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

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GENERAL NOTICE

NOTICE 855 OF 2007

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

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 2007**.
2. The fees appearing in the Schedule are applicable in respect of services rendered with retrospective effect as from **1 April 2007** and **Exclude VAT**.



M M S MDLADLANA
MINISTER OF LABOUR
27/06/07

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 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. **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.

According to the National Health Act no 61 of 2003 : section 5, a health care provider may not refuse a person emergency medical treatment. Any provider should not however, ask the Compensation Commissioner to authorise such treatment before the claim has been admitted as falling within the scope of the COID Act. **Pre authorisation for treatment is not applicable and no medical expenses will be considered or approved if liability for the claim against the Fund has not been accepted.**

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.

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.

The amounts published in the tariff for COIDA for medical services are calculated without VAT. The only exclusion is the "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 is indicated, it will be calculated and added to the payment without being rounded off. Also please note that there are VAT exempted codes in the private ambulance tariff structure.

(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 bepalings 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 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. **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 veranderinge van geneeshere, tensy voldoende redes daarvoor bestaan, nie aangemoedig nie.

Volgens die Nasionale Gesondheidswet no 61 van 2003 : seksie 5, mag 'n gesondheidswerker of diensverskaffer nie weier om noodbehandeling te verskaf nie. Hy moet egter nie die Vergoedingskommissaris vra om sulke behandeling goed te keur alvorens aanspreeklikheid vir die eis kragtens die Wet aanvaar is nie. **Vooraf goedkeuring vir behandeling is nie van toepassing nie en geen mediese onkoste sal oorweeg word as die eis teen die Fonds nie 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.

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 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.

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. Neem asseblief ook kennis dat daar kodes in die privaat ambulans struktuur is waarop BTW nie betaalbaar is nie.

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

EISE TEEN DIE VERGOEDINGSFONDS WORD HANTEER SOOS VOLG:

1. Allocation of a claim number by the Fund, does not constitute that liability has been accepted, but that the injury on duty has been reported to the Compensation Commissioner. 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*
2. 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.*
3. If the claim is **rejected (repudiated)**, services will not be paid by the Compensation Commissioner. The employer and the employee are informed of this decision. 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.*
4. If **no decision** can be made due to inadequate/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 2 and 3. Please note that there are claims for which a decision might never be made due to inadequate/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. Subsequent accounts must be submitted or posted to the closest Labour Centre. It is important that all requirements for the submission of accounts, including supporting information, are met. • *Daaropvolgende rekeninge moet ingedien of gepos word na die naaste Arbeids kantoor. Dit is belangrik dat al die voorskrifte vir indien van rekeninge gevolg word, ingesluit die voorsien van stawende dokumentasie.*
3. If accounts are still outstanding after 60 days following submission service providers should complete an enquiry form, W.CL 20, and submit it ONCE to the Labour Centre. All relevant details about the Labour Centres are available on the website www.labour.gov.za • *Indien die rekening nog uitstaande is na 60 dae na indiening an ontvangserkenning deur die Vergoedingskommissaris, moet die diensverskaffer 'n navraag vorm, W.CL 20 voltooi en EENMALIG indien na die Kommissaris.*
4. If the account is **partially paid** with no reason therefore indicated on the remittance advice, a duplicate account with the unpaid services clearly indicated must be submitted to the Labour Centre, accompanied by a WCL 20 form. (*see website for example). All relevant details about the Labour Centres are available on the website www.labour.gov.za • *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 WCL20 vorm ingedien word (*sien webblad vir voorbeeld van vorm).*
5. **Information NOT to be reflected** on the account: Details of the employee's medical aid and the practice number of the referring practitioner • *Inligting wat NIE aangedui moet word op die rekening nie: Besonderhede van die werknemer se mediese fonds en die verwysende geneesheer se praktyknommer.*
6. Service 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** - 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**

COIDA POLICY DOCUMENT FOR ORTHOTIC AND PROSTHETIC SERVICES**GUIDELINES :****A : ROLE OF THE COMPENSATION COMMISSIONER****1. Interpretation of the tariffs (procedure to be followed with supply of artificial device).**

- 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.
- 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.
- 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. Prosthesis or artificial devices

- 2.1 No special authorization is required whilst the employee is under active medical treatment approved by the Commissioner.
- 2.2 Proposed O/P services to new patients or of new equipment must be accompanied by a report and referred by health care provider indicating the functional level and work environmental circumstances of the patient.
- 2.3 One suitable (reasonable) prosthesis per employee.
- 2.4 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 check as to how much is the prosthesis assisting the employee to perform his duties.
- 2.5 The employee must always consult a medical practitioner to support request for refits and medical report must be supplied.
- 2.6 IN case of a first leg prosthesis, one pair of standards crutches may supplement the prosthesis and when replacement is needed evaluation will be done.

3. Refit of prosthesis

Categorized as only change of the socket on a prosthesis.

- 3.1 The first prosthesis will be refitted only within a period of a year and subsequent refits will be evaluated by the Compensation Fund.

- 3.2 The Commissioner will pay for a refit with proof of stump volume changes in centimetres from a medical practitioner

4. Repair of prosthesis

- 4.1 Repairs to prosthesis are considered to be replacement or repair of damaged /worn out parts and prosthetic covers to maintain good functional condition
- 4.2 The Commissioner will bear the tariff cost of repairs to or replacement of a prosthesis, which has suffered from fair, wear and tear

5. Replacement of a prosthesis

- 5.1 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 employee after five years

6. Cosmetic prosthesis

- 6.1 The Commissioner will only pay for the prosthesis that is functional in nature in order to assist the employee to perform his duties

7. Suitable Wheelchairs

- 7.1 Any wheelchair application should be covered by occupational therapist assessment report
- 7.2 Normal wheelchair warranty is five years
- 7.3 Replacement of wheelchair will be considered if accompanied with necessary motivation
- 7.4 Repairs during the five years will be considered by the commissioner if deemed reasonable
- 7.5 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

8. Callipers

- 8.1 A doctor's prescription must accompany the account/request. A medical report describing the employee's condition may be required by the Commissioner indicating how often the callipers will be used.
- 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.

9. New patients/First Prosthesis

- 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.

9.2 Services rendered must be consistent with the patient's functional and work environmental circumstances

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 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.

2. Some parts of the prosthesis (straps, socks, suspension sleeves ect) 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 sheath – 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 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) One of each accessories can be issued only for new Prosthesis.

C. ROLE OF SERVICE PROVIDER

1. The provider must always make sure that all the necessary documents are attached when sending a quote.
2. The provider must train the employee on basic care and maintenance of the prosthesis.

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 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.

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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 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)****K1:****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 k1.**

K2:**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 k2.**

K3:**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 k3.**

K4 :**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)

**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 2007**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 2007</u>
AFO ANKLE FOOT ORTHOSIS			
AFO010	A10010	S Ankle brace - elastic	ea 151.00
AFO012	A10012	CM Ankle brace - moulded with lacing	ea 1849.00
AFO020	A10020	CM Ankle brace - moulded plastic	ea 1849.00
AFO021	A10021	CM Ankle brace - lace up	ea 929.00
AFO030	A10030	S Ankle brace - neoprene	ea 174.00
AFO031	A10031	S Ankle brace - neoprene with splint(corrective)	ea 959.00
AFO040	A10040	S Ankle brace - pneumatic	ea 728.00
AFO050	A10050	CM Ankle foot orthosis - leg rotation control - resting splint	ea 1908.00
AFO060	A10060	CM Ankle foot orthosis - plantar flexion control - resting splint	ea 1908.00
AFO070	A10070	CM Ankle foot orthosis - moulded - with lapped joint	ea 2368.00
AFO080	A10080	CM Ankle foot orthosis - moulded - with system joint	ea 4975.00
AFO090	A10090	CM Ankle foot orthosis - USMC spring loaded with socket	ea 3997.00
AFO100	A10100	CM Below knee DOUBLE caliper	ea 1067.00
AFO110	A10110	CM Below knee DOUBLE caliper, socket and T-strap	ea 1505.00
AFO120	A10120	CM Below knee SINGLE caliper	ea 1067.00
AFO130	A10130	CM Below knee SINGLE caliper, socket and T-strap	ea 1615.00
AFO140	A10140	S Calf sleeve neoprene	ea 280.00
AFO190	A10190	CM Dropfoot splint - O'Gorman	ea 1266.00
AFO200	A10200	CM Dropfoot splint - plastic custom made	ea 1965.00
AFO220	A10220	CF Dropfoot splint - plastic local	ea 1162.00
AFO230	A10230	CM Fracture brace BK leather	ea 3062.00
AFO240	A10240	CM Fracture brace BK plastic	ea 2832.00
AFO250	A10250	CF Fracture brace - BK pneumatic walker	ea 2272.00
AFO251	A10251	CF Fracture brace - BK pneumatic/foam walker	ea 1293.00
AFO260	A10260	CM Heel socket round	ea 663.00
AFO270	A10270	CM Heel socket square	ea 677.00
AFO271	A10271	CF Heel socket - USMC - to shoe	ea 890.00
AFO280	A10280	CM Heel socket with back-stop	ea 691.00
AFO300	A10300	CM T-strap	ea 461.00
FO FOOT ORTHOTICS			
FO010	A11010	S Accomodative heel (spur) pad	pr 122.00
FO020	A11020	CM Arch support - metatarsal insole	pr 438.00
FO030	A11030	CM Arch support - moulded 3/4 length (plaster cast)	pr 1089.00
FO031	A11031	CM Arch support - moulded 3/4 length (foam cast)	pr 1067.00
FO040	A11040	CM Arch support - valgus insole	pr 438.00
FO050	A11050	CM Arch support - valgus and metatarsal insole	pr 487.00
FO053	A11053	S Arch support silicone (Ipocon or similar)	pr 609.00
FO060	A11060	CM Arch supports - moulded full length (cast)	pr 1348.00
FO061	A11061	CM Arch supports - moulded full length (foam)	pr 1327.00
FO070	A11070	CF Arch supports covering - Spenco, PPT or similar	pr 311.00
FO110	A11110	SF Heel seats	pr 528.00

<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>C.O.I.D 2007</u>
FO111	A11111	CM	Heel seats - custom made	pr	1558.00
FO120	A11120	SF	Insoles (shock absorbing) Sorbothane	pr	281.00
FO130	A11130	CF	Metatarsal pads stuck in	pr	71.00
FO031	A11131	CM	Orthotic - modify existing innersole of sports shoe	pr	695.00
FO140	A11140	CM	Orthotics U.S.C.L	pr	1398.00
FO145	A11145	SF	Toe alignment splint	ea	350.00
FO146	A11146	S	Toe abduction splint post-op	ea	397.00
FO150	A11150	CF	Valgus pad stuck in	pr	161.00
FW FOOTWEAR					
FO500	A11500	SF	Boots DERBY adults	pr	1049.00
FO520	A11520	SF	Boots LTT adults	pr	1049.00
FO600	A11600	SF	Orthopaedic footwear - extra depth shoes	pr	3675.00
FO620	A11620	S	Sandle POP	ea	129.00
FO630	A11630	S	Sandle post-op (B+J)	ea	266.00
FO631	A11631	S	Sandle post-op (B+J health sandal)	pr	216.00
FO632	A11632	S	Sandle post-op (B+J Comfy Casual)	pr	148.00
FO635	A11635	S	Sandle post-op (Arco Pedico)	pr	487.00
FO640	A11640	S	Shoes adult mens lace-up	pr	431.00
FO670	A11670	CM	Surgical boots made to measure	pr	5997.00
FO680	A11680	CM	Surgical shoes made to measure	pr	5707.00
FO685	A11690	CM	Fleace lining for boots	ea	881.00
FM FOOTWEAR MODIFICATIONS					
FM010	A12010	CM	C & E Heels	pr	230.00
FM020	A12020	CM	Excavate heels	pr	202.00
FM030	A12030	CM	Flared heels	ea	286.00
FM040	A12040	CM	Metatarsal bars	pr	230.00
FM050	A12050	CM	Raise heel 1 cm and sole to balance	ea	320.00
FM060	A12060	CM	Raise heel 2 cm and sole to balance	ea	348.00
FM070	A12070	CM	Raise heel 3 cm and sole to balance	ea	432.00
FM080	A12080	CM	Raise heel 4 cm and sole to balance	ea	461.00
FM090	A12090	CM	Raise heel 5 cm and sole to balance	ea	494.00
FH100	A12100	CM	Raised heel insert 1 - 2 cm	ea	117.00
FM110	A12110	CM	Raised heel insert up to 1 cm	ea	117.00
FM120	A12120	CM	Raised heel insert - moulded to foot	ea	348.00
FM130	A12130	CM	Raise heel up to 1 cm	ea	148.00
FM140	A12140	CM	Raise heel up to 2 cm	ea	174.00
FM150	A12150	CM	Raise heel up to 3 cm	ea	231.00
FM160	A12160	CM	Raise heel up to 4 cm	ea	261.00
FM170	A12170	CM	Raise heel up to 5 cm	ea	293.00
FM180	A12180	CM	Raise shoe by adjustment	ea	202.00
FM190	A12190	CM	Raise shoe - Cork - up to 2.5 cm	ea	982.00
FM200	A12200	CM	Raise shoe - Cork - 2.5 to 5 cm	ea	1213.00
FM210	A12210	CM	Raise shoe - Cork - 5 to 10 cm	ea	1445.00
FM220	A12220	CM	Raise shoe - Pattern	ea	1109.00
FM230	A12230	CM	Rocker sole	ea	376.00
FM240	A12240	CM	Stretch shoes	pr	85.00
FM250	A12250	CM	Thomas's Heels	pr	230.00
FM270	A12270	CM	Wedge heel	pr	230.00
FM280	A12280	CM	Wedge heel and sole	pr	348.00
FM290	A12290	CM	Wedge sole	pr	230.00
FM300	A12300	CM	Toe cap steel	pr	375.00
FM310	A12310	CM	Toe cap moulded plastic	pr	230.00

<u>Item</u>	<u>Code</u>	<u>Description</u>	<u>COID 2007</u>
KNEE ORTHOTICS			
KO			
KO010	A13010	CM Knee brace - custom moulded with polycentric joints	ea 6355.00
KO011	A13011	CM Knee brace - custom moulded with locking joints	ea 8105.00
KO013	A13013	CM Knee brace - custom moulded with overlapping joints	ea 6791.00
KO020	A13020	CF Knee brace - neoprene with hinges local	ea 733.00
KO030	A13030	SF Knee brace - Osgood Schlatter	ea 488.00
KO040	A13040	SF Knee brace - Patella stabilizer	ea 488.00
KO041	A13041	SF Knee brace - Patella stabilizer - anterior opening	ea 1049.00
KO043	A13043	SF Knee brace - Patella brace 210 P-I	ea 553.00
KO050	A13050	CF Knee brace - Rigid ACL brace	ea 11576.00
KO070	A13070	S Knee guard - elastic	ea 191.00
KO080	A13080	SF Knee immobilizer post-op	ea 1223.00
KO090	A13090	SF Knee sleeve neoprene local	ea 261.00
KO100	A13100	CF Post - op ROM brace - local	ea 1778.00
KO120	A13120	CM Post-op ROM brace - custom made	ea 4165.00
KO121	A13121	CM Post-op knee extension lock	ea 2123.00
KO130	A13130	CF Swedish Knee cage	ea 2869.00
KO140	A13140	CF Swedish Knee cage - hinged	ea 4582.00
LEG ORTHOSIS			
LO			
LO005	A14005	CM Bi-valved full length moulded leg brace	ea 4775.00
LO010	A14010	CM Caliper full length with knee hinges and spurs	ea 8492.00
LO020	A14020	CM Caliper full length with knee hinges ankle joints and footplates	ea 10968.00
LO030	A14030	CM Caliper - AK straight	ea 3439.00
LO040	A14040	CM Caliper - AK straight for Perthes disease	ea 4689.00
LO050	A14050	CM Caliper - weight bearing with knee joints	ea 9099.00
LO060	A14060	CM Fracture brace AK moulded plastic	ea 4053.00
LO070	A14070	CM Fracture brace AK moulded plastic with knee joints	ea 7196.00
LO080	A14080	CM Fracture brace AK plus HIP spica	ea 5964.00
LO101	A14101	CM T.H.R. Hip brace with hip controll joint - imported	ea 9246.00
LO125	A14125	CM Posterior leg splint - moulded	ea 3556.00
LO140	A14140	S Thigh sleeve - neoprene	ea 261.00
LO151	A14151	S Thermal pants	ea 553.00
Orthotic repairs			unit
LO170	A14170	CM Replace calf/thigh band	ea 608.00
LO180	A14180	CM Knee cap square	ea 635.00
LO190	A14190	CM Knee cap long (KK)	ea 816.00
LO195	A14195	CM Orthotic repairs - (specify)	units 211.00
CERVICAL ORTHOSIS			
CO			
CO010	A15010	CF ABCO (Conradie brace)	ea 4018.00
CO015	A15015	CF Custom moulded Plastic collar	ea 2770.00
CO020	A15020	CF Custom moulded Plastozote collar	ea 982.00
CO030	A15030	CF Executive cervical collar	ea 1164.00
CO040	A15040	CF Four poster brace	ea 3170.00
CO050	A15050	CF Halo brace and hardware without ring or pins	ea 12322.00
CO060	A15060	CF Halo brace complete (invasive or non-invasive)	ea 21697.00
CO068	A15068	CF Miami J	ea 1194.00
CO069	A15069	CF Neck Lock	ea 700.00
CO070	A15070	CF Plastic collar with chin piece	ea 638.00
CO080	A15080	CF Plastic collar without chinpiece	ea 524.00
CO083	A15083	CF Philadelphia collar	ea 756.00
CO090	A15090	CF Poly pad cervical collar	ea 599.00

<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>COID 2007</u>
CO091	A15091	CF	Poly and occipital pad	ea	697.00
CO100	A15100	CF	Soft collar	ea	71.00
CO101	A15101	CF	Soft collar - extra	ea	174.00
CO102	A15102	CF	Soft collar - firm	ea	293.00
CO110	A15110	CF	S.O.M.I. brace	ea	1337.00
CO130	A15130	CF	Scull cap	ea	1907.00
SO SPINAL ORTHOSIS					
SO005	A16005	CF	Abdominal binder - elastic 12"	ea	404.00
SO010	A16010	CF	Abdominal binder - elastic 10"	ea	355.00
SO020	A16020	CF	Abdominal binder - elastic 8"	ea	317.00
SO030	A16030	CF	Abdominal binder - 6"	ea	280.00
SO040	A16040	CF	Abdominal corset - female	ea	931.00
SO050	A16050	CF	Abdominal corset - male	ea	931.00
SO070	A16070	CF	Hyper-extension (CASH) orthosis	ea	2502.00
SO075	A16075	CF	Hyper-extension (JEWETS) orthosis	ea	4018.00
SO080	A16080	CF	Lumbo Sacral Orthosis - Chairback brace	ea	2304.00
SO090	A16090	CM	Lumbo Sacral Orthosis - Bennett's Brace	ea	3070.00
SO100	A16100	CM	Lumbo-sacral Orthosis - Pantaloon brace	ea	4718.00
SO110	A16110	CM	Lumbo sacral Orthosis - post-op bivalve	ea	5447.00
SO120	A16120	CF	Lumbo-dorsal corset - female	ea	1125.00
SO140	A16140	CF	Lumbo-dorsal corset - male	ea	1036.00
SO160	A16160	CF	Lumbo-sacral corset - elastic pullwrap	ea	803.00
SO161	A16161	CF	Lumbo-sacral corset - neopren pull wrap	ea	609.00
SO162	A16162	CF	Lumbo-sacral corset - elastic velcro	ea	638.00
SO170	A16170	CF	Lumbo-sacral corset - elastic X-strap	ea	638.00
SO180	A16180	CF	Lumbo-sacral corset - female 11"	ea	960.00
SO200	A16200	CF	Lumbo-sacral corset - female 9"	ea	903.00
SO230	A16230	CF	Lumbo-sacral corset - male	ea	903.00
SO250	A16250	CM	Thoraco Lumbar Sacral Orthosis - post op	ea	5089.00
SO260	A16260	CM	Thoraco Lumbar Sacral Orthosis - post op bivalve	ea	6194.00
SO270	A16270	CF	Thoraco Lumbar Sacral Orthosis - Taylor's brace	ea	1718.00
SO271	A16271	CM	Taylor's brace custom moulded	ea	3997.00
SO280	A16280	CM	Taylor's extension to corset	ea	695.00
SO290	A16290	CF	Sacro Iliac belt	ea	609.00
AO ARM ORTHOSIS					
AO010	A17010	CM	Arm abduction splint - custom made	ea	4387.00
AO030	A17030	S	Arm immobiliser sling	ea	174.00
AO040	A17040	S	Clavicle brace	ea	174.00
AO050	A17050	S	Collar and Cuff	ea	29.00
AO060	A17060	CM	Elbow splint - moulded, rigid	ea	2251.00
AO070	A17070	CM	Elbow splint - moulded, with free joints	ea	3879.00
AO080	A17080	CM	Elbow splint - moulded, with locking joints	ea	4872.00
AO090	A17090	CM	Fracture brace - Humerus	ea	1588.00
AO100	A17100	CM	Fracture brace - Radius, ulna	ea	1588.00
AO105	A17105	SF	Tennis elbow - single pad	ea	216.00
AO110	A17110	SF	Tennis elbow - single pad pneumatic	ea	260.00
AO120	A17120	SF	Tennis elbow - double pad	ea	408.00
HO HAND ORTHOSIS					
HO010	A18010	SF	Carpo-metacarpo immobilizer strap	ea	368.00
HO020	A18020	CM	Carpo-metacarpo immobilizer - moulded	ea	432.00
HO030	A18030	SF	Finger splint - PIP extension	ea	525.00
HO040	A18040	SF	Finger splint - PIP flexion	ea	525.00

<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>COND-2007</u>
HO050	A18050	S	Finger stall - leather	ea	49.00
HO060	A18060	CM	Hand splint - Post-op mobilizer	ea	1214.00
HO070	A18070	CM	Hand splint - moulded resting splint	ea	752.00
HO080	A18080	CM	Hand splint - moulded - finger flexion/extension	ea	4407.00
HO090	A18090	CM	Hand splint - Combination finger ext , MP ext , wrist ext	ea	1221.00
HO100	A18100	CM	Hand splint - Combination finger ext , MP flex , Wrist ext	ea	1221.00
HO110	A18110	CF	Hand splint - finger and MP flexion	ea	1107.00
HO120	A18120	CF	Hand splint - MP extension	ea	929.00
HO130	A18130	CF	Hand splint - MP flexion	ea	929.00
HO140	A18140	SF	Mallet finger splint	ea	183.00
HO150	A18150	SF	Thumb wrap	ea	229.00
HO151	A18151	SF	Thumb support	ea	322.00
HO152	A18152	CM	Thumb abduction splint	ea	697.00
HO160	A18160	CF	Wrist brace - elastic with volar splint	ea	332.00
HO165	A18165	CF	Wrist brace - reinforced leatherette with volar splint	ea	401.00
HO170	A18170	CF	Wrist brace - neoprene with volar splint	ea	495.00
HO180	A18180	CM	Wrist brace - moulded leather	ea	2193.00
HO190	A18190	CM	Wrist brace - moulded plastic	ea	2075.00
HO200	A18200	S	Wrist guard - elastic	ea	180.00
HO210	A18210	CF	Wrist splint - dynamic extension	ea	525.00
CU CUSHIONS					
CU010	A90010		J2 CUSHION 18X16	ea	6000.00
CU020	A90011		J2 CUSHION 18X18	ea	6000.00
CU030	A90012		J2 CUSHION 15.5X16	ea	6000.00
CU035	A90013		J2 CUSHION 15.5X18	ea	6000.00
CU040	A90014		J2 CUSHION 14X16	ea	6000.00
CU050	A90015		J2 CUSHION 20X16	ea	6438.00
CU051	A90016		J2 CUSHION 20X18	ea	6438.00
CU052	A90017		J2 CUSHION COVER 18X16	ea	625.00
CU053	A90018		J2 CUSHION COVER 18X18	ea	625.00
CU054	A90019		J2 CUSHION COVER 15.5X16	ea	625.00
CU055	A90020		J2 CUSHION COVER 15.5X18	ea	625.00
CU056	A90021		J2 CUSHION COVER 14X16	ea	625.00
CU057	A90022		JAY 2 ABDUCTOR WEDGES (PR)	ea	500.00
CU058	A90023		RIPPLE MATTRESS, MATTRESS ONLY	ea	500.00
CU059	A90024		SEPARATE TUBE MATTRESS ONLY	ea	2625.00
CU060	A90025		MATTRESS PUMP FOR RIPPLE	ea	1000.00
CU061	A90026		MATTRESS PUMP FOR ADV TUBE	ea	1000.00
CU010	A40010	S	Abduction pillow	ea	Delete
CU020	A40020	S	Cervical cushion	ea	Delete
CU030	A40030	S	Coccyx cushion	ea	Delete
CU035	A40035	S	Leg elevation cushion	ea	Delete
CU040	A40040	S	Lumbar roll cushion	ea	Delete
CU050	A40050	S	Lumbar support cushion - local	ea	Delete
CU060	A40060	S	Paraplegic cushion - foam	ea	Delete
CU070	A40070	S	Paraplegic cushion - gel	ea	Delete
CU075	A40075	CM	Wheelchair insert - custom made	ea	Delete
CU080	A40080	S	Ring cushion - Foam	ea	Delete
CU100	A40100	S	Ring cushion - Inflatable	ea	Delete
GC GRADUATED COMPRESSION HOSE					
GC010	A50010	SF	Anti embolic stocking thigh high with waistbelt	pr	617.00
GC020	A50020	SF	Anti-embolic stocking calf length	pr	436.00
GC030	A50030	SF	Anti-embolic stocking thigh length	pr	583.00

<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>COID 2007</u>
GC040	A50040	SF	Class I compression stocking - Calf length	pr	494.00
GC050	A50050	SF	Class I compression stocking - Half thigh	pr	603.00
GC060	A50060	SF	Class I compression stocking - Thigh high	pr	680.00
GC065	A50065	SF	Class I compression stocking - Thigh high + silicone garter	pr	827.00
GC070	A50070	SF	Class I compression - Pantyhose	ea	903.00
GC075	A50075	SF	Class I compression - Maternity Pantyhose	ea	973.00
GC080	A50080	SF	Class II compression stocking - Calf length	pr	689.00
GC090	A50090	SF	Class II compression stocking - Half thigh	pr	823.00
GC100	A50100	SF	Class II compression stocking - Thigh high	pr	886.00
GC110	A50110	SF	Class II compression stocking - Thigh high with waistbelt	ea	711.00
GC130	A50130	SF	Class III compression stocking - calf length	pr	735.00
GC140	A50140	SF	Class III compression stocking - half thigh	pr	823.00
GC150	A50150	SF	Class III compression stocking - thigh high	pr	907.00
GC160	A50160	SF	Class III compression stocking - thigh high with waistbelt	ea	735.00

HOSPITAL AND HOME NURSING EQUIPMENT

HE010	A54010	S	Bath chair/board	ea	823.00
HE020	A54020	S	Bath chair - swivel type	ea	1904.00
HE030	A54030	S	Bed frame	ea	595.00
HE040	A54040	S	Bed pan	ea	153.00
HE050	A54050	S	Bed pan - slipper type	ea	148.00
HE060	A54060	S	Charnley commode	ea	1477.00
HE070	A54070	S	Commode	ea	1226.00
HE080	A54080	S	Commode with wheels	ea	1692.00
HE090	A54090	S	Commode with wheels and foot rests	ea	2187.00
HE100	A54100	S	Sheepskin bedpad	ea	511.00
HE110	A54110	S	Sheepskin heel/elbow protectors	pr	169.00
HE120	A54120	S	Toilet seat raiser	ea	836.00
HE130	A54130	S	Urinal bottle	ea	50.00
HE140	A54140	S	Water proof sheet	ea	104.00

PS**PROFFESIONAL SERVICES**

PS030	A60030		Hospital visit	ea	135.00
PS070	A60070		Theatre attendance	ea	689.00
PS090	A60090		Time 1 unit	ea	69.00

TE**TRACTION EQUIPMENT**

TE010	A70010	S	Cervical traction halter - disposable	ea	21.00
TE020	A70020	S	Cervical traction halter - leather / canvas	ea	516.00
TE030	A70030	S	Pelvic traction belt - canvass	ea	247.00
TE040	A70040	S	Pelvic traction belt - leather	ea	928.00
TE050	A70050	S	Pelvic traction corset	ea	479.00
TE060	A70060	S	Traction cord	mtr	1.00
TE070	A70070	S	Traction kit - over door	ea	771.00
TE080	A70080	S	Traction kit - under mattress	ea	798.00
TE090	A70090	S	Traction water weight bag	ea	194.00
TE100	A70100	S	Thomas's splint	ea	720.00
TE110	A70110	S	Thomas's splint foot piece	ea	266.00
TE120	A70120	S	Thomas's splint - Pearson's knee piece	ea	266.00
TE130	A70130	S	Skin traction - foam	ea	231.00
TE140	A70140	S	Skin traction - elastoplast	ea	231.00

WA**WALKING AIDS**

WA020	A71020	S	Elbow crutches	pr	337.00
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<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>COID 2007</u>
WA040	A71040	S	Gutter crutch	ea	525.00
WA060	A71060	S	Walking frame - folding	ea	461.00
WA080	A71080	S	Walking frame - with wheels	ea	710.00
WA090	A71090	S	Walking stick - adjustable	ea	168.00
WA120	A71120	S	Ferrule - local	ea	9.00
WA140	A71140	S	Tripod walking stick	ea	310.00
WC					
WHEELCHAIRS					
WC010	A80100	SF	PACER LITE W/CHAIR, 14", BLACK	ea	6188.00
WC020	A80101	SF	PACER LITE W/CHAIR, 16", BLUE	ea	6188.00
WC030	A80102	SF	PACER LITE W/CHAIR, 16", BLACK	ea	6188.00
WC050	A80103	SF	PACER LITE W/CHAIR, 16", RED	ea	6188.00
WC051	A80104	SF	PACER LITE W/CHAIR, 17", BLACK	ea	6188.00
WC052	A80105	SF	PACER LITE W/CHAIR, 18", BLUE	ea	6188.00
WC053	A80106	SF	PACER LITE W/CHAIR, 18", BLACK	ea	6188.00
WC054	A80107	SF	PACER LITE W/CHAIR, 18", RED	ea	6188.00
WC055	A80108	SF	Motorised wheelchair with battery included	ea	40800.00
Other assistive devices					
AD009	A80109	SF	20" WHEELCHAIR TRAY	ea	300.00
AD010	A80110	SF	14" WHEELCHAIR TRAY	ea	300.00
AD011	A80111	SF	14" ELECTRIC TRAY	ea	300.00
AD012	A80112	SF	16" WHEELCHAIR TRAY	ea	300.00
AD013	A80113	SF	18" WHEELCHAIR TRAY STANDARD	ea	300.00
AD014	A80114	SF	18" WHEELCHAIR TRAY FOR POWER	ea	300.00
AD015	A80115	S	OVERBED TABLE	ea	531.00
AD016	A80116	S	TRANSFER BOARD	ea	225.00
AD017	A80117	S	WHEELCHAIR GLOVE, PAIR	ea	125.00
AD018	A80118	S	EASY REACH (MEDIUM LENGTH 26")	ea	94.00
AD019	A80119	S	EASY REACH (LONG LENGTH 32")	ea	100.00
AD020	A80120	CF	WHEELCHAIR RAMPS 214 X 20	ea	3125.00

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

Prosthetics

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Description</u>	<u>2007 COID</u>
FOOT PROSTHETICS				
FP010	A20010		Toe filler	ea 1346.00
FP020	A20020		Fore-foot prosthesis - moulded leather or similar	ea 1968.00
FP030	A20030	1	Mid-foot prosthesis Cat 1 - moulded leather or similar	ea 2502.00
FP031	A20031	2	Mid-foot prosthesis Cat 2 - laminated SACH type foot	ea 8749.00
FP035	A20035	3	Mid-foot prosthesis Cat 3 - laminated CRA + energy foot	ea 24031.00
FP040	A20040	1,2	Chopart prosthesis - Cat 1/2	ea 14010.00
FP050	A20050	1,2	O'Connors extension Cat 1/2	ea 13535.00
FP070	A20070	1,2	Symes prosthesis - CAT 1&2	ea 14391.00
FP081	A20081	3	Symes prosthesis - CAT 3	ea 16980.00
FP090	A20090		Symes test socket - diagnostic	ea 2813.00
BK BELOW KNEE PROSTHESIS				
BK030	A20530	1,2	BK exoskeletal CAT 1&2	ea 13745.00
BK061	A20561	1,2	BK endoskeletal CAT 1&2	ea 19486.00
BK090	A20590	3	BK endoskeletal CAT 3	ea 21992.00
Additions to Below knee prosthesis				
BK134	A20634		BK flexible inner socket	ea 2323.00
BK140	A20640		BK test socket - diagnostic	ea 2156.00
BK145	A20645		BK skin cosmesis	ea 2911.00
BK accessories and repairs				
BK190	A20690		BK cosmetic foam replaced	ea 3628.00
BK191	A20691		BK cosmetic stocking	ea 153.00
BK195	A20695		BK leather lining	ea 937.00
BK196	A20696		BK pelite socket lining	ea 1498.00
BK210	A20710		BK Joint covers	pr 249.00

TK THROUGH KNEE PROSTHESIS

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Description</u>		<u>2007 COID</u>
TK010	A21010		TK exoskeletal CAT 1&2	ea	31091.00
TK030	A21030		TK endoskeletal CAT 1&2	ea	37446.00
TK040	A21040		TK endoskeletal CAT 3	ea	42563.00
TK075	A21075		TK test socket - diagnostic	ea	2878.00
AK			ABOVE KNEE PROSTHESIS		
AK040	A21540	1,2	AK prosthesis - exoskeletal CAT 1&2	ea	24257.00
AK060	A21560	1,2	AK prosthesis - endoskeletal CAT 1&2	ea	36547.00
AK080	A21580	3	AK prosthesis endoskeletal CAT 3	ea	39780.00
AK120	A21620		AK test socket - diagnostic	ea	2439.00
			Additions and repairs to AK prosthesis		
AK716	A21716		AK - Cosmetic cover - replaced	ea	4514.00
AK720	A21720		AK - cosmetic stocking	ea	227.00
AK724	A21724		AK - flexible inner socket	ea	4477.00
AK724	A21725		AK - laminate shin CRA	ea	2507.00
AK732	A21732		AK - laminate thigh CRA	ea	3198.00
AK740	A21740		AK - socket lined with leather	ea	1093.00
AK800	A21800		AK - prosthetic skin	ea	2911.00
HD			HIP DISARTICULATION PROSTHESIS		
HD030	A22030	1,2	HD prosthesis endoskeletal CAT 1&2	ea	63066.00
			PROSTHETIC COMPONENTS AND ACCESSORIES		
			Prosthetic ankles		
LA000	A22500		Ankle - Cat 1/2 single axis - with block	ea	3472.00
LA001	A22501		Ankle - Cat 1/2 single axis - without block	ea	2080.00
LA002	A22502		Ankle - Cat 1/2 single axis - modular steel	ea	2049.00
LA003	A22503		Ankle - Cat 3 single axis - modular titanium	ea	3597.00
LA004	A22504		Ankle - Cat 1/2 multi axis - with block	ea	3531.00
LA005	A22505		Ankle - Cat 1/2 multi axis - without block	ea	2396.00
LA006	A22506		Ankle - Cat 1/2 multi axis - modular steel	ea	4478.00
LA007	A22507		Ankle - Cat 3 multi axis - modular Ti or composite	ea	5300.00
LA008	A22508		Ankle - Cat 1/2 SACH wooden block	ea	599.00
LA009	A22509		Ankle - Cat 2 SACH modular steel	ea	1100.00
LA010	A22510		Ankle - Cat 3 SACH modular titanium	ea	1889.00
LA011	A22511		Ankle - Cat 1 SACH modular aluminium	ea	1767.00
PF			Prosthetic feet		
LA 092		2	Foot - Single axis with adapter		
	A22592/1		Foot - Cat 1 - with ankle Single axis Teh Lin TAJ P1		1758.00
LA090		1,2	Foot - Single axis without ankle adapter		
	A22590/1		Foot - Cat 1/2 - w/o ankle Single axis OB	ea	2433.00
	A22590/2		Foot - Cat 1/2 - w/o ankle SACH - SINGLE AXIS OWW	ea	2696.00
	A22590/3		Foot - Cat 1/2 - w/o ankle Single axis Teh Lin TFF02H		1758.00
	A22590/4		Foot - Cat 1 - w/o ankle Light duty OB 1G9		2020.00
LA091		1,2	Foot - multi-axis without ankle adapter		

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Description</u>		<u>2007 GOLD</u>
	A22591		Foot - Cat 1/2 - w/o ankle Greisinger OB	ea	2478.00
LA100		1,2	Foot - SACH without ankle adapter		
	A22600/1		Foot - Cat 1/2 - w/o ankle SACH OB	ea	1873.00
	A22600/2		Foot - Cat 1/2 - w/o ankle SACH - OWW	ea	2144.00
	A22600/3		Foot - Cat 1/2 - w/o ankle SACH - Kingsly	ea	1052.00
LA110		3	Foot - Dynamic without ankle adapter		
	A22610/1		Foot - Cat 3 - w/o ankle Dynamic 1D10 OB	ea	3692.00
	A22610/2		Foot - Cat 3 - w/o ankle Seattle carbon	ea	8959.00
	A22610/3		Foot - Cat 3 - w/o ankle CC2 LIGHT OWW	ea	7509.00
	A22610/4		Foot - Cat 3 - w/o ankle CCII OWW	ea	8661.00
	A22610/5		Foot - Cat 3 - w/o ankle Energizer USMC	ea	5489.00
	A22610/6		Foot - Cat 3 - w/o ankle Seattle Lifecast	ea	8959.00
LA111		3	Foot - Dynamic with pyramid adapter		
	A22611/1		Foot - Cat 3 - with ankle Dynamic PRO 1D25 OB	ea	7432.00
	A22611/2		Foot - Cat 3 - with ankle SACH - Enhanced OWW	ea	3910.00
LA160		3	Foot - Multi axis dynamic without adapter		
	A22660/1		Foot - Cat 3 - w/o ankle Endolite multi flex	ea	5775.00
	A22660/2		Foot - Cat 3 - w/o ankle Quantum	ea	5300.00
LA116		3	Foot - Multi-axis dynamic with pyramid adapter		
	A22616/1		Foot - Cat 3 - with ankle SACH - Multi axis 1M1	ea	6735.00
	A22616/2		Foot - Cat 3 - with ankle Endolite Dynamic Response	ea	8582.00
	A22616/3		Foot - Cat 3 - with ankle Flexfoot SURE-FLEX III	ea	12853.00
	A22616/4		Foot - Cat 3 - with ankle CC HP OWW	ea	3910.00
	A22616/5		Foot - Cat 3 - with ankle Single axis Teh Lin TGAPM or TGAOM	ea	7116.00
LA115		3	Foot - Symes		
	A22615/1		Foot - SYMES OB Pigoroff	ea	4396.00
	A22615/2		Foot - Kingsley Symes	ea	2434.00
PK			Prosthetic knees		
LA179		1,2	Exoskeletal knee hinge BK		
	A22679/1		Knee - Cat 1/2 OB - BK joint 7U25	pr	4863.00
LA178		1,2	Exoskeletal knee hinge TK		
	A22678/1		Knee - Cat 1/2 OB - TK joint 7G3	pr	5330.00
LA180		1	Knee - exoskeletal knee single axis with manual lock		
	A22680/1		Knee - Cat 1 OB - single axis 3P4	ea	6791.00
LA181		2	Knee - exoskeletal single axis		
	A22681/1		Knee - Cat 2 OB 3P1	ea	5175.00
LA182		2	Knee - exoskeletal knee multi axis friction		
	A22682/1		Knee - Cat 2 OB swing phase control 3P23	ea	7559.00
LA209		1	Knee - endoskeletal single axis with manual lock		

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Description</u>		<u>2007 COID</u>
	A22710/1		Knee - Cat 1 OB 3R40		3881.00
LA183		1	<i>Knee single axis safety s/s stance phase control</i>		
	A22683/1		Knee - Cat 1 OB - safety 3R15	ea	6054.00
LA185		2	<i>Knee multi axis steel mod S&SPC</i>		
	A22701/1		Knee - Cat 2 OB - Habermann 3R20 s/s	ea	8901.00
LA186		2	<i>Knee multi axis safety Ti or carbon mod S&SPC</i>		
	A22702/1		Knee - Cat 2 OB - Habermann 3R36 titanium	ea	16021.00
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	32042.00
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	25810.00
	A22689/2		Knee - Cat 3 TEH LIN hydraulic TGK 1H100 or 100S	ea	32397.00
LA209		3	<i>Knee multi axis stance flex, swing phase control</i>		
	A22709/1		Knee - Cat 3 TOTAL - 7axis Polymer Friction	ea	33018.00
	A22709/2		Knee - Cat 3 OWW GEOFLEX	ea	29370.00
LA207		3	<i>Knee multi axis stance flex hydraulic swing phase control</i>		
	A22707/1		Knee - Cat 3 OB - 3R55		32689.00
LA200		3	<i>Knee single axis Ti or carbon with hydraulic S&SPC</i>		
	A22700/1		Knee - Cat 3 OB - 3R80 - Hydraulic	ea	41831.00
<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	15842.00
LA185		2	<i>Knee four bar s/s</i>		
	A22685/1		Knee - Cat 2 OB - 4bar-linkage 3R21	ea	13351.00
	A22685/2		Knee - Cat 2 Teh LIN four bar TK4010		13906.00
	A22685/3		Knee - Cat 2 Teh LIN four bar TK4000S		10512.00
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	33821.00

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Description</u>	<u>2007 COID</u>
GPA		General Prosthetic Accessories		
LA230	A22730	Patella buttons replaced	ea	132.00
LA235	A22735	Re-alignment (dynamic) of AK/TK modular prosthesis	ea	600.00
LA236	A22736	Re-alignment (dynamic) of BK modular prosthesis	ea	568.00
LA440	A22940	Stump care - Cleani-stump	box	564.00
LA450	A22950	Stump care - Ampu aid	tube	113.00
LA460	A22960	Stump care - Talc	tin	153.00
LA461	A22961	Stump/skin lotion	ea	265.00
LA462	A22962	Stump lubricant	ea	234.00
LA463	A22963	Stump cleaner	ea	271.00
LA464	A22964	Stump moisturiser	ea	271.00
LA465	A22965	Stump ointment	ea	335.00
LA470	A22970	Stump care - Balm	tin	271.00
LA480	A22980	Stump coning bandage 6cm	ea	221.00
LA481	A22981	Stump coning bandage 8cm	ea	279.00
LA482	A22982	Stump coning bandage 10cm	ea	374.00
LA490	A22990	Stump coning bandage 15cm	ea	408.00
LA510	A23010	Suction valve OB standard	ea	457.00
LA520	A23020	Suction valve OB total contact	ea	836.00
LA530	A23030	Suction Valve Green dot standard	ea	902.00
LA540	A23040	Suction valve Green dot total contact	ea	902.00
PH		PARTIAL HAND PROSTHESIS		
PH020	A30020	Partial hand prosthesis - functional	ea	18655.00
PH030	A30030	Partial hand - opposition post	ea	9200.00
		Repairs		
PH050	A30050	Partial hand - new silicone socket	ea	4213.00
PH060	A30060	Partial hand - cosmetic glove replaced	ea	3172.00
WD		WRIST DISARTICULATION PROSTHESIS		
WD020	A30520	Wrist disarticulation - functional	ea	33876.00
BE		BELOW ELBOW PROSTHESIS		
BE020	A31020	Below elbow prosthesis - functional hand & cosmetic cover	ea	33876.00
BE040	A31040	BE test socket - diagnostic	ea	1440.00
ED		ELBOW DISARTICULATION PROSTHESIS		
ED020	A31520	Elbow disarticulation prosthesis - functional hand and cosmetic cover	ea	49847.00
ED030	A31530	ED test socket - diagnostic	ea	1440.00
		ABOVE ELBOW PROSTHESIS		
AE010	A32010	Above elbow prosthesis - passive hand & cosmetic cover	ea	30089.00
AE020	A32020	Above elbow prosthesis - functional hand & cosmetic cover	ea	39769.00
AE040	A32040	AE test socket - diagnostic	ea	1440.00

Additional charges

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Description</u>		<u>2007 COID</u>
AE060	A32060		Automatic locking elbow 12K4	ea	14006.00
AE065	A32065		Elbow Joint with cable lock	ea	9827.00
AE067	A32067		Step-up joints for short BE or TE	ea	11055.00

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	41662.00
SD020	A32520		Shoulder disarticulation - functional hand & cosmetic cover	ea	51341.00

AA**ACCESSORIES**

AA010	A33010		Cable - AE	ea	1442.00
AA020	A33020		Cable - BE	ea	1442.00
AA030	A33030		Corset - BE	ea	1314.00
AA040	A33040		Passive hand	ea	5238.00
AA050	A33050		Felt hand	ea	6182.00
AA060	A33060		Functional hand	ea	7761.00
AA070	A33070		Harness - AE	ea	1318.00
AA080	A33080		Harness - BE	ea	1318.00
AA090	A33090		Hook elastics	ea	35.00
AA100	A33100		Prosthetic glove - cosmetic	ea	3147.00
AA110	A33110		Prosthetic glove - leather	ea	658.00
AA120	A33120		Prosthetic hook - aluminium	ea	9026.00
AA130	A33130		Prosthetic hook - steel	ea	11549.00
AA160	A33160		Wrist insert	ea	849.00
AA165	A33165		Wrist Unit	ea	3302.00
AA170	A33170		Manual locking elbow 12K5	ea	5098.00

SS**PROSTHETIC SOCKS**

SS010	A35010		Stump sock - BK local	ea	236.00
SS020	A35020		Stump sock - AK local	ea	264.00
SS030	A35030		Stump sock - Arm local	ea	170.00
SS040	A35040		Stump sock - Symes local	ea	438.00
SS090	A35090		Prosthetic sheath - imported	ea	265.00
SS093	A35093		Prosthetic sheath with hole for pin - local	ea	60.00
SS110	A35110		Fix Prosthesis - European (Daw)	ea	629.00
SS120	A35120		Fix Prosthesis - American (silicone suspension liner)	ea	310.00
SS130	A35130		Stump Shrinker B/K	ea	714.00
SS140	A35140		Stump Shrinker A/K	ea	949.00

SUSPENSION SYSTEMS, LINERS AND LOCKS

<u>Item</u>	<u>Code</u>	<u>Category</u>	<u>Description</u>		<u>2007 COID</u>
AK150	A21650		AK - hip-joint and pelvic band to prosthesis	ea	5696.00
AK700	A21700		AK - shoulder belt	ea	785.00
AK701	A21701		AK - silesion belt	ea	719.00
AK704	A21704		AK - silesion strap	ea	218.00
AK708	A21708		AK - waist belt	ea	756.00
AK712	A21712		AK - neoprene suspension belt	ea	1988.00
BK132	A20632		BK joints and thigh corset	ea	9749.00
BK133	A20633		Bk joints and weightbearing corset	ea	10942.00
BK192	A20692		BK back check strap	ea	436.00
BK193	A20693		BK backlift	ea	452.00
BK194	A20694		BK crutch strap	ea	488.00
BK197	A20697		BK ptb strap	ea	845.00
BK200	A20700		BK thigh corset	ea	2343.00
BK201	A20701		BK waistbelt leather	ea	907.00
BK202	A20702		BK waistbelt webbing	ea	594.00
SI600	A36600		Silicone sleeve - custom made (sleeve only)	ea	8666.00
			Silicon sleeve suspension system - custom (in addition to cost of prosthesis)	ea	15386.00
SI605	A36605		Silicone sleeve suspension system(in addition to cost to prosthesis)	ea	13373.00
SI610	A36610		Silicone suspension sleeve with pin attachment	ea	7104.00
SI620	A36620		Silicone suspension sleeve (COMFORT) with pin attachment	ea	7438.00
SI622	A36622		Silicon sleeve without pin attachment	ea	5870.00
SI625	A36625				
SI626	A36626		Silicon sleeve (COMFORT) without pin attachment	ea	5870.00
SI630	A36630		Silicone thigh sleeve	ea	5208.00
SI640	A36640		Silicone distal end pad	ea	5208.00
SI650	A36650		Shuttle lock only	ea	4852.00
SI651	A36651		Fit shuttle lock fitted to prosthesis (excl lock)	ea	1822.00
SI660	A36660		Plunger pin for shuttle lock	ea	350.00
SI670	A36670		Flex-seal system to prosthesis	ea	7552.00
SI675	A36675		Flex-seal	ea	6523.00
SI680	A36680		PU sleeve with locking pin attachment (set of two)	set	19822.00
SI685	A36685		PU sleeve without locking pin attachment (set of two)	set	16178.00

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