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GENERAL NOTICES • ALGEMENE KENNISGEWINGS

DEPARTMENT OF EMPLOYMENT AND LABOUR

NOTICE 3052 OF 2025

**WOUND CARE
AND
BLOOD SERVICES
GAZETTE
2025**



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Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

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

NOTICE:

DATE:

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

ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICES PROVIDERS.

1. I, Nomakhosazana Meth, Minister of Employment and Labour, hereby give notice that, after consultation with the Compensation Board and acting under powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993), prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rule applicable thereto, appearing in the Schedule, with effect from 1 April 2025.
2. Medical Tariffs will increase by 6% for the financial year 2025/26.
3. The fees appearing in the Schedule are applicable in respect of services rendered from 1 April 2025 and exclude 15% VAT

Ms. N Meth, MP

MINISTER OF EMPLOYMENT AND LABOUR





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GENERAL INFORMATION

POPI ACT COMPLIANCE

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

1. MEDICAL SERVICE PROVIDERS REGISTRATION REQUIREMENTS WITH THE COMPENSATION FUND

1.1. The Compensation Fund requires that any Medical Service Provider, providing medical treatment to patients in terms of the COID Act, must be registered with The Compensation Fund as follows:

1.1.1. Copies of the following documents must be submitted to the nearest Labour Centre

- a. A certified identity document of the practitioner
- b. Certified valid BHF certificate
- c. Recent bank statement with bank stamp or bank letter
- d. Proof of practice address not older than 3 months.
- e. Submit SARS VAT registration number/ certificate if VAT registered. If this is not provided the Medical Service Provider will be registered as a Non VAT vendor.
- f. A power of attorney is required where the MSP has appointed a third party for administration of their COID claims.

1.1.2. A duly completed original Banking Details form (WAC 33) that can be downloaded in PDF from the Department of Employment and Labour Website (www.labour.gov.za).

1.1.3. Submit the following additional information on the Medical Service Provider letterhead, Cell phone number, Business contact number, Postal address and Email address. The Fund must be notified in writing of any changes in order to effect necessary changes.



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2. REGISTERING WITH THE COMPENSATION FUND AS AN ONLINE SYSTEM USER FOR MEDICAL SERVICE PROVIDERS

2.1. To register as an online user of the claims processing system, COMPEASY, the following steps must be followed:

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

2.1.2. Register on the CompEasy application having the following documents to upload:

- A certified copy of identity document (not older than a month from the date of application)
- Certified valid BHF certificate
- Proof of address not older than 3 months

2.2. In the case where a medical service provider wishes to appoint a proxy to interact on the claims processing system the following ADDITIONAL documents must be uploaded:

- An appointment letter for proxy (the template is available online)
- The proxy's certified identity document (not older than a month from the date of application)
- There are instructions online to guide a user on successfully registering (www.compeasy.gov.za)

3. THIRD PARTIES TRANSACTING ON BEHALF OF MEDICAL SERVICE PROVIDERS

3.1. Third Parties that provide administration services on COID medical invoices on behalf of medical service providers must take note of the following:

3.1.1. A third party transacting with the Fund, must be in a position to obtaining a copies of the original claim documents and medical invoices from medical service providers.

3.1.2. The third party must keep such records in their original state as received from the medical service provider and must furnish the Compensation Commissioner with such documents on request for the purposes of auditing.

3.2. The Fund will not provide or disclose any information related to a medical service provider, represented by a third party, where such information was obtained or relates to a period prior to them contracting to a third party.



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4. THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

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

- 4.1.1. An employee as defined in the COID Act of 1993, is at liberty to choose their preferred medical service provider without interference, as long as it is exercised reasonably and without prejudice to the employee or the Compensation Fund.
- 4.1.2. 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 its employees, e.g. Hospital, nursing and other medical services — Section 78 of the COID Act refers.
- 4.1.3. In terms of Section 42 of the COID Act, the Compensation Fund may refer an injured employee to a specialist medical service provider designated by the Director General for a medical examination and report.
- 4.1.4. In terms of section 76,3(b) of the COID Act, no amount in respect of medical expenses shall be recoverable from the employee.
- 4.1.5. In the event of a change of a medical service provider attending to a case, the first treating doctor in attendance will, except where the case is transferred to a specialist, be regarded as the principal treating doctor.
- 4.1.6. To avoid disputes regarding the payment for services rendered, medical service providers should refrain from treating an employee already under treatment by another medical practitioner without consulting/informing the principal treating doctor.
- 4.1.7. Any changes of medical service providers must have sufficient reasons existing for such a change which must be communicated to the Compensation Fund.
- 4.1.8. 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 registered and liability for the claim is accepted by the Compensation Fund.
- 4.1.9. An employee seeks medical advice at their own risk. If such an employee presents themselves to a medical service provider as being entitled to treatment in terms of the COID Act, whilst having failed to inform their employer and/or the Compensation Fund of any possible grounds for a claim, the Compensation Fund cannot accept responsibility for the settlement of medical expenses incurred under such circumstances.
- 4.1.10. The Compensation Fund may have reasons to repudiate a claim lodged with it, in such circumstances, the employee would be in the same position as any other member of the public regarding payment of their medical expenses.



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5. OVERVIEW OF THE COID CLAIMS PROCESS

- 5.1. All claims lodged in the prescribed manner with the Compensation Fund are subjected to the following process:
- 5.1.1. New claims are registered by the Employers with the Compensation Fund in the prescribed manner. Details of and progress of the claim can be viewed on the online processing system for registered users of the system.
 - 5.1.2. Proof of identity is required in the form of a copy of an Identity document/card, will be required in order for a claim to be registered with the Compensation Fund. In the case of foreign nationals, the proof of identity (passport) must be certified.
 - 5.1.3. All supporting documentation submitted to the Compensation Fund must reflect the identity and claim numbers of the employee.
 - 5.1.4. The allocation of a claim number to a claim after the registration thereof by the Compensation Fund, does not constitute acceptance of liability for a claim. It indicates that the injury on duty has been reported to the Compensation Fund and acknowledged.
 - 5.1.5. When liability for a claim is accepted by the Compensation Fund in terms of the COID Act, reasonable medical expenses, related to the medical condition shall be paid to medical service providers, that treat the employees, in accordance to approved tariffs, billing rules and procedures as published in the medical tariff gazettes of the Compensation Fund.
 - 5.1.6. If a claim is repudiated in terms of the COID Act, medical expenses, will not be payable by the Compensation Fund. The employer and the employee will be informed of this decision and the injured employee will be liable for payment of medical costs incurred.
 - 5.1.7. In the event of insufficient claim information being made available to the Compensation Fund, the claim will be rejected until the outstanding information is submitted and liability can be determined.
 - 5.1.8. Manner of payment of medical benefits for Compensation Fund claims, where liability has been accepted (adjudicated) on or after 1 April 2025.
 - 5.1.9. All medical invoices for accepted claims must be submitted, in the prescribed manner within 24 months of the date of acceptance of liability. Medical invoices received after said time frame will be considered as late submission of invoices and may be rejected.
 - 5.1.10. All service providers should be registered on the Compensation Fund claims processing system in order to capture medical invoices and medical reports for medical services rendered.
 - 5.1.11. Medical reports and medical invoices should ONLY be submitted/transmitted for claims that The Compensation Fund has accepted liability for and thus reasonable medical expenses are payable.



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6. BILLING REQUIREMENTS FOR MEDICAL SERVICES PROVIDED TO INJURED/DISEASED EMPLOYEES

6.1. Medical Reports:

In terms of Sec 74(1)(2)(3)(4) and (5) of COID Act, Submission of Medical Report; Medical Service provider are advised to take note of the following:

- 6.1.1. The first medical report (W. CL 4), completed after the first consultation must confirm the clinical description of the injury/disease. It must also detail any procedure performed and any referrals to other medical service providers where applicable.
- 6.1.2. All follow up consultations must be completed on a Progress Medical Report (W.CL5). Any operation/procedure performed must be detailed therein and any referrals to other medical service providers where applicable.
- 6.1.3. A progress medical report is considered to cover a period of 30 days, with the exception where a procedure was performed during that period, then an additional operation report will be required.
- 6.1.4. Only one medical report is required when multiple procedures are done on the same service date.
- 6.1.5. When the injury/disease being treated stabilises a Final Medical Report must be completed (W.CL 5F).
- 6.1.6. Medical Service Providers are required to keep copies of medical reports which should be made available to the Compensation Commissioner when requested.

NB: Hospitals will be required from the 1st April 2025 to provide patient records when submitting medical invoices for services provided.



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7. MINIMUM INFORMATION REQUIREMENTS FOR MEDICAL INVOICES SUBMITTED TO THE COMPENSATION FUND

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

1. The allocated Compensation Fund claim number
2. Name and ID number of employee
3. Name and Compensation Fund registration number of Employer, as indicated on the Employers Report of Accident (W.CL 2)
4. DATES:
 - a. Date of accident
 - b. Date of service (From and to)
5. Medical Service Provider, BHF practice number
6. VAT registration number of Medical Service Provider: VAT will not be applied if a VAT registration number is not supplied on the invoice
7. Tariff Codes:
 - a. Tariff code applicable to injury/disease, are as published tariff gazettes.
 - b. Amount claimed per code, quantity and the total amount of the invoice.
8. VAT:
 - a. The tariff amounts published in the tariff guides exclude VAT.
 - b. All invoices for services rendered will be assessed without VAT.
 - c. VAT will be applied to VAT registered vendors (MSP's) without being rounded off.
 - d. With the exception of the following:
 - i. "PER DIEM" tariffs for Private Hospitals that already are VAT inclusive.
 - ii. Certain VAT exempted codes in the Private Ambulance tariff structure.
9. All pharmacy or medication invoices must be accompanied by the original script(s)
NB!! All pharmaceuticals will be processed in accordance with Nappi file codes.
10. Where applicable the referral letter from the treating practitioner must accompany the medical service providers' invoice.
11. All medical invoices must be submitted with invoice numbers to prevent system rejections.
12. Duplicate invoices should not be submitted.
13. Compensation Fund does not accept submission of running accounts /statements, but will reject upfront at switch level.

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



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8. REQUIREMENTS FOR SWITCHING MEDICAL INVOICES WITH THE COMPENSATION FUND

A switching provider must comply with the following requirements:

1. Register with the Compensation Fund as an employer where applicable in terms of the COID Act 1993
2. Host a secure FTP (or SFTP) server to ensure encrypted connectivity with the Fund. This requires that they ensure the following:
 - a. Disable Standard FTP because is now obsolete. ...and use latest version and reinforce FTPS protocols and TLS protocols.
 - b. Use Strong Encryption and Hashing.
 - c. Place Behind a Gateway.
 - d. Implement IP Blacklists and Whitelists.
 - e. Harden Your FTPS Server.
 - f. Utilize Good Account Management.
 - g. Use Strong Passwords.
 - h. Implement File and Folder Security.
 - i. Secure your administrator, and require staff to use multifactor authentication.
3. Submit and complete successful test file after registration before switching the invoices.
4. Verify medical service provider's registration with the Board of Healthcare Funders of South Africa.
5. Submit medical invoices with gazetted COIDA tariffs that are published annually.
6. Comply with medical billing requirements of the Compensation Fund.
7. Single batch submitted must have a maximum of 150 medical invoices.
8. Eliminate duplicate invoices before switching to the Fund.
9. File name must include a sequential batch number in the file naming convention.
10. File names to include sequential number to determine order of processing.
11. Only pharmacies should claim from the NAPPI file.

PLEASE NOTE:

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



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COMPEASY ELECTRONIC INVOICING FILE LAYOUT

* Mandatory fields

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



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FIELD	DESCRIPTION	Max Length	DATA TYPE	MANDATORY
36	Dosage duration (for medicine)	4	Alpha	
37	Tooth numbers		Alpha	*
38	Gender (M, F)	1	Alpha	
39	HPCSA number	15	Alpha	
40	Diagnostic code type	1	Alpha	
41	Tariff code type	1	Alpha	
42	CPT code / CDT code	8	Numeric	
43	Free Text	250	Alpha	
44	Place of service	2	Numeric	*
45	Batch number	10	Numeric	
46	Switch Medical scheme identifier	5	Alpha	
47	Referring Doctor's HPCSA number	15	Alpha	*
48	Tracking number	15	Alpha	
49	Optometry: Reading additions	12	Alpha	
50	Optometry: Lens	34	Alpha	
51	Optometry: Density of tint	6	Alpha	
52	Discipline code	7	Numeric	
53	Employer name	40	Alpha	*
54	Employee number	15	Alpha	*
55	Date of Injury (CCYYMMDD)	8	Date	*
56	IOD reference number	15	Alpha	
57	Single Exit Price (Inclusive of VAT)	15	Numeric	
58	Dispensing Fee	15	Numeric	
59	Service Time	4	Numeric	
60				
61				
62				
63				
64	Treatment Date from (CCYYMMDD)	8	Date	*
65	Treatment Time (HHMM)	4	Numeric	*
66	Treatment Date to (CCYYMMDD)	8	Date	*
67	Treatment Time (HHMM)	4	Numeric	*
68	Surgeon BHF Practice Number	15	Alpha	
69	Anaesthetist BHF Practice Number	15	Alpha	
70	Assistant BHF Practice Number	15	Alpha	
71	Hospital Tariff Type	1	Alpha	
72	Per diem (Y/N)	1	Alpha	
73	Length of stay	5	Numeric	*
74	Free text diagnosis	30	Alpha	
TRAILER				
1	Trailer Identifier = Z	1	Alpha	*
2	Total number of transactions in batch	10	Numeric	*
3	Total amount of detail transactions	15	Decimal	*



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MSPs PAID BY THE COMPENSATION FUND

Discipline Code :	Discipline Description :
004	Chiropractors
009	Ambulance Services - Advanced
010	Anesthesiology
011	Ambulance Services - Intermediate
012	Dermatology
013	Ambulance Services - Basic
014	General Medical Practice
015	General Medical Practice
016	Obstetrics and Gynecology (Occupational related cases)
017	Pulmonology
018	Specialist Medicine
019	Gastroenterology
020	Neurology
021	Cardiology (Occupational Related Cases)
022	Psychiatry
023	Medical Oncology
024	Neurosurgery
025	Nuclear Medicine
026	Ophthalmology
028	Orthopaedic
030	Otorhinolaryngology
034	Physical Medicine
035	Emergency Medicine Independent Practice Speciality
036	Plastic and Reconstructive Surgery
038	Diagnostic Radiology
039	Radiography
040	Radiation Oncology
042	Surgery Specialist
044	Cardio Thoracic Surgery
046	Urology
049	Sub-Acute Facilities
052	Pathology
054	General Dental Practice
055	Mental Health Institutions
056	Provincial Hospitals
057	Private Hospitals
058	Private Hospitals
059	Private Rehab Hospital (Acute)
060	Pharmacy
062	Maxillo-facial and Oral Surgery
064	Orthodontics
066	Occupational Therapy
070	Optometry
072	Physiotherapy
075	Clinical technology (Renal Dialysis and Perfusionists only)



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076	Unattached operating theatres / Day clinics
077	Approved U O T U / Day clinics
078	Blood transfusion services
079	Hospices/Frail Care
082	Speech therapy and Audiology
083	Hearing Aid Acoustician
084	Dietetics
086	Psychology
087	Orthotics & Prosthetics
088	Registered nurses (Wound Care and Nephrology only)
089	Social worker
090	Clinical services : (Wheelchairs and Gases only)
094	Prosthodontic

WOUND CARE GAZETTE 2025

WOUND CARE TARIFF OF FEES AS FROM 1 APRIL 2025 (PRACTICE TYPE 088)		
General Rules		
Rule	Rule Description	
001	The service of a registered woundcare nurse shall be available only on written referral by the treating doctor. The medical treating doctor must clearly indicate the reason for the referral, relationship to the original injury. The referral may be on the service provider's (Wound care Practitioner) letterhead, provided it is signed by the referring doctor.	
002	Medical invoices should be accompanied by medical reports.	
003	Wound care services should be rendered to Out-patients only.	
004	Service dates claimed for should not overlap to the following month.	
005	Travel fee: Please note that the Fund does not accept the responsibility for transport expenses, as they are deemed to be included in the fee.	
Tariff Codes		
Code	Code Description	Rand
88002	Per 60 minutes: First individual consultation, counselling, assessment, training and full history of the patient is taken: -Current use of medication, -Patients with other underlying metabolic diseases -HIV positive patients & those taking immunosuppressant drugs -Patients with infected wounds, swabs or tissue samples to be taken to the laboratory for culture and sensitivity. -Training & education in elevation of injured limbs is also covered. -Patient education on wound healing and nutrition	821.18
88001	Per 30 minutes: First individual consultation, counselling, assessment, training and full history in patients with minimal factors which may influence healing.	410.59
88040	Per 30 minutes. Treatment of simple wounds/burns requiring dressing only, assessing suture lines in uncomplicated patients. No additional time should be allocated to this code.	178.97
88041	Per 30 minutes: Treatment of extensive wounds/burns requiring extensive nursing management eg irrigation, etc Ongoing wound assessment and education with every visit.	431.65
88411	Additional time - for additional 15 minutes Can only be billed with 88041	115.81
88020	Per specimen. This included correct collection of material, swab or tissue, completion of documentation and speedy delivery to laboratory. Ensuring copies of reports to relevant team members are received and acted upon. Specimen type should be stated where applicable.	115.81
88042	Per 30 minutes: Treatment of moderate wounds/Burns without complications. eg drains or fistulas and inserting of sutures Ongoing wound assessment and education with every visit.	231.62

880421	Additional time - for additional 15 minutes Can only be billed with 88042	115.81
LIMITED BILATERAL NON-INVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY ARTERIES		
88046	Per Ankle Brachial Pressure Index (ABPI). Involves testing systolic blood pressure on both arms and both legs with a hand held Doppler. Interpretation of results will determine if patient requires referral to vascular surgeon and if compression bandaging is suitable.	263.2
88047	Trans cutaneous Oxygen pressure (TcPO2). Measured by a trans cutaneous oxymeter. This measures the oxygen pressure in and around injured tissue, also used in lower limb assessment where arterial incompetence is suspected. Accurate indicator arterial disease and expected would healing.	589.56
88049	Emergency/ Urgent/ unplanned treatment	231.62

	Wound Packs
88301	Cost of material and special medicine used in treatment.Charges for medicine used in treatment not to exceed the retail Ethical Price List
	List of Materials
	<ol style="list-style-type: none"> 1. Skin closure strips 2. Fast setting bandages 3. Disposable Dressings Kit 4. Micropore 5. Wound plast 6. Orthopaedic wool bandage 7. Surgical tape 8. Stockinette 9. Ribbon gauze 10. Cotton wool 11. Crepe bandage 12. Elastic adhesive bandage 13. Zinc oxide adhesive plaster 14. Absorbent gauze and gauze swabs 15. Elastoplast 16. Cleaning/infusion solution 17. Dressing tray 18. Ointment 19. Gloves 20. Face mask 21. Protective sheet 22. Protective apron 23. Foam Dressing kit (S,M,L, XL) 24. Canister (300ml,500ml,1000ml) 25. Y connectors 26. Gel Strips 27. Instillation Cassette/trackpad duo/dressing 28. Wound Crown 29. Diagnostic Imaging

**BLOOD SERVICES
GAZETTE
2025**

BLOOD SERVICES TARIFF OF FEES AS FROM 1 April 2025 (PRACTICE TYPE 078)		
NB!! The invoice for blood services must be accompanied by blood requisition form reflecting clinical indications, number of units required and haemoglobin level.		
Tariff Codes		
Code	Code Description	Rand
10345	Bioplasma FDP - 50ml	492.16
10349	Bioplasma FDP - 200ml	1,390.68
10351	Haemosolvate Factor VIII 300 IU - 10ml	1,414.98
10352	Haemosolvate Factor VIII 500 IU - 10ml	2,289.86
10341	Haemosolvate Factor VIII 500 IU;1000 IU - 2 X 10ml	4,451.82
10390	Haemosolvex Factor IX (500 IU) - 10ml	2,752.82
10300	Albusol 4 % - 200ml	534.10
10311	Ibusol 20 % - 50ml	600.40
10310	Albusol 20 % - 100ml	1,030.88
10347	Polygam 1g - 50ml	827.71
10343	Polygam 3g - 100ml	2,091.62
10332	Polygam 6g - 200ml	3,600.27
10338	Polygam 12g - 400ml	6,265.48
10321	Intragam 2ml	178.57
10320	Intragam 5ml	345.74
10337	Tetagam IM 500 IU - 1ml	481.46
10335	Tetagam IM 250 IU - 2ml	220.09
10340	Hebagam IM - 2ml	926.85
10346	Rabigam IM - 2ml	931.58
10348	Vazigam IM - 2ml	843.99
10330	Rhesugam IM - 2ml	887.09
Red Cells		
78040	Red Cell Concentrate	3,010.88
78051	Red Cell Conc. Leucocyte Depleted	4,919.76
78043	Red Cell Conc. Paed. Leucodepleted	2,784.74
Platelets		
78124	Platelet Conc. Single Donor Apherisis	15,732.81
78125	Platelet Conc. Leucocyte Depleted,Pooled	14,030.29
78127	Platelet Concentrate (Paediatric)	3,830.07
78122	Platelet Concentrate Pooled	12,685.54
78041	Compatibility Testing QC	316.30
Whole Blood		
78001	Whole Blood	3,334.51
78059	Whole Blood Leucocyte Depleted	5,243.28
78011	Whole Blood Paediatric	2,783.77
Plasma		
78103	Cryoprecipitate (Fibrinogen Rich)	1,701.80
78174	Frozen Plasma - Cryo Poor Donor	1,943.45
78176	Fresh Frozen Plasma - Donor Retested	2,338.70
78686	Fresh Frozen Plasma	2,248.75

Code	Code Description	Rand
	Diagnostic	
78450	Anti-A Monoclonal 5ml	123.64
78452	Anti-B Monoclonal 5ml	123.64
78454	Anti-A,B Monoclonal 5ml	123.64
78461	Anti-D saline tube & slide monoclonal 5ml	197.12
78467	Anti-D IgM+IgG blend Monoclonal 5ml	206.61
78471	Anti-Human Globulin Polyspecific 5ml	166.99
78478	AB serum 5ml	125.03
78479	Human Complement 2ml	107.92
78482	Lyoph. Bromelin tube & microwell 5ml	101.60
78484	Antibody positive control serum 5ml	108.87
78487	AB serum 20ml	446.42
78488	Group A1 5ml	102.95
78490	Group A2 5ml	102.95
	Phathology Services	
78137	Bone Marrow Typing (Serology)	539.56
4763	Blood DNA Extraction	669.05
4428	HLA High res. Class I/II DNA allele	1,154.35
4427	HLA low res. Class II PCR/DNA Locus DQB/DRB1	1,475.32
78492	Group B 5ml	102.95
78494	Group O R1R2 5ml	112.80
78496	Group O r 5ml	112.80
78502	Sensitized cells 5ml	138.13
78508	Screen cell set (1 & 2) - 2 X 5ml	271.94
78510	Pooled screen cells - 5ml 60.42	136.38
78516	Panel cell set 9 x 2ml	719.08
78517	Panel cell set 9 x 1ml	359.36
78015	Anti-Human Globulin Polyspecific 15ml	447.54
78018	Group A1 15ml	264.43
78019	Group A2 15ml	264.43
78020	Group B 15ml	264.43
78519	Group O Rh Positive (R1 R2) 15 ml	293.99
78521	Group O r 15ml	293.99
78529	Anti-A Monoclonal 15ml	332.11
78530	Anti-B Monoclonal 15ml	332.11
78531	Anti A,B Monoclonal 15ml	332.11
78536	Screening Cells Pooled	332.95
78522	Group O Screen 1 Cells 15ml	372.51
78523	Group O Screen 2 Cells 15ml	372.51
78524	Panel cell set 9 x 15ml	2,581.72
78525	Sensitized cells 15ml	370.16
78518	Panel cell set 9 x 5 ml	1,818.06
10580	Packaging	113.22
78004	Whole Blood Reagent	1,301.43
78012	Buffy Coats	650.71
78940	CD 34 Testing	676.49
78550	HLA Class 1 and 2 Antibody Screen	4227.60
78551	HLA Single Antigen Class 1	3973.41
78552	HLA Single Antigen Class 2	2970.33

Code	Code Description	Rand
	Blood and Administration	
78199	Blood Filters : 1 Unit	1,416.19
78200	Blood Filters : 2 Units	2,715.06
78197	Platelet Filter 3 - 6 Units PL2VAE	2,621.57
78201	Set, Blood and plasma Recipient Set	54.72
78202	Set, Platelet Recipient	109.04
	Additional Services and Surcharges	
78050	Irradiation Fee	627.13
10210	Transfusion Crossmatch	1,339.78
10333	Type and Screen	582.41
78400	Routine Collection Fee	265.23
78401	Routine Delivery Fee	265.19
78402	Emergency Round Trip	1,805.10
78403	Emergency One Way Fee	1,263.58
78989	Telephone Consultation 18-0130	372.72
78177	FFP Autologous/Directed Fee	264.18
78049	Directed Donation	322.51
78404	<5 Day Rcc	355.33
78405	<5 Day Whole Blood	253.84
78406	After Hours	676.94
78408	Autologous/Directed WB	333.48
78407	Autologous/Directed RCC	301.05
78409	Blood Return Basis	268.23
78410	Emergency Cross-Match	204.23
78411	Foreign	1,085.72
78412	HLA Match	1,966.68
78413	Rare Donation	2,311.42
78415	Washed RCC/WB	1,926.11
78414	Offsite Charge	2,714.32
78417	Emergency Blood Surcharge	301.10
	Transplant Services	
78078	HLA low res.ClassI DNA/Locus A/B/C	2,135.65
4424	HLA Specific Allele DNA-PCR	629.53
4603	HLA Specific locus/Antigen	392.08
4604	HLA Class I	755.05
78024	Panel Typing Antibody Class I	2,892.69
78046	T & B Cell Crossmatch	1,851.47
78213	Tissue Rapid HBsAg Screen	445.33
78231	Bone Marrow Engraftment Monitoring	1,960.81
78214	Tissue Rapid HIV Screen	608.46
	Laboratory Services	
4425	CHE Test	183.07
4757	Additional analysis, Mosaicism/ Staining Procedure	1,040.81
4522	Alpha Feto Protein(AFP): Amnio Fluid	180.35
4755	Karyotyping, amniotic Fluid/Chorionic villus sample/prod of conception	4,014.25
3932	Anti - HIV	204.73
3712	Antibody Identification	122.80
78013	Antibody identification QC	97.90
3709	Antibody Screen/Antiglobulin Test(DAT & IAT)	53.06
3710	Antibody Titration	104.51
4531	HBsAg/Anti-HCV	210.36

Code	Code Description	Rand
4750	Cell Culture, blood/cord blood	268.61
4751	Cell Culture, Products of conception/ Amniotic Fluid	669.05
3729	Cold Agglutinins	52.36
3739	Erythrocyte count	32.74
3764	Grouping : A B O Antigen	52.36
3765	Grouping : Rh antigen	52.36
3791	Haematocrit	26.18
3762	Haemoglobin	26.18
3953	Haemolysin/Test Tube Agglutination	60.27
4430	HIV p24 antigen	362.97
78921	Human Platelet AG Genotyping	2,741.11
78014	Aneuploidy Detection	2,511.74
4754	Karyotyping, Blood/Cord Blood	2,007.12
3785	Leucocyte Count	26.18
4117	Protein : Total	49.66
78922	Rapid CMV Screen	271.77
3834	Red Cell Rh Phenotype	143.79
78230	Human Platelet Antibody Screen	3,962.06
Clinical Services		
78003	Additional Disposal Kit	6,271.92
78054	Autologous Serum Eye Drops	5,850.18
78030	Designated Serum Eye Drops	5,850.18
78005	Chronic wound treatment kit	2,291.27
78007	Platelet growth Factor macular hole repair	2,274.67
78008	Platelet growth factor wound treatment	1,009.87
78006	Topical Haemostatic Agent	2,728.33
78090	Medical Examination & Consultation 18-0141	473.13
78204	Red Cell Exchange	10,582.14
78923	Re-Infusion Of Cryo Preserve Stem Cells	1,094.82
78926	Stem Cell Collection/Leucopheresis	17,864.05
78928	Stem Cell Cryopreservation	14,388.29
78106	Therapeutic Plasma Exchange	11,085.44
78129	Therapeutic Venesection	115.25
78416	Therapeutic Exchange (DALI)	19,705.04
78211	Thrombocytapheresis	10,687.91
Miscellaneous		
10298	Stabilised Human Serum 5% 250ml	1,023.96
10299	Stabilised Human Serum 5% 50ml	196.69
78100	Paternity Investigation - 1 Client	2,117.61
78950	Paternity Investigation - 3 Client	6,352.99
78535	Blood Pack For therapeutic Venesection	363.50
78203	Blood Pack with Anticoagulant	159.63
78206	Blood Pack, No Anticoagulant	218.63

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