GENERAL NOTICES • ALGEMENE KENNISGEWINGS

DEPARTMENT OF EMPLOYMENT AND LABOUR

GENERAL NOTICE 1705 OF 2023

DIETICIANS AND RADIOGRAPHY GAZETTE 2023

employment & labour
Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

Compensation Fund, Delta Heights Building 167 Thabo Sehume Street, Pretoria 0001
Tel: 0860 105 350 | Email address: cfcallCentre@labour.gov.za www.labour.gov.za

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

Compensation Fund
WORKING FOR YOU

employment & labour
Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

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.

employment & labour
Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

- 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.

employment & labour
Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

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.

employment & labour
Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

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)

employment & labour
Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

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)

employment & labour
Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

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)

employment & labour
Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

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)

employment & labour
Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

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

employment & labour
Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

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.

employment & labour
Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

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	30	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	

employment & labour
Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

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	

employment & labour
Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

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	*

employment & labour
Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

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

employment & labour
Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

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

DIETICIANS GAZETTE 2023

	DIETICIAN TARIFF OF FEES AS FROM 01 APRIL 2023 (PRACTICE TYPE 84)	
	General Rules	
Rule	**Rule Description**	
001	Referral by the principal doctor with a copy of the referral letter is required.Only one visit per day and a maximum of 7 (seven) visits per event are allowed. Motivation letter is required if more than seven visits are required.	
003	Dietary services are per individual patient.	
011	Compilation of reports: To be used to motivate for therapy and give a progress report, where such a report is specifically required by the Compensation Fund.	
Modifier	**Modifier Description**	
0021	Services to hospital inpatients: Quote modifier 0021 on all invoices for services performed on hospital inpatients.	
	Tariff Codes	
Code	**Code Description**	**Rand**
1.	**Individual Assessment,Counselling and/or Treatment**	
84206	Initial hospital visit: Nutritional assessment, counselling and/or treatment. Duration: 61-70min. Report is required and item includes compilation of report. The relevant modifier applies.	**784.78**
84201	Follow up hospital visit in the ward: Nutritional assessment, counselling and/or treatment. Duration: 11-20min. Report is required and item includes compilation of report. The relevant modifier applies.	**168.06**
84203	Hospital follow up visit in ICU and High Care Unit: Nutritional assessment, counselling and/or treatment. Duration: 31-40min. Report is required and item includes compilation of report. The relevant modifier applies.	**504.61**
84205	Final hospital visit: Nutritional assessment, counselling and/or treatment. Duration: 51-60min. For discharge menu planning and counselling. Final report is required and item includes compilation of report. The relevant modifier applies.	**616.41**

RADIOGRAPHY GAZETTE 2023

	RADIOGRAPHY TARIFF OF FEES AS FROM 1 APRIL 2023 (PRACTICE TYPE 39)	
	DIAGNOSTIC PROCEDURES	
	Note : Items 015, 029, 031, 033, 037, 065, 071, 073, 075, 077, 079, 081, 083, 085, 087, 089, 091, 093, 095, 097, 099, 101, 115, 117, 119, 121, 129, 131, 133, 135, 137, 139, 141, 149, 167, 171 and 173 should be only be paid on condition that the radiographer submits the name of the supervising clinician and his/her BHF practice number. FUND should not pay the radiographer if she/he is supervised by a radiologist.	
Rule	**Rule Description**	
001	AM: The specified call-out fee may be charged for any bona-fide, justifiable emergency occurring at any hour which requires the practitioner to travel to the patient. The Compensation Fund requires a motivation to accompany the claim. 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.	
002	Radiographer invoices will only be paid on condition that there is a referral letter from a treating practitioner.	
Modifier	**Modifier Description Standards**	**Rand**
0001	Emergency fee	**75.80**
0084	Film Cost : The cost of film is included in the comprehensive procedure codes and is not billed separately	
Addition Modifier (AM)	This modifier will add a value by using a percentage value or a unit value to a procedure code. The modifier should be quoted on a separate line with its own value instead of adding its value to the code.	
Compound Modifiers (CM)	The modifier should be quoted on a separate line with its own value at the end of the invoice instead of adding its value to the code. It should be indicated on each procedure code where the modifier is applicable.	
Reduction Modifiers (RM)	This modifier reduces the value of a procedure code/s by using a percentage or unit value.It should be quoted on the procedure codes where the modifier is applicable.	
Information Modifier (IM)	This modifier provides additional information to a procedure code and carries no financial value. It should be indicated on each procedure codes where the modifier is applicable.	
0001	AM: The specified call-out fee may be charged for any bona-fide, justifiable emergency occurring at any hour which requires the practitioner to travel to the patient. The Compensation Fund requires a motivation to accompany the claim. 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.	
0021	IM: Services rendered to hospital patients: Quote modifier 0021 on all accounts for services performed on hospital or day clinic patients.	
0080	IM: Multiple examinations: Full fees	
0081	IM: Repeat examinations: No reduction	
0084	IM: Film Cost : The cost of film is included in the comprehensive procedure codes and is not billed separately	

Code	Code Description	Rand
1.	**Skeleton**	
1.1	**Limbs**	
39001	Finger, toe	**254.70**
39003	Limb per region, e.g. shoulder, elbow, knee, foot, hand, wrist or ankle (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand) Item can be used multiple times for different anatomical sites of the limb/s.	**116.23**
39201	Limb per region, e.g. Shoulder, (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand)	**358.50**
39202	Limb per region, e.g. Elbow (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand)	**323.40**
39203	Limb per region, e.g. Knee (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand)	**342.10**
39204	Limb per region, e.g. Foot, (an adjacent part hich does not require an additional set of views should not be added, e.g. wrist or hand)	**288.40**
39205	Limb per region, e.g. Hand (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand)	**317.30**
39206	Limb per region, e.g. Wrist (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand	**327.40**
39207	Limb per region: Ankle (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand)	**342.10**
39208	Limb per region: Scaphoid (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand)	**340.10**
39209	Limb per region: Radius and ulna (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand)	**303.00**
39210	Limb per region: Humerus (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand)	**303.00**
39211	Limb per region: Acromio-Clavicula joint (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand)	**323.40**
39212	Limb per region: Clavicle (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand)	**313.50**
39213	Limb per region: Scapula (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand)	**313.50**
39214	Limb per region: Calcaneus (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand)	**282.30**
39215	Limb per region: Tibia and Fibula (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand)	**303.00**
39216	Limb per region: Patella (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand)	**285.40**
39217	Limb per region: Femur (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand)	**303.00**
39218	Limb per region: Hip (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand)	**327.40**
39219	Limb per region: Sesamoid Bone (an adjacent part which does not require an additional set of views should not be added, e.g. wrist or hand)	**288.40**
39005	Smith-Petersen or equivalent control, in theatre Use once per sitting	**849.06**
39007	Stress studies, e.g. joint	**321.98**
39009	Length studies per right and left pair of long bones Only use once for both pair of bones	**439.40**
39015	Arthrography per joint	**249.29**

1.2	**Spinal Column**	
39017	Per region, e.g. cervical, sacral, coccygeal, one region thoracic Code can be used multiple times for different anatomical sites of the spine	**176.40**
39301	Cervical Spine - 2 or more views	**476.10**
39302	Per region, e.g. Sacral	**447.35**
39303	Per region, e.g. Coccygeal	**447.35**
39304	Thoracic Spine 2 Views	**357.00**
39305	Lumbar Spine - 2 or more views	**495.90**
39021	Stress studies	**63.44**
39027	Pelvis (sacro-iliac or hip joints only to be added where an extra set of views is required)	**364.42**
1.2	**Myelography**	
39029	Lumbar	**272.06**
39031	Thoracic	**253.03**
39033	Cervical	**374.92**
39035	Multiple (lumbar, thoracic, cervical): Same fee as for first segment (no additional introduction of contrast medium)	**-**
39037	Discography	**198.64**