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### GENERAL NOTICE

#### Labour, Department of

##### *General Notice*

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## GENERAL NOTICE

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### NOTICE 632 OF 2009

#### COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASED ACT, 1993 (ACT NO. 130 OF 1993)

1. I, Membathisi Mphumzi Shepherd Mdladlana, Minister of Labour, hereby give notice that, after consultation with the Compensation Board and acting under the powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No. 130 of 1993), I prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rules applicable thereto, appearing in the Schedule to this notice, with effect from **1 April 2009**.
2. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2009** and **Exclude VAT**.



**M M S MDLADLANA**  
**MINISTER OF LABOUR**

**DATE: 20/03/2009**

## GENERAL INFORMATION / ALGEMENE INLIGTING

### THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

The employee is permitted to freely choose his own service provider e.g. doctor, pharmacy, physiotherapist, hospital, etc. and no interference with this privilege is permitted, as long as it is exercised reasonably and without prejudice to the employee 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 of his choice for a medical examination and report. Special fees are payable when this service is requested.

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 own risk. If an employee represented to a medical service provider that he 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 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 can not 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 accounts 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.

### **DIE WERKNEMER EN DIE MEDIESE DIENSVERSKAFFER**

*Die werknemer het 'n vrye keuse van diensverskaffer bv. dokter, apteek, fisioterapeut, hospitaal ens. en geen inmenging met hierdie voorreg word toegelaat nie, solank dit redelik en sonder benadeling van die werknemer self of die Vergoedingsfonds uitgeoefen word. Die enigste uitsondering op hierdie reël is in geval waar die werkgewer met die goedkeuring van die Vergoedingskommissaris omvattende geneeskundige dienste aan sy werknemers voorsien, d.i. insluitende hospitaal-, verplegings- en ander dienste — artikel 78 van die Wet op Vergoeding vir Beroepsbeserings en Siektes verwys.*

*Kragtens die bepaling van artikel 42 van die Wet op Vergoeding vir Beroepsbeserings en Siektes mag die Vergoedingskommissaris 'n beseerde werknemer na 'n ander geneesheer deur homself aangewys verwys vir 'n mediese ondersoek en verslag. Spesiale fooie is betaalbaar vir hierdie diens wat feitlik uitsluitlik deur spesialiste gelewer word.*

*In die geval van 'n verandering in geneesheer wat 'n werknemer behandel, sal die eerste geneesheer wat behandeling toegedien het, behalwe waar die werknemer na 'n spesialis verwys is, as die lasgewer beskou word. **Ten einde geskille rakende die betaling vir dienste gelewer te voorkom, moet geneesheer hul daarvan weerhou om 'n werknemer wat reeds onder behandeling is te behandel sonder om die eerste geneesheer in te lig.** Oor die algemeen word verandering van geneesheer, tensy voldoende redes daarvoor bestaan, nie aangemoedig nie.*

*Volgens die Nasionale Gesondheidswet no 61 van 2003 Afdeling 5, mag 'n gesondheidswerker of diensverskaffer nie weier om noodbehandeling te verskaf nie. Die Vergoedingskommissaris kan egter nie sulke behandeling goedkeur alvorens aanspreeklikheid vir die eis kragtens die Wet op Vergoeding vir Beroepsbeserings en Siektes aanvaar is nie. **Vooraf goedkeuring vir behandeling is nie moontlik nie en geen mediese onkoste sal betaal word as die eis nie deur die Vergoedingsfonds aanvaar word nie.***

*Dit moet in gedagte gehou word dat 'n werknemer geneeskundige behandeling op sy eie risiko aanvra. As 'n werknemer dus aan 'n geneesheer voorgee dat hy geregtig is op behandeling in terme van die Wet op Vergoeding vir Beroepsbeserings en Siektes en tog versuim om die Vergoedingskommissaris of sy werkgewer in te lig oor enige moontlike gronde vir 'n eis, kan die Vergoedingsfonds geen aanspreeklikheid aanvaar vir geneeskundige onkoste wat aangegaan is nie. Die*

*Vergoedingskommissaris kan ook rede hê om 'n eis teen die Vergoedingsfonds nie te aanvaar nie. Onder sulke omstandighede sou die werknemer in dieselfde posisie verkeer as enige lid van die publiek wat betaling van sy geneeskundige onkoste betref.*

*Neem asseblief kennis dat 'n **gesertifiseerde afskrif van die werknemer se identiteitsdokument benodig word vanaf 1 Januarie 2004** om 'n eis by die Vergoedingsfonds aan te meld. Indien 'n afskrif van die identiteitsdokument nie aangeheg is nie, sal die eis nie geregistreer word nie en die dokumente sal teruggestuur word aan die werkgewer vir die aanheg van die ID dokument. Alle ander dokumentasie wat aan die kantoor gestuur word moet ook die identiteitsnommer aandui. Indien nie aangedui nie, sal die dokumentasie nie verwerk word nie, maar teruggestuur word vir die aanbring van die identiteitsnommer.*

*Die bedrae gepubliseer in die handleiding tot tariewe vir dienste gelewer in terme van die Wet op Vergoeding vir Beroepsbeserings en Siektes, sluit BTW uit. Die rekenings vir dienste gelewer word aangeslaan en bereken sonder BTW.*

*Indien BTW van toepassing is en 'n BTW registrasienommer voorsien is, word BTW bereken en by die betalingsbedrag gevoeg sonder om afgerond te word.*

*Die enigste uitsondering is die "per diem" tarief vir Privaat Hospitale, wat BTW insluit.*

*Neem asseblief kennis dat daar tariewe in die kodestruktuur vir privaat ambulanse is waarop BTW nie betaalbaar is nie.*

**CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS  
FOLLOWS •  
EISE TEEN DIE VERGOEDINGSFONDS WORD AS VOLG GEHANTEER**

1. New claims are registered by the Compensation Fund and the **employer is notified of the claim number** allocated to the claim. 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 • *Nuwe eise word geregistreer deur die Vergoedingsfonds en die **werkgewer word in kennis gestel van die eisnommer**. Navrae aangaande eisnommers moet aan die werkgewer gerig word en nie aan die Vergoedingskommissaris nie. Die werkgewer kan die eisnommer verskaf en ook aandui of die Vergoedingsfonds die eis aanvaar het of nie*
2. If a claim is **accepted** as a COIDA claim, **reasonable medical expenses** will be paid by the Compensation Commissioner • *As 'n eis deur die Vergoedingsfonds **aanvaar** is, sal **redelike mediese koste** betaal word deur die Vergoedingsfonds.*
3. If a claim is **rejected (repudiated)**, accounts 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. • *As 'n eis deur die Vergoedingsfonds **afgekeur (gerepudieer)** word, word rekenings vir dienste gelewer nie deur die Vergoedingsfonds betaal nie. Die betrokke partye insluitend die diensverskaffers word in kennis gestel van die besluit. Die beseerde werknemer is dan aanspreeklik vir betaling van die rekenings.*
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 accounts 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 • *Indien **geen besluit** oor die aanvaarding van 'n eis weens 'n gebrek aan inligting geneem kan word nie, sal die uitstaande inligting aangevra word. Met ontvangs van sulke inligting sal die eis heroorweeg word. Afhangende van die uitslag, sal die rekening gehanteer word soos uiteengeset in punte 1 en 2. Ongelukkig bestaan daar eise waarvoor 'n besluit nooit geneem kan word nie aangesien die uitstaande inligting nooit verskaf word nie.*

**BILLING PROCEDURE • EISPROSEDURE**

1. The **first account** for services rendered for an injured employee (INCLUDING the First Medical Report) must be submitted to the employer who will collate all the necessary documents and submit them to the Compensation Commissioner • *Die eerste rekening (INSLUITEND die Eerste Mediese Verslag) vir dienste gelewer aan 'n beseerde werknemer moet aan die werkgewer gestuur word, wat die nodige dokumentasie sal versamel en dit aan die Vergoedingskommissaris sal voorlê*
2. Subsequent accounts must be submitted or posted to the closest Labour Centre. It is important that all requirements for the submission of accounts, including supporting information, are met • *Daaropvolgende rekeninge moet ingedien of gepos word aan die naaste Arbeidsentrum. Dit is belangrik dat al die voorskrifte vir die indien van rekeninge nagekom word, insluitend die voorsiening van stawende dokumentasie*
3. If accounts 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 Labour Centre. All relevant details regarding Labour Centres are available on the website [www.labour.gov.za](http://www.labour.gov.za) • *Indien rekenings nog uitstaande is na 60 dae vanaf indiening en ontvangserkenning deur die Vergoedingskommissaris, moet die diensverskaffer 'n navraag vorm. W.Cl 20 voltooi en EENMALIG indien by die Arbeidsentrum. Alle inligting oor Arbeidsentrums is beskikbaar op die webblad [www.labour.gov.za](http://www.labour.gov.za)*
4. If an account has been **partially paid** with no reason indicated on the remittance advice, a duplicate account with the unpaid services clearly marked can be submitted to the Labour Centre, accompanied by a WCl 20 form. (\*see website for example of the form). • *Indien 'n rekening gedeeltelik betaal is met geen rede voorsien op die betaaladvies nie, kan 'n duplikaatrekening met die wanbetaling duidelik aangedui, vergesel van 'n WCl 20 vorm by die Arbeidsentrum ingedien word (\*sien webblad vir 'n voorbeeld van die vorm)*
5. **Information NOT to be reflected** on the account: Details of the employee's medical aid and the practice number of the referring practitioner • *Inligting wat NIE aangedui moet word op die rekening nie: Besonderhede van die werknemer se mediese fonds en die verwysende geneesheer se praktyknommer*
6. Service providers **should not generate** • *Diensverskaffers moenie die volgende lewer nie:*
  - a. **Multiple accounts** for services rendered on the **same date** i.e. one account for medication and a second account for other services • *Meer as een rekening vir dienste gelewer op dieselfde datum, bv. medikasie op een rekening en ander dienste op 'n tweede rekening*
  - b. **Accumulative accounts** - submit a separate account for every month • *Aaneenlopende rekeninge -lewer 'n aparte rekening vir elke maand*
  - c. **Accounts on the old documents** (W.Cl 4 / W.Cl 5/ W.Cl 5F) New \*First Medical Report (W.Cl 4) and Progress / Final Medical Report (W.Cl 5 / W.Cl 5F) forms



are available. The use of the old reporting forms combined with an account (W.CL11) has been discontinued. **Accounts on the old medical reports will not be processed • Rekeninge op die ou voorgeskrewe dokumente van die Vergoedingskommissaris. Nuwe \*Eerste Mediese Verslag (W.Cl 4) en Vorderings / Finale Mediese Verslag (W.Cl 5) vorms is beskikbaar. Die vorige verslagvorms gekombineer met die rekening (W.CL11) is vervang. Rekeninge op die ou vorms word nie verwerk nie.**

- \* **Examples of the new forms (W.Cl 4 / W.Cl 5 / W.Cl 5F) are available on the website [www.labour.gov.za](http://www.labour.gov.za) •**
- \* **Voorbeelde van die nuwe vorms (W.Cl 4 / W.Cl 5 / W.Cl 5F) is beskikbaar op die webblad [www.labour.gov.za](http://www.labour.gov.za)**

**MINIMUM REQUIREMENTS FOR ACCOUNTS RENDERED •**  
**MINIMUM VEREISTES VIR REKENINGE GELEWER**

**Minimum information** to be indicated on accounts submitted to the Compensation Fund • *Minimum besonderhede wat aangedui moet word op rekeninge gelewer aan die Vergoedingsfonds*

- Name of employee and ID number • *Naam van werknemer en ID nommer*
- Name of employer and registration number if available • *Naam van werkgewer en registrasienommer indien beskikbaar*
- Compensation Fund claim number • *Vergoedingsfonds eisnommer*
- DATE OF ACCIDENT (not only the service date) • *DATUM VAN BESERING (nie slegs die diensdatum nie)*
- Service provider's reference or account number • *Diensverskaffer se verwysing of rekening nommer*
- The practice number (changes of address should be reported to BHF) • *Die praktyknommer (adresveranderings moet by BHF aangemeld word)*
- VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the account) • *BTW registrasienommer (BTW sal nie betaal word as die BTW registrasienommer nie voorsien word nie)*
- Date of service (the actual service date must be indicated: the invoice date is not acceptable) • *Diensdatum (die werklike diensdatum moet aangedui word: die datum van lewering van die rekening is nie aanvaarbaar nie)*
- Item codes according to the officially published tariff guides • *Item kodes soos aangedui in die amptelik gepubliseerde handleidings tot tariewe*
- Amount claimed per item code and total of account • *Bedrag geëis per itemkode en totaal van rekening.*
- It is important that all requirements for the submission of accounts are met, including supporting information, e.g. • *Dit is belangrik dat alle voorskrifte vir die indien van rekeninge insluitend dokumentasie nagekom word bv.*
  - All pharmacy or medication accounts must be accompanied by the original scripts • *Alle apteekrekenings vir medikasie moet vergesel word van die oorspronklike voorskrifte*
  - The referral notes from the treating practitioner must accompany all other medical service providers' accounts. • *Die verwysingsbriewe van die behandelende geneesheer moet rekeninge van ander mediese diensverskaffers vergesel*

## **ORTHOTIC & PROSTHETIC SUPPLY PROTOCOL**

### COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

Section 73 **Medical expenses** (1) The Director-General or the employer individually liable or mutual association concerned, as the case may be, shall for a period of not more than two years from the date of an accident or the commencement of a disease referred to in section 65(1) pay the reasonable cost incurred by or on behalf of an employee in respect of medical aid necessitated by such accident or disease.

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

Section 42 **Employee to submit to medical examination** (1) An employee who claims compensation or to whom compensation has been paid or is payable shall when so required by the Director-General or the employer individually liable or mutual association concerned, as the case may be, after reasonable notice, submit himself at the time and place mentioned in the notice to an examination by the medical practitioner designated by the Director-general or the employer individually liable or mutual association concerned.

- 1.1 Each orthotic and prosthetic service provider should ensure that the service he / she provides is compatible with the general procurement guidelines issued by National Treasury.
- 1.2 The Compensation Fund will bear the reasonable cost for the issue of orthotic and prosthetic devices after an accident, provided that liability for the claim has been accepted and the service is prescribed by a medical practitioner and the prescribed guidelines are followed.
- 1.3 The published policy on the supply of orthotic and prosthetic devices and the tariff of fees will serve as a guideline to determine if any proposed service is reasonable and it will replace all existing tariff structures.
- 1.4 Pre-authorization by the Compensation Fund is required in all claims, even if the devices supplied are listed in the Government Gazette. It is the responsibility of the service provider to ensure that liability for the claim has been accepted by the Compensation Fund and that the service is reasonable and in line with the published policy and tariff. Amputees must be fitted with a prosthesis which is suitable for their environment and activity / load level.

- 1.5 Replacement of consumable items, refits and repairs must be motivated by the prosthetist and the medical practitioner. Requests must be reasonable and in line with the published policy and tariff.
- 1.6 The employee, assisted by a medical practitioner should complete the appropriate form when requesting replacement, re-fit or repair of any prosthetic / orthotic device. See Section 2 – Request For Prosthesis Services
- 1.7 The request for new equipment must be accompanied by a written report by the prosthetic practitioner indicating that the employee’s functional level has been re-evaluated to take into account any physical or environmental changes encountered by the employee. See Sections 7 and 8 - Amputee Activity / Load Level Assessment Form
- 1.8 In exceptional circumstances, if the employment status and / or the functional level of an employee radically changes before a new prosthesis is due, a new prosthesis more suitable to the employment conditions will be considered by the Compensation Fund.
- 1.9 If an employee’s employment status / functional level changes and a prosthesis in a higher category is requested, such higher functional level must be confirmed by the employer and a rehabilitation team comprising a medical practitioner, the prosthetist, a physiotherapist and / or an occupational therapist.
- 1.10 The service provider must obtain written authorisation from the Compensation Fund to guarantee payment for services rendered and devices supplied. Such letter of authorisation must be attached to the account that is submitted.
- 1.11 If an employee is in urgent need of new equipment or other services such as repairs and such equipment or services is reasonable and in line with the policy and tariff, the practitioner can, at the practitioner’s risk, supply such service / equipment prior to the Compensation Fund’s authorisation. Such authorization will not be unreasonably withheld but payment can not be guaranteed.
- 1.12 The Compensation Fund will bear the reasonable cost of repairs to a prosthesis which has suffered from “fair” wear and tear after at least two years of normal use.
- 1.13 The Compensation Fund will not bear the cost of a prosthesis which is lost, broken, worn out or is otherwise unserviceable as a consequence of an employee’s neglect or abuse.
- 1.14 The Commissioner will pay for the re-fit of the prosthesis strictly only where motivated and justifiable by the circumstances. See Section 4 - Guidelines for Refit
- 1.15 Replacement of some parts of a prosthesis (straps, socks, suspension sleeves etc) that may perish or become consumed through reasonable usage be will paid for by the Compensation Fund in line with the policy guidelines. See Section 3 - Replacement Period Table.
- 1.16 The Compensation Fund reserves the right in terms of section 42 of the act to call for a second or independent opinion or evaluation of proposed orthotic / prosthetic services.

- 1.17 Any such report obtained by the Compensation Fund shall state whether the proposed orthotic / prosthetic service is appropriate for the diagnosis, functional level and environmental circumstances of the patient. The Compensation Fund reserves the right to use the information so obtained at his discretion and as is deemed appropriate.
- 1.18 The Commissioner is further entitled, pursuant to a complaint by the employee, to call for an independent report concerning any orthotic / prosthetic services that have been rendered. The orthotist / prosthetist should strive to take all reasonable steps to attend to the legitimate complaints of an employee regarding services or assistive devices supplied. If it is found that defective or unsuitable devices have been supplied to an employee the orthotist / prosthetist shall replace / repair / alter such devices at no additional cost to the Compensation Fund or the employee.
- 1.19 The orthotic and / or prosthetic devices paid for by the Compensation Fund remains the property of the Compensation Fund. When an employee demises such devices should be returned to the Compensation Fund.

## 2. Request for Orthotic / Prosthetic Services

The following details must accompany the request for prosthetic services:

- 2.1 Employee detail form See Section 6
- 2.2 Letter from the employee requesting orthotic / prosthetic services See Section 6
- 2.3 Motivation for services by orthotist / prosthetist
- 2.4 Motivation by the medical practitioner, if required by the guidelines
- 2.5 Amputee activity / load level assessment (for new prosthesis only) See Section 8
- 2.6 Refit report (for refit of prosthesis only) See Section 4
- 2.7 Quotation according to published tariffs See Section 9

## 3. Replacement Periods of Medical Orthotic / Prosthetic Equipment

- 3.1 Prosthesis Five years
- 3.2 Refit of prosthesis Will be considered six months after fitting of initial prosthesis; then to be motivated
- 3.2 Silicone liners, sleeves, sockets Two every three years
- 3.3 Gel liners, sleeves, sockets Two every eighteen months
- 3.4 Prosthetic socks Twelve per year
- 3.5 If worn with silicone or gel liners Six per year
- 3.6 Prosthetic sheath Twelve per year
- 3.7 If worn with silicone or gel liners Six per year
- 3.8 Cosmetic stockings One pair per year

3.9	Cosmetic cover	One per year
3.10	Cosmetic skin	One every year
3.11	Calipers	Three years
3.12	Wheelchairs	Five years
3.13	Wheelchair cushions	Two years
3.14	Orthopaedic footwear	Two pair per year
3.15	Footwear modifications	Three modifications per year
3.16	Compression stockings	Four pairs every year
3.17	Off the shelf orthosis	Four every year
3.18	Custom made orthosis	Two every year

#### 4. Guidelines for Refit

This guideline covers prostheses that require refit of the socket after the initial issue. A full motivation with a report indicating the following details must be submitted:

- 4.1 Date of amputation
- 4.2 Date when the present prosthesis was fitted
- 4.3 Description of the prosthesis
- 4.4 Residual limb measurements when prosthesis was fitted
- 4.5 Symptoms indicating loss of fit
- 4.6 Diagnosis of loss of fit
- 4.7 Current residual limb measurements.
- 4.8 Number and thickness of prosthetic socks and worn by employee
- 4.9 Condition of prosthesis
- 4.10 The employee's current activity level
- 4.11 An opinion as to the suitability of the specific prosthesis for the employee

#### 5. Functional Level

A determination of the medical necessity for certain components / additions to a prosthesis is based on the potential functional ability of the employee. Potential functional ability is defined as the reasonable expectation of the rehabilitation team including a medical practitioner, the prosthetist, a physiotherapist and / or an occupational therapist and the employee based on

- past history including prosthetic use
- current condition including the status of the residual limb and other medical factors
- employment status

- desire to ambulate

The clinical assessment of the employee's rehabilitation potential should be based on the following classification levels:

LEVEL 0:

*Does not have the ability or potential ability to ambulate or transfer safely with or without assistance and a prosthesis will not enhance the mobility or quality of life*

No prosthesis is recommended for amputees in this category.

LEVEL 1:

*Has the ability or potential ability to use a prosthesis for transfers or ambulation on level surfaces at a fixed cadence – typically the limited and unlimited household ambulator*

CATEGORY 1 components / prosthetics are recommended at this level. Amputees typically require significant stance phase security and minimal swing phase control.

LEVEL 2:

*Has the ability or potential ability for ambulation and to traverse low level environmental barriers such as curbs, stairs and uneven surfaces – typically the limited community ambulator.*

CATEGORY 2 components / prosthetics are recommended at this level. Amputees typically require moderate stance phase security and moderate swing phase control.

LEVEL 3:

*Has the ability or potential ability for ambulation with variable cadence – typically the community ambulator that traverses most environmental barriers with vocational, therapeutic or exercise activity that demands prosthetic utilization beyond simple locomotion*

CATEGORY 3 components / prosthetics are recommended at this level. Amputees typically require minimal stance phase security and maximal swing phase control.

LEVEL 4:

*Has the ability or potential ability for prosthetic ambulation that exceeds basic ambulation skills exhibiting high impact, stress or energy levels. Daily activities require rigorous and repeated actions of high impact or stress such as lifting, jumping, climbing and walking long distances – typically the active adult ambulator.*

In addition to CATEGORY 3 components, the employee requires components that will stand up to daily repeated high load and stress levels. Amputees typically require minimal stance phase security and maximal swing phase control.

UNLESS OTHERWISE STATED IN WRITING BY THE COMPENSATION FUND  
EMPLOYEES REQUIRING THIS LEVEL OF ORTHOTIC DEVICES SHALL BE  
GAINFULLY EMPLOYED.



6. This form must be completed by the employee when orthotic / prosthetic services are requested.

**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993**

**Employee Details**

Date: \_\_\_\_\_ Claim number: \_\_\_\_\_

Surname: \_\_\_\_\_ ID Number \_\_\_\_\_

First names: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

Tel (h) \_\_\_\_\_ Tel (w) \_\_\_\_\_

Date of accident: \_\_\_\_\_

Employer at time of accident: \_\_\_\_\_

Current employer: \_\_\_\_\_

Type of orthotic / prosthetic service required: \_\_\_\_\_

Reason(s) why service is required:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature of employee

7. This form should be completed by the orthotic / prosthetic practitioner

**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993**

**Employee Details**

Date: \_\_\_\_\_ Claim number: \_\_\_\_\_

Surname: \_\_\_\_\_ ID Number \_\_\_\_\_

First names: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

Tel (h) \_\_\_\_\_ Tel (w) \_\_\_\_\_

Date of accident: \_\_\_\_\_

Employer at time of accident: \_\_\_\_\_

Current employer: \_\_\_\_\_

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**RESIDUAL LIMB MEASUREMENTS**

Amputation level: \_\_\_\_\_

Side amputated:      Left                       Right

Length of residual bone: \_\_\_\_\_ Length of residual limb: \_\_\_\_\_

**Drawing of residual limb**

**Circumference measurements:**

240 mm from distal end \_\_\_\_\_

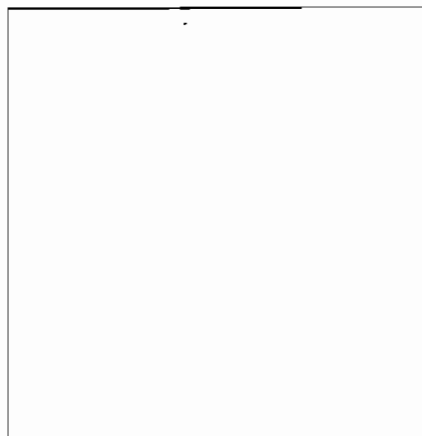
200 mm from distal end \_\_\_\_\_

160 mm from distal end \_\_\_\_\_

120 mm from distal end \_\_\_\_\_

80 mm from distal end \_\_\_\_\_

40 mm from distal end \_\_\_\_\_



**Signature Prosthetist**

\_\_\_\_\_

**Date:** \_\_\_\_\_

8. **Environment Activity and Load Levels**

Patient: \_\_\_\_\_

Claim Number \_\_\_\_\_

Home environment: Suburban  Rural  Informal Means of transport: Private vehicle  Public transport  Pedestrian 

Total distance travelled every day: \_\_\_\_\_

Work environment: Commercial  Industrial  Agricultural  Mining 

Job description at time of accident:

Current job description:

Describe actions of mobility while at work that may be affected by the type of prosthesis fitted:

How often does patient wear prosthesis?

Every day , Occasionally , Seldom 

How long does patient wear prosthesis every day?

All day , Most part of day , Less than half a day 

Weight category:

Less than 75kg , Less than 100kg , Less than 125kg , More than 125kg 

Mobility grade:

1. Indoor walker , 2. Restricted outdoor walker , 3. Unrestricted outdoor walker 4. Unrestricted outdoor walker with high impact levels 

Remarks

Signature \_\_\_\_\_

Prosthetist \_\_\_\_\_

Date \_\_\_\_\_

9. **PROSTHETIC QUOTATION:**

Patient : \_\_\_\_\_ Claim Number \_\_\_\_\_

Amputation level: \_\_\_\_\_

Prosthetic Category: \_\_\_\_\_

	<u>Code</u>	<u>Description</u>	<u>Amount excl VAT</u>
Prosthesis	_____	_____	_____
Foot	_____	_____	_____
Ankle	_____	_____	_____
Knee	_____	_____	_____
Suspension:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Other:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Remarks:

Signed \_\_\_\_\_  
Prosthetist

Signed \_\_\_\_\_  
Employee

Print name \_\_\_\_\_  
Date \_\_\_\_\_

Print name \_\_\_\_\_  
Date \_\_\_\_\_

## 10. CONFIRMATION OF RECEIPT OF ARTIFICIAL LIMB AND / OR OTHER ACCESSORIES.

Claim number \_\_\_\_\_

## 1. Confirmation of manufacture / supply by orthotic / prosthetic practitioner:

This serves to confirm that I have manufactured and supplied the following for the above mentioned employee, as per approval from the office of the Compensation Fund dated \_\_\_\_\_

Service provider: \_\_\_\_\_

Practice number: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## 2. Confirmation of receipt by employee:

I confirm that I have received the correct prosthesis and / or accessories and I am satisfied that it is in good working condition, to the value of R \_\_\_\_\_.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone number: \_\_\_\_\_

## 3. Confirmation of receipt of prosthesis by the provincial case manager:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

This form should be completed and submitted to the Compensation Fund by the orthotic / prosthetic service provider for payment with the account, a copy of the initial quotation and the letter of approval from the Compensation Fund.

Important: Prosthesis fees EX the following components

1. Foot
2. Ankle unit
3. Knee
4. Suspension

The appropriate component must be selected from the list and charged as a separate item

Lower limb prosthetics CAT 1 & 2 are fabricated with glass / perion reinforced acrylic resin and stainless steel

CAT 3 ricated with carbon reinforced epoxy resin and titanium or composite components

### Prosthetics

<u>Item</u>	<u>Code</u>	<u>Cat</u>	<u>Description</u>		<u>2009 COIDA</u>
<b>FP</b>		<b>FOOT PROSTHESIS</b>			
FP010	A20010		Toe filler	ea	1346.00
FP020	A20020		Fore-foot prosthesis - moulded leather or similar	ea	1968.00
FP030	A20030	<b>1</b>	Mid-foot prosthesis Cat 1 - moulded leather or similar	ea	2502.00
FP031	A20031	<b>2</b>	Mid-foot prosthesis Cat 2 - laminated SACH type foot	ea	8749.00
			Mid-foot prosthesis Cat 3 - laminated CRA + energy		
FP035	A20035	<b>3</b>	foot	ea	24031.00
FP040	A20040	<b>1, 2</b>	Chopart prosthesis - Cat 1/2	ea	14010.00
FP050	A20050	<b>1, 2</b>	O'Connors extension Cat 1/2	ea	13535.00
FP070	A20070	<b>1, 2</b>	Symes prosthesis - CAT 1&2	ea	14391.00
FP081	A20081	<b>3</b>	Symes prosthesis - CAT 3	ea	16980.00
FP090	A20090		Symes test socket - diagnostic	ea	2813.00
<b>BK</b>		<b>BELOW KNEE PROSTHESIS</b>			
BK030	A20530	<b>1, 2</b>	BK exoskeletal CAT 1&2	ea	13745.00
BK061	A20561	<b>1, 2</b>	BK endoskeletal CAT 1&2	ea	19486.00
BK090	A20590	<b>3</b>	BK endoskeletal CAT 3	ea	21992.00
<b>Additions to Below knee prosthesis</b>					
BK134	A20634		BK flexible inner socket	ea	2323.00
BK140	A20640		BK test socket - diagnostic	ea	2156.00
BK145	A20645		BK skin cosmesis	ea	2911.00
<b>Refit of Below knee prosthesis</b>					
<b>NOTE: Refit includes new cosmetic cover</b>					
BK162	A20662		Refit BK exoskeletal CAT 1&2	ea	12289.00
BK165	A20665		Refit BK endoskeletal CAT 1&2	ea	14391.00
BK166	A20666		Refit BK endoskeletal CAT 3	ea	16333.00

<u>Item</u>	<u>Code</u>	<u>Cat</u>	<u>Description</u>		<u>2009 COIDA</u>
<b>BK accessories and repairs</b>					
BK190	A20690		BK cosmetic foam replaced	ea	3628.00
BK191	A20691		BK cosmetic stocking	ea	153.00
BK195	A20695		BK leather lining	ea	937.00
BK196	A20696		BK pelite socket lining	ea	1498.00
BK210	A20710		BK joint covers	pr	249.00
<b>TK THROUGH KNEE PROSTHESIS</b>					
TK010	A21010		TK exoskeletal CAT 1&2	ea	31091.00
TK030	A21030		TK endoskeletal CAT 1&2	ea	37446.00
TK040	A21040		TK endoskeletal CAT 3	ea	42563.00
TK075	A21075		TK test socket - diagnostic	ea	2878.00
<b>Refit of Through knee prosthesis</b>					
<b>NOTE: Refit includes new cosmetic cover</b>					
TK100	A21100		Refit TK exoskeletal CAT 1&2	ea	22704.00
TK105	A21105		Refit TK endoskeletal CAT 1&2	ea	31857.00
TK115	A21115		RefitTK endoskeletal CAT 3	ea	37192.00
<b>AK ABOVE KNEE PROSTHESIS</b>					
AK040	A21540	1, 2	AK prosthesis - exoskeletal CAT 1&2	ea	24257.00
AK060	A21560	1, 2	AK prosthesis - endoskeletal CAT 1&2	ea	36547.00
AK080	A21580	3	AK prosthesis endoskeletal CAT 3	ea	39780.00
AK120	A21620		AK test socket - diagnostic	ea	2439.00
<b>Refit of Above knee prosthesis</b>					
<b>NOTE: Refit includes new cosmetic cover</b>					
AK151	A21751		Refit AK exoskeletal CAT 1&2	ea	17789.00
AK153	A21753		Refit AK endoskeletal CAT 1&2	ea	25226.00
AK155	A21755		Refit AK endoskeletal CAT 3	ea	31371.00
<b>Additions and repairs to AK prosthesis</b>					
AK716	A21716		AK - Cosmetic cover - replaced	ea	4514.00
AK720	A21720		AK - cosmetic stocking	ea	227.00
AK724	A21724		AK - flexible inner socket	ea	4477.00
AK724	A21725		AK - laminate shin CRA	ea	2507.00
AK732	A21732		AK - laminate thigh CRA	ea	3198.00
AK740	A21740		AK - socket lined with leather	ea	1093.00
AK800	A21800		AK - prosthetic skin	ea	2911.00

<u>Item</u>	<u>Code</u>	<u>Cat</u>	<u>Description</u>		<u>2009 COIDA</u>
<b>HD</b>			<b>HIP DISARTICULATION PROSTHESIS</b>		
HD030	A22030	1, 2	HD prosthesis endoskeletal CAT 1&2	ea	63066.00
			<b>PROSTHETIC COMPONENTS AND ACCESSORIES</b>		
<b>PA</b>			<b>PROSTHETIC ANKLES</b>		
LA000	A22500		Ankle - Cat 1/2single axis - with block	ea	3472.00
LA001	A22501		Ankle - Cat 1/2 single axis - without block	ea	2080.00
LA002	A22502		Ankle - Cat 1/2 single axis - modular steel	ea	2049.00
LA003	A22503		Ankle - Cat 3 single axis - modular titanium	ea	3597.00
LA004	A22504		Ankle - Cat 1/2 multi axis - with block	ea	3531.00
LA005	A22505		Ankle - Cat 1/2multi axis - without block	ea	2396.00
LA006	A22506		Ankle - Cat 1/2 multi axis - modular steel	ea	4478.00
LA007	A22507		Ankle - Cat 3 multi axis - modular Ti or composite	ea	5300.00
LA008	A22508		Ankle - Cat 1/2 SACH wooden block	ea	599.00
LA009	A22509		Ankle - Cat 2 SACH modular steel	ea	1100.00
LA010	A22510		Ankle - Cat 3 SACH modular titanium	ea	1889.00
LA011	A22511		Ankle - Cat 1 SACH modular aluminium	ea	1767.00
<b>PF</b>			<b>PROSTHETIC FEET</b>		
<b>LA 092</b>		<b>2</b>	<b>Foot - Single axis with adapter</b>		
	A22592/1		Foot - Cat 1 - with ankle Single axis Teh Lin TAJP1		1758.00
<b>LA090</b>		<b>1, 2</b>	<b>Foot - Single axis without ankle adapter</b>		
	A22590/1		Foot - Cat 1/2 - w/o ankle Single axis OB	ea	2433.00
	A22590/2		Foot - Cat 1/2 - w/o ankle SACH - SINGLE AXIS OWW	ea	2696.00
	A22590/3		Foot - Cat 1/2 - w/o ankle Single axis Teh Lin TFF02H		1758.00
	A22590/4		Foot - Cat 1 - w/o ankle Light duty OB 1G9		2020.00
<b>LA091</b>		<b>1, 2</b>	<b>Foot - multi-axis without ankle adapter</b>		
	A22591		Foot - Cat 1/2 - w/o ankle Greisinger OB	ea	2478.00
<b>LA100</b>		<b>1, 2</b>	<b>Foot - SACH without ankle adapter</b>		
	A22600/1		Foot - Cat 1/2 - w/o ankle SACH OB	ea	1873.00
	A22600/2		Foot - Cat 1/2 - w/o ankle SACH - OWW	ea	2144.00
	A22600/3		Foot - Cat 1/2 - w/o ankle SACH - Kingsly	ea	1052.00
<b>LA110</b>		<b>3</b>	<b>Foot - Dynamic without ankle adapter</b>		
	A22610/1		Foot - Cat 3 - w/o ankle Dynamic 1D10 OB	ea	3692.00
	A22610/2		Foot - Cat 3 - w/o ankle Seattle carbon	ea	8959.00
	A22610/3		Foot - Cat 3 - w/o ankle CC2 LIGHT OWW	ea	7509.00
	A22610/4		Foot - Cat 3 - w/o ankle CCII OWW	ea	8661.00



<u>Item</u>	<u>Code</u>	<u>Cat</u>	<u>Description</u>		<u>2009 COIDA</u>
	A22610/5		Foot - Cat 3 - w/o ankle Energizer USMC	ea	5489.00
	A22610/6		Foot - Cat 3 - w/o ankle Seattle Lifecast	ea	8959.00
<b>LA111</b>		<b>3</b>	<b>Foot - Dynamic with pyramid adapter</b>		
	A22611/1		Foot - Cat 3 - with ankle Dynamic PRO 1D25 OB	ea	7432.00
	A22611/2		Foot - Cat 3 - with ankle SACH - Enhanced OWW	ea	3910.00
<b>LA160</b>		<b>3</b>	<b>Foot - Multi axis dynamic without adapter</b>		
	A22660/1		Foot - Cat 3 - w/o ankle Endolite multi flex	ea	5775.00
	A22660/2		Foot - Cat 3 - w/o ankle Quantum	ea	5300.00
<b>LA116</b>		<b>3</b>	<b>Foot - Multi-axis dynamic with pyramid adapter</b>		
	A22616/1		Foot - Cat 3 - with ankle SACH - Multi axis 1M1	ea	6735.00
	A22616/2		Foot - Cat 3 - with ankle Endolite Dynamic Response	ea	8582.00
	A22616/3		Foot - Cat 3 - with ankle Flexfoot SURE-FLEX III	ea	12853.00
	A22616/4		Foot - Cat 3 - with ankle CC HP OWW	ea	3910.00
	A22616/5		Foot - Cat 3 - with ankle Single axis Teh Lin TGAPM or TGAOM	ea	7116.00
<b>LA115</b>		<b>3</b>	<b>Foot - Symes</b>		
	A22615/1		Foot - SYMES OB Pigoroff	ea	4396.00
	A22615/2		Foot - Kingsley Symes	ea	2434.00
<b>PK</b>			<b>PROSTHETIC KNEES</b>		
<b>LA179</b>		<b>1, 2</b>	<b>Exoskeletal knee hinge BK</b>		
	A22679/1		Knee - Cat 1/2 OB - BK joint 7U25	pr	4863.00
<b>LA178</b>		<b>1, 2</b>	<b>Exoskeletal knee hinge TK</b>		
	A22678/1		Knee - Cat 1/2 OB - TK joint 7G3	pr	5330.00
<b>LA180</b>		<b>1</b>	<b>Knee - exoskeletal knee single axis with manual lock</b>		
	A22680/1		Knee - Cat 1 OB - single axis 3P4	ea	6791.00
<b>LA181</b>		<b>2</b>	<b>Knee - exoskeletal single axis</b>		
	A22681/1		Knee - Cat 2 OB 3P1	ea	5175.00
<b>LA182</b>		<b>2</b>	<b>Knee - exoskeletal knee multi axis friction</b>		
	A22682/1		Knee - Cat 2 OB swing phase control 3P23	ea	7559.00
<b>LA209</b>		<b>1</b>	<b>Knee - endoskeletal single axis with manual lock</b>		
	A22710/1		Knee - Cat 1 OB 3R40		3881.00

<u>Item</u>	<u>Code</u>	<u>Cat</u>	<u>Description</u>		<u>2009 COIDA</u>
<b>LA183</b>	A22683/1	<b>1</b>	<b><i>Knee single axis safety s/s stance phase control</i></b> Knee - Cat 1 OB - safety 3R15	ea	6054.00
<b>LA185</b>	A22701/1	<b>2</b>	<b><i>Knee multi axis steel mod S&amp;SPC</i></b> Knee - Cat 2 OB - Habermann 3R20 s/s	ea	8901.00
<b>LA186</b>	A22702/1	<b>2</b>	<b><i>Knee multi axis safety Ti or carbon mod S&amp;SPC</i></b> Knee - Cat 2 OB - Habermann 3R36 titanium	ea	16021.00
<b>LA191</b>	A22691/1	<b>3</b>	<b><i>Multi axis knee with Ti or carbon with pneumatic/hydraulic swing phase control</i></b> Knee - Cat 3 OB 3R70	ea	32042.00
<b>LA189</b>	A22689/1 A22689/2	<b>3</b>	<b><i>Knee single axis Ti with hydraulic swing phase control</i></b> Knee - Cat 3 OB - single axis Ti, hydraulic 3R45 Knee - Cat 3 TEH LIN hydraulic TGK 1H100 or 100S	ea ea	25810.00 32397.00
<b>LA209</b>	A22709/1 A22709/2	<b>3</b>	<b><i>Knee multi axis stance flex, swing phase control</i></b> Knee - Cat 3 TOTAL - 7axis Polymer Friction Knee - Cat 3 OWW GEOFLEX	ea ea	33018.00 29370.00
<b>LA207</b>	A22707/1	<b>3</b>	<b><i>Knee multi axis stance flex hydraulic swing phase control</i></b> Knee - Cat 3 OB - 3R55		32689.00
<b>LA200</b>	A22700/1	<b>3</b>	<b><i>Knee single axis Ti or carbon with hydraulic S&amp;SPC</i></b> Knee - Cat 3 OB - 3R80 - Hydraulic	ea	41831.00
<b>KNEES FOR THROUGH KNEE PROSTHESIS</b>					
<b>LA186</b>	A22686/1	<b>1</b>	<b><i>Knee four bar manual lock s/s</i></b> Knee - Cat 1 OB - 4bar-linkage manual lock 3R23	ea	15842.00
<b>LA185</b>	A22685/1 A22685/2 A22685/3	<b>2</b>	<b><i>Knee four bar s/s</i></b> Knee - Cat 2 OB - 4bar-linkage 3R21 Knee - Cat 2 Teh LIN four bar TK4010 Knee - Cat 2 Teh LIN four bar TK4000S	ea	13351.00 13906.00 10512.00
<b>LA188</b>	A22688/1	<b>3</b>	<b><i>Knee four bar Ti or carbon, hydraulic or pneumatic SPC</i></b> Knee - Cat 3 OB - 4bar-linkage Ti, hydraulic 3R46	ea	33821.00

<u>Item</u>	<u>Code</u>	<u>Cat</u>	<u>Description</u>	<u>2009 COIDA</u>
GPA			<b>GENERAL PROSTHETIC ACCESSORIES</b>	
LA230	A22730		Patella buttons replaced	ea 132.00
LA235	A22735		Re-alignment (dynamic) of AK / TK modular prosthesis	ea 600.00
LA236	A22736		Re-alignment (dynamic) of BK modular prosthesis	ea 568.00
LA440	A22940		Stump care - Cleani-stump	box 564.00
LA450	A22950		Stump care - Ampu-aid	tube 113.00
LA460	A22960		Stump care - talc	tin 153.00
LA461	A22961		Stump / skin lotion	ea 265.00
LA462	A22962		Stump lubricant	ea 234.00
LA463	A22963		Stump cleaner	ea 271.00
LA464	A22964		Stump moisturiser	ea 271.00
LA465	A22965		Stump ointment	ea 335.00
LA470	A22970		Stump care - balm	tin 271.00
LA480	A22980		Stump coning bandage 6cm	ea 221.00
LA481	A22981		Stump coning bandage 8cm	ea 279.00
LA482	A22982		Stump coning bandage 10cm	ea 374.00
LA490	A22990		Stump coning bandage 15cm	ea 408.00
LA510	A23010		Suction valve OB standard	ea 457.00
LA520	A23020		Suction valve OB total contact	ea 836.00
LA530	A23030		Suction valve Green dot standard	ea 902.00
LA540	A23040		Suction valve Green dot total contact	ea 902.00
PH			<b>PARTIAL HAND PROSTHESIS</b>	
PH010	A30010		Partial hand prosthesis -passive	ea 13188.00
PH020	A30020		Partial hand prosthesis - functional	ea 18655.00
PH030	A30030		Partial hand - opposition post	ea 9200.00
			<b>Repairs</b>	
PH050	A30050		Partial hand - new silicone socket	ea 4213.00
PH060	A30060		Partial hand - cosmetic glove replaced	ea 3172.00
PH070	A30070		Partial hand - replace zip to glove	ea 2932.00

<u>Item</u>	<u>Code</u>	<u>Cat</u>	<u>Description</u>		<u>2009 COIDA</u>
WD			<b>WRIST DISARTICULATION PROSTHESIS</b>		
WD010	A30510		Wrist disarticulation - passive	ea	25670.00
WD020	A30520		Wrist disarticulation - functional	ea	33876.00
BE			<b>BELOW ELBOW PROSTHESIS</b>		
BE010	A31010		Below elbow prosthesis -passive hand & cosmetic cover	ea	25670.00
BE020	A31020		Below elbow prosthesis - functional hand & cosmetic cover	ea	33876.00
BE040	A31040		BE test socket - diagnostic	ea	1440.00
ED			<b>ELBOW DISARTICULATION PROSTHESIS</b>		
ED010	A31510		Elbow disarticulation prosthesis - passive hand and cosmetic cover	ea	38248.00
ED020	A31520		Elbow disarticulation prosthesis - functional hand and cosmetic cover	ea	49847.00
ED030	A31530		ED test socket - diagnostic	ea	1440.00
			<b>ABOVE ELBOW PROSTHESIS</b>		
AE010	A32010		Above elbow prosthesis - passive hand & cosmetic cover	ea	30089.00
AE020	A32020		Above elbow prosthesis - functional hand & cosmetic cover	ea	39769.00
AE040	A32040		AE test socket - diagnostic	ea	1440.00
			<b>Additional charges</b>		
AE060	A32060		Automatic locking elbow 12K4	ea	14006.00
AE065	A32065		Elbow joint with cable lock	ea	9827.00
AE067	A32067		Step-up joints for short BE or TE	ea	11055.00

**Notes**

Manual locking elbows 12K5 are supplied as standard. Prosthetist may supply an automatic elbow on request and adjust the fee accordingly

The cost of the standard elbow must be deducted and the automatic elbow added.

Prosthetic hooks are not included with upper extremity prosthesis as standard

<u>Item</u>	<u>Code</u>	<u>Cat</u>	<u>Description</u>	<u>2009 COIDA</u>
SD			<b>SHOULDER DISARTICULATION PROSTHESIS</b>	
SD010	A32510		Shoulder disarticulation prosthesis - passive hand & cosmetic cover	ea 41662.00
SD020	A32520		Shoulder disarticulation - functional hand & cosmetic cover	ea 51341.00
AA			<b>ACCESSORIES</b>	
AA010	A33010		Cable - AE	ea 1442.00
AA020	A33020		Cable - BE	ea 1442.00
AA030	A33030		Corset - BE	ea 1314.00
AA040	A33040		Passive hand	ea 5238.00
AA050	A33050		Felt hand	ea 6182.00
AA060	A33060		Functional hand	ea 7761.00
AA070	A33070		Harness - AE	ea 1318.00
AA080	A33080		Harness - BE	ea 1318.00
AA090	A33090		Hook elastics	ea 35.00
AA100	A33100		Prosthetic glove - cosmetic	ea 3147.00
AA110	A33110		Prosthetic glove - leather	ea 658.00
AA120	A33120		Prosthetic hook - aluminium	ea 9026.00
AA130	A33130		Prosthetic hook - steel	ea 11549.00
AA140	A33140		Refit AE	ea 11690.00
AA150	A33150		Refit BE	ea 7294.00
AA160	A33160		Wrist insert	ea 849.00
AA165	A33165		Wrist Unit	ea 3302.00
AA170	A33170		Manual locking elbow 12K5	ea 5098.00
SS			<b>PROSTHETIC SOCKS</b>	
SS010	A35010		Stump sock - BK local	ea 236.00
SS020	A35020		Stump sock - AK local	ea 264.00
SS030	A35030		Stump sock - Arm local	ea 170.00
SS040	A35040		Stump sock - Symes local	ea 438.00
SS050	A35050		Stump sock - BK 5 ply - imported	ea 467.00
SS055	A35055		Stump sock - BK 3 ply - imported	ea 438.00
SS060	A35060		Stump sock - AK 5 ply - imported	ea 467.00
SS065	A35065		Stump sock - AK 3 ply - imported	ea 438.00
SS070	A35070		Stump sock - Arm 3 ply - imported	ea 236.00
SS075	A35075		Stump sock - Arm 5 ply - imported	ea 280.00
SS080	A35080		Stump sock - Symes 3 ply - imported	ea 647.00
SS085	A35085		Stump sock - Symes 5 ply - imported	ea 705.00
SS090	A35090		Prosthetic sheath - imported	ea 265.00
SS093	A35093		Prosthetic sheath with hole for pin - local	ea 60.00
SS100	A35100		Protective sheath - American	1310.00
SS105	A35105		Protective sheath - European (Derma seal)	2209.00
SS110	A35110		Fix Prosthesis - European (Daw)	ea 629.00
SS120	A35120		Fix Prosthesis - American (silicone suspension liner)	ea 310.00

<u>Item</u>	<u>Code</u>	<u>Cat</u>	<u>Description</u>		<u>2009 COIDA</u>
SS130	A35130		Stump shrinker BK	ea	714.00
SS140	A35140		Stump shrinker AK	ea	949.00
<b>SUSPENSION SYSTEMS, LINERS AND LOCKS</b>					
AK150	A21650		AK - hip-joint and pelvic band to prosthesis	ea	5696.00
AK700	A21700		AK - shoulder belt	ea	785.00
AK701	A21701		AK - silesion belt	ea	719.00
AK704	A21704		AK - silesion strap	ea	218.00
AK708	A21708		AK - waist belt	ea	756.00
AK712	A21712		AK - neoprene suspension belt	ea	1988.00
BK132	A20632		BK joints and thigh corset	ea	9749.00
BK133	A20633		Bk joints and weightbearing corset	ea	10942.00
BK192	A20692		BK back check strap	ea	436.00
BK193	A20693		BK backlift	ea	452.00
BK194	A20694		BK crutch strap	ea	488.00
BK197	A20697		BK ptb strap	ea	845.00
BK200	A20700		BK thigh corset	ea	2343.00
BK201	A20701		BK waistbelt leather	ea	907.00
BK202	A20702		BK waistbelt webbing	ea	594.00
SI600	A36600		Silicone sleeve - custom made (sleeve only)	ea	8666.00
SI605	A36605		Silicon sleeve suspension system - custom made (in addition to cost of prosthesis)	ea	15386.00
SI610	A36610		Silicone sleeve suspension system (in addition to cost to prosthesis)	ea	13373.00
SI620	A36620		Silicone suspension sleeve with pin attachment	ea	7104.00
SI622	A36622		Silicone suspension sleeve (COMFORT) with pin attachment	ea	7438.00
SI625	A36625		Silicon sleeve without pin attachment	ea	5870.00
SI626	A36626		Silicon sleeve (COMFORT) without pin attachment	ea	5870.00
SI630	A36630		Silicone thigh sleeve	ea	5208.00
SI640	A36640		Silicone distal end pad	ea	5208.00
SI650	A36650		Shuttle lock only	ea	4852.00
SI651	A36651		Fit shuttle lock fitted to prosthesis (excl lock)	ea	1822.00
SI660	A36660		Plunger pin for shuttle lock	ea	350.00
SI670	A36670		Flex-seal system to prosthesis	ea	7552.00
SI675	A36675		Flex-seal	ea	6523.00
SI680	A36680		PU sleeve with locking pin attachment (set of two)	set	19922.00
SI685	A36685		PU sleeve without locking pin attachment (set of two)	set	16178.00

**COMPENSATION FUND GUIDE TO FEES FOR ORTHOTISTS / PROSTHETISTS 2009****ORTHOTICS**

# = INDICATE ITEMS WHICH REQUIRE SPECIAL MOTIVATION BY THE COMPENSATION FUND

S = ITEM SUPPLIED WITHOUT FITTING

SF = ITEM SUPPLIED AND FITTED TO PATIENT

CF = ITEM CUSTOM (MODIFIED, ALTERED, CONTOURED) FITTED TO PATIENT

CM = ITEM IS CUSTOM MANUFACTURED TO PATIENT MEASUREMENTS

Note: Fee for fitting, fabricating, modifying and altering is included in tariff fee

<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>COIDA 2009</u>
AFO		<b>ANKLE FOOT ORTHOTICS</b>			
AFO010	A10010	S	Ankle brace - elastic	ea	151.00
AFO012	A10012	CM	Ankle brace - moulded with lacing	ea	1849.00
AFO020	A10020	CM	Ankle brace - moulded plastic	ea	1849.00
AFO021	A10021	CM	Ankle brace - lace up	ea	929.00
AFO030	A10030	S	Ankle brace - neoprene	ea	174.00
AFO031	A10031	S	Ankle brace - neoprene with splint (corrective)	ea	959.00
AFO040	A10040	S	Ankle brace - pneumatic	ea	728.00
AFO050	A10050	CM	Ankle foot orthosis - leg rotation control - resting splint	ea	1908.00
AFO060	A10060	CM	Ankle foot orthosis - plantar flexion control - resting splint	ea	1908.00
AFO070	A10070	CM	Ankle foot orthosis - moulded - with lapped joint	ea	2368.00
AFO080	A10080	CM	Ankle foot orthosis - moulded - with system joint	ea	4975.00
AFO090	A10090	CM	Ankle foot orthosis - USMC spring loaded with socket	ea	3997.00
AFO100	A10100	CM	Below knee DOUBLE caliper	ea	1067.00
AFO110	A10110	CM	Below knee DOUBLE caliper, socket and T-strap	ea	1505.00
AFO120	A10120	CM	Below knee SINGLE caliper	ea	1067.00
AFO130	A10130	CM	Below knee SINGLE caliper, socket and T-strap	ea	1615.00
AFO140	A10140	S	Calf sleeve neoprene	ea	280.00
AFO190	A10190	CM	Dropfoot splint - O'Gorman	ea	1266.00
AFO200	A10200	CM	Dropfoot splint - plastic custom made	ea	1965.00
AFO210	A10210	CF	Dropfoot splint - plastic imported	ea	1452.00
AFO220	A10220	CF	Dropfoot splint - plastic local	ea	1162.00
AFO230	A10230	CM	Fracture brace BK leather	ea	3062.00
AFO240	A10240	CM	Fracture brace BK plastic	ea	2832.00
AFO250	A10250	CF	Fracture brace - BK pneumatic walker	ea	2272.00
AFO251	A10251	CF	Fracture brace - BK pneumatic / foam walker	ea	1293.00
AFO260	A10260	CM	Heel socket round	ea	663.00
AFO270	A10270	CM	Heel socket square	ea	677.00
AFO271	A10271	CF	Heel socket - USMC - to shoe	ea	890.00
AFO280	A10280	CM	Heel socket with back-stop	ea	691.00
AFO300	A10300	CM	T-strap	ea	461.00
FO		<b>FOOT ORTHOTICS</b>			
FO010	A11010	S	Accomodative heel (spur) pad	pr	122.00
FO020	A11020	CM	Arch support - metatarsal insole	pr	438.00
FO030	A11030	CM	Arch support - moulded 3/4 length (plaster cast)	pr	1089.00
FO031	A11031	CM	Arch support - moulded 3/4 length (foam cast)	pr	1067.00
FO040	A11040	CM	Arch support - valgus insole	pr	438.00
FO050	A11050	CM	Arch support - valgus and metatarsal insole	pr	487.00
FO053	A11053	S	Arch support silicone (Ipocon or similar)	pr	609.00
FO060	A11060	CM	Arch supports - moulded full length (cast)	pr	1348.00
FO061	A11061	CM	Arch supports - moulded full length (foam)	pr	1327.00
FO070	A11070	CF	Arch supports covering - Spenco, PPT or similar	pr	311.00

<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>COIDA 2009</u>
FO110	A11110	SF	Heel seats	pr	528.00
FO111	A11111	CM	Heel seats - custom made	pr	1558.00
FO120	A11120	SF	Insoles (shock absorbing) Sorbothane	pr	281.00
FO130	A11130	CF	Metatarsal pads stuck in	pr	71.00
FO031	A11131	CM	Orthotic - modify existing innersole of sports shoe	pr	695.00
FO140	A11140	CM	Orthotics U.S.C.L	pr	1398.00
FO145	A11145	SF	Toe alignment splint	ea	350.00
FO146	A11146	S	Toe abduction splint post-op	ea	397.00
FO150	A11150	CF	Valgus pad stuck in	pr	161.00
<b>FW</b>			<b>FOOTWEAR</b>		
FO500	A11500	SF	Boots DERBY adults	pr	1049.00
FO520	A11520	SF	Boots LTT adults	pr	1049.00
FO600	A11600	SF	Orthopaedic footwear - extra depth shoes	pr	3675.00
FO620	A11620	S	Sandle POP	ea	129.00
FO630	A11630	S	Sandle post-op (B+J)	ea	266.00
FO631	A11631	S	Sandle post-op (B+J health sandal)	pr	216.00
FO632	A11632	S	Sandle post-op (B+J Comfy Casual)	pr	148.00
FO635	A11635	S	Sandle post-op (Arco Pedico)	pr	487.00
FO640	A11640	S	Shoes adult mens lace-up	pr	431.00
FO670	A11670	CM	Surgical boots made to measure	pr	5997.00
FO680	A11680	CM	Surgical shoes made to measure	pr	5707.00
FO685	A11690	CM	Fleace lining for boots	ea	881.00
<b>FM</b>			<b>FOOTWEAR MODIFICATIONS</b>		
FM010	A12010	CM	C & E Heels	pr	230.00
FM020	A12020	CM	Excavate heels	pr	202.00
FM030	A12030	CM	Flared heels	ea	286.00
FM040	A12040	CM	Metatarsal bars	pr	230.00
FM050	A12050	CM	Raise heel 1 cm and sole to balance	ea	320.00
FM060	A12060	CM	Raise heel 2 cm and sole to balance	ea	348.00
FM070	A12070	CM	Raise heel 3 cm and sole to balance	ea	432.00
FM080	A12080	CM	Raise heel 4 cm and sole to balance	ea	461.00
FM090	A12090	CM	Raise heel 5 cm and sole to balance	ea	494.00
FH100	A12100	CM	Raised heel insert 1 - 2 cm	ea	117.00
FM110	A12110	CM	Raised heel insert up to 1 cm	ea	117.00
FM120	A12120	CM	Raised heel insert - moulded to foot	ea	348.00
FM130	A12130	CM	Raise heel up to 1 cm	ea	148.00
FM140	A12140	CM	Raise heel up to 2 cm	ea	174.00
FM150	A12150	CM	Raise heel up to 3 cm	ea	231.00
FM160	A12160	CM	Raise heel up to 4 cm	ea	261.00
FM170	A12170	CM	Raise heel up to 5 cm	ea	293.00
FM180	A12180	CM	Raise shoe by adjustment	ea	202.00
FM190	A12190	CM	Raise shoe - Cork - up to 2.5 cm	ea	982.00
FM200	A12200	CM	Raise shoe - Cork - 2.5 to 5 cm	ea	1213.00
FM210	A12210	CM	Raise shoe - Cork - 5 to 10 cm	ea	1445.00
FM220	A12220	CM	Raise shoe - Pattern	ea	1109.00
FM230	A12230	CM	Rocker sole	ea	376.00
FM240	A12240	CM	Stretch shoes	pr	85.00
FM250	A12250	CM	Thomas's heels	pr	230.00
FM270	A12270	CM	Wedge heel	pr	230.00
FM280	A12280	CM	Wedge heel and sole	pr	348.00
FM290	A12290	CM	Wedge sole	pr	230.00
FM300	A12300	CM	Toe cap steel	pr	375.00
FM310	A12310	CM	Toe cap moulded plastic	pr	230.00



<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>COIDA 2009</u>
KO		<b>KNEE ORTHOTICS</b>			
KO010	A13010	CM	Knee brace - custom moulded with polycentric joints	ea	6355.00
KO011	A13011	CM	Knee brace - custom moulded with locking joints	ea	8105.00
KO013	A13013	CM	Knee brace - custom moulded with overlapping joints	ea	6791.00
KO015	A13015	CF	Knee brace - elastic with hinges imported	ea	786.00
KO020	A13020	CF	Knee brace - neoprene with hinges local	ea	733.00
KO030	A13030	SF	Knee brace - Osgood Schlatter	ea	488.00
KO040	A13040	SF	Knee brace - patella stabilizer	ea	488.00
KO041	A13041	SF	Knee brace - patella stabilizer - anterior opening	ea	1049.00
KO043	A13043	SF	Knee brace - patella brace 210 P-I	ea	553.00
KO050	A13050	CF	Knee brace - rigid ACL brace	ea	11576.00
KO070	A13070	S	Knee guard - elastic	ea	191.00
KO080	A13080	SF	Knee immobilizer post-op	ea	1223.00
KO090	A13090	SF	Knee sleeve neoprene local	ea	261.00
KO091	A13091	SF	Knee sleeve neoprene imported	ea	464.00
KO100	A13100	CF	Post-op ROM brace - local	ea	1778.00
KO110	A13110	CF	Post-op ROM brace - imported	ea	2393.00
KO120	A13120	CM	Post-op ROM brace - custom made	ea	4165.00
KO121	A13121	CM	Post-op knee extension lock	ea	2123.00
KO130	A13130	CF	Swedish knee cage	ea	2869.00
KO140	A13140	CF	Swedish knee cage - hinged	ea	4582.00
LO		<b>LEG ORTHOTICS</b>			
LO005	A14005	CM	Bi-valved full length moulded leg brace	ea	4775.00
LO010	A14010	CM	Caliper full length with knee hinges and spurs	ea	8492.00
LO020	A14020	CM	Caliper full length with knee hinges ankle joints and footplates	ea	10968.00
LO030	A14030	CM	Caliper - AK straight	ea	3439.00
LO040	A14040	CM	Caliper - AK straight for Perthes disease	ea	4689.00
LO050	A14050	CM	Caliper - weight bearing with knee joints	ea	9099.00
LO060	A14060	CM	Fracture brace AK moulded plastic	ea	4053.00
LO070	A14070	CM	Fracture brace AK moulded plastic with knee joints	ea	7196.00
LO080	A14080	CM	Fracture brace AK plus HIP spica	ea	5964.00
LO101	A14101	CM	T.H.R. Hip brace with hip control joint - imported	ea	9246.00
LO125	A14125	CM	Posterior leg splint - moulded	ea	3556.00
LO140	A14140	S	Thigh sleeve - neoprene	ea	261.00
LO141	A14141	S	Thigh sleeve - neoprene imported	ea	511.00
LO151	A14151	S	Thermal pants	ea	553.00
LO		<b>Orthotic repairs</b>			unit
LO170	A14170	CM	Replace calf / thigh band	ea	608.00
LO180	A14180	CM	Knee cap square	ea	635.00
LO190	A14190	CM	Knee cap long (KK)	ea	816.00
LO195	A14195	CM	Orthotic repairs - (specify)	unit:	211.00

<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>COIDA 2009</u>
CO			<b>CERVICAL ORTHOTICS</b>		
CO010	A15010	CF	ABCO (Conradie brace)	ea	4018.00
CO015	A15015	CF	Custom moulded Plastic collar	ea	2770.00
CO020	A15020	CF	Custom moulded Plastizote collar	ea	982.00
CO030	A15030	CF	Executive cervical collar	ea	1164.00
CO040	A15040	CF	Four poster brace	ea	3170.00
CO050	A15050	CF	Halo brace and hardware without ring or pins	ea	12322.00
CO060	A15060	CF	Halo brace complete (invasive or non-invasive)	ea	21697.00
CO068	A15068	CF	Miami J	ea	1194.00
CO069	A15069	CF	Neck Lock	ea	700.00
CO070	A15070	CF	Plastic collar with chin piece	ea	638.00
CO080	A15080	CF	Plastic collar without chinpiece	ea	524.00
CO083	A15083	CF	Philidelphia collar	ea	756.00
CO084	A15084	CF	Philidelphia collar / ABS collar imported	ea	1686.00
CO090	A15090	CF	Poly pad cervical collar	ea	599.00
CO091	A15091	CF	Poly and occipital pad	ea	697.00
CO100	A15100	CF	Soft collar	ea	71.00
CO101	A15101	CF	Soft collar - extra	ea	174.00
CO102	A15102	CF	Soft collar - firm	ea	293.00
CO110	A15110	CF	S.O.M.I. brace	ea	1337.00
CO120	A15120	CF	S.O.M.I. brace imported	ea	1807.00
CO130	A15130	CF	Scull cap	ea	1907.00
SO			<b>SPINAL ORTHOTICS</b>		
SO005	A16005	CF	Abdominal binder - elastic 12"	ea	404.00
SO010	A16010	CF	Abdominal binder - elastic 10"	ea	355.00
SO020	A16020	CF	Abdominal binder - elastic 8"	ea	317.00
SO030	A16030	CF	Abdominal binder - 6"	ea	280.00
SO040	A16040	CF	Abdominal corset - female	ea	931.00
SO050	A16050	CF	Abdominal corset - male	ea	931.00
SO070	A16070	CF	Hyper-entention (CASH) orthosis	ea	2502.00
SO075	A16075	CF	Hyper-entention (JEWETS) orthosis	ea	4018.00
SO080	A16080	CF	Lumbo Sacral Orthosis - chairback brace	ea	2304.00
SO090	A16090	CM	Lumbo Sacral Orthosis - Bennett's Brace	ea	3070.00
SO100	A16100	CM	Lumbo-sacral Orthosis - Pantaloon brace	ea	4718.00
SO110	A16110	CM	Lumbo sacral Orthosis - post-op bivalve	ea	5447.00
SO111	A16111	CF	Lumbo sacral Orthosis - chairback imported	ea	4492.00
SO120	A16120	CF	Lumbo-dorsal corset - female	ea	1125.00
SO130	A16130	CF	Lumbo-dorsal corset - female imported	ea	1486.00
SO140	A16140	CF	Lumbo-dorsal corset - male	ea	1036.00
SO150	A16150	CF	Lumbo-dorsal corset - male imported	ea	1486.00
SO160	A16160	CF	Lumbo-sacral corset - elastic pullwrap	ea	803.00
SO161	A16161	CF	Lumbo-sacral corset - neoprene pullwrap	ea	609.00
SO162	A16162	CF	Lumbo-sacral corset - elastic velcro	ea	638.00
SO163	A16163	CF	Lumbo-sacral corset - elastic velcro imported	ea	813.00
SO170	A16170	CF	Lumbo-sacral corset - elastic X-strap	ea	638.00
SO180	A16180	CF	Lumbo-sacral corset - female 11"	ea	960.00
SO190	A16190	CF	Lumbo-sacral corset - female 11" imported	ea	1457.00
SO200	A16200	CF	Lumbo-sacral corset - female 9"	ea	903.00
SO210	A16210	CF	Lumbo-sacral corset - female 9"	ea	1457.00
SO220	A16220	CF	Lumbo-sacral corset - male	ea	1457.00
SO230	A16230	CF	Lumbo-sacral corset - male	ea	903.00
SO250	A16250	CM	Thoraco Lumbar Sacral Orthosis - post op	ea	5089.00
SO260	A16260	CM	Thoraco Lumbar Sacral Orthosis - post op bivalve	ea	6194.00
SO270	A16270	CF	Thoraco Lumbar Sacral Orthosis - Taylor's brace	ea	1718.00
SO271	A16271	CM	Taylor's brace custom moulded	ea	3997.00
SO280	A16280	CM	Taylor's extension to corset	ea	695.00
SO290	A16290	CF	Sacro Iliac belt	ea	609.00

<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>COIDA 2009</u>
<b>AO ARM ORTHOTICS</b>					
AO010	A17010	CM	Arm abduction splint - custom made	ea	4387.00
AO020	A17020	CF	Arm abduction splint - imported	ea	7152.00
AO030	A17030	S	Arm immobiliser sling	ea	174.00
AO040	A17040	S	Clavicle brace	ea	174.00
AO050	A17050	S	Collar and Cuff	ea	29.00
AO060	A17060	CM	Elbow splint - moulded, rigid	ea	2251.00
AO070	A17070	CM	Elbow splint - moulded, with free joints	ea	3879.00
AO080	A17080	CM	Elbow splint - moulded, with locking joints	ea	4872.00
AO090	A17090	CM	Fracture brace - Humerus	ea	1588.00
AO100	A17100	CM	Fracture brace - Radius, ulna	ea	1588.00
AO105	A17105	SF	Tennis elbow - single pad	ea	216.00
AO110	A17110	SF	Tennis elbow - single pad pneumatic	ea	260.00
AO120	A17120	SF	Tennis elbow - double pad	ea	408.00
<b>HO HAND ORTHOTICS</b>					
HO010	A18010	SF	Carpo-metacarpo immobilizer strap	ea	368.00
HO020	A18020	CM	Carpo-metacarpo immobilizer - moulded	ea	432.00
HO030	A18030	SF	Finger splint - PIP extention	ea	525.00
HO040	A18040	SF	Finger splint - PIP flexion	ea	525.00
HO050	A18050	S	Finger stall - leather	ea	49.00
HO060	A18060	CM	Hand splint - Post-op mobilizer	ea	1214.00
HO070	A18070	CM	Hand splint - moulded resting splint	ea	752.00
HO080	A18080	CM	Hand splint - moulded - finger flexion/extension	ea	4407.00
HO090	A18090	CM	Hand splint - Combination finger ext , MP ext , wrist ext	ea	1221.00
HO100	A18100	CM	Hand splint - Combination finger ext , MP flex , Wrist ext	ea	1221.00
HO110	A18110	CF	Hand splint - finger and MP flexion	ea	1107.00
HO120	A18120	CF	Hand splint - MP extention	ea	929.00
HO130	A18130	CF	Hand splint - MP flexion	ea	929.00
HO140	A18140	SF	Mallet finger splint	ea	183.00
HO150	A18150	SF	Thumb wrap	ea	229.00
HO151	A18151	SF	Thumb support	ea	322.00
HO152	A18152	CM	Thumb abduction splint	ea	697.00
HO160	A18160	CF	Wrist brace - elastic with volar splint	ea	332.00
HO165	A18165	CF	Wrist brace - reinforced leatherette with volar splint	ea	401.00
HO170	A18170	CF	Wrist brace - neoprene with volar splint	ea	495.00
HO180	A18180	CM	Wrist brace - moulded leather	ea	2193.00
HO190	A18190	CM	Wrist brace - moulded plastic	ea	2075.00
HO200	A18200	S	Wrist guard - elastic	ea	160.00
HO210	A18210	CF	Wrist splint - dynamic extention	ea	525.00
<b>CU CUSHIONS</b>					
CU010	A40010	S	Abduction pillow	ea	686.00
CU020	A40020	S	Cervical cushion	ea	471.00
CU030	A40030	S	Coccyx cushion	ea	377.00
CU035	A40035	S	Leg elevation cushion	ea	874.00
CU040	A40040	S	Lumbar roll cushion	ea	138.00
CU050	A40050	S	Lumbar support cushion - local	ea	282.00
CU055	A40055	S	Lumbar support cushion - imported	ea	959.00

<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>COIDA 2009</u>
CU057	A90022		Jay 2 Abductor wedges	pr	500.00
CU060	A40060	S	Paraplegic cushion - foam	ea	743.00
CU070	A40070	S	Paraplegic cushion - gel	ea	6619.00
CU075	A40075	CM	Wheelchair insert - custom made	ea	13445.00
CU080	A40080	S	Ring cushion - foam	ea	498.00
CU100	A40100	S	Ring cushion - inflatable	ea	183.00
<b>CU MATTRESSES AND ACCESSORIES</b>					
CU058	A90023		Ripple mattress, mattress only	ea	500.00
CU059	A90024		Separate tube mattress, mattress only	ea	2625.00
CU060	A90025		Mattress pump for Ripple mattress	ea	1000.00
CU061	A90026		Mattress pump for Adv tube mattress	ea	1000.00
<b>GC GRADUATED COMPRESSION HOSE</b>					
GC010	A50010	SF	Anti embolic stocking thigh high with waistbelt	pr	617.00
GC020	A50020	SF	Anti-embolic stocking calf length	pr	436.00
GC030	A50030	SF	Anti-embolic stocking thigh length	pr	583.00
GC040	A50040	SF	Class I compression stocking - calf length	pr	494.00
GC050	A50050	SF	Class I compression stocking - half thigh	pr	603.00
GC060	A50060	SF	Class I compression stocking - thigh high	pr	680.00
GC065	A50065	SF	Class I compression stocking - thigh high + silicone garter	pr	827.00
GC070	A50070	SF	Class I compression - pantyhose	ea	903.00
GC075	A50075	SF	Class I compression - maternity pantyhose	ea	973.00
GC080	A50080	SF	Class II compression stocking - calf length	pr	689.00
GC090	A50090	SF	Class II compression stocking - half thigh	pr	823.00
GC100	A50100	SF	Class II compression stocking - thigh high	pr	886.00
GC110	A50110	SF	Class II compression stocking - thigh high with waistbelt	ea	711.00
GC130	A50130	SF	Class III compression stocking - calf length	pr	735.00
GC140	A50140	SF	Class III compression stocking - half thigh	pr	823.00
GC150	A50150	SF	Class III compression stocking - thigh high	pr	907.00
GC160	A50160	SF	Class III compression stocking - thigh high with waistbelt	ea	735.00
<b>HE HOSPITAL AND HOME NURSING EQUIPMENT</b>					
HE010	A54010	S	Bath chair / board	ea	823.00
HE020	A54020	S	Bath chair - swivel type	ea	1904.00
HE030	A54030	S	Bed frame	ea	595.00
HE040	A54040	S	Bed pan	ea	153.00
HE050	A54050	S	Bed pan - slipper type	ea	148.00
HE060	A54060	S	Charnley commode	ea	1477.00
HE070	A54070	S	Commode	ea	1226.00
HE080	A54080	S	Commode with wheels	ea	1692.00
HE090	A54090	S	Commode with wheels and foot rests	ea	2187.00
HE100	A54100	S	Sheepskin bedpad	ea	511.00
HE110	A54110	S	Sheepskin heel / elbow protectors	pr	169.00
HE120	A54120	S	Toilet seat raiser	ea	836.00
HE130	A54130	S	Urinal bottle	ea	50.00
HE140	A54140	S	Waterproof sheet	ea	104.00
<b>PS PROFESSIONAL SERVICES</b>					
PS030	A60030		Hospital visit	ea	135.00
PS070	A60070		Theatre attendance	ea	689.00
PS090	A60090		Time 1 unit	ea	69.00

<u>Item</u>	<u>Code</u>		<u>Description</u>		<u>COIDA 2009</u>
<b>TE TRACTION EQUIPMENT</b>					
TE010	A70010	S	Cervical traction halter - disposable	ea	21.00
TE020	A70020	S	Cervical traction halter - leather / canvas	ea	516.00
TE030	A70030	S	Pelvic traction belt - canvas	ea	247.00
TE040	A70040	S	Pelvic traction belt - leather	ea	928.00
TE050	A70050	S	Pelvic traction corset	ea	479.00
TE060	A70060	S	Traction cord	mtr	1.00
TE070	A70070	S	Traction kit - over door	ea	771.00
TE080	A70080	S	Traction kit - under mattress	ea	798.00
TE090	A70090	S	Traction water weight bag	ea	194.00
TE100	A70100	S	Thomas' splint	ea	720.00
TE110	A70110	S	Thomas' splint foot piece	ea	266.00
TE120	A70120	S	Thomas' splint - Pearson's knee piece	ea	266.00
TE130	A70130	S	Skin traction - foam	ea	231.00
TE140	A70140	S	Skin traction - elastoplast	ea	231.00
<b>WA WALKING AIDS</b>					
WA010	A71010	S	Delta walker	ea	2480.00
WA020	A71020	S	Elbow crutches	pr	337.00
WA030	A71030	S	Elbow crutches - moulded handles	pr	1137.00
WA040	A71040	S	Gutter crutch	ea	525.00
WA050	A71050	S	Walking frame	ea	
WA060	A71060	S	Walking frame - folding	ea	461.00
WA070	A71070	S	Walking frame - reciprocal	ea	1316.00
WA080	A71080	S	Walking frame - with wheels	ea	710.00
WA090	A71090	S	Walking stick - adjustable	ea	168.00
WA100	A71100	S	Walking stick - cane	ea	
WA110	A71110	S	Wooden crutches	pr	323.00
WA120	A71120	S	Ferrule - local	ea	9.00
WA125	A71125	S	Ferrule - imported	ea	19.00
WA130	A71130	S	Ferrule - JOLO	ea	701.00
WA140	A71140	S	Tripod walking stick	ea	310.00
WA150	A71160	S	Ring crutches - wood	pr	697.00
WA160	A71170	S	Ring crutches - metal	pr	579.00
<b>WC WHEELCHAIRS</b>					
WC010	A80010	SF	Economy wheelchair	ea	6417.00
WC020	A80020	SF	Light weight wheelchair	ea	12540.00
WC030	A80030	SF	Standard wheelchair	ea	7555.00
WC050	A80050	SF	Reclining wheelchair	ea	9396.00
WC060	A80060	SF	Hire of wheelchair per month	ea	376.00
WC070	A80070	SF	Hire of wheelchair per week	ea	85.00
<b>AD OTHER ASSISTIVE DEVICES</b>					
AD009	A80109	SF	20" Wheelchair tray	ea	300.00
AD010	A80110	SF	14" Wheelchair tray	ea	300.00
AD011	A80111	SF	14" electric tray	ea	300.00
AD012	A80112	SF	16" Wheelchair tray	ea	300.00
AD013	A80113	SF	18" Wheelchair tray standard	ea	300.00
AD014	A80114	SF	18" Wheelchair tray for power	ea	300.00
AD015	A80115	S	Overbed table	ea	531.00
AD016	A80116	S	Transfer board	ea	225.00
AD017	A80117	S	Wheelchair gloves	pr	125.00
AD018	A80118	S	Easy reach (medium length 26")	ea	94.00
AD019	A80119	S	Easy reach (long length 32")	ea	100.00
AD020	A80120	CF	Wheelchair ramps 214 X 20	ea	3125.00