AA030	A33030		Corset - BE	ea 1203.00
AA040	A33040		Passive hand	ea 4797.00
AA050	A33050		Felt hand	ea 5662.00
AA060	A33060		Functional hand	ea 7107.00
AA070	A33070		Harness - AE	ea 1207.00
AA080	A33080		Harness - BE	ea 1207.00
AA090	A33090		Hook elastics	ea 32.00
AA100	A33100		Prosthetic glove - cosmetic	ea 2882.00
AA110	A33110		Prosthetic glove - leather	ea 603.00
AA120	A33120		Prosthetic hook - aluminium	ea 8265.00
AA130	A33130		Prosthetic hook - steel	ea 10576.00
AA140	A33140		Refit - AE	ea 10705.00
AA150	A33150		Refit - BE	ea 6680.00
AA160	A33160		Wrist insert	ea 778.00
AA165	A33165		Wrist Unit	ea 3024.00
AA170	A33170		Manual locking elbow 12K5	ea 4668.00
SS		PROSTHETIC SOCKS		
SS010	A35010		Stump sock - BK local	ea 216.00
SS020	A35020		Stump sock - AK local	ea 241.00
SS030	A35030		Stump sock - Arm local	ea 156.00
SS040	A35040		Stump sock - Symes local	ea 401.00
SS050	A35050		Stump sock - BK 5ply - imported	ea 428.00
SS055	A35055		Stump sock - BK 3ply - imported	ea 401.00
SS060	A35060		Stump sock - AK 5ply - imported	ea 428.00
SS065	A35065		Stump sock - AK 3ply imported	ea 401.00
SS070	A35070		Stump sock - Arm 3ply - imported	ea 216.00
SS075	A35075		Stump sock - Arm 5 ply - imported	ea 257.00
SS080	A35080		Stump sock - Symes 3 ply - imported	ea 592.00
SS085	A35085		Stump sock - Symes 5 ply - imported	ea 645.00
SS090	A35090		Prosthetic sheath - imported	ea 242.00
SS093	A35093		Prosthetic sheath with hole for pin - local	ea 55.00
SS100	A35100		Protective sheath - American	ea 1200.00
SS105	A35105		Protective sheath - European (Derma Seal)	ea 2023.00
SS110	A35110		Fix Prosthesis - European (Daw)	ea 576.00
SS120	A35120		Fix Prosthesis - American (silicone suspension liner)	ea 284.00
SS130	A35130		Stump Shrinker B/K	ea 654.00
SS140	A35140		Stump Shrinker A/K	ea 869.00

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Description</u>		<u>2005 COID</u>
SUSPENSION SYSTEMS,LINERS AND LOCKS					
AK150	A21650	AK - hip-joint and pelvic band to prosthesis	ea	5216.00	
AK700	A21700	AK - shoulder belt	ea	719.00	
AK701	A21701	AK - silesion belt	ea	659.00	
AK704	A21704	AK - silesion strap	ea	200.00	
AK708	A21708	AK - waist belt	ea	692.00	
AK712	A21712	AK - neoprene suspension belt	ea	1820.00	
BK132	A20632	BK joints and thigh corset	ea	8928.00	
BK133	A20633	Bk joints and weightbearing corset	ea	10020.00	
BK192	A20692	BK back check strap	ea	399.00	
BK193	A20693	BK backlift	ea	413.00	
BK194	A20694	BK crutch strap	ea	447.00	
BK197	A20697	BK ptb strap	ea	774.00	
BK200	A20700	BK thigh corset	ea	2145.00	
BK201	A20701	BK waistbelt leather	ea	831.00	
BK202	A20702	BK waistbelt webbing	ea	544.00	
SI600	A36600	Silicone sleeve - custom made (sleeve only)	ea	7936.00	
SI605	A36605	Silicon sleeve suspension system - custom (in addition to cost of prosthesis)	ea	14089.00	
SI610	A36610	Silicone sleeve suspension system(in addition to cost to prosthesis)	ea	12246.00	
SI620	A36620	Silicone suspension sleeve with pin attachment	ea	6506.00	
SI622	A36622	Silicone suspension sleeve (COMFORT) with pin attachment	ea	6812.00	
SI625	A36625	Silicon sleeve without pin attachment	ea	5375.00	
SI626	A36626	Silicon sleeve (COMFORT) without pin attachment	ea	5375.00	
SI630	A36630	Silicone thigh sleeve	ea	4769.00	
SI640	A36640	Silicone distal end pad	ea	4769.00	
SI650	A36650	Shuttle lock only	ea	4443.00	
SI651	A36651	Fit shuttle lock fitted to prosthesis (excl lock)	ea	1668.00	
SI660	A36660	Plunger pin for shuttle lock	ea	320.00	
SI670	A36670	Flex-seal system to prosthesis	ea	6915.00	
SI675	A36675	Flex-seal	ea	5973.00	
SI680	A36680	PU sleeve with locking pin attachment (set of two)	set	18243.00	
SI685	A36685	PU sleeve without locking pin attachment (set of two)	set	14815.00	



THE GOVERNMENT PRINTING WORKS

PUBLICATIONS DIVISION

NB: The Publications Division of the Government Printing Works will be relocating to its new premises within the:

**MASADA BUILDING at 196 PROES STREET, PRETORIA
(i.e. CORNER OF PAUL KRUGER AND PROES STREETS)
with effect from 3 May 2005.**

For enquiries and information:

Mr M Z Montjane
Tel: (012) 334-4653
Cell: 083 640 6121

Looking for out of print issues of Government and Provincial Gazettes

We can provide photocopies

Contact

The National Library of South Africa,
Pretoria Campus
PO Box 397
0001 PRETORIA

Physical address

C/o Andries and Vermeulen Streets
Entrance in Andries Street

Contact details

Tel: (012) 321-8931
Fax: (012) 325-5984
E-mail: infodesk@nlsa.ac.za

Printed by and obtainable from the Government Printer, Bosman Street, Private Bag X85, Pretoria, 0001
Publications: Tel: (012) 334-4508, 334-4509, 334-4510
Advertisements: Tel: (012) 334-4673, 334-4674, 334-4504
Subscriptions: Tel: (012) 334-4735, 334-4736, 334-4737
Cape Town Branch: Tel: (021) 465-7531

Gedruk deur en verkrygbaar by die Staatsdrukker, Bosmanstraat, Privaatsak X85, Pretoria, 0001
Publikasies: Tel: (012) 334-4508, 334-4509, 334-4510
Advertensies: Tel: (012) 334-4673, 334-4674, 334-4504
Subskripsies: Tel: (012) 334-4735, 334-4736, 334-4737
Kaapstad-tak: Tel: (021) 465-7531