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Contents

No.		Gazette No.	Page No.
GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS			
Employment and Labour, Department of / Indiensneming en Arbeid, Departement van			
7282	Compensation for Occupational Injuries and Diseases Act (130/1993), as amended: Wound Care & Blood Services Gazette 2026	54366	3

GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

DEPARTMENT OF EMPLOYMENT AND LABOUR

NO. 7282 **20 March 2026**

WOUND CARE & BLOOD SERVICES GAZETTE 2026

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	Wound Care and Blood Services Gazette Table of Content
NUMBER	**ITEM**
A	Minister's approval letter
B	COID Medical Tariffs Guide and General Information
C	CompEasy Electronic Invoicing File Layout
D	MSPs / Disciplines paid by the Fund
E	Wound Care Gazette Cover Page
F	Wound Care Tariff of Fees
G	Protocol on Negative Wound Pressure Therapy
H	Blood Services Gazette Cover Page
I	Blood Services Tariff of Fees

Compensation Fund

GOVERNMENT NOTICE

DEPARTMENT OF EMPLOYMENT AND LABOUR

No. ..... 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 2026.

2. Medical Tariffs will increase by 6% for the financial year 2026/27.

3. The fees appearing in the Schedule are applicable in respect of services rendered from 1 April 2026 and exclude 15% VAT

Ms. N Meth, MP

MINISTER OF EMPLOYMENT AND LABOUR

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GENERAL INFORMATION

1. MEDICAL SERVICE PROVIDERS REGISTRATION REQUIREMENTS WITH THE COMPENSATION FUND

- The Compensation Fund requires that any Medical Service Provider, treating patients in terms of the COID Act, must be registered with The Compensation Fund through the submission of copies of the following documents to the nearest labour centre:
  a. A duly completed original Banking Details form (WAC 33) (download in PDF from www.labour.gov.za)
  b. The latest copy of valid BHF certificate
  c. Recent bank statement with bank stamp or bank letter
  d. Proof of practice address not older than 3 months.
  e. SARS VAT registration number/ certificate if VAT registered. (If this is not provided the medical practitioner will be registered as a non-VAT vendor)
  f. A power of attorney is required if the MSP has appointed a third party to do their administration of their COID claims.

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

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

  a. Register as an online user with the Department of Employment and Labour website (www.labour.gov.za)
  b. 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)
     - Latest copy of valid BHF certificate
     - Proof of address not older than 3 months

- In the case where a medical service provider has appointed a third party to administer their COID claims with the Fund, 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)

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3. THIRD PARTIES TRANSACTING ON BEHALF OF MEDICAL SERVICE PROVIDERS

- Third Parties that provide administration services on behalf of medical service providers must take note of the following:
  - **a.** They must be able to obtain and make available copies of the original claim documents and medical invoices from medical service providers.
  - **b.** They 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.
- The Fund will not provide or disclose any information related to a medical service provider, represented by a third party, where such information relates to a period prior to them being contracting to a third party.

4. THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

Medical Service Providers are encouraged to take note of the following guidance when treating patients in terms of the Compensation for Occupational Injuries and Diseases Act of 1993 (COID Act):

- **a.** Employees as defined in the COID Act of 1993, are generally free to choose their preferred Medical Service Provider, provided that such choice is exercised reasonably and without prejudice to the employee or the Compensation Fund.
  - An exception applies 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, as contemplated in Section 78 of the COID Act, in such cases, treatment arrangements may differ.
- **b.** 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. Medical Service providers should cooperate with such referrals where they occur.
- **c.** Medical Service Providers are reminded that in accordance with section 76(3)(b) of the COID Act, medical expenses may not be recovered from the employee. Providers should therefore avoid billing employees directly for services that fall within accepted COID claims.
- **d.** Where a change of Medical Service Providers occurs, the first treating doctor is generally regarded as the principal treating doctor, unless the case is transferred to a specialist.
- **e.** To promote continuity of care and avoid disputes, Medical Service Providers are encouraged not to treat an employee who is already under the care of another practitioner without first consulting or informing the principal treating doctor.
- **f.** Any changes of medical service providers should be supported by sufficient reasons, and such reasons should be communicated to the Compensation Fund to ensure clarity and proper case management.
- **g.** In line to section 5 of the National Health Act no 61 of 2003, a health care provider may not refuse a person emergency medical treatment. In emergency situations, Medical Service Providers are not required to obtain prior authorisation from the Compensation Fund before rendering such treatment even if the claim has not yet been registered or accepted.

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Employment and Labour
REPUBLIC OF SOUTH AFRICA

h. Employees who seek medical treatment do so at their own risk where they have not informed their employer and/or the Compensation Fund of possible grounds for a COID claim. Medical Service Providers should be aware that, under such circumstances, The Compensation Fund may not accept responsibility for the settlements of the medical expenses incurred.
i. Where a claim is repudiated by the Compensation Fund, the employee is regarded in the same position as any other member of the public in respect of payment for medical services rendered.

5. OVERVIEW OF THE COID CLAIMS PROCESS

- All claims lodged in the prescribed manner with the Compensation Fund are subjected to the following process:

a. New claims are registered by the Employers with the Compensation Fund in the prescribed manner. Details and progress of the claim can be viewed on the online processing system for registered users of the system.
b. Proof of identity is required through the submission of a copy of an Identity document/card, will be required for a claim to be registered with the Compensation Fund. In the case of foreign nationals, the proof of identity (passport) must be certified.
c. All supporting documentation submitted to the Compensation Fund must reflect the identity and claim numbers of the employee.
d. Once an incident is reported to the Fund a claims number will be allocated to acknowledge receipt, but this does not imply acceptance of liability for the claim.
e. On acceptance of liability for claims in terms of the COID Act, all reasonable medical expenses, arising from the related medical condition shall be paid to medical service providers, and in accordance to approved tariffs, billing rules and procedures as published in the medical tariff gazettes of the Compensation Fund.
f. If a claim is repudiated in terms of the COID Act, medical expenses, will not be payable. The employer and the employee will be informed of this decision, and the injured employee will be liable for payment of medical costs incurred.
g. 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.
h. Manner of payment of medical benefits for Compensation Fund claims, where liability has been accepted (adjudicated) on or after 1 April 2025.
    - All medical invoices for accepted claims must be submitted, in the prescribed manner within 36 months of the date of acceptance of liability.
    - And or within 36 months from the date of service, which ever may apply.
    - Medical invoices received after said time frame will be considered as late submission of invoices and may be rejected.
i. All service providers should be registered on the Compensation Fund claims processing system to capture medical invoices and medical reports for medical services rendered.
j. Submission of medical reports and invoices is permitted solely for claims where liability has been accepted by the Compensation Fund and where payment of reasonable medical expenses is authorised.

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REPUBLIC OF SOUTH AFRICA

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

Submission of Medical Reports

- In terms of section 74(1)– (5) of the Compensation for Occupational Injuries and Diseases Act, 1993 (COID Act), every Medical Service Provider shall submit the prescribed medical reports when claiming from the Compensation Fund.
- The First Medical Report (W.CL 4), completed after the initial consultation, shall:
  - Confirm the clinical description of the injury or disease.
  - Detail all procedures performed; and
  - Record all referrals to other medical service providers, where applicable.
- All follow up consultations shall be recorded on a Progress Medical Report (W.CL 5). Any procedure or operation performed during the reporting period shall be clearly detailed, including all referrals, where applicable.
- A Progress Medical Report shall cover a maximum period of thirty (30) days, except where a procedure has been performed during that period, in which case an additional operation report shall be submitted.
- Where multiple procedures are performed on the same date of service, only one medical report shall be submitted in respect of that service date.
- Upon stabilisation of the injury or disease, a Final Medical Report (W.CL 5F) shall be completed and submitted
- Medical Service Providers shall attach a medical report or other appropriate medical documentation to every claim submitted to the Compensation Fund.
- Medical Service Providers shall retain copies of all submitted medical reports and shall make such records available to the Compensation Commissioner upon request.
- With effect from 1 April 2025, **ALL** medical practitioners shall submit relevant patient records together with medical invoices for services rendered. **(This includes hospitals, anaesthetists and any other practitioners that have not previously been required to do so)**

Submission of Medical Invoices

- Medical invoices shall be submitted only in respect of claims for which liability has been formally accepted by the Compensation Fund and where payment of reasonable medical expenses has been authorised.
- The submission of medical invoices without the required accompanying medical documentation shall be strictly prohibited and shall result in rejection of the invoice.
- Duplicate invoices shall not be submitted under any circumstances.
- Running accounts or statements shall not be accepted and shall be rejected at system level.

Minimum Information Requirements for Medical Invoices

Every medical invoice submitted to the Compensation Fund shall, at a minimum, include the following information:

- The allocated Compensation Fund claim number.
- The full name, surname and identity number of the employee.
- The name and Compensation Fund registration number of the employer, as reflected on the Employer's Report of Accident (W.CL 2);

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Employment and Labour
REPUBLIC OF SOUTH AFRICA

- The date of accident.
- The date(s) of service rendered.
- The Medical Service Provider's BHF practice number.
- The VAT registration number of the Medical Service Provider, where applicable.
- The applicable tariff code(s) as published in the approved tariff gazettes.
- The amount claimed per tariff code, quantity, total amount claimed including the correct sequencing of modifiers where applicable.
- A unique invoice number.

(Medical invoices that do not comply with the prescribed minimum information requirements shall be rejected and shall not be processed for payment).

VAT and Tariff Application

- Published tariff amounts shall be assessed exclusive of VAT.
- VAT shall be applied only where the Medical Service Provider is a registered VAT vendor and has supplied a valid VAT registration number on the invoice.
- Where no VAT registration number is provided, the Medical Service Provider shall be regarded as a non-VAT vendor and VAT shall not be applied.
- Notwithstanding the above, the following tariffs shall be processed as VAT inclusive:
  - Per diem tariffs applicable to private hospitals; and
  - VAT exempt tariff codes applicable to private ambulance services.

Pharmaceuticals and Referrals

- All pharmaceutical claims shall be submitted in accordance with the NAPPI file and shall be accompanied by the original prescription(s).
- Where a referral is required, the referring practitioner's referral letter shall accompany the medical invoice.

Enforcement and Non-Compliance

- The Compensation Fund shall withhold payment of any medical invoice that fails to comply with the billing and submission requirements prescribed in this document and as published in the Government Gazette.
- Noncompliance with these billing requirements shall result in rejection of claims and may result in further remedial or enforcement action by the Compensation Fund.

7. INVOICING REQUIREMENT ON MEDICAL CLAIMS FOR ICD-10 CODES

As part of improved delivery service and efficiency, The Compensation Fund has implemented ICD-10 rules that must be adhered to when submitting medical invoices. This will be rolled out in a phased approach. The first phase currently active on the system is outlined below:

ICD-10 Validations

ICD-10 validations will apply in accordance with the national ICD-10 Phase 3 and Phase 4.1 requirements and include the following:

- Valid ICD-10 codes as per the SA ICD-10 Master Industry Table
- Maximum level of specificity: ICD-10 codes must be valid at the correct 3-, 4-, or 5-character level
- Valid ICD-10 primary codes (codes not valid as primary will be rejected)
- Compliance with the dagger and asterisk rule

- Compliance with sequelae coding rules
- Age edits for ICD-10 codes with age requirements
- Gender edits
- All injury and poisoning codes must be accompanied by external cause codes

Please ensure that you are familiar with the above requirements to avoid unnecessary claim rejections. The date and requirements for the next phase will be communicated in due course.

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 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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Employment and Labour
REPUBLIC OF SOUTH AFRICA

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	*

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REPUBLIC OF SOUTH AFRICA

FIELD	DESCRIPTION	Max Length	DATA TYPE	MANDATORY
35	Treating Doctor BHF practice number	9	Alpha	
36	Dosage duration (for medicine)	4	Alpha	
37	Tooth numbers		Alpha	*
38	Gender (M, F)	1	Alpha	
39	HPCSA number	15	Alpha	
40	Diagnostic code type	1	Alpha	
41	Tariff code type	1	Alpha	
42	CPT code / CDT code	8	Numeric	
43	Free Text	250	Alpha	
44	Place of service	2	Numeric	*
45	Batch number	10	Numeric	
46	Switch Medical scheme identifier	5	Alpha	
47	Referring Doctor's HPCSA number	15	Alpha	*
48	Tracking number	15	Alpha	
49	Optometry: Reading additions	12	Alpha	
50	Optometry: Lens	34	Alpha	
51	Optometry: Density of tint	6	Alpha	
52	Discipline code	7	Numeric	
53	Employer name	40	Alpha	*
54	Employee number	15	Alpha	*
55	Date of Injury (CCYYMMDD)	8	Date	*
56	IOD reference number	15	Alpha	
57	Single Exit Price (Inclusive of VAT)	15	Numeric	
58	Dispensing Fee	15	Numeric	
59	Service Time	4	Numeric	
60				
61				
62				
63				
64	Treatment Date from (CCYYMMDD)	8	Date	*
65	Treatment Time (HHMM)	4	Numeric	*
66	Treatment Date to (CCYYMMDD)	8	Date	*
67	Treatment Time (HHMM)	4	Numeric	*
68	Surgeon BHF Practice Number	15	Alpha	
69	Anaesthetist BHF Practice Number	15	Alpha	
70	Assistant BHF Practice Number	15	Alpha	
71	Hospital Tariff Type	1	Alpha	
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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REPUBLIC OF SOUTH AFRICA

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
066	Occupational Therapy
070	Optometry
072	Physiotherapy
075	Clinical technology (Renal Dialysis and Perfusionists)
076	Unattached operating theatres / Day clinics
077	Approved U O T U / Day clinics

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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

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.

WOUND CARE GAZETTE 2026

WOUND CARE TARIFF OF FEES AS FROM 1 APRIL 2026 (PRACTICE TYPE 088)	
General Rules	
Rule	**Rule Description**
001	The service of a registered wound care nurse shall be available only on written referral by the treating doctor . The medical treating doctor must clearly indicate the reason for the referral and relationship to the original injury. The referral may be on the service provider's (wound care practictioner) 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.
Rules for Negative Pressure Wound Therapy	
Rule	**Rule Description**
006	The service of a registered wound care nurse shall be available only on written referral by a treating doctor. The medical treating doctor must clearly indicate the reason for the referral, wound summary (size/depth, wound type, expected outcome), photos (dated and identifiable against the patient), cost and duration request, relationship to the original injury. The referral may be on the service providers (wound care practitioner) letterhead, provided it is signed by the referring doctor. **New code 88302** should be used on charges for materials used in treatment for NPWT List of items to be reflected in the invoice. **May not be billed with 88301.**
007	Out-patient: Patients will be allowed up to 10 sessions pre-authorised for NPWT services. However, the treating Nurse must submit monthly progress reports, a referral letter from the Medical Doctor and initial treatment plan with the invoice to the Compensation Fund. All the cases are subject to case management.
	Note: After a series of treatments prescribed by the medical practitioner, the Wound Care Nurse should refer the employee back to the treating medical practitioner.
008	The initial request and subsequent updates up to 12 weeks must be managed at case management level. Requests for extended NPWT for more than 12 weeks must be Authorised with a motivation letter from the treating doctor with the correct dates of the images that need to be reviewed.

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	**870.45**
88001	**Per 30 minutes:** First individual consultation,counseling, assessment, training and full history in patients with minimal factors which may influence healing.	**435.23**
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.	**189.71**
88041	**Per 30 minutes:** Treatment of extensive wounds/burns requiring extensive nursing management eg irrigation, etc Ongoing wound assessment and education with every visit.	**457.54**
88411	Additional time - for additional 15 minutes Can only be billed with 88041	**122.76**
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.	**122.76**
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.	**245.52**
880421	Additional time - for additional 15 minutes Can only be billed with 88042	**122.76**
	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.	**278.99**
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.	**624.94**
88049	Emergency/ Urgent/ unplanned treatment	**245.52**

	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
88302	Cost of material and special medicine used in **NPWT** treatment.Charges for medicine used in treatment not to exceed the retail Ethical Price List
	List of Materials
	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
	30. Disposable Cartridge 150cc 31. Open Abdomen Dressing kit

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Standard clinical protocol for Negative Pressure Wound Therapy (NPWT).

Protocol for practical, hospital or clinic use or can be adapted to agreed specific devices

Protocol: Negative Pressure Wound Therapy (NPWT)

1. **Purpose**

- To promote wound healing by applying controlled negative pressure to the wound bed, reducing oedema, removing exudate, improving perfusion, and stimulating granulation tissue formation.
- End point – wound closure by day 5 or after a maximum number of 10 sessions, after which MSPs must request authorisation for further treatments
- Clinical benefit - wound closure and freedom from any bleeding, wound infection, sepsis, or amputation of a limb etc.
- Patient to receive prophylactic antibiotic treatment e.g. cefazolin or amoxicillin plus clavulanic acid. Metronidazole or gentamicin added for patients with open fractures. Fractures were immobilised by external fixation. Where necessary, the treating surgeon to change the dressings in the operating theatre every 3–5 days and do further wound debridement if needed.

2. Indications

NPWT may be used for:

- Acute and chronic wounds
- Diabetic foot ulcers
- Pressure injuries
- Surgical wounds (open or dehisced)
- Traumatic wounds
- Skin grafts and flaps
- Partial-thickness burns (selected cases)
- As the evidence does not support NPWT for traumatic extremity wounds, clinicians treating such injuries should continue to use standard treatment for wound care.

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3.Contraindications:

Absolute contraindications:

- Untreated osteomyelitis
- Malignancy in the wound
- Necrotic tissue with eschar (until debrided)
- Non-enteric and unexplored fistulas
- Exposed vital structures (organs, blood vessels, nerves) without protection

Relative contraindications:

- Active bleeding or high bleeding risk
- Anticoagulation therapy
- Fragile skin
- Poor patient compliance

4. Equipment, as per the manufacture, e.g

- NPWT device (portable or stationary)
- Foam or gauze dressing (black or white foam as indicated)
- Transparent adhesive drape
- Suction tubing and canister
- Sterile scissors and gloves
- Wound cleanser (normal saline)
- Skin barrier or protective dressing

5. Pre-Procedure Assessment

- Confirm indication and rule out contraindications
- Obtain informed consent
- Assess:
    - Wound size, depth, location- provide measurements
    - Exudate amount and type, measure and estimate
    - Presence of infection

Compensation Fund
WORKING FOR YOU

- Periwound skin condition
- Manage pain as needed
- Debride wound if required

6. Procedure

1. Perform hand hygiene and use aseptic technique
2. Cleanse wound with normal saline
3. Protect peri wound skin with barrier film
4. Follow manufacturer's instructions for the procedure
5. Set prescribed negative pressure level

7. Therapy Settings

- **Typical pressure:**
  - Adults: **–125 mmHg** (range –75 to –150 mmHg)
  - Children/frail patients: lower pressures as indicated
- **Mode:**
  - Continuous (initial therapy, high exudate, pain, grafts)
  - Intermittent (after granulation begins)
- **Duration:** Continuous therapy unless otherwise ordered

8. Dressing Change Frequency

- Every **48–72 hours**
- Every **24 hours** if:
  - Infected wound
  - Heavy exudate
- Skin grafts/flaps: per surgeon's order

9. Monitoring and Documentation

- Monitor daily up to 5 days:
  - Seal integrity and pressure delivery
  - Amount and type of exudate

- Signs of infection or bleeding
- Patient comfort and pain

- Document from day 1 up to 5 days:
  - Wound measurements and appearance
  - Pressure settings and mode
  - Dressing changes
  - Patient response

10. Complications & Management

Complication	Action
Bleeding	Stop therapy, apply pressure, notify provider
Pain	Reduce pressure, assess dressing placement
Skin maceration	Improve seal, protect peri wound skin
Infection	Culture wound, initiate antibiotics if indicated

11. Discontinuation Criteria

- Adequate granulation tissue achieved
- Wound size significantly reduced
- Transition to another wound therapy
- Complications requiring cessation
- Lack of progress after appropriate trial period i.e. 5 days

12. Patient Education

- Explain device function and alarms
- Avoid disconnecting tubing unnecessarily
- Report pain, bleeding, or device malfunction
- Maintain mobility as permitted