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## Contents


| No. | | Gazette No. | Page No. |
|---|---|---|---|
| | GENERAL NOTICES • ALGEMENE KENNISGEWINGS | | |
| | **Employment and Labour, Department of / Indiensneming en Arbeid, Departement van** | | |
| 1704 | Compensation for Occupational Injuries and Diseases Act (130/1993), as amended: Annual increase in Medical Tariffs for Medical Service Providers: Private Hospital | 48303 | 3 |

## General Notices • Algemene Kennisgewings

**DEPARTMENT OF EMPLOYMENT AND LABOUR**

**GENERAL NOTICE 1704 OF 2023**

# PRIVATE HOSPITAL GAZETTE 2023

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**DEPARTMENT OF LABOUR**

**NOTICE:** **DATE:**

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

**ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICES PROVIDERS.**

1. I, Thembelani Waltermade Nxesi, Minister of Employment and Labour, hereby give notice that, after consultation with the Compensation Board and acting under powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993), prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rule applicable thereto, appearing in the Schedule, with effect from 1 April 2023.

2. Medical Tariffs increase for 2023 is 4%

3. The fees appearing in the Schedule are applicable in respect of services rendered on or after 1 April 2023 and Exclude 15% Vat.

..........................................

**Mr TW NXESI, MP**

**MINISTER OF EMPLOYMENT AND LABOUR**

24/01/2023

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# GENERAL INFORMATION ABOUT THE COMPENSATION FUND AND ITS MEDICAL SERVICES BENEFITS DIRECTORATE

## THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

Medical Service Providers are advised to take note of the following as it pertains to the treatment of patients in relation to the Compensation for Occupational Injuries and Diseases Act of 1993 (COID Act):

- An employee as defined in the COID Act of 1993, is at liberty to choose their preferred medical service provider and no interference with this is permitted, as long as it is exercised reasonably and without prejudice to the employee or the Compensation Fund.
  The only exception to this rule is in case where an employer, with the approval of the Compensation Fund, provides comprehensive medical aid facilities to his employees, i.e. including hospital, nursing and other services — section 78 of the Compensation for Occupational Injuries and Diseases Act refers.
- In terms of section 42 of the COID Act of 1993, the Compensation Fund may refer an injured employee to a specialist medical practitioner designated by the Director General for a medical examination and report. Special fees are payable when this service is requested.
- In terms of section 76,3(b) of the COID Act of 1993, no amount in respect of medical expenses shall be recoverable from the employee.
- In the event of a change of a medical practitioner attending to a case, the first treating doctor in attendance will, except where the case is transferred to a specialist, be regarded as the principal treating doctor.
- To avoid disputes regarding the payment for services rendered, medical practitioners should refrain from treating an employee already under treatment by another doctor without consulting / informing the principal treating doctor. As a general rule, changes of doctor are not favoured by the Compensation Fund, unless sufficient reasons exist for such a change.
- According to the National Health Act no 61 of 2003, Section 5, a health care provider may not refuse a person emergency medical treatment. Such a medical service provider should not request the Compensation Fund to authorise such treatment before the claim has been submitted to and liability for the claim is accepted by the Compensation Fund.
  - Pre-authorisation of treatment is not possible and no medical expense will be approved if liability for the claim has not been accepted by the Compensation Fund.
- An employee seeks medical advice at their own risk. If such an employee presents themselves to a medical practitioner as being entitled to treatment in terms of the COID Act of 1993, whilst having failed to inform their employer and/or the Compensation Fund of any possible grounds for a claim, the Compensation Fund cannot accept responsibility for the settlement of medical expenses incurred.
- The Compensation Fund could also have reasons to repudiate a claim lodged with it, in such circumstances the employee would be in the same position as any other member of the public regarding payment of his medical expenses.

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- Proof of identity is required in the form of a copy of a South African Identity document/card, will be required in order for a claim to be registered with the Compensation Fund.
    - In the case of foreign nationals, the proof of identity (passport) must be certified.
- All supporting documentation submitted to the Compensation Fund must reflect the identity and claim number of the employee.
- The completion of medical reports cannot be claimed separately as they are inclusive in all medical tariffs.
- The tariff amounts published in the gazette guides for medical services rendered in terms of the COID Act do not include VAT. All invoices for services will therefore be assessed without VAT.
- VAT will therefore be calculated and applied without rounding off to invoices for service providers that have confirmed their VAT vendor status with the Compensation Fund by the submission of their VAT registration number.

**POPI COMPLIANCE**

In terms of Protection of Personal Information Act, 2013 (POPI Act), the Compensation Fund wants to assure Employees and the Medical Service Providers that all personal information collected is treated as private and confidential. The Compensation Fund has put in place the necessary safeguards and controls to maintain confidentiality, prevent loss, unauthorized access and damage to information by unauthorized parties.

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## OVERVIEW OF CLAIMS PROCESS WITHIN THE COMPENSATION FUND

All claims lodged in the prescribed manner with the Compensation Fund follow the process outlined below:

1. New claims are registered by the Employers with the Compensation Fund and the employer, if registered as a user on the online processing system is able to view claim details like the claim number allocated, and the progress of the claim online.
    a. The allocation of a claim number by the Compensation Fund, does not constitute acceptance of liability for a claim, but means that the injury on duty has been reported to and registered with the Compensation Commissioner.
    b. Any enquiries related to a claim should be directed to the employer and or the nearest Labour Centre
2. If liability for a claim is accepted by the Compensation Fund in terms of the COID Act, reasonable medical expenses, related to the medical condition shall be paid to medical service providers that treat injured/diseased employee's. Reasonable medical expense shall be paid in line with its approved Tariffs and Billing rules and procedures, published annually in Government Gazettes.
3. If a claim is repudiated in terms of the COID Act, medical expenses for services rendered will not be paid by the Compensation Fund. The employer and the employee will be informed of this decision and the injured employee will be liable for payment.
4. In the case sufficient information pertaining to a claim is unavailable after registration thereof, the status of the claim will be rejected until the outstanding information is submitted and liability of the claim can be determined. Depending on the outcome, the invoices from the service provider will be dealt with as set out in 2 and 3. Please note that there are claims on which a decision might never be taken due to the non-submission of outstanding information.
5. The Compensation Fund will only pay reasonable medical expenses for treatment of the condition that liability has been accepted and will not pay for any other unrelated treatment.

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## MEDICAL SERVICE PROVIDERS REGISTRATION REQUIREMENTS WITH THE COMPENSATION FUND

The Compensation Fund requires that any Medical Service Provider who seeks to treat patients in terms of the COID Act must register their details including their banking details with the Compensation Fund. They must thereafter register as a user of the online processing system.

The steps that are to be followed are detailed hereunder:

### REGISTERING WITH THE COMPENSATION FUND AS A MEDICAL SERVICE PROVIDER TREATING INJURED/DISEASED EMPLOYEES

1. Copies of the following documents must be submitted:
    a. A certified identity document of the practitioner
    b. Certified valid BHF certificate
    c. Bank Statement not older than one month with a bank stamp.
    d. Proof of address not older than 3 months.
    e. Submit SARS Vat registration number document where applicable. If this is not provided the Medical Service Provider will be registered as a Non VAT vendor.
    f. Submit proof of dispensing licence where applicable.
2. A duly completed original Banking Details form (W.aC 33) that can be downloaded in PDF from the Department of Employment and Labour Website ( www.labour.gov.za ). Please note on completion this form must contain the relevant bank stamp.
3. Submit the following additional information on the Medical Service Provider letterhead, Cell phone number, Business contact number, Postal address, Email address. The Fund must be notified in writing of any changes in order to effect necessary changes on the systems.
4. The name of the switching house that submit invoices on behalf of the medical service provider.
5. These documents must be handed in to the nearest Labour centre for capturing.

**Kindly take note of the following:** All medical service providers will be subjected to the Compensation Fund vetting processes.

### REGISTERING WITH THE COMPENSATION FUND AS AN ONLINE SYSTEM USER FOR MEDICAL SERVICE PROVIDER

To become an online user of the claims processing system Medical Service Providers must follow the following steps.

1. Register as an online user with the Department of Employment and Labour on its website ( www.labour.gov.za )

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2. Register on the CompEasy application
    a. The following documents must be at hand to upload
        i. A certified copy of identity document (not older than a month from the date of application)
        ii. Certified valid BHF certificate
        iii. Proof of address not older than 3 months
    b. In the case where a medical service provider wishes to appoint a proxy to interact on the claims processing system the following ADDITIONAL documents must be uploaded
        i. An appointment letter for proxy (the template is available online)
        ii. The proxy's certified identity document (not older than a month from the date of application)
3. There is an online instructions to guide a user on registering as an online user (www.compeasy.gov.za )

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## BILLING PROCEDURE TO BE ADHERED TO WHEN BILLING FOR MEDICAL SERVICES PROVIDED TO INJURED/DISEASED EMPLOYEES

1. All service providers should be registered on the Compensation Fund claims processing system in order to capture medical invoices and reports for medical services rendered.
2. Prior to submitting, uploading or switching medical invoices and supporting reports, medical service providers should ensure that the claim is one that the Compensation Fund has accepted liability for and therefore reasonable medical expenses can be paid.
3. Medical Reports:
   a. The first medical report (W. CL 4), completed after the first consultation must confirm the **clinical** description of the injury/disease. It must also detail any procedure performed and also any referrals to other medical service providers where applicable.
   b. All follow up consultations must be completed on a Progress Medical Report (W.CL5). It must also detail any operation/procedure performed and also any referrals to other medical service providers where applicable.
      i. A progress medical report is considered to cover a period of 30 days, with the exception where a procedure was performed during that period then an additional operation report will be required.
      ii. Only one medical report is required when multiple procedures are done on the same service date.
   c. When the injury/disease being treated stabilises a Final Medical Report must be completed (W.CL 5F).
   d. Medical Service Providers are required to keep copies of medical reports which should be made available to the Compensation Commissioner on request.
4. Medical Invoices
   a. The Compensation Fund allows the submission of invoices in 3 different formats, the use of a switching house, directly uploading the invoice onto the processing application and the receipt of manual invoices by Labour Centre's. The former two are encouraged for Medical Service Providers to use, whilst the last form is for Medical Service Providers who have a small amount of invoices to submit.
   b. Medical invoices should be switched to the Compensation Fund using the attached **format or electronic invoicing file layout**. It must be noted that the corresponding medical report must be uploaded online prior to the invoice data being switched, to avoid systematic rejections on receipt.
   c. The processing system has an online guide available to guide Medical Service Providers for the direct uploading of invoice on the application.
   d. The status of invoices /claims can be viewed on the Compensation Fund claims system. If invoices are still partially or wholly outstanding with no reason indicated, after 60 days following submission, the service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website (www.labour.gov.za)

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   e. Manual invoices and their corresponding medical reports must be handed in to the nearest labour centre.

5. The progress status of successfully submitted invoices can be viewed on the Compensation Fund online portal/APP.
6. If a medical service provider claims an amount less than the published tariff amount for a code, the Compensation Fund will only pay the claimed amount.
7. If a medical service provider claims an amount more than the published tariff amount for a code, the Compensation Fund will only pay the Gazetted amount.

**NOTE: Templates of the following medical forms are available on the Department of Employment and Labour website (www.labour.gov.za)**
**First Medical Report (W.CL 4)**
**Progress/Final Medical Report (W.CL 5 / W.CL 5)**

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## MINIMUM OF INFORMATION TO BE INCLUDED ON MEDICAL INVOICES SUBMITTED TO THE COMPENSATION FUND:

The following must be indicated on a medical invoice in order to be processed by the Compensation Fund

1. The allocated Compensation Fund claim number
2. Name and ID number of employee
3. Name and Compensation Fund registration number, as indicated on the corresponding Employers Report of Accident (W.CL 2), for switched invoices
4. DATES:
    a. Date of accident
    b. Date of service (From and To)
5. Medical Service Provider BHF practice number
6. VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the invoice)
7. Tariff Codes:
    a. Tariff code applicable to injury/disease as in the official published tariff guides
    b. Amount claimed per code and the total of the invoice
8. VAT:
    a. The tariff amounts published in the tariff guides to medical services rendered in terms of the COID Act of 1993 do not include VAT. All invoices for services rendered will be assessed without VAT. Only if it is indicated that the service provider is registered as a VAT vendor and a VAT registration number is provided, will VAT be calculated and added to the payment, without being rounded off.
    b. The only exception is the "per diem" tariffs for Private Hospitals that already include VAT.
    c. Please note that there are VAT exempted codes in the Private Ambulance tariff structure.
9. All pharmacy or medication invoices must be accompanied by the original scripts
10. Where applicable the referral letter from the treating practitioner must accompany the medical service providers' invoice.
11. All medical invoices must be submitted with invoice numbers to prevent system rejections. Duplicate invoices should not be submitted.

**PLEASE NOTE: The Compensation Fund will withhold payments if medical invoices do not comply with minimum submission and billing requirements as published in the Government Gazette**

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## REQUIREMENTS FOR SWITCHING MEDICAL INVOICES WITH THE COMPENSATION FUND

**The switching provider / third party must comply with the following requirements:**

1. Register with the Compensation Fund as an employer.
2. Host a secure FTP (or SFTP) server to ensure encrypted connectivity with the Fund. This requires that they ensure the following:
    a. Disable Standard FTP because is now obsolete. ...and use latest version and reinforce FTPS protocols and TLS protocols
    b. Use Strong Encryption and Hashing.
    c. Place Behind a Gateway.
    d. Implement IP Blacklists and Whitelists.
    e. Harden Your FTPS Server.
    f. Utilize Good Account Management.
    g. Use Strong Passwords.
    h. Implement File and Folder Security
    i. Secure your administrator, and require staff to use multifactor authentication
3. Submit and complete successful test file after registration before switching the invoices.
4. Validate medical service provider's registration with the Board of Healthcare Funders of South Africa.
5. Submit medical invoices with gazetted COIDA tariffs that are published annually.
6. Comply with medical billing requirements of the Compensation Fund.
7. Single batch submitted must have a maximum of 100 medical invoices.
8. Eliminate duplicate invoices before switching to the Fund.
9. File name must include a sequential batch number in the file naming convention.
10. File names to include sequential number to determine order of processing.
11. Medical Service Providers will be subjected to Compensation Fund vetting processes.
12. Third parties must submit a power of attorney.
13. Submit any information/documentation requested by the Fund.
14. Only pharmacies should claim from the NAPPI file.

**Failure to comply with the above requirements will result in deregistration / penalty imposed on the switching house.**

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## COMPEASY ELECTRONIC INVOICING FILE LAYOUT

| FIELD | DESCRIPTION | Max Length | DATA TYPE | MANDATORY |
|---|---|---|---|---|
| BATCH HEADER | | | | |
| 1 | Header identifier = 1 | 1 | Numeric | * |
| 2 | Switch internal Medical aid reference number | 5 | Alpha | |
| 3 | Transaction type = M | 1 | Alpha | |
| 4 | Switch administrator number | 3 | Numeric | |
| 5 | Batch number | 9 | Numeric | * |
| 6 | Batch date (CCYYMMDD) | 8 | Date | * |
| 7 | Scheme name | 40 | Alpha | * |
| 8 | Switch internal | 1 | Numeric | |
| DETAIL LINES | | | | |
| 1 | Transaction identifier = M | 1 | Alpha | * |
| 2 | Batch sequence number | 10 | Numeric | * |
| 3 | Switch transaction number | 10 | Numeric | * |
| 4 | Switch internal | 3 | Numeric | |
| 5 | CF Claim number | 20 | Alpha | |
| 6 | Employee Surname | 20 | Alpha | * |
| 7 | Employee initials | 4 | Alpha | * |
| 8 | Employee Names | 20 | Alpha | * |
| 9 | BHF Practice number | 15 | Alpha | * |
| 10 | Switch ID | 3 | Numeric | |
| 11 | Patient reference number (account number) | 11 | Alpha | * |
| 12 | Type of service | 1 | Alpha | |
| 13 | Service date (CCYYMMDD) | 8 | Date | * |
| 14 | Quantity / Time in minutes | 7 | Decimal | * |
| 15 | Service amount | 15 | Decimal | * |
| 16 | Discount amount | 15 | Decimal | * |
| 17 | Description | 30 | Alpha | * |
| 18 | Tariff | 10 | Alpha | * |
| 19 | Service fee | 1 | Numeric | |
| 20 | Modifier 1 | 5 | Alpha | |
| 21 | Modifier 2 | 5 | Alpha | |
| 22 | Modifier 3 | 5 | Alpha | |
| 23 | Modifier 4 | 5 | Alpha | |
| 24 | Invoice Number | 10 | Alpha | * |
| 25 | Practice name | 40 | Alpha | * |
| 26 | Referring doctor's BHF practice number | 15 | Alpha | |
| 27 | Medicine code (NAPPI CODE) | 15 | Alpha | * |
| 28 | Doctor practice number - sReferredTo | 30 | Numeric | |

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| | | | | |
|---|---|---|---|---|
| 29 | Date of birth / ID number | 13 | Numeric | * |
| 30 | Service Switch transaction number – batch number | 20 | Alpha | |
| 31 | Hospital indicator | 1 | Alpha | * |
| 32 | Authorisation number | 21 | Alpha | * |
| 33 | Resubmission flag | 5 | Alpha | * |
| 34 | Diagnostic codes | 64 | Alpha | * |
| 35 | Treating Doctor BHF practice number | 9 | Alpha | |
| 36 | Dosage duration (for medicine) | 4 | Alpha | |
| 37 | Tooth numbers | | Alpha | * |
| 38 | Gender (M, F) | 1 | Alpha | |
| 39 | HPCSA number | 15 | Alpha | |
| 40 | Diagnostic code type | 1 | Alpha | |
| 41 | Tariff code type | 1 | Alpha | |
| 42 | CPT code / CDT code | 8 | Numeric | |
| 43 | Free Text | 250 | Alpha | |
| 44 | Place of service | 2 | Numeric | * |
| 45 | Batch number | 10 | Numeric | |
| 46 | Switch Medical scheme identifier | 5 | Alpha | |
| 47 | Referring Doctor's HPCSA number | 15 | Alpha | * |
| 48 | Tracking number | 15 | Alpha | |
| 49 | Optometry: Reading additions | 12 | Alpha | |
| 50 | Optometry: Lens | 34 | Alpha | |
| 51 | Optometry: Density of tint | 6 | Alpha | |
| 52 | Discipline code | 7 | Numeric | |
| 53 | Employer name | 40 | Alpha | * |
| 54 | Employee number | 15 | Alpha | * |
| 55 | Date of Injury (CCYYMMDD) | 8 | Date | * |
| 56 | IOD reference number | 15 | Alpha | |
| 57 | Single Exit Price (Inclusive of VAT) | 15 | Numeric | |
| 58 | Dispensing Fee | 15 | Numeric | |
| 59 | Service Time | 4 | Numeric | |
| 60 | | | | |
| 61 | | | | |
| 62 | | | | |
| 63 | | | | |
| 64 | Treatment Date from (CCYYMMDD) | 8 | Date | * |
| 65 | Treatment Time (HHMM) | 4 | Numeric | * |
| 66 | Treatment Date to (CCYYMMDD) | 8 | Date | * |
| 67 | Treatment Time (HHMM) | 4 | Numeric | * |
| 68 | Surgeon BHF Practice Number | 15 | Alpha | |
| 69 | Anaesthetist BHF Practice Number | 15 | Alpha | |
| 70 | Assistant BHF Practice Number | 15 | Alpha | |
| 71 | Hospital Tariff Type | 1 | Alpha | |

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| 72 | Per diem (Y/N) | 1 | Alpha | |
|---|---|---|---|---|
| 73 | Length of stay | 5 | Numeric | * |
| 74 | Free text diagnosis | 30 | Alpha | |
| TRAILER | | | | |
| 1 | Trailer Identifier = Z | 1 | Alpha | * |
| 2 | Total number of transactions in batch | 10 | Numeric | * |
| 3 | Total amount of detail transactions | 15 | Decimal | * |

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## MSPs PAID BY THE COMPENSATION FUND

| Discipline Code : | Discipline Description : |
|---|---|
| 004 | Chiropractors |
| 009 | Ambulance Services - Advanced |
| 010 | Anesthetists |
| 011 | Ambulance Services - Intermediate |
| 012 | Dermatology |
| 013 | Ambulance Services - Basic |
| 014 | General Medical Practice |
| 015 | General Medical Practice |
| 016 | Obstetrics and Gynecology (Occupational related cases) |
| 017 | Pulmonology |
| 018 | Specialist Physician |
| 019 | Gastroenterology |
| 020 | Neurology |
| 022 | Psychiatry |
| 023 | Radiation/Medical Oncology |
| 024 | Neurosurgery |
| 025 | Nuclear Medicine |
| 026 | Ophthalmology |
| 028 | Orthopedics |
| 030 | Otorhinolaryngology |
| 034 | Physical Medicine |
| 035 | Emergency Medicine Independent Practice Specialist |
| 036 | Plastic and Reconstructive Surgery |
| 038 | Diagnostic Radiology |
| 039 | Radiography |
| 040 | Radiotherapy/Nuclear Medicine/Oncologist |
| 042 | Surgery Specialist |
| 044 | Cardio Thoracic Surgery |
| 046 | Urology |
| 049 | Sub-Acute Facilities |
| 052 | Pathology |
| 054 | General Dental Practice |
| 055 | Mental Health Institutions |
| 056 | Provincial Hospitals |
| 057 | Private Hospitals |
| 058 | Private Hospitals |
| 059 | Private Rehab Hospital (Acute) |
| 060 | Pharmacy |
| 062 | Maxillo-facial and Oral Surgery |
| 064 | Orthodontics |

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| | |
|---|---|
| 066 | Occupational Therapy |
| 070 | Optometrists |
| 072 | Physiotherapists |
| 075 | Clinical technology (Renal Dialysis only) |
| 076 | Unattached operating theatres / Day clinics |
| 077 | Approved U O T U / Day clinics |
| 078 | Blood transfusion services |
| 079 | Hospices/Frail Care |
| 082 | Speech therapy and Audiology |
| 083 | Hearing Aid Acoustician |
| 084 | Dieticians |
| 086 | Psychologists |
| 087 | Orthotists & Prosthetists |
| 088 | Registered nurses (Wound Care only) |
| 089 | Social workers |
| 090 | Clinical services : wheelchairs |

| | | |
|---|---|---|
| | **PRIVATE HOSPITALS TARIFF OF FEES FROM 1 APRIL 2023** | |
| | **PRIVATE HOSPITALS PER DIEM TARIFFS** | |
| | ACCOMMODATION | |
| | The day admission fee shall be charged in respect of all patients admitted as day patients and discharged before 23:00 on the same date. | |
| | Ward fees shall be charged at the full day rate if admission takes place before 12:00 and at the half daily rate if admission takes place after 12:00. At discharge, ward fees shall be charged at half the daily rate if the discharge takes place before 12:00 and the full daily rate if the discharge takes place after 12:00. | |
| | Ward fees are inclusive of all pharmaceuticals and equipment that are provided in the accommodation, theatre, emergency room and procedure rooms. | |
| | **Note: Fees include VAT** | |
| | **Private Acute Hospitals : Practice 57 and 58** | |
| **Code** | **Code Description** | **Rand** |
| **1.** | **General Wards** | |
| H001 | Surgical cases: per day | **3977.01** |
| H002 | Thoracic and neurosurgical cases (including laminectomies and spinal fusion): per day | **3977.01** |
| H004 | Medical and neurological cases: per day | **3977.01** |
| H007 | Day admission which includes all patients discharged by 23:00 on date of admission | **1702.11** |
| **1.1** | **Special Care Units** | |
| | Hospitals shall obtain a doctor's report stating the reason for accommodation in an intensive care unit or a high care ward from the attending medical practitioner, and such report including the date and time of admission and discharge from the unit shall be forwarded to the Commissioner together with the invoice. Pre-drafted and standard certificates of authorisation will not be acceptable. | |
| H201 | Intensive Care Unit: per day | **26658.59** |
| H215 | High Care Ward: per day | **13757.07** |
| **2.** | **Theatres and Emergency Unit** | |
| **2.1** | Theatre and Emergency fees are inclusive of all consumables and equipment. The after hours fee are included in the normal theatre fee. | |
| | **Rule: Emergency fee - excluding follow-up visits.** | |
| H301 | For all emergencies including those requiring basic nursing input, e.g. BP measurement, urine testing, application of simple bandages, administration of injections. | **954.66** |
| H302 | For all emergencies which require the use of a procedure room, e.g. for application of plaster, stitching of wounds. | **1936.81** |
| H303 | **Follow-up visits:** The Compensation Fund. will imburse hospitals for all materials used during follow-up visits. No consultation or facility fee is chargeable. The account is to be billed as for fee for service. | **-** |
| H105 | Resuscitation fee charged only if patient has been resuscitated and intubated in a trauma unit which has been approved by the Board of Healthcare Funders. | **7579.06** |
| **2.2** | **Minor Theatre Fee** | |
| | A facility where simple procedures which require limited instrumentation and drapery, minimum nursing input and local anaesthetic procedures are carried out. No sophisticated monitoring is required but resuscitation equipment must be available. | |
| | The exact time of admission to and discharge from the minor theatre shall be stated, upon which the minor theatre charge shall be calculated as follows: | |

| | | |
|---|---|---|
| H071 | Charge per minute | **115.02** |
| | | |
| **2.3** | **Major Theatre Fee** | |
| | The exact time of admission to and discharge from the theatre shall be stated, upon which the theatre charge shall be calculated as follows: | |
| H081 | Charge per minute | **340.35** |

| | | |
|---|---|---|
| **3.** | **Prosthesis** | |
| | **Prosthesis Pricing:** | |
| | **Note:** A ceiling price of R1556.81 per prosthesis is included in the theatre tariff. The combined value of all the components including cement in excess of R1556.81 should be charged separately. | |
| | A prosthesis is a fabricated or artificial substitute for a diseased or missing part of the body, surgically implanted, and shall be deemed to include all components such as pins, rods, screws, plates or similar items, forming an integral part of the device so implanted, and shall be charged as a single unit. | |
| | Reimbursement will be at the lowest available manufacturer's price (inclusive of VAT). | |
| | | |
| H286 | **Internal Fixators (surgically implanted)** | - |
| | Reimbursement will be at the lowest available manufacturer's price inclusive of VAT. | |
| | Hospitals / unattached operating theatre units shall show the name and reference number of each item. The suppliers' invoices, each containing the manufacturer's name, including the components specified should be attached and appear on the medical Invoice. | |
| | **External Fixators** | |
| | Reimbursement will be at 33% of the lowest available manufacturer's price inclusive of | |
| | | |
| **3.1** | **Medical artificial items (non-prosthesis)** | |
| | Hospitals / unattached operating theatre units shall show the name and reference number of each item. The suppliers' invoices, each containing the manufacturer's name, including the components specified should be attached and appear on the medical Invoice. | |
| H287 | Examples of items included hereunder shall be artificial limbs, wheelchairs, crutches and excretion bags. Copies of invoices shall be supplied to the Commissioner. Reimbursement will be at the lowest available manufacturer's price inclusive of VAT. | - |
| | **Further Non-Prosthetic Medical Artificial items:**<br>Sheepskins<br>Abdominal Binders<br>Orthopaedic Braces (ankle, knee, wrist, arm)<br>Anti-Embolism Stockings<br>Futuro Supports<br>Corsets<br>Crutches<br>Clavicle Braces<br>Toilet Seat Raisers<br>Walking Aids<br>Walking Sticks<br>Back Supports<br>Elbow / Hand Cradles | |
| | | |
| **4.** | **Serious Burns** | |
| | Billed at normal fee for service.<br>The following items are applicable and must be accompanied by a written motivation from the treating doctor. | |
| H289 | Serious Burns: Fee for service (Inclusive of all services e.g. accommodation, theatre, etc.) except medication whilst hospitalised. | - |
| H290 | Serious Burns: Item for medication used during hospitalisation excluding the TTO's. | - |
| | **Note**: TTO's should be charged according to item H288 | |
| | | |
| **5.** | **Psychiatric Hospitals : Practice 55** | |
| H008 | General Ward for Psychiatric Hospitals (Inclusive fee: Ward fee, Pharmaceuticals, Occupational Therapy) | **3098.27** |

| 6. | TTO | |
|---|---|---|
| H288 | TTO scripts will be reimbursed by the Commissioner for a period of two (2) weeks. A script that covers a period of more than two (2) weeks must have a doctor's motivation attached. Applicable to 49, 55, 57/58, 59 and 79 | - |
| | | |
| | **Acute and Sub-Acute Rehabilitation** | |
| | **Rules** | |
| | 1. Maximum period for a patient stay at acute rehabilitation ward is 3 months (12 weeks), then to be discharged or referred to Sub-acute rehabilitation (practice 49) | |
| | 2. All patients transfered from Acute Rehabilitation (practice 59) to Sub-acute Rehabilitation (practice 49), notification letter is required by the Compensation Fund for proper case management | |
| | 3. All practice 49 institutions must have a Rehabilitation plan for all patients admitted. This Rehabilitation plan must be submited to Compensation Fund when requested. | |
| | | |
| | **Acute Rehabilitation Hospitals: Practice 59** | |
| | **General Ward** | |
| 1.1. | | |
| | **General ward for Rehabilitation Hospitals** | |
| | All patients transfered from, Acute hospital 57/58, Acute Rehabilitation (practice 59) or Sub-acute Rehabilitation (practice 49), motivation from the treating doctor and approval letter from the Compensation Fund is required for proper case management. | |
| H010 | General Rehabilitation ward per day ( Inclusive fee: ward fee, general rehabilitation management (Physiotheraphy, Doctors, Nursing, Occupational Theraphy) | **6643.75** |
| | | |
| 1.2. | **Sub-Acute Rehabilitation Hospitals Practice 49** | |
| | Admission to the facility should be motivated for by the treating principal or primary doctor and should be pre authorised. | |
| | Private sub-acute facilities shall indicate the exact time of admission and discharge on all invoices. | |
| | a) Ward fees shall be charged at the full daily rate if admission takes place before 11:30 and at the half daily rate if admission takes place after 12:30. | |
| | b) At discharge, ward fees shall be charged at half the daily rate if the discharge takes place before 11:30 and the full daily rate if the discharge takes place after 12:30. | |
| | c) Ward fees are inclusive of all pharmaceuticals and equipment that are provided in the accommodation and procedure rooms. | |
| | This guide caters for services rendered by sub-acute facilities only but excludes services by related health care providers like physiotherapy, medical practitioners, occupational therapy, dieticians, speech therapist, clinical psychologist, social workers, etc. Employees of the sub acute facility are not allowed to submit their own individual claim/s. | |
| H020 | Sub-Acute Rehabilitation ward per day, Professionals are charged separately i.e. Physiotherapy, Rehabilitation Doctors, Nursing, Occupational Therapy, speech Therapist, Clinical Psychologist, social workers ) | **3977.01** |
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|---|---|---|
| | **Frail Care/Palliative/Hospice Practice 79** | |
| | **Rules** | |
| | 1. All patients transfered from, Acute hospital 57/58, Acute Rehabilitation (practice 59) or Subacute Rehabilitation (practice 49), motivation from the treating doctor and approval letter from the Compensation Fund is required for proper case management. | |
| | 2. It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by the Compensation Fund if the appropriate code is supplied on the invoice. | |
| | | |
| | **General ward** | |
| H950 | Frail care/Hospice ward (Daily) ( Inclusive fee: ward fee, general care management (Doctors, Nursing staff) | **2 193.78** |
| H955 | Home health care, per visit | **524.26** |

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