

Government Gazette Staatskoerant

REPUBLIC OF SOUTH AFRICA
REPUBLIEK VAN SUID AFRIKA

Vol. 670

1

April
April

2021

No. 44406

Contents

<i>No.</i>		<i>Gazette No.</i>	<i>Page No.</i>
	GENERAL NOTICES • ALGEMENE KENNISGEWINGS		
	Employment and Labour, Department of / Indiensneming en Arbeid, Departement van		
179	Compensation for Occupational Injuries and Diseases Act (130/1993 as amended by Act 61 of 1997): Optometrist and Speech/Audiologist Gazette 2021	44406	3

GENERAL NOTICES • ALGEMENE KENNISGEWINGS

DEPARTMENT OF EMPLOYMENT AND LABOUR

NOTICE 179 OF 2021

**OPTOMETRIST AND
SPEECH/AUDIOLOGIST
GAZETTE 2021**

**COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993
(ACT 130 OF 1993 as amended by Act 61 of 1997)**

**NOTICE ON ANNUAL INCREASE IN MEDICAL TARIFFS PAYABLE UNDER
SECTION 76 OF THE COMPENSATION FOR OCCUPATIONAL INJURIES AND
DISEASES ACT AS AMENDED**

1.


I, Thembelani Thulas Nxesi, Minister of Employment & Labour, hereby give notice that, after consultation with the Compensation Board and acting under powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993), prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rule applicable thereto, appearing in the Schedule, with effect from 1 April 2021.

2.

Medical Tariffs increase for 2021 is 5.47%

3.

The fees appearing in the Schedule are applicable in respect of services rendered on or after 1 April 2021 and Exclude 15% Vat.



**MR TW NXESI, MP
MINISTER OF EMPLOYMENT AND LABOUR
DATE: 2021/01/25**

GENERAL INFORMATION

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 designated by the Director General for a medical examination and report. Special fees are payable when this service is requested.

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

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

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

An employee seeks medical advice at his 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.

CLAIMS WITH THE COMPENSATION FUND ARE PROCESSED AS FOLLOWS

1. New claims are registered by the Employers and the Compensation Fund and the **employer views the claim number allocated online**. The allocation of a claim number by the Compensation Fund, does not constitute acceptance of liability for a claim, but means that the injury on duty has been reported to and registered by the Compensation Commissioner. Enquiries regarding claim numbers should be directed to the employer and not to the Compensation Fund. The employer will be in the position to provide the claim number for the employee as well as indicate whether the claim has been accepted by the Compensation Fund
2. If a claim is **accepted** as a COIDA claim, **reasonable medical expenses** will be paid by the Compensation Commissioner.
3. If a claim is **rejected (repudiated)**, medical expenses for services rendered will not be paid by the Compensation Commissioner. The employer and the employee will be informed of this decision and the injured employee will be liable for payment.
4. If **no decision** can be made regarding acceptance of a claim due to inadequate information, the outstanding information will be requested and upon receipt, the claim will again be adjudicated on. Depending on the outcome, the 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.

BILLING PROCEDURE

1. All service providers should be registered on the Compensation Fund claims system in order to capture invoices and medical reports.
 - 1.1 Medical reports should always have a clear and detailed clinical description of injury and related ICD 10 Code.
 - 1.2 In a case where a surgical procedure is done, an operation report is required
 - 1.3 Only one medical report is required when multiple procedures are done on the same service date
 - 1.4 A medical report is required for every invoice submitted covering every date of service.
 - 1.5 Referrals to another medical service provider should be indicated on the medical report.
 - 1.6 Medical reports, referral letters and all necessary documents should be uploaded on the Compensation Fund claims system.

NOTE: Service providers are required to keep original documents (i.e medical reports, invoices) and these should be made available to the Compensation Commissioner on request.

2. Medical invoices should be switched to the Compensation Fund using the attached format. - Annexure D.
 - 2.1. Subsequent invoice must be electronically switched. It is important that all requirements for the submission of invoice, including supporting information, are submitted.
 - 2.2. Manual documents for medical refunds should be submitted to the nearest labour centre.
 - 2.3 Service providers may capture and submit medical invoices directly on the Compensation Fund system online application.
3. The status of invoices /claims can be viewed on the Compensation Fund claims system. If invoices are still outstanding after 60 days following submission, the service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za.
4. If an invoice has been partially paid with no reason indicated on the remittance advice, an enquiry should be made with the nearest processing labour centre. The service provider should complete an enquiry form, W.Cl 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website www.labour.gov.za.

5. Details of the employee's medical aid and the practice number of the referring practitioner must not be included in the invoice.
 - If a medical service provider claims an amount less than the published tariff amount for a code, the Compensation Fund will only pay the claimed amount and the short fall will not be paid.
6. Service providers should not generate the following:
 - a. Multiple invoices for services rendered on the same date i.e. one invoice for medication and a second invoices for other services.
 - b. Cumulative invoices – Submit a separate invoice for every month.

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

MINIMUM REQUIREMENTS FOR INVOICE RENDERED

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

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

COMPENSATION FUND MEDICAL SERVICE PROVIDERS REGISTRATION REQUIREMENTS

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

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

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

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

REQUIREMENTS FOR SWITCHING MEDICAL INVOICES WITH THE COMPENSATION FUND

The switching provider must comply with the following requirements:

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

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

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

90

Manufacturers of assistive devices

OPTOMETRISTS GAZETTE 2021

**TARIFF OF FEES IN RESPECT OF OPTOMETRIST
EFFECTIVE 1 APRIL 2021**

Item Code	Description	COIDA 2021 Tariffs
70081	Optometric examination and visual field screening consultation	556.78
70021	Optometric re-examination withing six months of 70081 followup	318.21
70501	Frame	891.01
70502	Vision Lens	
70503	Walking stick/cane for the blind	347.00
	NOTE: Frame and Lens will only be issued if the Eye condition is IOD Related	
	Rules governing Optometrists	
001	All claims for spectacles should be for a confirmed IOD with resultant defects/impairment in eyesight.	
002	An optometrist will assess/examine and presvcribe the type of spectacles required.	
003	Pre-authorisatin is required for spectacles	
004	Spectacles will only be renewable after a two (2) year period with motivation.	
005	Consultation can only be claimed once on the first visit.	
006	Only a single lens will only be approved; bifocal lenses should be motivated for.	
008	Uncancelled appointments - If an appointment not cancelled at least 24 hour before the relevant appointment time, relevant practitioner's fees shall be payable by the employee.	

SPEECH/AUDIOLOGIST GAZETTE 2021

**TARIFF OF FEES IN RESPECT OF SPEECH/AUDIOLOGIST
EFFECTIVE 1 APRIL 2021**

Item Code	Description	COIDA 2021 Tariffs
1012	Consultation	387.21
1100	Air conduction, Pure tone Audiogram	408.90
1110	Full speech audiogram including speech reception	205.67
1830	Hearing Aids	334.13
SPEECH THERAPY		
1020	Consultation	334.13
1051	Therapy treatment up to 30 minutes	263.26
1053	Therapy treatment up to 1 hour	438.77
RULES GOVERNING AUDIOLOGIST		
001	Pre-Authorisation is required for all hearing aids.	
002	<p>Code 1830 : Maximum amount payable is R9 581.95 (VAT inclusive) The amount include global charge for supply and fitting of hearing aids. Motivation from the treating medical practitioner will be required for renewal of hearing Aids</p> <p>An audiologist must have a referral letter from an ENT, a quotation and have two diagnostic audiograms when applying for hearing aids for an employee.</p> <p>Renewal of hearing aids will be considered only after 5 years with two diagnostic audiograms and a motivation for renewal.</p> <p>Speech Therapy Rules</p> <p>Hospitalised patients will be allowed up to 10 sessions without pre-authorisation. After a series of 10 treatment sessions in hospital, the treating practitioner must submit motivation with a treatment plan to the Compensation Fund for authorisation.</p> <p>The service of a speech therapist shall be available only on written referral by a medical relationship to the original injury. The referral may be on the service providers (Speech Therapy practice) letterhead, provided it is signed by the referring doctor.</p> <p>The Speech Therapist must submit the supporting referral with motivation from the medical practitioner together with the detailed speech therapy rehabilitation report and treatment plan following the first consultation to enable the fund to authorise the treatment sessions, as clinically appropriate and supported by the rehabilitation plan, once pre-authorisation by the Compensation Fund has been provided. The Speech therapist must submit monthly progress which reflect the nature of the rehabilitation progression against the rehabilitation plan (Annexure B). Speech Therapists must reflect the final change in the outcome measures in the final rehabilitation report (Annexure C)</p> <p>Should additional treatment sessions over and above the initial authorised treatment sessions be required, the Speech Therapist must provide an updated rehabilitation report (Annexure A), including outcome based measures and rehabilitation plan, with referral from the medical practitioner clearly stating the requirement for further treatment sessions. Such treatment must be authorised by the Compensation Fund prior to the treatment being provided.</p> <p>Out-patients: All treatment sessions will need pre-authorisation. All request for pre-authorisation must be based on clinical need, best practice and be in the best interest of the patient. The speech therapist must submit a referral with motivation from the treating doctor and a treatment plan. The first consultation can be done before pre-authorisation to allow the speech therapist to provide a treatment plan to the fund for preauthorisation. Practitioners will be allowed up to five (5) treatment sessions to continue with treatment after submitting their request while awaiting response from the Fund. The rehabilitation professional must submit monthly progress report.</p>	
003		
004		
006		
007		
008		
009		
110		

ANNEXURE A: FIRST SPEECH THERAPY REPORT

1. AUTHORISATION REQUEST FORM			
Please indicate your request type with an X:			
First speech therapy report		Extension of treatment period required	
Additional treatment sessions required		Amendment to treatment codes required	
INJURED EMPLOYEE DETAILS			
Surname:			
First Names:			
Identity Number:			
Telephone number:			
Address:			
		Postal code:	
EMPLOYER DETAILS			
Name of Employer:			
Telephone number:			
Date of Injury / Onset of symptoms:			
REFERRING DOCTOR DETAILS			
Referring Doctor:			
Telephone Number: _			
Email address:			
Referring Doctor Practice Number			
Dated referral letter stipulating reason for the referral and referring doctor stamp and signature has been included with this authorisation request:		YES	NO
SUPPORTING DOCUMENTS ATTACHED TO AUTHORISATION REQUEST ONLY IF CLAIM NOT REGISTERED			
Please indicate attached documents with an X (only attach if necessary):			
WCL2		WCL4	ID
INJURY / SYMPTOM DETAILS			
ICD 10 Code:			
Diagnosis:			
CURRENT PRESENTATION:			

--

SPEECH THERAPY / AUDIOLOGY REHABILITATION PLAN**A. SPEECH THERAPY / AUDIOLOGY REHABILITATION PLAN**

Ensure that the treatment goals are specific and measurable with outcome measurements.

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

B. ANTICIPATED DURATION AND FREQUENCY OF TREATMENT INCLUDE DATES			
Overall expected duration of treatment intervention:			
Overall expected number of treatment sessions:			
Frequency of treatment intervention (daily; bi-daily; weekly etc):			
C. ANTICIPATED CODING FOR ABOVE TREATMENT SESSIONS			
CODE:	QUANTITY	CODE:	QUANTITY
MOTIVATION FOR CHANGE IN AUTHORISATION REQUEST (COMPLETE ONLY IF NOT THE FIRST SPEECH THERAPY / AUDIOLOGY REHABILITATION REPORT)			
SERVICE PROVIDER DETAILS			
Name:			
Practice Number:			
Date of initial consultation:			
Date of pre-authorisation request:			
Telephone Number:			
Email address:			
Signature:			

ANNEXURE B: MONTHLY / INTERIM SPEECH THERAPY REHABILITATION REPORT

Speech Therapy / Audiology Rehabilitation Progress/Interim Monthly Report
Compensation for Occupational Injuries and Disease Act

Name and Surname of Employee:	
Identity Number:	Address:
	Code: Postal
Name of Employer:	
Address:	
	Postal Code:
Date of Accident:	
1. Date of First Treatment:	Provider of First Treatment:
2. Name of Referring Medical Practitioner:	Date of Referral:
3. Number of Sessions already delivered:	
4. Progress achieved (including outcome measures eg. Swallowing ability, language ability)	
5. Did the patient undergo surgical procedures in this time? Dates and type of surgery	
6. Number of sessions required:	
7. Treatment plan for proposed treatment sessions:	
8. From what date has the employee been fit for his/her normal/ light work? (Please circle where applicable)	
I certify that I have by examination, satisfied myself that the injury (ies) are as a result of the accident.	
Signature of service provider:	Date:
Name:	
Practice Number:	
NB: Speech Therapy / Audiology Rehabilitation progress reports must be submitted on a monthly basis and attached to the submitted accounts	

ANNEXURE C: FINAL SPEECH THERAPY REHABILITATION REPORT

Final Report	
Compensation for Occupational Injuries and Disease Act	
Name and Surname of Employee:	Address:
Identity Number:	
Postal Code:	
Name of Employer:	
Address:	
Postal Code:	
Date of Accident:	
Date of First Treatment:	Provider of First Treatment:
Name of Referring Medical Practitioner:	Date of Referral:
1. Number of Sessions already delivered:	From To
2. Progress achieved (including outcome measures eg. Swallowing ability, language ability):	
3. Did the patient undergo surgical procedures in this time? Dates and type of surgery.	
4. From what date has the employee been fit for his/her normal work?	
5. Is the employee fully rehabilitated/has the employee obtained the highest level of function?	
6. If so, describe in detail any present permanent anatomical effect and/or impairment of function as a result of the accident (e.g. swallowing ability language ability)	
I certify that I have by examination, satisfied myself that the injury(ies) are as a result of the accident.	
Signature of service provider:	Date:
Name:	
Address:	Post Code:
Practice Number:	
NB: Speech Therapy / Audiology Rehabilitation progress reports must be submitted on a monthly basis and attached to the submitted accounts	



COMPEASY ELECTRONIC INVOICING FILE LAYOUT

Field	Description	Max length	Data Type
BATCH HEADER			
1	Header identifier = 1	1	Numeric
2	Switch internal Medical aid reference number	5	Alpha
3	Transaction type = M	1	Alpha
4	Switch administrator number	3	Numeric
5	Batch number	9	Numeric
6	Batch date (CCYYMMDD)	8	Date
7	Scheme name	40	Alpha
8	Switch internal	1	Numeric
DETAIL LINES			
1	Transaction identifier = M	1	Alpha
2	Batch sequence number	10	Numeric
3	Switch transaction number	10	Numeric
4	Switch internal	3	Numeric
5	CF Claim number	20	Alpha
6	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)	10	Alpha
12	Type of service	1	Alpha
13	Service date (CCYYMMDD)	8	Date
14	Quantity / Time in minutes	7	Decimal
15	Service amount	15	Decimal
16	Discount amount	15	Decimal
17	Description	30	Alpha
18	Tariff	10	Alpha
Field	Description	Max length	Data Type
19	Service fee	1	Numeric
20	Modifier 1	5	Alpha
21	Modifier 2	5	Alpha
22	Modifier 3	5	Alpha
23	Modifier 4	5	Alpha
24	Invoice Number	10	Alpha
25	Practice name	40	Alpha
26	Referring doctor's BHF practice number	15	Alpha
27	Medicine code (NAPPI CODE)	15	Alpha
28	Doctor practice number -sReferredTo	30	Numeric
29	Date of birth / ID number	13	Numeric
30	Service Switch transaction number – batch number	20	Alpha
31	Hospital indicator	1	Alpha
32	Authorisation number	21	Alpha
33	Resubmission flag	5	Alpha
34	Diagnostic codes	64	Alpha

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

Field	Description	Max length	Data Type
55	Date of Injury (CCYYMMDD)	8	Date
56	IOD reference number	15	Alpha
57	Single Exit Price (Inclusive of VAT)	15	Numeric
58	Dispensing Fee	15	Numeric
59	Service Time	4	Numeric
60			
61			
62			
63			
64	Treatment Date from (CCYYMMDD)	8	Date
65	Treatment Time (HHMM)	4	Numeric
66	Treatment Date to (CCYYMMDD)	8	Date
67	Treatment Time (HHMM)	4	Numeric
68	Surgeon BHF Practice Number	15	Alpha
69	Anaesthetist BHF Practice Number	15	Alpha
70	Assistant BHF Practice Number	15	Alpha
71	Hospital Tariff Type	1	Alpha
72	Per diem (Y/N)	1	Alpha
73	Length of stay	5	Numeric
74	Free text diagnosis	30	Alpha

TRAILER

1	Trailer Identifier = Z	1	Alpha
2	Total number of transactions in batch	10	Numeric
3	Total amount of detail transactions	15	Decimal