Code	Description	Ver	Add	Nursing Agencies/Home Care Services		Registered Nurses	
				RVU	Fee	RVU	Fee
401	Second and Third stage labour. Vaginal delivery including episiotomy/tear and repair and general obstetric care.	04.00				90.200	738.30 (647.60)
402	Fourth Stage.	04.00				12.300	100.70 (88.30)
405	Phototherapy, per day	04.00				15.400	126.00 (110.50)
406	Visit to patient during first stage labour (may not be charged in conjunction with item 400)	04.00				10.000	81.90 (71.80)
410	Assisting at delivery (if a medical practitioner/midwife is requested to take over delivery due to complications during a home delivery)	09.01				27.600	225.90 (198.20)
420	Ante natal visits (excluding ante-natal exercises), per visit	04.00				7.700	63.00 (55.30)
421	Post natal visits (excluding post- natal exercises), per visit	04.00				11.500	94.10 (82.50)
425	Ante-natal or post-natal exercise classes, per patient	06.03				6.200	50.70 (44.50)
For advanced midwives registered with SANC only:							
404	Cardiotocography	04.00				10.000	81.90 (71.80)
WELL BABY CLINICS							
	Emergency equipment must be available in the baby clinic						04.00
450	Consultation	04.00				4.800	39.30 (34.50)
454	Supply of Vaccine (only for nurses with Section 22A (15) Permit)	05.06				-	-
PSYCHIATRIC NURSING THERAPY							
	Psychiatric Nursing Therapy may only be performed by a nurse with a psychiatric nursing qualification registered as such with the SANC						05.02
500	Individual interview/assessment. Adult, child, school, employer - per hour.	04.00				21.600	176.80 (155.10)
501	Individual therapy. (irrespective of time)	04.00				30.700	251.30 (220.40)
502	Family/marital/group per patient - specify number.	04.00				6.200	50.70 (44.50)
503	Play therapy/Home stimulation programme.	04.00				16.900	138.30 (121.30)
504	Co-therapist.	04.00				16.900	138.30 (121.30)
RENAL DIALYSIS							
092	Peritoneal dialysis per day	04.00		16.900	138.30 (121.30)	16.900	138.30 (121.30)
608	Home dialysis training in centre per 30 minutes	04.00		16.000	131.00 (114.90)	16.000	131.00 (114.90)
610	Home dialysis training or follow up at patient's home per 30 minutes (to maximum of 24 hours)	04.00		28.200	230.80 (202.50)	28.200	230.80 (202.50)
612	Home dialysis 1. Preparation of extra corporeal equipment 2. Preparation of needling patient's fistula and attaching patients to Haemodialysis machine or using subclavian catheter/permanent catheter/femerol catheter 3. Observation of patient whilst on dialysis 4. Monitoring Haemodialysis machine readings 5. Doing necessary nursing procedures to patient as required e.g. catheter site/wounds/mouth care, nursing care in general/helping to feed/prepare light meal/tea etc for patient whilst on dialysis 6. Termination of procedures e.g. giving blood back to patient and disposable of extra corporeal lines etc 7. Port dialysis observation of patient 8. Cleaning and sterilisation of dialysis machine and Reverse Osmosis machine	04.00		64.000	523.80 (459.50)	64.000	523.80 (459.50)
MEDICINES AND MATERIALS							
301	Consumables used, and charged according to rule 05	05.03		-	-	-	-

SOCIAL WORKERS

Social Workers 2009

DRAFT NATIONAL REFERENCE PRICE LIST FOR SERVICES BY SOCIAL WORKERS, EFFECTIVE FROM 1 JANUARY 2009

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.
In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.
VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

GENERAL RULES

005	Every practitioner shall render a monthly account in respect of any service rendered during the month, irrespective of whether or not the treatment has been completed. NB. Every account shall contain the following particulars: a) The surname and initials of the member; b) The surname, first name and other initials, if any, of the patient; c) The name of the scheme concerned;. d) The membership number of the member; e) The practice code number, group practice number and individual provider registration number issued by the registering authorities for providers, if applicable, of the supplier of service and, in the case of a group practice, the name of the practitioner who provided the service; f) the relevant diagnostic and such other item code numbers that relates to such relevant health service; g) The date on which each relevant health service was rendered; h) The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered.	04.00
006	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.	04.00
007	Where emergency treatment is provided: a. during working hours, and the provision of such treatment requires the practitioner to leave her or his practice to attend to the patient at another venue; or b. after working hours the fee for such visits shall be the total fee plus 50%. For purposes of this rule: a. "emergency treatment" means a bona fide, justifiable emergency social work service, where failure to provide the service immediately would result in serious or irreparable psychological or functional impairment b. "working hours" means 8h00 to 17h00, Monday to Friday. Modifier 0003 must be quoted after the appropriate code number(s) to indicate that this rule is applicable.	04.00
008	Compilation of reports is only to be included within billable time if these reports are for purposes of motivating for therapy and/or giving a progress report and/or a pre-authorisation report, and where such a report is specifically required by the medical scheme. Maximum billable time for such a report is 15 minutes.	05.03

Modifiers

0003	Add 50% of the total fee for the treatment	04.00
0021	Services rendered to hospital inpatients: Quote modifier 0021 on all accounts for services performed on hospital inpatients.	04.00
0022	Services rendered at patients residence: Quote modifier 0022 on all accounts for services performed at the patients residence.	04.00

ITEMS

Code	Description	Ver	Add	Social Workers RVU	Social Workers Fee
107	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	04.00		-	-
200	Social worker consultation, counselling and/or therapy. Duration: 1-10min.	05.03		0.500	26.30 (23.10)
201	Social worker consultation, counselling and/or therapy. Duration: 11-20min.	05.03		1.500	78.80 (69.10)
202	Social worker consultation, counselling and/or therapy. Duration: 21-30min.	05.03		2.500	131.40 (115.30)
203	Social worker consultation, counselling and/or therapy. Duration: 31-40min.	05.03		3.500	183.90 (161.30)
204	Social worker consultation, counselling and/or therapy. Duration: 41-50min.	05.03		4.500	236.40 (207.40)
205	Social worker consultation, counselling and/or therapy. Duration: 51-60min.	05.03		5.500	289.00 (253.50)
206	Social worker consultation, counselling and/or therapy. Duration: 61-70min.	05.03		6.500	341.50 (299.60)
207	Social worker consultation, counselling and/or therapy. Duration: 71-80min.	05.03		7.500	394.10 (345.70)
208	Social worker consultation, counselling and/or therapy. Duration: 81-90min.	05.03		8.500	446.60 (391.80)
209	Social worker consultation, counselling and/or therapy. Duration: 91-100min.	05.03		9.500	499.10 (437.80)

Code	Description	Ver	Add	Social Workers	
				RVU	Fee
210	Social worker consultation, counselling and/or therapy. Duration: 101-110min.	05.03		10.500	551.70 (483.90)
211	Social worker consultation, counselling and/or therapy. Duration: 111-120min.	05.03		11.500	604.20 (530.00)
Group consultation, counselling or therapy					
	Group consultation, counselling and/or therapy items are chargeable to a maximum of 12 patients.				05.03
300	Social worker group consultation, counselling and/or therapy, per patient. Duration: 1-10min.	05.03		0.100	5.25 (4.61)
301	Social worker group consultation, counselling and/or therapy, per patient. Duration: 11-20min.	05.03		0.300	15.80 (13.90)
302	Social worker group consultation, counselling and/or therapy, per patient. Duration: 21-30min.	05.03		0.500	26.30 (23.10)
303	Social worker group consultation, counselling and/or therapy, per patient. Duration: 31-40min.	05.03		0.700	36.80 (32.30)
304	Social worker group consultation, counselling and/or therapy, per patient. Duration: 41-50min.	05.03		0.900	47.30 (41.50)
305	Social worker group consultation, counselling and/or therapy, per patient. Duration: 51-60min.	05.03		1.100	57.80 (50.70)
306	Social worker group consultation, counselling and/or therapy, per patient. Duration: 61-70min.	05.03		1.300	68.30 (59.90)
307	Social worker group consultation, counselling and/or therapy, per patient. Duration: 71-80min.	05.03		1.500	78.80 (69.10)
308	Social worker group consultation, counselling and/or therapy, per patient. Duration: 81-90min.	05.03		1.700	89.30 (78.30)
309	Social worker group consultation, counselling and/or therapy, per patient. Duration: 91-100min.	05.03		1.900	99.80 (87.50)
310	Social worker group consultation, counselling and/or therapy, per patient. Duration: 101-110min.	05.03		2.100	110.30 (96.80)
311	Social worker group consultation, counselling and/or therapy, per patient. Duration: 111-120min.	05.03		2.300	120.80 (106.00)

SPEECH THERAPY AND AUDIOLOGY

Speech Therapists and Audiologists 2009

DRAFT NATIONAL REFERENCE PRICE LIST FOR SERVICES BY SPEECH THERAPISTS AND AUDIOLOGISTS, EFFECTIVE FROM 1 JANUARY 2009

The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well.
In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed.
VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.

General Rules

A	All accounts must be presented with the following information clearly stated: · name of practitioner · qualifications of the practitioner; · BHF practice number; · postal address and telephone number; · date on which service(s) were provided; · The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered; · the surname and initials of the member; · the first name of the patient; · the name of the scheme; · the membership number of the member; and . the name and practice number of the referring practitioner, if applicable.	04.00
B	The rate in respect of more than one evaluation under item 1800 shall be the full rate for the first evaluation plus half the rate in respect of each additional evaluation, but under no circumstances may fees be charged for more than three evaluations carried out.	09.00
D	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.	04.00
E	Materials used in treatment shall be charged (exclusive of VAT) at net acquisition price plus – - 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; - a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands. Use item 300 for this purpose.	05.03

ITEMS

1.	**Assessment, Consultation & Treatment**	
	The time used to conduct any diagnostic or treatment procedure claimed in addition to the codes in this section, can not be considered in determining the duration of the assessment, consultation or treatment claimed	05.03
1.1	**Consultations**	
1.1.1	**Audiology Consultations**	

Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
1010	Audiology consultation. Duration 5 - 15 mins	09.00				10.000	60.20 (52.80)
1011	Audiology consultation. Duration 16 - 30 mins	06.02				22.500	135.40 (118.80)
1012	Audiology consultation. Duration 31 - 45 mins	06.02				37.500	225.70 (198.00)
1013	Audiology consultation. Duration 46 - 60 mins	06.02				52.500	316.00 (277.20)
1015	Prolonged audiology consultation, each additional full 15 mins, to a maximum of 60 mins	06.02				15.000	90.30 (79.20)
1.1.2	**Speech Therapy Consultations**						
1020	Speech therapy consultation. Duration 5 - 15 mins	09.00		10.000	61.00 (53.50)		
1021	Speech therapy consultation. Duration 16 - 30 mins	06.02		22.500	137.20 (120.40)		
1022	Speech therapy consultation. Duration 31 - 45 mins	06.02		37.500	228.70 (200.60)		
1023	Speech therapy consultation. Duration 46 - 60 mins	06.02		52.500	320.20 (280.90)		
1.2	**Assessment & Treatment**						
1.2.1	**Speech Therapy Assessment & Treatment**						
1050	Speech therapy assessment and treatment. Duration 5 - 15 mins	09.03		10.000	61.00 (53.50)		
1051	Speech therapy assessment and treatment. Duration 16 - 30 mins	06.02		22.500	137.20 (120.40)		

Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
1052	Speech therapy assessment and treatment. Duration 31 - 45 mins	06.02		37.500	228.70 (200.60)		
1053	Speech therapy assessment and treatment. Duration 46 - 60 mins	06.02		52.500	320.20 (280.90)		
2.	**Speech, Voice, Language and Hearing Disorders**						
0007	Group therapy: per patient at rooms (Maximum of 3 patients per therapy)	06.02		15.000	91.50 (80.30)		
	Note: Professional Group Consultations - no fee to be charged.	04.00					
0009	Preparation of a home programme	06.02		15.000	91.50 (80.30)		
	Note: This category is to prepare the home programme prior to consultation with patient or care giver	04.00					
0020	Report writing	06.02		30.000	183.00 (160.50)	30.000	180.60 (158.40)
0107	Appointment not kept (schemes will not necessarily grant benefits in respect of this item, it will fall into the "By arrangement with the scheme" or "Patient own account" category).	06.02		-	-	-	-
3.	**Audiology.**						
A.	**Peripheral Hearing Evaluation**						
1100	Air conduction, pure tone audiogram	09.00				15.000	103.30 (90.60)
	Often physicians or technicians can diagnose a cause of hearing loss through tests using an audiometer. Many causes of hearing loss have characteristic threshold curves. In pure tone audiometry, earphones are placed and the patient is asked to respond to tones of different pitches (frequencies) and intensities. The threshold, which is the lowest intensity of the tone that the patient can heard 50 percent of the time, is recorded for a number of frequencies on each ear. The air and bone conduction thresholds are compared to differentiate between conductive, sensorineural, or mixed hearing losses. Cannot be used with codes 1900;1120; 1121.						
1105	Bone conduction pure tone audiogram	09.00				12.000	82.60 (72.50)
	Often physicians or technicians can diagnose a cause of hearing loss through tests using an audiometer. Many causes of hearing loss have characteristic threshold curves. In pure tone audiometry, earphones are placed and the patient is asked to respond to tones of different pitches (frequencies) and intensities. The threshold, which is the lowest intensity of the tone that the patient can hear 50 percent of the time, is recorded for a number of frequencies on each ear. Bone thresholds (1105) are obtained in a similar manner except a bone oscillator is used on the mastoid or forehead to conduct the sound instead of tones through earphones. The air and bone thresholds are compared to differentiate between conductive, sensorineural, or mixed hearing losses. Cannot be used with codes 1905; 1120;1121.						
1110	Full Speech Audiogram including speech reception threshold and discrimination at two or more levels. (3277)	09.00				15.000	103.30 (90.60)
	Often physicians or technicians can diagnose a cause of hearing loss through tests using an audiometer. Many causes of hearing loss have characteristic threshold curves unique to that specific diagnosis. In speech audiometry, earphones are placed and the patient is asked to repeat bisyllabic (spondee) words. The softest level at which the patient can correctly repeat 50 percent of the spondee words is called the speech reception threshold. The threshold is recorded for each ear in 1115. The process occurs in 1110, in addition to a speech threshold test in 1115. The word discrimination score in 1110 is the percentage of spondee words that a patient can repeat correctly at a given intensity level above his or her speech reception threshold. This is also measured for each ear at two ore more intensities per ear. Cannot be used with codes 1910;1122;1115.						
1115	Speech audiogram screening	09.00				5.000	34.40 (30.20)
	Often physicians or technicians can diagnose a cause of hearing loss through tests using an audiometer. Many causes of hearing loss have characteristic threshold curves unique to that specific diagnosis. In speech threshold audiometry, earphones are placed and the patient is asked to repeat bisyllabic (spondee) words. The softest level at which the patient can correctly repeat 50 percent of the spondee words is called the speech reception threshold. The threshold is recorded for each ear in 1115. The process can occur alone (as screening procedure) or in addition to a speech discrimination test (as in 1110). Cannot be used with codes 1110;1915.						
1120	Visual reinforcement audiometry (VRA)	09.00				40.000	281.40 (246.80)

Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
	Visual reinforcement audiometry (VRA) is used to test hearing in infants and in both difficult-to-test children and adults. The process includes case history and otologic examination, typically conducted in a sound booth. Lighted toys are used as reinforcement for response to auditory stimuli. Stimuli may include frequency-specific signals, calibrated noises, or live voice. The results are usually recorded on an audiogram. The interpretation o f the testing addresses the type and the severity of hearing loss and any recommendations. Two audiologists perform this procedure. Cannot be used with codes 1100;1105; 1121.						
1121	Conditioning play audiometry	09.00				40.000	281.40 (246.80)
	Often physicians or technicians can diagnose a cause or hearing loss through tests using an audiometer. Many causes of hearing loss have characteristic threshold curves. Conditioning play audiometry tests pure tone air and bone conduction and speech thresholds in children. Test sounds can be presented with earphones or sound field testing (pure tone air conduction only). The child is conditioned to perform a simple task (i.e. drop a block in a bucket) when the test sound is heard. Two audiologists perform this procedure. Cannot be used with codes 1100;1105; 1120.						
1122	Select picture audiometry	09.00				40.000	281.40 (246.80)
	In select picture audiometry, the patient is placed in a booth w or w/out earphones. Patient is asked to identify different pictures with the instructions given at different intensity levels. A threshold level for speech, which is the intensity level at which the patient responds correctly 50% of the time, is obtained. Two audiologists perform this procedure. Cannot be used with codes 1110;1115.						
1125	Tinnitus Evaluation	09.00				15.000	103.30 (90.60)
	Earphones are placed and tones of the same pitch but different intensities are presented to each ear (binaural) or tones of different intensities and pitches are presented to the same ear (monaural). The patient is asked to compare the loudness of the tones with the pitch and intensity levels of tinnitus that he/she experiences. Similarities with tinnitus in intensities and pitch that are perceived by the patient as the same as the tinnitus are measured. The narrow band noise or white noise masking intensity and pitch that cancels out the perceived tinnitus is also measured.						
B.	**Middle Ear Function Evaluation**						
1200	Tympanometry	09.00				8.000	52.10 (45.70)
	Using an ear probe, the eardrum's resistance to sound transmission is measured in response to pressure changes. Tympanometry varies the pressure in the external ear canal and identifies the pressure at which maximum sound transmission occurs. This corresponds to current middle ear pressure status. The pressures are recorded and compared to normal values. Cannot be used with code 1215.						
1205	Immittance Measurements - Impedance / Stapedial reflex (3276): Limited reflex spectrum (eg : 1-2 frequencies)	09.00				4.000	26.00 (22.80)
	The audiologist places a probe in one ear (ipsilateral ear) to measure the impedance of the middle ear and places an earphone on the patient's opposite ear (contralateral ear). A loud sound is presented in either the contralateral or ipsilateral ear and the change in impedance caused by the contraction of the stapedius is measured. Cannot be used with code 1210.						
1210	Immittance Measurements - Impedance / Stapedial reflex (3276): Extended reflex spectrum (250-8000Hz e.g. 4-8 frequencies)	09.00				12.000	78.10 (68.50)
	The audiologist places a probe in one ear (ipsilateral ear) to measure the impedance of the middle ear and places an earphone on the patient's opposite ear (contralateral ear). A loud sound is presented in either the contralateral or ipsilateral ear and the change in impedance caused by the contraction of the stapedius is measured. Cannot be used with code 1205.						
1215	High Frequency Tympanometry (impedance testing) - for peadiatric population	09.00				8.000	52.10 (45.70)

Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
	The audiologist places a probe in one ear (ipsilateral ear) to measure the impedance of the middle ear and places an earphone on the patient's opposite ear (contralateral ear). A loud sound is presented in either the contralateral or ipsilateral ear and the change in impedance caused by the contraction of the stapedius is measured. A different probe tone frequency must be used for the pediatric population which requires a separate or combined piece of equipment Cannot be used with code 1200.						
1220	Eustachian Tube Function Test - multiple tympanograms - bilateral	09.00				12.000	78.10 (68.50)
	Using an ear probe, the eardrum's resistance to sound transmission is measured in response to pressure changes. Tympanometry varies the pressure in the external ear canal and identifies the pressure at which maximum sound transmission occurs. This corresponds to current middle ear pressure status. The pressures are recorded and compared to normal values. For Eustachian tube function testing three tympanograms are performed for each ear in three different pressure conditions namely 1. Tympanogram with normal pressure applied 2. Tympanogram with Valsalva maneuver 3. Tympanogram with Toynbee maneuver (swallow). The specialized equipment displays the results of the three test graphically in comparison with each other.						
1225	Rinné & Weber tests	09.00				4.000	27.50 (24.10)
	Tuning fork tests that can be performed with different tuning forks or with the bone conductor (oscillator) through the diagnostic audiometer. It is performed to confirm the presence or not of an air-bone gap as measured with pure tone air and bone conduction audiometry. This is an important result for pre - operative considerations. This test uses the Weber and Rinne tuning fork tests to differentiate conductive from sensory-neural hearing loss.						
C.	**Diagnostic Audiological Tests for Differential Diagnosis between Cochlear; Retro-cochlear; Central; Functional and/or Vestibular Pathology**						
1300	Tone Decay (for retro cochlear pathology)	09.00				8.000	55.10 (48.30)
	Earphones are placed. A tone is presented to a patient at a volume above the patient's lower hearing level for that time. Measurements are made of the time that tone is audible or the increase in volume needed to maintain an audible tone over time. This is performed at different frequencies. .These measurements are compared to establish norms and can be reported at different tone frequencies. Abnormal results are indicative of retro-cochlear pathology.						
1305	Reflex decay (for retro cochlear pathology)	09.00				8.000	52.10 (45.70)
	The audiologist places a probe to measure impedance in one ear (ipsilateral ear) and places an earphone on the other ear (contralateral ear). A loud tone is presented to one of the ears and maintained for 10 seconds. The impedance change (acoustic reflex) is measured by the probe. In a normal ear, the reflex persists for 10 seconds. In an abnormal ear, the reflex diminishes at least 50% in the first five seconds.						
1310	Short Increment Sensitivity Index (SISI)	09.00				5.000	34.40 (30.20)
	Earphones are placed and tones are presented to the patient. The loudness of the tones is increased in small increments. The patient is tested on the ability to detect slight changes in loudness. A percentage of the correctly identified loudness changes are recorded. Results above a specific percentage indicates cochlear pathology.						
1315	Most comfortable levels (MCL) & Uncomfortable levels (UCL) : Air conduction	09.00				8.000	55.10 (48.30)
	Most comfortable levels & Uncomfortable levels - for cochlear pathology and/or for purposes of selection of hearing aid technology or hearing aid programming. Earphones are placed and tones are above threshold are presented to the patient. The loudness of the tones is increased in small increments. The patient is asked to judge where the loudness levels at different frequencies are at the most comfortable intensities. Another series of tests are performed level where the patient is asked to judge the level of the perceived sound as uncomfortable loudness level at different frequencies. Results below a specific level could be indicative of cochlear pathology. This result is also a very important prerequisite for hearing aid programming at comfortable levels.						
1320	Most comfortable levels (MCL) & Uncomfortable levels (UCL) : Speech thresholds	09.00				4.000	27.50 (24.10)

Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
	Most comfortable levels & Uncomfortable levels - for cochlear pathology and/or for purposes of selection of hearing aid technology or hearing aid programming. In speech threshold audiometry, earphones are placed and the patient is asked to listen to bisyllabic (spondee) words at different intensity levels. The patient has to judge the levels at which the speech is perceived as the most comfortable as well as uncomfortable. These results are recorded and used to compare with other speech tests to get information about the patient's 'dynamic speech discrimination range'. It give information about retro-cochlear pathology (a possible 'roll-over' speech audiogram as a result) or cochlear pathology (loudness recruitment). It also gives information about prognosis with hearing amplification and indicates whether further examinations are necessary. The process can occur in addition to a speech discrimination test or to a (as in 1110 or 1115).						
1325	Test for functional hearing loss	09.00				10.000	68.90 (60.40)
	The test is for pseudohypacusis (malingering) and includes special tests and techniques such as the Lombard test, 'Count the tones- technique', 'confusion' test, etc in addition to conventional hearing tests procedures. Description of the Lombard test: This is principally a test for pseudophypacusis (malingering). The patient reads a passage into a microphone while the audiologist makes noise (masking) in earphones the patient is wearing. The patient's voice volume while reading is measured as the masking level is increased. If the patient increases his or her voice volume with the increase in masking as is normal, it is assumed that the noise (masking) was heard by the patient. This level may prove to be lower than the patient had previously volunteered.						
1331	Stenger test, pure tone	09.00				5.000	34.40 (30.20)
	The test is for unilateral pseudohypacusis (malingering). It is based on the principle that if two sounds of the same frequency but different intensities are presented simultaneously to both ears, only the louder tone will be heard. Tones are presented to the good ear at a level above that ear's threshold to obtain a response. Tones are presented to the poor ear simultaneously. The intensity of the sound in the poor ear is then increased while the intensity presented to the good ear remains the same. The patient will respond until the intensity of the tones in the poor ear exceeds that of the good ear. At that point, the patient will not respond because the patient is not supposed to hear out o f the poor ear. However, the patient should still respond, as the intensity of presentation the good ear has not changed.						
1332	Stenger test, speech	09.00				5.000	34.40 (30.20)
	This is a test for unilateral pseudohypacusis (malingering). It is based on the principle that if two sounds of the same frequency and different intensities are presented simultaneously to both ears, only the louder will be heard. Bisyllabic (spondee) words are presented to the good ear at a level above that ear's threshold to respond. Then words are presented simultaneously to the poor ear. The intensity of the words in the poor ear is then increased while the intensity presented to the good ear remains the same. The patient will respond until the intensity of the words in the poor ear exceeds that of the good ear.						
1335	Fistula test - (for peri-lymph fluid leakage)	09.00				15.000	103.30 (90.60)
	This test combination is performed exactly: As a pure tone air conduction test (as in 1100) and as the complete speech audiometry test (as in 1110). In cases where a perilymph fistel leakage is suspected this test may be performed or on special request from a ENT-surgeon. Firstly tests 1100 and 1110 must be performed. Thereafter the patient has to lie down for 30 minutes on his or her right or left side in the sound proof booth with the affected ear turned upwards. After 30 minutes the tests 1100 and 1110 are repeated. Results are recorded and compared with results in the sitting position. If there are prescribed significant changes between the sitting and the lying positions, a diagnosis of the presence of a perilymph fistel in the affected ear can be made.						

Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
D.	**Auditory Processing (AP) and Central Auditory Processing Tests (CAP)**						
	Only tests appropriate to the recommendations of the HPCSA Taskforce on CAPD should be administered i.e. low-linguistically loaded tests are tests of choice. No more than two tests from each category below can be administered. Deviations from this billing guideline requires motivation. No more than two tests from each category below can be administered. Repeat item 1400 for each test done. Deviations from this billing guideline requires motivation. PRELIMINARY TEST BATTERY Scan-C Scan-A PSI DIFFERENTIAL DIAGNOSIS BETWEEN CAPD AND ADHD Selective Auditory Attention Test Auditory Continuous Performance Test TESTS OF MONAURAL LOW REDUNDANCY Low Pass Filtered Speech - Ivey Low Pass Filtered Speech - NU-6 Lists 500Hz, 750Hz And 1000Hz Time Compressed Speech/Time Compressed Speech with Reverberation SPEECH IN NOISE TESTS SPIN SSI-ICM BKB-SIN SIN QuickSIN DICHOTIC SPEECH TESTS Dichotic Digits Test Dichotic Consonant Vowel SSI-CCM Staggered Spondaic Word Test Competing Sentences Test Dichotic Rhyme Test Dichotic Sentence Identification Test TEMPORAL PROCESSING TESTS Random Gap Detection Test TEMPORAL PATTERNING TESTS Frequency Pattern (Pitch Pattern) Sequence Test Duration Pattern Sequence Test BINAURAL INTERACTION TESTS Masking Level Difference for Speech Binaural Fusion Test (Ivey, NU-6 or CVC Fusion)						09.00
1400	Central Auditory Processing Disorders test, test to be specified.	09.00				13.000	91.50 (80.30)
	The audiologist evaluates central auditory function. Central auditory processes are the auditory mechanisms that are responsible for what the brain does with what the ears hear. Many individuals have no difficulty detecting the presence of sound but have other auditory difficulties related to central auditory processes such as understanding conversation in noisy environments, following complex directions, and learning new vocabulary words. There are two major categories of tests: behavioral tests and electrophysiologic tests. The behavioral tests can be monotonic of dichotic. Monotonic tests use a single stimulus presented to one ear at a time or test in which two stimuli are presented to one ear. Dichotic tests use the same stimulus applied to both ears. Testing may be performed on only one ear (monaural) or both ears simultaneously (binaural). Specific types of tests that can be given include monaural low-redundancy speech tests; dichotic speech tests; temporal patterning tests and binaural interaction tests. The audiologist selects the appropriate battery of central auditory function tests after evaluating the patient using routine hearing tests. Central auditory function tests are used to differentiate central from peripheral hearing loss and occasionally to identify the site of a lesion in the central nervous system.						
E.	**Electro-Physiological Examinations/Auditory Evoked Potentials (AEP)**						
1500	Diagnostic Neurological short latency ABR (Auditory Brainstem Response) Bilateral; single decibel (2692)	09.00				60.000	422.20 (370.40)
	Auditory evoked potentials (AEPs) enable objective evaluation of the auditory system. Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulation. The origin of the ABR is believed to be the auditory nerve and brainstem. The neurological ABR is recorded using supra-threshold click stimuli. It enables evaluation of the integrity of auditory neural pathway and synchronicity of auditory stimuli from the cochlear to the brainstem. The audiologist interprets the results of the tests.						
1505	AABR - Bilateral (Automated Auditory Brainstem Response). Cannot be charged with 1510	09.00				30.000	195.30 (171.30)

Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
	AEPs enable objective evaluation of the auditory system. Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulation. The origin of the ABR is believed to be the auditory nerve and brainstem. AABR makes use of objective response detection. A single, low intensity click stimulus is presented and the software interprets the resulting waveform (using a template and/or statistical significance as reference) as a pass (response present) or refer (response absent). AABR is used for hearing screening purposes. Cannot be used together with item 1510.						
1510	Screening ABR - Bilateral (Auditory Brainstem Response) . Cannot be charged with 1505	09.00				20.000	130.20 (114.20)
	AEPs enable objective evaluation of the auditory system. Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. The origin of the ABR is believed to be the auditory nerve and brainstem. A single, low intensity click stimulus is presented and the resulting waveform is interpreted by the audiologist as a pass (response present) or refer (response absent). This ABR is used for hearing screening purposes. The audiologist interprets the results of the tests. Cannot be used together with item 1505.						
1515	Diagnostic Audiological Click ABR (Auditory Brainstem Evoked Response) – Bilateral Air conduction threshold determination using click stimuli	09.00				60.000	422.20 (370.40)
	AEPs enable objective evaluation of the auditory system. Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. The origin of the ABR is believed to be the auditory nerve and brainstem. By varying the click stimulus intensity, the threshold response can be determined. Objective threshold determination using click ABR correlates well with psycho-acoustic hearing threshold at high frequencies. The audiologist interprets the results of the tests.						
1520	Diagnostic Audiological Click ABR-(Auditory Brainstem Response) – Bilateral Bone conduction threshold determination using click stimuli	09.00				80.000	562.90 (493.80)
	AEPs enable objective evaluation of the auditory system. Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. The origin of the ABR is believed to be the auditory nerve and brain stem. Bone conduction ABR testing is used to determine whether middle ear pathology is present or is used in the case of patients with no external ear. An additional bone oscillator in used with the standard ABR equipment. By varying the bone conduction stimulus intensity, the threshold response can be determined. Objective threshold determination using bone conduction ABR correlates well with psycho-acoustic sensorineural hearing threshold. The procedure for bone ABR is an additional procedure and may be determined at different frequencies. The audiologist interprets the results of the tests.						
	Combinations of items 1531 to 1534 cannot be billed together.	06.02					
1531	Diagnostic Audiological Tone Burst ABR (Auditory Brainstem Response) – Bilateral Frequency specific threshold determination using tone-burst stimuli at: 1 frequency	09.00				30.000	211.10 (185.20)
	AEPs enable objective evaluation of the auditory system. Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. The origin of the electrical response is believed to be the auditory nerve and brainstem. Brief tones of different frequencies can be used to objectively evaluate frequency specific hearing sensitivity. By varying the toneburst stimulus intensity (at one frequency), the threshold response can be determined. Objective threshold determination using tone burst ABR correlates well with psycho-acoustic hearing threshold. The audiologist interprets the results of the tests. Cannot be used together with items 1532;1533;1534.						
1532	Diagnostic Audiological Tone Burst ABR (Auditory Brainstem Response) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 2 frequencies	09.00				60.000	422.20 (370.40)
	AEPs enable objective evaluation of the auditory system. Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. The origin of the electrical response is believed to be the auditory nerve and brainstem. Brief tones of different frequencies can be used to objectively evaluate frequency specific hearing sensitivity. By varying the toneburst stimulus intensity (at one frequency), the threshold response can be determined. Objective threshold determination using tone burst ABR correlates well with psycho-acoustic hearing threshold. The audiologist interprets the results of the tests. Cannot be used together with items 1531;1533;1534.						
1533	Diagnostic Audiological Tone Burst ABR (Auditory Brainstem Response) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 3 frequencies	09.00				90.000	633.20 (555.40)

Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
	AEPs enable objective evaluation of the auditory system. Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. The origin of the electrical response is believed to be the auditory nerve and brainstem. Brief tones of different frequencies can be used to objectively evaluate frequency specific hearing sensitivity. By varying the toneburst stimulus intensity (at one frequency), the threshold response can be determined. Objective threshold determination using tone burst ABR correlates well with psycho-acoustic hearing threshold. The audiologist interprets the results of the tests. Cannot be used together with items 1531;1532;1534.						
1534	Diagnostic Audiological Tone Burst ABR (Auditory Brainstem Response) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 4 frequencies	09.00				120.000	844.30 (740.60)
	AEPs enable objective evaluation of the auditory system. Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. The origin of the electrical response is believed to be the auditory nerve and brainstem. Brief tones of different frequencies can be used to objectively evaluate frequency specific hearing sensitivity. By varying the toneburst stimulus intensity (at one frequency), the threshold response can be determined. Objective threshold determination using tone burst ABR correlates well with psycho-acoustic hearing threshold. The audiologist interprets the results of the tests.						
	Combinations of items 1541 to 1544 cannot be billed together.	06.02					
1541	Diagnostic Audiological Middle latency & Late Cortical Auditory Evoked responses (2698) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 1 frequency	09.00				25.000	175.90 (154.30)
	AEPs enable objective evaluation of the auditory system. Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. The MLAEP and SCAEP follow the ABR in latency and their origin is therefore the higher up the auditory pathway than ABR (ranging from the auditory brainstem to auditory cortex). Tones of different frequencies are used to objectively evaluate frequency specific hearing sensitivity. By varying the toneburst stimulus intensity (at one frequency), the threshold response can be determined. Objective threshold determination using these AEP correlate well with psycho-acoustic hearing threshold. The MLAEP and SCAEP may also be used to determine the site and / or nature of auditory-neural pathology. The audiologist interprets the results of the tests. Cannot be used together with items 1542;1543;1544.						
1542	Diagnostic Audiological Middle latency & Late Cortical Auditory Evoked responses (2698) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 2 frequencies	09.00				50.000	351.80 (308.60)
	AEPs enable objective evaluation of the auditory system. Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. The MLAEP and SCAEP follow the ABR in latency and their origin is therefore the higher up the auditory pathway than ABR (ranging from the auditory brainstem to auditory cortex). Tones of different frequencies are used to objectively evaluate frequency specific hearing sensitivity. By varying the toneburst stimulus intensity (at one frequency), the threshold response can be determined. Objective threshold determination using these AEP correlate well with psychoacoustic hearing threshold. The MLAEP and SCAEP may also be used to determine the site and / or nature of auditory-neural pathology. The audiologist interprets the results of the tests. Cannot be used together with items 1541;1543;1544.						
1543	Diagnostic Audiological Middle latency & Late Cortical Auditory Evoked responses (2698) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 3 frequencies	09.00				75.000	527.70 (462.90)
	AEPs enable objective evaluation of the auditory system. Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. The MLAEP and SCAEP follow the ABR in latency and their origin is therefore the higher up the auditory pathway than ABR (ranging from the auditory brainstem to auditory cortex). Tones of different frequencies are used to objectively evaluate frequency specific hearing sensitivity. By varying the toneburst stimulus intensity (at one frequency), the threshold response can be determined. Objective threshold determination using these AEP correlate well with psychoacoustic hearing threshold. The MLAEP and SCAEP may also be used to determine the site and / or nature of auditory-neural pathology. The audiologist interprets the results of the tests. Cannot be used together with items 1541;1542;1544.						
1544	Diagnostic Audiological Middle latency & Late Cortical Auditory Evoked responses(2698) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 4 frequencies	09.00				100.000	703.60 (617.20)

Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
	AEPs enable objective evaluation of the auditory system. Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. The MLAEP and SCAEP follow the ABR in latency and their origin is therefore the higher up the auditory pathway than ABR (ranging from the auditory brainstem to auditory cortex). Tones of different frequencies are used to objectively evaluate frequency specific hearing sensitivity. By varying the toneburst stimulus intensity (at one frequency), the threshold response can be determined. Objective threshold determination using these AEP correlate well with psycho-acoustic hearing threshold. The MLAEP and SCAEP may also be used to determine the site and / or nature of auditory-neural pathology. The audiologist interprets the results of the tests. Cannot be used with items 1541;1542;1543.						
	Combinations of items 1551 to 1554 cannot be billed together.	06.02					
1551	ASSER (Auditory Steady State Evoked Response) – Bilateral threshold determination : 1 frequency	09.00				30.000	211.10 (185.20)
	AEPs enable objective evaluation of the auditory system. Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. The ASSEP is an evoked by continuous stimuli characterized by periodic amplitude and frequency modulation of a carrier frequency. Continuous tones of different frequencies are used to objectively evaluate frequency specific hearing sensitivity. By varying the stimulus intensity (at one frequency), the threshold response can be determined. ASSR makes use of objective response detection, where the software interprets the resulting waveform (using a statistical measure of significance or correlation) to determine whether a response is present or absent. Objective threshold determination using the ASSR correlates well with psycho-acoustic hearing threshold. The audiologist interprets the results of the tests.. Cannot be used together with items 1552;1553;1554.						
1552	ASSER (Auditory Steady State Evoked Response) – Bilateral threshold determination : 2 frequencies	09.00				40.000	281.40 (246.80)
	AEPs enable objective evaluation of the auditory system. Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. The ASSEP is an evoked by continuous stimuli characterized by periodic amplitude and frequency modulation of a carrier frequency. Continuous tones of different frequencies are used to objectively evaluate frequency specific hearing sensitivity. By varying the stimulus intensity (at one frequency), the threshold response can be determined. ASSR makes use of objective response detection, where the software interprets the resulting waveform (using a statistical measure of significance or correlation) to determine whether a response is present or absent. Objective threshold determination using the ASSR correlates well with psycho-acoustic hearing threshold. The audiologist interprets the results of the tests. Cannot be used together with items 1551;1553;1554.						
1553	ASSER (Auditory Steady State Evoked Response) – Bilateral threshold determination : 3 frequencies	09.00				60.000	422.20 (370.40)
	AEPs enable objective evaluation of the auditory system. Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. The ASSEP is an evoked by continuous stimuli characterized by periodic amplitude and frequency modulation of a carrier frequency. Continuous tones of different frequencies are used to objectively evaluate frequency specific hearing sensitivity. By varying the stimulus intensity (at one frequency), the threshold response can be determined. ASSR makes use of objective response detection, where the software interprets the resulting waveform (using a statistical measure of significance or correlation) to determine whether a response is present or absent. Objective threshold determination using the ASSR correlates well with psycho-acoustic hearing threshold. The audiologist interprets the results of the tests. Cannot be used together with items 1551;1552; 1554.						
1554	ASSER (Auditory Steady State Evoked Response) – Bilateral threshold determination : 4 frequencies	09.00				80.000	562.90 (493.80)

Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
	AEPs enable objective evaluation of the auditory system. Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. The ASSEP is an evoked by continuous stimuli characterized by periodic amplitude and frequency modulation of a carrier frequency. Continuous tones of different frequencies are used to objectively evaluate frequency specific hearing sensitivity. By varying the stimulus intensity (at one frequency), the threshold response can be determined. ASSR makes use of objective response detection, where the software interprets the resulting waveform (using a statistical measure of significance or correlation) to determine whether a response is present or absent. Objective threshold determination using the ASSR correlates well with psycho-acoustic hearing threshold. The audiologist interprets the results of the tests. Cannot be used together with items 1551;1552;1553.						
1560	P300 Cognitive AEP (Auditory Evoked Potential) or MMN (Mismatch Negativity)	09.00				35.000	246.30 (216.10)
	AEPs enable objective evaluation of the auditory system. Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. The P300 and MMN are electrophysiological assessments of auditory processing of changes in auditory stimuli at the cognitive level. As such stimuli, be it tonal or speech stimuli, are presented at supra-threshold levels. These AEPs are not correlates of psycho-acoustic hearing threshold.						
1565	Electrocochleography: unilateral (2699)	09.00				45.000	316.60 (277.70)
	An electrode is placed through the tympanic membrane into the promontory of the inner ear. An alternative method is to use a electrode that can be placed against the tympanic membrane. The ear is stimulated and recordings are made of the electrical response of the cochlear nerve. This can be done under local, topical or general anesthesia or in the case of the electrode against the tympanic membrane, no anesthesia. Cannot be charged with item 1570.						
1570	Electrocochleography: bilateral (2700)	09.00				90.000	633.20 (555.40)
	An electrode is placed through the tympanic membrane into the promontory of the inner ear. An alternative method is to use a electrode that can be placed against the tympanic membrane. The ear is stimulated and recordings are made of the electrical response of the cochlear nerve. This can be done under local, topical or general anesthesia or in the case of the electrode against the tympanic membrane, no anesthesia. Cannot be charged with item 1565.						
1575	Cochlear nerve function test - intra-operative monitoring - per 30min	09.00				30.000	211.10 (185.20)
	Diagnostic Audiological Click ABR (Auditory Brainstem Evoked Response) - Bilateral Air conduction threshold determination using click stimuli. Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. The origin of the electrical response is believed to be the auditory nerve and brain stem. Test is only performed during neuro-otology ear or balance surgery (with ENT-surgeon and neuro-surgeon)- where the nerve could be damaged eg 'acoustic neuroma tumor removal, facial nerve tumor removal,, vestibular neurectomy . By this procedure or monitoring of the hearing/nerve the audiologist warns the surgeons if there are any changes in hearing nerve activity during surgery in order to preserve and not damage the nerve during surgery. The Audiologist interprets the results of the tests. Duration charged for cannot exceed the duration of the operation.						
1580	Evoked otoacoustic emissions (OAE); limited	09.00				15.000	93.90 (82.40)
	Single stimulus level, either transient or distortion products. A probe tip is placed in the ear canal. The probe tip emits a repeated clicking sound. The clicking sound passes through the tympanic membrane, middle ear, and then to the inner ear. In the inner ear, the sound is picked up by the hair cells in the cochlea. Computerized equipment is then able to record an echo off the hair cell in the cochlea. 1580 of the test is limited to a single stimulus level. Report 1580 of the test is limited to a single stimulus level. Cannot be used together with item 1581.						
1581	Evoked otoacoustic emissions (OAE): comprehensive	09.00				30.000	195.30 (171.30)
	A comprehensive diagnostic evaluation. A probe tip is placed in the ear canal. The probe tip emits a repeated clicking sound. The clicking sound passes through the tympanic membrane, middle ear, and then to the inner ear. In the inner ear, the sound is picked up by the hair cells in the cochlea. Computerized equipment is then able to record an echo off the hair cell in the cochlea. Report 1581 if the test is comprehensive or a diagnostic evaluation. Cannot be used together with item 1580.						

Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
F.	**Balance/Vestibular Examinations and Treatment**						
1600	Spontaneous and positional nystagmus using electro-nystagmography (ENG) (3253).	09.00				55.000	387.00 (339.50)
	Nystagmus is uncontrolled rapid movement of the eyeball in a horizontal, vertical, or rotary motion. It can be a symptom of a disturbance in the patient's vestibular system and can be induced to measure the difference between the patient's right and left vestibular functions. ENG (electronystagmography) electrodes are placed and the patient is asked to look straight ahead, 30 degrees to 45 degrees to the right, and 30 degrees to 45 degrees to the left.Computerized recordings are made to detect spontaneous nystagmus. The patient is placed in a variety of positions, including supine with head extended dorsally, left, and right and sitting, in an attempt to induce nystagmus. Cannot be used with item 1605						
1605	Spontaneous and positional nystagmus using Video-nystagmography (VNG	09.00				55.000	407.30 (357.30)
	Positional Nystagmus Nystagmus is uncontrolled rapid movement of the eyeball in a horizontal, vertical, or rotary motion. It can be a symptom o f a disturbance in the patient's vestibular system and can be induced to measure the difference between the patient's right and left vestibular functions. The patient is placed in a variety of positions, including supine with head extended dorsally, left, and right and sitting, in an attempt to induce nystagmus. Computerized recordings are made to detect spontaneous nystagmus. When using VNG (Videonystagmography) a infrared camera with video goggles and Eye TV monitor are used to detect recordings. VNG is highly diagnostic for disorders that produce a torsional eye movement (BPPV with positive Dix Hallpike). Cannot use with item 1600.						
1610	Eye Visualization – spontaneous and positional nystagmus – monocular	09.00				35.000	219.20 (192.30)
	Provides both still and full motion video recording of eye position and eye movement for the diagnosis and treatment of vestibular and ocular motility disorders. It is video based and hence generates a video record of the eye as long as a tape recording is made. It is highly diagnostic for disorders that produce a torsional eye movement (BPPV with positive Dix Hallpike).						
1615	Videonystagmoscopy: spontaneous and positional nystagmus. (Only camera/goggles, without computerised VNG software)	09.00				35.000	227.90 (199.90)
	Provides both still and full motion video recording of eye position and eye movement for the diagnosis and treatment of vestibular and ocular motility disorders. It is video based and hence generates a video record of the eye as long as a tape recording is made. It is highly diagnostic for disorders that produce a torsional eye movement (BPPV with positive Dix Hallpike). Cannot be used together with items 1600;1605.						
1620	Oculo-motor/central tests using electro-nystagmography (ENG)	09.00				25.000	185.10 (162.40)
	Consists of: - Saccade Test - Smooth Pursuit Test - Optokinetic Test - Gaze Nystagmus Test Cannot be used with item 1625.						
1625	Oculo-motor/central tests using video-nystagmography (VNG)	09.00				25.000	185.10 (162.40)
	Consists of: - Saccade Test - Smooth Pursuit Test - Optokinetic Test - Gaze Nystagmus Test Cannot be used with item 1620.						
1630	DVA (Dynamic Visual Acuity) test using Video-nystagmography (VNG)	09.00				10.000	74.10 (65.00)
	The dynamic visual acuity (DVA) test provides a functional measure of oscillopsia in patients with vestibular loss. It is sensitive to changes in both peripheral and central vestibular function, and can detect unilateral vestibular loss in the plane of the head rotation. Subjects are asked to read a Snellen chart with the head stationary, and then during rapid head rotations. Visual stimuli in the later conditions are presented only with the head moving at a predetermined velocity that, at the relatively high rotational frequencies used, elicits a robust VOR to compensate for head motion. If visual acuity drops 2 log MAR during head rotation in any direction, the test indicates that the patient is experiencing oscillopsia due to poor compensation for head motion.						
1635	Caloric test using ENG electro-nystagmography (3255)	09.00				50.000	370.30 (324.80)