REGISTERED NURSES IN PRIVATE PRACTICE AND NURSING AGENCIES

Registered Nurses In Private Practice and Nursing Agencies 2009

DRAFT NATIONAL REFERENCE PRICE LIST FOR SERVICES BY REGISTERED NURSES IN PRIVATE PRACTICE AND NURSING AGENCIES, 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.

A GENERAL INFORMATION

The "RegN" column (Practice Type 48800) of this schedule is a reference price list for registered nurses and midwives only (not enrolled nurses) in private practice, and may only be charged by the registered nurse performing the procedure, and whose practice number is reflected on the account.

The "NAgen" column (Practice Type 48000) of this schedule is a reference price list for registered accredited nursing agencies and accredited home health care organizations only (not nurses in private practice), i.e. if employed at a nursing agency or home health care organization the private nurse practitioner may not submit claims on his / her practice number.

A registered nurse or midwife is a nurse or midwife registered with the South African Nursing Council in terms of the Nursing Act 50 of 1978 (as amended).

1. Agency refers to:

a) An accredited business registered / licensed with the S A Nursing Council carrying out the business of providing Registered and supervised Enrolled Nursing services, as well as surgicals and equipment.

b) The agency should also be registered with a representative professional governing body.

2. Home health care organisations refers to:

a) An accredited business that provides registered and supervised Enrolled Nursing services, as well as surgicals and equipment for home care.

b) The accredited home care organisation should also be registered with a representative professional governing body.

All accounts must be presented with the following information clearly stated:
i. Name of nurse practitioner, agency or home health care organization (whichever is applicable);
ii. Pre-authorisation code, when applicable
iii. Qualifications of the nurse practitioner
iv. BHF practice number
v. Section 22A permit number (if applicable)
vi. Postal address and telephone number
vii. Dates on which services were provided
viii. The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered.
ix. Surname and initials of the member
x. First name of the patient
xi. Name of the scheme
xii. Membership number of the member
xiii. Where the account is a photocopy of the original, certification by way or rubber-stamp and signature of the nurse, or in the case of "80" practice numbers, the appropriate representative agent
xiv. A statement of whether the account is in accordance with the National Health Reference Price List
xv. Where the after care is taken over by the nurse practitioner, a letter of referral from the doctor with the diagnosis and treatment should be attached.

B	GENERAL RULES	
01	CONSULTATION, COUNSELING, PLANNING AND/OR ASSESSMENT: Consultation, counseling and / or assessment (codes 001 and 002 below) encompasses consultation, history taking, patient examination and assessment, observation, treatment planning, after care treatment planning, discharge planning and/or counseling. If a consultation and one or more procedures are performed in the visit, both a consultation code and the relevant procedure code(s) may be charged but the time spent on the procedure shall not be included in the consultation period for purposes of determining the consultation fee. A consultation may not be charged where the sole purpose of the visit was to perform a procedure.	04.00
02	EMERGENCY VISITS Bona-fide, justifiable emergency nursing services rendered to a patient, at any time, may attract an additional fee as specified in item 014. These specifically relate to home visits for procedures which become necessary outside those which have been pre-arranged, such as but not exclusively, blocked urinary catheters, IV therapy which tissues or wound(s) which are draining excessively and require additional dressing. These should be accompanied by a written motivation. NOTE THAT THIS FEE IS ONLY APPLICABLE TO REGISTERED NURSES IN PRIVATE PRACTICE, AND NOT TO NURSING AGENCIES.	04.00

Code	Description	Ver	Add	Nursing Agencies/Home Care Services		Registered Nurses	
				RVU	Fee	RVU	Fee

Code	Description	
021	SUNDAYS AND PUBLIC HOLIDAYS When codes 036, 037 or 038 are charged for services rendered on a Sunday, the fee in respect of these codes shall be inflated by 50%. Modifier 0007 must be quoted after the appropriate code number(s) to indicate that this rule is applicable. When codes 036, 037 or 038 are charged for services rendered on a public holiday, the fee in respect of these codes shall be inflated by 100%. Modifier 0001 must be quoted after the appropriate code number(s) to indicate that this rule is applicable. NOTE THAT THIS FEE IS ONLY APPLICABLE TO NURSING AGENCIES AND NOT TO REGISTERED NURSES IN PRIVATE PRACTICE.	05.03
03	PROCEDURES If a composite fee or general hourly rate is charged, no additional fee for procedures may be charged The fee in respect of more than one procedure performed at the same time shall be the fee in respect of the major procedure plus 50% of the fee of each subsidiary or additional procedure. Modifier 0002 to be quoted.	04.00
04	FEES The rate that may be charged in respect of rendering a service not listed in this benefit schedule shall be based on the rate in respect of a comparable service. Modifier 0003 to be quoted with the description of service rendered and the applicable item number used.	04.00
05	COST OF MEDICINES AND MATERIALS The amount charged in respect of medicines and scheduled substances shall not exceed the limits prescribed in the Regulations Relating to a Transparent Pricing System for Medicines and Scheduled Substances, dated 30 April 2004, made in terms of the Medicines and Related Substances Act, 1965 (Act No 101 of 1965). In relation to all other materials, items are to 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; and * a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands. Item 301 is to be quoted except for stomal products where item 205 is to be quoted.	04.00
051	MEDICINES Scheduled medicines may not be supplied by an institution. Intramascular/Intravenous injection and OPAT may only be administered by a registered nurse.	05.03
06	EQUIPMENT (HIRE AND SALES) Hiring equipment: 1% of the current replacement value of the equipment per day. Total charge not to exceed 50% of replacement value. Description of equipment to be supplied. To be billed in terms of item 302. Payment of this item is at the discretion of medical scheme concerned, and should be considered in instances where cost savings can be achieved. By prior arrangement with the medical scheme. For equipment that is sold to a member, the net acquisition cost of the equipment may be charged (item 303). This should be on a separate invoice attached to the account as the cost of these items are refunded to the member and not paid to the supplier.	04.00
07	MIDWIFERY The global fee is to be charged where the midwife and any assistants attend to the entire four stages of delivery. Item 399 or 403 to be quoted. No additional service fee may be levied, but pharmaceuticals may be charged under item 301. Where intravenous infusions (including blood or blood cellular products) are administered as part of the after treatment after confinement, no extra fees will be charged as this is included in the global maternity fees. Should the attending midwife prefer to ask a medical practitioner to perform intravenous infusion, then the midwife (and not the patient) is responsible for remunerating such practitioner for the infusions. When a registered midwife treats a patient in the antenatal period and after starting the confinement requests a doctor to take over the case, the registered midwife shall calculate the fee for work done up to the handover of the case. Should a midwife be required to hand over the case to a medical practitioner due to complications during a home delivery and she is required to assist, item 410 may be used. Where the confinement has not started and the midwife requests a doctor to take over the case, the fee for the visits during early labour shall be charged as item 406. This may not be combined with item 400. Antenatal/postnatal exercise or education classes are generally not covered by the schemes and payment is the responsibility of the member.	05.03
08	TRAVEL FEE Please note that generally schemes do not accept the responsibility for transport expenses, as they are deemed to be included in the fee.	04.00
09	WELL BABY CLINICS Where vaccines are issued free by the state, no charge may be levied for the product. Vaccines may only be purchased, stored and dispensed by nurses with a Section 22A (15) permit Emergency equipment must be available in the clinic.	05.06
10	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
MODIFIERS		
0001	Public holidays, add 100%. Nursing agencies only.	05.03
0002	Only 50% of the fee in respect of subsidiary/additional procedures may be charged.	04.00
0003	The fee that may be charged in respect of the rendering of a service not listed in this recommended benefit schedule, shall be based on the fee in respect of a fee for a comparable service. Motivation must be attached.	04.00
0007	Sundays add 50%. Nursing agencies only.	05.03

Code	Description	Ver	Add	Nursing Agencies/Home Care Services		Registered Nurses	
				RVU	Fee	RVU	Fee
ITEMS							
CONSULTATIONS (the Pathology/Diagnosis must be stated)							
Code	**Description**	**Ver**	**Add**	**Nursing Agencies/Home Care Services**		**Registered Nurses**	
				RVU	**Fee**	**RVU**	**Fee**
005	Individual consultation, counseling, planning and/or assessment. 5 - 15 minutes.	09.01		2.747	22.50 (19.70)	10.000	50.80 (44.60)
006	Individual consultation, counseling, planning and/or assessment. 16 - 30 minutes.	09.01		6.180	50.60 (44.40)	22.500	114.40 (100.40)
001	Individual consultation, counseling, planning and/or assessment. 31 - 45 minutes.	09.01		10.300	84.30 (73.90)	37.500	190.70 (167.30)
002	Individual consultation, counseling, planning and/or assessment. 46+ minutes.	06.03		14.200	116.20 (101.90)	52.500	266.90 (234.10)
014	For emergency consultation/visit, all hours - See General Rule 2.	04.00				7.700	63.00 (55.30)
SPECIMENS.							
020	This must form part of a consultation when a consultation is charged. Where a consultation was not performed and the nurse visited or attended to the patient with the sole purpose of obtaining a specimen, and dispatching to a laboratory or using own machine to test – please state specimen type and, where applicable, machine and test performed.	04.00		4.600	37.70 (33.10)	4.600	37.70 (33.10)
OBSERVATIONS. (Temperature, Pulse Respiration and B.P.)							
025	Where a consultation was not performed and the nurse attended to the patient with the sole purpose of doing an observation.	04.00		4.600	37.70 (33.10)	4.600	37.70 (33.10)
ADMINISTRATION OF MEDICATION.							
030	Where a consultation was not performed and the nurse attended to or visited the patient with the sole purpose of administering intramuscular or intravenous medication. The route of administration of medication to be stated, as well as the name of the medication. Oral, rectal, vaginal medication excluded as well as the application of topical medicine.	04.00		4.600	37.70 (33.10)	4.600	37.70 (33.10)
452	Immunisation	04.00				3.000	24.60 (21.60)
OPAT (Antibiotics, Chemotherapy, Blood Products and Dehydration)							
035	All inclusive global fee for the setting up of an IV line and administration of intravenous therapy by a registered nurse	05.02		24.300	198.90 (174.50)	24.300	198.90 (174.50)
036	When a SRN returns to add medication to an existing IV infusion	05.02		12.200	99.90 (87.60)	12.200	99.90 (87.60)
COMPOSITE FEES							
	Note : These fees may only be charged by members of an accredited home healthcare organisation for services rendered at patient's home. (Care givers are not included in the fee). This includes all post hospitalisation/nursing care during a 24 hour period or part thereof. Motivation by a medical practitioner required. Single procedures/visits are not to be charged as a composite fee.						05.03
032	Low intensity care (Presenting problem(s) that are of low severity. The patient is stable, recovering or improving).	05.02		42.700	349.50 (306.60)		
033	Medium intensity care (Presenting problem(s) that are of moderate severity. The patient is responding inadequately to therapy or has developed a minor complication).	05.02		61.700	505.00 (443.00)		
034	High intensity care (this item presenting problem(s) that are of high complexity. The patient is unstable or has developed a significant new problem). By arrangement with scheme	05.02		-	-		
	The above fees includes : all nursing intervention in a 24 hour period; all visits of a supervisory nature; non-recoverable items e.g. disinfectants, soaps, towellets, hibitane, aprons, fractions of strapping etc.; all travelling costs; all administrative costs; delivery/courier costs where these are necessary but excludes : any drugs and surgicals required; equipment sale or hire; auxiliary services by paraprofessionals. e.g. OT's and physiotherapists.	05.03					
	Note : Item 035 should not represent more than 4% of all claims received.						05.03
RECOMMENDED HOURLY RATES FOR REGISTERED NURSING AGENCIES							
039	Enrolled nursing assistant, per hour	05.02		3.700	30.30 (26.60)		
037	Enrolled nurse, per hour	05.03		5.100	41.70 (36.60)		
038	Registered nurse, per hour	05.03		6.460	52.90 (46.40)		

Code	Description	Ver	Add	Nursing Agencies/Home Care Services		Registered Nurses	
				RVU	Fee	RVU	Fee
	1. The fee for 24 hour daily care may not exceed R 420.00 per day (or R 630.00 on a Sunday or R 840.00 on a public holiday) and no other procedure may be charged. 2. In the case of litigation, the registered nurse will be co-responsible for the practice of the enrolled nurse. 3. All services to be re-negotiated with the scheme every 7 days or such lesser period as stipulated in pre-authorisation.	05.03					
CARE OF WOUNDS (The pathology must be stated).							
040	Treatment of simple wounds/burns requiring dressing only.	04.00		8.800	72.00 (63.20)	8.800	72.00 (63.20)
041	Treatment of extensive wounds/burns requiring extensive nursing management eg irrigation, etc.	04.00		12.400	101.50 (89.00)	12.400	101.50 (89.00)
042	Treatment of moderate wounds/Burns eg drains or fistulas and inserting of sutures	04.00		11.000	90.00 (78.90)	11.000	90.00 (78.90)
045	Laser treatment for wound healing where prescribed by medical practitioner	04.00		7.670	62.80 (55.10)	7.670	62.80 (55.10)
RESPIRATORY SYSTEM.							
050	Nebulization/Inhalation.	04.00		3.800	31.10 (27.30)	3.800	31.10 (27.30)
051	Tracheostomy care.	04.00		7.900	64.70 (56.80)	7.900	64.70 (56.80)
052	Peak flow measurement.	04.00		3.100	25.40 (22.30)	3.100	25.40 (22.30)
	For ICU trained nurses registered with SANC as such and nurses working in the occupational health setting but not for a company. (Item 053)	04.00					
053	Flow volume test: inspiration/expiration using ELF/similar machine.	04.00				13.100	107.20 (94.00)
CARDIO-VASCULAR SYSTEM.							
	Only for ICU trained nurses registered as such with SANC. A medical practitioner must be available in the event of a resuscitation being required. (Items 062 and 063).	04.00					
060	Cardiopulmonary resuscitation.	04.00				23.000	188.30 (165.20)
061	Performing ECG only.	04.00				4.600	37.70 (33.10)
062	Effort test - bicycle.	04.00				16.900	138.30 (121.30)
063	Effort test - multistage treadmill.	04.00				38.400	314.30 (275.70)
MUSCULOSKELETAL SYSTEM.							
070	Application or removal splints and prosthesis	04.00		3.900	31.90 (28.00)	3.900	31.90 (28.00)
071	Application or removal of traction	04.00		7.700	63.00 (55.30)	7.700	63.00 (55.30)
072	Application of skin traction	04.00		7.700	63.00 (55.30)	7.700	63.00 (55.30)
GASTRO INTESTINAL SYSTEM.							
080	Nasogastric tube insertion, feeding and removal.	04.00		9.200	75.30 (66.10)	9.200	75.30 (66.10)
082	Enema administration	04.00		4.800	39.30 (34.50)	4.800	39.30 (34.50)
083	Aspiration of stomach/gastric lavage.	04.00				6.900	56.50 (49.60)
084	Faecal impaction/manual removal.	04.00		8.700	71.20 (62.50)	8.700	71.20 (62.50)
URINARY SYSTEM.							
090	Any urinary tract procedure including catheterisation, bladder stimulation and emptying.	04.00		9.500	77.80 (68.20)	9.500	77.80 (68.20)
091	Condom catheter application, penile dressing catheter care including bag change or catheter removal.	04.00		5.800	47.50 (41.70)	5.800	47.50 (41.70)
093	Incontinence management (30 minutes) This fee includes intermittent catheterisation, external sheath drainage, taking of history, providing literature and teaching.	04.00		9.500	77.80 (68.20)	9.500	77.80 (68.20)
GENERAL CARE.							
100	This includes all aspects of elementary nursing care performed at a patient's home which may include : Bath/ bedbath, getting patient out of bed, making of bed, hairwash, mouth hygiene, nail care, shave, put patient back to bed, pressure area care, per visit. (irrespective of time spent)	04.00		16.100	131.80 (115.60)	16.100	131.80 (115.60)

Code	Description	Ver	Add	Nursing Agencies/Home Care Services		Registered Nurses	
				RVU	Fee	RVU	Fee
STOMALTHERAPY NURSING.							
	Applicable to stomal therapy trained registered nurses who are working as private practitioners and not for a company other than a registered nursing agency.						05.02
	Please Note: Items 200, 201, 202, 204, 205, 079 and 081 may not be used in conjunction with items 230, 234, 238 and 250						04.00
079	Stomal irrigation - 60 minutes. May not be used in conjunction with the global fees.	04.00		4.800	39.30 (34.50)	4.800	39.30 (34.50)
	Colonic lavage - may be performed by all nurse practitioners but only when prescribed by a medical practitioner, and the written prescription is attached.	04.00					
081	Colonic lavage	04.00		4.800	39.30 (34.50)	4.800	39.30 (34.50)
200	Simple stoma - a well constructed, sited stoma which is easy to pouch. Very little or no peristomal skin excoriation	04.00		8.800	72.00 (63.20)	8.800	72.00 (63.20)
201	Complex stoma - a poorly constructed, non-sited stoma requiring convexity or build up. Difficult to pouch. Severe peristomal skin excoriation.	04.00		12.400	101.50 (89.00)	12.400	101.50 (89.00)
202	Moderate stoma - a fairly well constructed, sited stoma which may require straight forward convexity or build up. Mild to moderate peristomal skin excoriation.	04.00		11.000	90.00 (78.90)	11.000	90.00 (78.90)
205	Stoma products charged in accordance with rule 05.	04.00		-	-	-	-
230	Global fee - Simple Stoma - Permanent. Includes the following: 1 X Pre-op consultation: includes history, stomal siting, counselling 3 X Post-op consultations - includes checking stoma and pouch, teach, advise on management, diet, lifestyle 2 X Clinic visits plus procedure (remove sutures, check stoma, skin integrity, show/teach other pouches, advise on diet and lifestyle: enema/irrigation/intermittent catheterisation) and materials (gloves, linen saver, gauze etc) 6 Month clinic visit and assessment: including materials (gloves, linen saver, gauze, etc)	04.00		124.900	1022.30 (896.80)	124.900	1022.30 (896.80)
234	Global fee - Moderate Stoma - Permanent (Includes the following): 1 X Pre-op consultation: includes history, stomal siting, counselling 3 X Post-op consultations - includes checking stoma and pouch, teach, advise on management, diet, lifestyle 2 X Clinic visits plus procedure (remove sutures, check stoma, skin integrity, show/teach other pouches, advise on diet and lifestyle: enema/irrigation/intermittent catheterisation) and materials (gloves, linen saver, gauze etc) 6 Month clinic visit and assessment: including materials (gloves, linen saver, gauze, etc)	04.00		137.200	1123.00 (985.10)	137.200	1123.00 (985.10)
238	Global fee: Complex stoma - Permanent (Includes the following): 1 X Pre-op consultation: includes history, stomal siting, counselling 3 X Post-op consultations - includes checking stoma and pouch, teach, advise on management, diet, lifestyle 2 X Clinic visits plus procedure (remove sutures, check stoma, skin integrity, show/teach other pouches, advise on diet and lifestyle: enema/irrigation/intermittent catheterisation) and materials (gloves, linen saver, gauze etc) 6 Month clinic visit and assessment: including materials (gloves, linen saver, gauze, etc)	04.00		159.900	1308.80 (1148.10)	159.900	1308.80 (1148.10)
250	Clinic visits after 6 months per half hour plus one procedure - eg irrigation, enema, etc. - plus material	04.00		10.000	81.90 (71.80)	10.000	81.90 (71.80)
EQUIPMENT							
	Applicable only to registered nurses who are working as private practitioners and not for a company other than a registered nursing agency.						05.02
302	Equipment hire per day, charged according to rule 06.	04.00					
303	Equipment sold to a member should be net acquisition cost. This should be on a separate invoice attached to the account as the cost of these items are refunded to the member, and not paid to the supplier.	05.03			-	-	-
MIDWIFERY							
Global Obstetric Fees							
	This is charged where the midwife managed the entire four stages of delivery.						04.00
399	Global midwife delivery fee in hospital / birthing unit. Includes all care from the time of admission of the patient in labour until discharge from hospital.	04.00				210.900	1726.20 (1514.20)
403	Global obstetric fee – home birth. (to be charged if the entire confinement is completed at home). Includes all care from commencement of labour until 1 hour after delivery.	04.00				275.500	2255.00 (1978.10)
407	Global fee for childbirth education. By arrangement with scheme/patient.	04.00				-	-
Where the global fee is not applicable, the following will apply:							
400	First Stage Monitoring	04.00				73.800	604.10 (529.90)

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

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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	Social Workers 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 RVU	Speech Therapy Fee	Audiology RVU	Audiology 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 RVU	Speech Therapy Fee	Audiology RVU	Audiology 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; 112						
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 RVU	Speech Therapy Fee	Audiology RVU	Audiology 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 1[illegible] 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 RVU	Speech Therapy Fee	Audiology RVU	Audiology Fee
	AEPs enable objective evaluation [illegible] e auditory system. Electrodes are placed in various locations on the [illegible] and electrical recordings are made in response to auditory stimulation. T[illegible] origin of the ABR is believed to be the auditory nerve and brainstem. AA[illegible] makes use of objective response detection. A single, low intensity c[illegible] stimulus is presented and the software interprets the resulting waveform ([illegible] g a template and/or statistical significance as reference) as a pa[illegible] esponse present) or refer (response absent). AABR is used for hearing [illegible] eening purposes. Cannot be used together with iter[illegible] 0.						
1510	Screening ABR - Bilateral (Audito[illegible] ainstem Response) . Cannot be charged with 1505	09.0[illegible]				20.000	130.2[illegible] (114.20[illegible]
	AEPs enable objective evaluation [illegible] e auditory system. Electrodes are placed in various locations on the [illegible] p and electrical recordings are made in response to auditory stimulations. [illegible] origin of the ABR is believed to be the auditory nerve and brainstem. A s[illegible], low intensity click stimulus is presented and the resulting wave [illegible] is interpreted by the audiologist as a pass (response present) or refer ([illegible] onse absent). This ABR is used for hearing screening purposes. The [illegible] ologist interprets the results of the tests. Cannot be used together with iter[illegible] 05.						
1515	Diagnostic Audiological Click ABF[illegible] uditory Brainstem Evoked Response) – Bilateral Air conduction threshold[illegible] ermination using click stimuli	09.0[illegible]				60.000	422.2[illegible] (370.40[illegible]
	AEPs enable objective evaluation [illegible] e auditory system. Electrodes are placed in various locations on the [illegible] p and electrical recordings are made in response to auditory stimulations [illegible] origin of the ABR is believed to be the auditory nerve and brainstem. By [illegible] ing the click stimulus intensity, the threshold response can be deter[illegible] d. Objective threshold determination using click ABR correlates well w[illegible] sycho-acoustic hearing threshold at high frequencies. The audiologist inte[illegible] s the results of the tests.						
1520	Diagnostic Audiological Click AB[illegible] uditory Brainstem Response) – Bilateral Bone conduction threshold deter[illegible] tion using click stimuli	09.0[illegible]				80.000	562.9[illegible] (493.8[illegible]
	AEPs enable objective evaluation [illegible] he auditory system. Electrodes are placed in various locations on the [illegible] ip and electrical recordings are made in response to auditory stimulations [illegible] e origin of the ABR is believed to be the auditory nerve and brain stem. B[illegible] conduction ABR testing is used to determine whether middle ear pa[illegible] gy is present or is used in the case of patients with no external ear. An [illegible] tional bone oscillator in used with the standard ABR equipment. By va[illegible] the bone conduction stimulus intensity, the threshold response can be d[illegible] mined. Objective threshold determination using bone conduction ABR corr[illegible] s well with psycho-acoustic sensorineural hearing threshold. [illegible] procedure for bone ABR is an additional procedure and may be determine[illegible] different frequencies. The audiologist interprets the results of the tests						
	Combinations of items 1531 to 1[illegible] cannot be billed together.	06.[illegible]					
1531	Diagnostic Audiological Tone Bu[illegible] BR (Auditory Brainstem Response) – Bilateral Frequency specific thre[illegible] d determination using tone-burst stimuli at: 1 frequency	09.0[illegible]				30.000	211.[illegible] (185.2[illegible]
	AEPs enable objective evaluatio[illegible] the auditory system. Electrodes are placed in various locations on th[illegible] alp and electrical recordings are made in response to auditory stimulation[illegible] e origin of the electrical response is believed to be the auditory nerve [illegible] brainstem. Brief tones of different frequencies can be used to obje[illegible] ly evaluate frequency specific hearing sensitivity. By varying the tonebu[illegible] stimulus intensity (at one frequency), the threshold response can be deter[illegible] ed. Objective threshold determination using tone burst ABR correlates [illegible] with psycho-acoustic hearing threshold. The audiologist interprets the re[illegible] of the tests. Cannot be used together with ite[illegible] 1532;1533;1534.						
1532	Diagnostic Audiological Tone Bu[illegible] BR (Auditory Brainstem Response) – Bilateral Frequency specific thre[illegible] d determination using tone-burst stimuli at : 2 frequencies	09.[illegible]				60.000	422.[illegible] (370.4[illegible]
	AEPs enable objective evaluatio[illegible] the auditory system. Electrodes are placed in various locations on th[illegible] alp and electrical recordings are made in response to auditory stimulation[illegible] e origin of the electrical response is believed to be the auditory nerv[illegible] d brainstem. Brief tones of different frequencies can be used to obje[illegible] ly evaluate frequency specific hearing sensitivity. By varying the toneb[illegible] stimulus intensity (at one frequency), the threshold response can be dete[illegible] ed. Objective threshold determination using tone burst ABR correlates [illegible] with psycho-acoustic hearing threshold. The audiologist interprets the re[illegible] of the tests. Cannot be used together with it[illegible] 1531;1533;1534.						
1533	Diagnostic Audiological Tone B[illegible] ABR (Auditory Brainstem Response) – Bilateral Frequency specific thre[illegible] d determination using tone-burst stimuli at : 3 frequencies	09.[illegible]				90.000	633.2[illegible] (555.4[illegible]