
GENERAL NOTICES • ALGEMENE KENNISGEWINGS

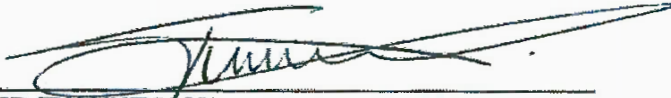
DEPARTMENT OF EMPLOYMENT AND LABOUR

NOTICE 926 OF 2022

**SOCIAL WORKER
AND
PSYCHOLOGY
GAZETTE
2022**

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO.130 OF 1993), AS AMENDED**ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICES PROVIDERS.**

1. I, Thembelani Waltermade Nxesi, Minister of Employment & 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 2022**.
2. Medical Tariffs increase for **2022** is **0%**.
3. The fees appearing in the Schedule are applicable in respect of all services rendered on or after **1 April 2022** and **Exclude 15% Vat**.



MR TW NXESI MP
MINISTER OF EMPLOYMENT AND LABOUR
DATE: 03/03/2022

Kommunikasie-en-inligtingstelsel • Ditlhaelelaano tsa Puso • Tekuchumana taHulumande • EzokuXhumana koMbuso • Dikgokahano tsa Mmuso
Vhudavhidzani ha Muvhuso • Dikgokagano tsa Mmuso • liNkonzo zoNkibelelwano lakaRhulumente • Vuhlanganisi bya Mfumo • UkuThintanisa koMbuso

Batho Pele - putting people first

GENERAL INFORMATION

THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

The employee is permitted to freely choose his/her own service provider e.g. doctor, pharmacy, physiotherapist, hospital, etc. and no interference with this privilege is permitted, as long as it is exercised reasonably and without prejudice to the employee or to the Compensation Fund. The only exception to this rule is in case where an employer, with the approval of the Compensation Fund, provides comprehensive medical aid facilities to his employees, i.e. including hospital, nursing and other services — section 78 of the Compensation for Occupational Injuries and Diseases Act refers.

In terms of section 42 of the Compensation for Occupational Injuries and Diseases Act, the Compensation Fund may refer an injured employee to a specialist medical practitioner designated by the Director General for a medical examination and report. Special fees are payable when this service is requested.

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

In the event of a change of medical practitioner attending to a case, the first doctor in attendance will, except where the case is transferred to a specialist, be regarded as the principal. **To avoid disputes regarding the payment for services rendered, medical practitioners should refrain from treating an employee already under treatment by another doctor without consulting / informing the first doctor.** As a general rule, changes of doctor are not favoured by the Compensation Fund, unless sufficient reasons exist.

According to the National Health Act no 61 of 2003, Section 5, a health care provider may not refuse a person emergency medical treatment. Such a medical service provider should not request the Compensation Fund to authorise such treatment before the claim has been submitted to and accepted by the Compensation Fund. **Pre-authorisation of treatment is not possible and no medical expense will be approved if liability for the claim has not been accepted by the Compensation Fund.**

An employee seeks medical advice at his/her own risk. If an employee represented to a medical service provider that he/she is entitled to treatment in terms of the Compensation for Occupational Injuries and Diseases Act, and yet failed to inform the Compensation Commissioner or his/her employer of any possible grounds for a claim, the Compensation Fund cannot accept responsibility for medical expenses incurred. The Compensation Commissioner could also have reasons not to accept a claim lodged against the Compensation Fund. In such circumstances the employee would be in the same position as any other member of the public regarding payment of his medical expenses.

Please note that from 1 January 2004 a certified copy of an employee's identity document will be required in order for a claim to be registered with the Compensation Fund. If a copy of the identity document is not submitted the claim will not be registered but will be returned to the employer for attachment of a certified copy of the employee's identity document. Furthermore, all supporting documentation submitted to the Compensation Fund must reflect the identity number of the employee. If the identity number is not included such documents cannot be processed but will be returned to the sender to add the ID number.

The tariff amounts published in the tariff guides to medical services rendered in terms of the Compensation for Occupational Injuries and Diseases Act do not include VAT. All 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.

The only exception is the "per diem" tariffs for Private Hospitals that already include VAT.

Please note that there are VAT exempted codes in the private ambulance tariff structure.

CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS FOLLOWS

1. New claims are registered by the Employers and the Compensation Fund and the **employer views the claim number allocated online**. The allocation of a claim number by the Compensation Fund, does not constitute acceptance of liability for a claim, but means that the injury on duty has been reported to and registered by the Compensation Commissioner. Enquiries regarding claim numbers should be directed to the employer and not to the Compensation Fund. The employer will be in the position to provide the claim number for the employee as well as indicate whether the claim has been accepted by the Compensation Fund.
2. If a claim is **accepted** as a COIDA claim, **reasonable medical expenses** will be paid by the Compensation Commissioner.
3. If a claim is **rejected (repudiated)**, medical expenses for services rendered will not be paid by the Compensation Commissioner. The employer and the employee will be informed of this decision and the injured employee will be liable for payment.
4. If **no decision** can be made regarding acceptance of a claim due to inadequate information, the outstanding information will be requested and upon receipt, the claim will again be adjudicated on. Depending on the outcome, the invoices from the service provider will be dealt with as set out in 2 and 3. Please note that there are claims on which a decision might never be taken due to lack of forthcoming information.

BILLING PROCEDURE

1. All service providers should be registered on the Compensation Fund claims system in order to capture medical invoices and reports.
 - 1.1 Medical reports should always have a clear and detailed clinical description of injury.
 - 1.2 A progress medical report covering a period of 30 days will be required, with an exception where a procedure was performed during that period.
 - 1.3 In a case where a procedure is done, an operation report is required.
 - 1.4 Only one medical report is required when multiple procedures are done on the same service date.
 - 1.5 Service providers are required to keep original documents (i.e medical reports, invoices) and these should be made available to the Compensation Commissioner on request.
 - 1.6 Referrals to another medical service provider should be indicated on the medical report.
2. Medical invoices should be switched to the Compensation Fund using the attached format. - Annexure D.
 - 2.1. Subsequent invoice must be electronically switched. It is important that all requirements for the submission of invoice, including supporting information, are submitted.
 - 2.2. Manual documents for medical refunds should be submitted to the nearest labour centre.
3. The status of invoices /claims can be viewed on the Compensation Fund claims system. If invoices are still outstanding after 60 days following submission, the service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za.
4. If an invoice has been partially paid with no reason indicated on the remittance advice, an enquiry should be made with the nearest processing labour centre. The service provider should complete an enquiry form, W.Cl 20, accompanied by the original invoice with unpaid services clearly indicated, 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.
5. Details of the employee's medical aid and the practice number of the referring practitioner must not be included in the invoice.

5.1 If a medical service provider claims an amount less than the published tariff amount for a code, the Compensation Fund will only pay the claimed amount and the short fall will not be paid.

6. Service providers should not generate the following:

6.1 Multiple invoices for services rendered on the same date i.e one invoice for medication and second invoices for other services.

6.2 Accumulative invoices – submit a separate invoice for every month.

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

MINIMUM REQUIREMENTS FOR INVOICES RENDERED

Minimum information to be indicated on invoices submitted to the Compensation Fund

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

COMPENSATION FUND MEDICAL SERVICE PROVIDERS REGISTRATION REQUIREMENTS

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

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

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

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

REQUIREMENTS FOR SWITCHING MEDICAL INVOICES WITH THE COMPENSATION FUND

The switching provider must comply with the following requirements:

1. Registration requirements as an employer with the Compensation Fund.
2. Host a secure FTP server to ensure encrypted connectivity with the Fund.
3. Submit and complete a successful test file before switching the invoices.
4. Validate medical service providers' registration with the Health Professional Council of South Africa.
5. Validate medical service providers' registration with the Board of Healthcare Funders of South Africa.
5. Ensure elimination of duplicate medical invoices before switching to the Fund.
6. Invoices submitted to the Compensation Fund must have Gazetted COIDA Tariffs that are published annually and comply with minimum requirements for submission of medical invoices and billing requirements.
7. File must be switched in a gazetted documented file format published annually with COIDA tariffs.
8. Single batch submitted must have a maximum of 100 medical invoices.
9. File name must include a sequential batch number in the file naming convention.
10. File names to include sequential number to determine order of processing.
11. Medical Service Providers will be subjected to Compensation Fund vetting processes.
12. Provide any information requested by the Fund.
13. The switching provider must sign a service level agreement with the Fund.
14. Third parties must submit power of attorney.
15. Only Pharmacies should claim from the Nappi codes file.

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

| MSP's PAID BY THE COMPENSATION FUND | |
|-------------------------------------|---|
| Discipline Code : | Discipline Description : |
| 4 | Chiropractors |
| 9 | Ambulance Services - advanced |
| 10 | Anesthetists |
| 11 | Ambulance Services - Intermediate |
| 12 | Dermatology |
| 13 | Ambulance Services - Basic |
| 14 | General Medical Practice |
| 15 | General Medical Practice |
| 16 | Obstetrics and Gynecology (work related injuries) |
| 17 | Pulmonology |
| 18 | Specialist Physician |
| 19 | Gastroenterology |
| 20 | Neurology |
| 22 | Psychiatry |
| 23 | Radiation/Medical Oncology |
| 24 | Neurosurgery |
| 25 | Nuclear Medicine |
| 26 | Ophthalmology |
| 28 | Orthopedics |
| 30 | Otorhinolaryngology |
| 34 | Physical Medicine |
| 36 | Plastic and Reconstructive Surgery |
| 38 | Diagnostic Radiology |
| 39 | Radiographers |
| 40 | Radiotherapy/Nuclear Medicine/Oncologist |
| 42 | Surgery Specialist |
| 44 | Cardio Thoracic Surgery |
| 46 | Urology |
| 49 | Sub-Acute Facilities |
| 52 | Pathology |
| 54 | General Dental Practice |
| 55 | Mental Health Institutions |
| 56 | Provincial Hospitals |
| 57 | Private Hospitals |
| 58 | Private Hospitals |
| 59 | Private Rehab Hospital (Acute) |
| 60 | Pharmacies |
| 62 | Maxillo-facial and Oral Surgery |
| 64 | Orthodontics |
| 66 | Occupational Therapy |
| 70 | Optometrists |
| 72 | Physiotherapists |
| 75 | Clinical technology (Renal Dialysis only) |
| 76 | Unattached operating theatres / Day clinics |
| 77 | Approved U O T U / Day clinics |
| 78 | Blood transfusion services |
| 82 | Speech therapy and Audiology |
| 84 | Dieticians |
| 86 | Psychologists |
| 87 | Orthotists & Prosthetists |
| 88 | Registered nurses |
| 89 | Social workers |
| 90 | Manufacturers of assistive devices |

SOCIAL WORKER GAZETTE 2022

| SOCIAL WORKER SERVICES TARIFF OF FEES AS FROM 1 APRIL 2022 | |
|---|--|
| GENERAL RULES | |
| RULE | DESCRIPTION |
| 001 | Social workers services account must be accompanied by a referral letter from the treating principal doctor indicating the condition of the employee and the need for such services. An overall event limit of seven (7) is allowed including group therapy, and only one session/ visit is allowable per day. |
| 007 | <p>a. An emergency medical condition means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical treatment/ therapy and/or an operation. If the treatment is not available, the emergency could result in weakened bodily functions, serious and lasting damage to organs, limbs or other body parts, or even death.</p> <p>b. "Emergency treatment" means a bona fide, justifiable emergency social work service, where failure to provide the service immediately would result in serious or irreparable psychological or functional impairment.</p> <p>c. "working hours" means 8h00 to 17h00, Monday to Friday.</p> <p>Modifier 0003 must be quoted after the appropriate code number(s) to indicate that this rule is applicable.</p> <p>Where emergency treatment is provided:</p> <p>a. during working hours, and the provision of such treatment requires the practitioner to leave her or his practice to attend to the patient at another venue; or</p> <p>b. After working hours; the fee for such visits shall be the total fee plus 50%.</p> |
| 008 | Compilation of reports: Reports are required after every consultation, counselling and/or therapy including group therapy. |
| MODIFIERS | |
| MODIFIER | DESCRIPTION |
| 0003 | Emergency consultation: Add 50% of the total fee for the treatment. Use of the modifier should always be accompanied by a motivation. |
| 0021 | Services rendered to hospital inpatients: Quote modifier 0021 on all invoices for services performed on hospital inpatients. |
| 0022 | Services rendered at patients residence: Quote modifier 0022 on all invoices for services performed at the patients residence. |

| TARIFF CODES | | |
|--------------|--|---------|
| CODE | DESCRIPTION | RAND |
| 89205 | Initial or first hospital visit/ session with the Multi-Disciplinary Team: Social worker consultation, counselling and/or therapy. Duration: 51-60min. Service includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the | 592,70 |
| 89210 | Initial or first home session/ visit: Social worker consultation counselling and/or therapy. Duration: 101-110min. Social worker consultation. Service includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the | 1132,00 |
| 89203 | Follow up hospital or home visit/ session: Social worker consultation, counselling and/or therapy. Duration: 31-40min. Service includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient. | 377,40 |
| 89204 | Progress in-hospital session/ visit with the Multi-Disciplinary Team: Social worker consultation, counselling and/or therapy. Duration: 41-50min. Service includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the | 485,20 |
| 89206 | Final hospital visit/ session with the Multi-Disciplinary Team: Social worker consultation, counselling and/or therapy. Duration: 51-60min. Service includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the | 700,80 |
| 89211 | Final home session or visit: Social worker consultation, counselling and/or therapy. Duration: 111-120min. Service includes counselling with the patient and/or family and co-ordination with other health care providers or liaison with third parties on behalf of the patient. | 1239,60 |
| | Group consultation, counselling or therapy | |
| | Group consultation, counselling and/or therapy items are chargeable to a maximum of 12 patients. | |
| 89305 | Social worker group consultation, counselling and/or therapy, per patient. Duration: 51-60min. | 118,90 |

| N.B | DISCONTINUED CODES |
|-------|--|
| 89201 | Code discontinued with effect from 01 April 2022 |

PSYCHOLOGY GAZETTE 2022

| | |
|---|---|
| PSYCHOLOGY TARIFF OF FEES AS FROM 1 APRIL 2022 | |
| GENERAL RULES | |
| | |
| RULE | RULE DESCRIPTION |
| A | <p>Psychology services account must be accompanied by a referral letter from the treating principal doctor indicating the condition of the employee and the need for such services.</p> <p>An overall event limit of ten (10) sessions including group therapy is allowed.</p> <p>One session is allowable per day.</p> <p>Motivation letter is required for sessions more than 10 (ten).</p> |
| B | <p>a. An emergency medical condition means the sudden and, at the time, unexpected onset of a health condition that requires immediate medical treatment and/or an operation. If the treatment is not available, the emergency could result in weakened bodily functions, serious and lasting damage to organs, limbs or other body parts, or even death.</p> <p>b. "emergency treatment" means a bona fide, justifiable emergency psychological procedure, where failure to provide the service immediately would result in serious or irreparable psychological or functional impairment</p> <p>c. "working hours" means 8h00 to 17h00, Monday to Friday.</p> <p>Modifier 0003 must be quoted after the appropriate tariff codes to indicate that this rule is applicable.</p> <p>Where emergency treatment is provided:</p> <p>a. during working hours, and the provision of such treatment requires the practitioner to leave her or his practice to attend to the patient at another venue; or</p> <p>b. after working hours the fee for such visits shall be the total fee plus 50%.</p> |
| C | <p>Compilation of reports: Reports are required after every consultation, counselling and/or therapy including group therapy.</p> |
| D | <p>Appointment not kept: The Compensation Fund will not grant benefits in respect of appointments not kept, the patient will be liable for payment.</p> <p>Cancellation of appointment should be within 24 hrs</p> |
| MODIFIERS | |
| MODIFIER | DESCRIPTION |
| 0003 | <p>Emergency consultation: Add 50% of the total fee for the treatment.</p> <p>Use of the modifier should always be accompanied by a medical report.</p> |
| 0004 | <p>Psychology services rendered to an in-patient in a nursing home or hospital.</p> |

| ITEM CODES | | |
|--|--|---------|
| Code | DESCRIPTION | RAND |
| 86206 | Initial session/ visit in hospital: Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 51 - 60min. Service includes counselling with the patient and/or family and co-ordination with other health care providers. | 1157.06 |
| 86211 | Initial in-hospital session/ visit with the Multi-Disciplinary Team: Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 60-120min. Service includes counselling with the patient and/or family and co-ordination with other health care providers. | 2341.00 |
| 86205 | Progress visit/ session in rooms or in-hospital: Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 31-40min. Service includes counselling with the patient and/or family and co-ordination with other health care providers. | 712.40 |
| 86203 | Follow up visit/ session in hospital with the Multi-Disciplinary Team: Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 51-60min. Service includes counselling with the patient and/or family and co-ordination with other health care providers. | 1157.06 |
| 86204 | Final session/ visit either in rooms or in-hospital: Psychology assessment, consultation, counselling and/or therapy (individual or family). Duration: 41-50min. Service includes counselling with the patient and/or family and co-ordination with other health care providers. | 916.00 |
| Group consultation, counselling or therapy | | |
| Group consultation, counselling and/or therapy items are chargeable to a maximum of 10 patients. Limited to 60 minutes per day. Sessions accumulate to the overall event limit of 10 (ten). | | |
| 86305 | Psychology group session/ consultation counselling and/or therapy, per patient. Duration: 51-60min. Refer to Rule E and the relevant modifier applies. | 142.48 |
| N.B DISCONTINUED CODES | | |
| 862975 | Code discontinued with effect from 01 April 2022 | |
| 862976 | Code discontinued with effect from 01 April 2022 | |

COMPEASY ELECTRONIC INVOICING FILE LAYOUT

| Field | Description | Max length | Data Type |
|---------------------|--|------------|-----------|
| 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 | Member surname | 20 | Alpha |
| 7 | Member initials | 4 | Alpha |
| 8 | Member first name | 20 | Alpha |
| 9 | BHF Practice number | 15 | Alpha |
| 10 | Switch ID | 3 | Numeric |
| 11 | Patient reference number (account number) | 10 | Alpha |
| 12 | Type of service | 1 | Alpha |
| 13 | Service date (CCYYMMDD) | 8 | Date |
| 14 | Quantity / Time in minutes | 7 | Decimal |
| 15 | Service amount | 15 | Decimal |
| 16 | Discount amount | 15 | Decimal |
| 17 | Description | 30 | Alpha |
| 18 | Tariff | 10 | Alpha |
| Field | Description | Max length | Data Type |
| 19 | Service fee | 1 | Numeric |
| 20 | Modifier 1 | 5 | Alpha |
| 21 | Modifier 2 | 5 | Alpha |
| 22 | Modifier 3 | 5 | Alpha |
| 23 | Modifier 4 | 5 | Alpha |
| 24 | Invoice Number | 10 | Alpha |
| 25 | Practice name | 40 | Alpha |
| 26 | Referring doctor's BHF practice number | 15 | Alpha |
| 27 | Medicine code (NAPPI CODE) | 15 | Alpha |
| 28 | Doctor practice number -sReferredTo | 30 | Numeric |
| 29 | Date of birth / ID number | 13 | Numeric |
| 30 | Service Switch transaction number – batch number | 20 | Alpha |

| | | | |
|----|-------------------------------------|-----|---------|
| 31 | Hospital indicator | 1 | Alpha |
| 32 | Authorisation number | 21 | Alpha |
| 33 | Resubmission flag | 5 | Alpha |
| 34 | Diagnostic codes | 64 | Alpha |
| 35 | Treating Doctor BHF practice number | 9 | Alpha |
| 36 | Dosage duration (for medicine) | 4 | Alpha |
| 37 | Tooth numbers | | Alpha |
| 38 | Gender (M ,F) | 1 | Alpha |
| 39 | HPCSA number | 15 | Alpha |
| 40 | Diagnostic code type | 1 | Alpha |
| 41 | Tariff code type | 1 | Alpha |
| 42 | CPT code / CDT code | 8 | Numeric |
| 43 | Free Text | 250 | Alpha |
| 44 | Place of service | 2 | Numeric |
| 45 | Batch number | 10 | Numeric |
| 46 | Switch Medical scheme identifier | 5 | Alpha |
| 47 | Referring Doctor's HPCSA number | 15 | Alpha |
| 48 | Tracking number | 15 | Alpha |
| 49 | Optometry: Reading additions | 12 | Alpha |
| 50 | Optometry: Lens | 34 | Alpha |
| 51 | Optometry: Density of tint | 6 | Alpha |
| 52 | Discipline code | 7 | Numeric |
| 53 | Employer name | 40 | Alpha |
| 54 | Employee number | 15 | Alpha |

| Field | Description | Max length | Data Type |
|----------------|---------------------------------------|------------|-----------|
| 55 | Date of Injury (CCYYMMDD) | 8 | Date |
| 56 | IOD reference number | 15 | Alpha |
| 57 | Single Exit Price (Inclusive of VAT) | 15 | Numeric |
| 58 | Dispensing Fee | 15 | Numeric |
| 59 | Service Time | 4 | Numeric |
| 60 | | | |
| 61 | | | |
| 62 | | | |
| 63 | | | |
| 64 | Treatment Date from (CCYYMMDD) | 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 |
| 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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