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 evaluatior placed in various locations on the response to auditory stimulations latency and their origin is therefor ABR (ranging from the auditory b different frequencies are used to hearing sensitivity. By varying the frequency), the threshold respons determination using these AEP c threshold. The MLAEP and SCAE and / or nature of auditory-neural results of the tests. Cannot be used with items 1541	he auditory system. Electrodes are lp and electrical recordings are made in e MLAEP and SCAEP follow the ABR in e higher up the auditory pathway than stem to auditory cortex). Tones of ctively evaluate frequency specific eburst stimulus intensity (at one an be determined. Objective threshold ate well with psycho-acoustic hearing nay also be used to determine the site nology. The audiologist interprets the 2;1543.						
	Combinations of items 1551 to 1	cannot be billed together.	06.0				
1551	ASSER (Auditory Steady State E determination : 1 frequency	ed Response) -- Bilateral threshold	09.0			30.000	211.10 (185.20)
	AEPs enable objective evaluatio placed in various locations on th response to auditory stimulations stimuli characterized by periodic carrier frequency. Continuous to objectively evaluate frequency s stimulus intensity (at one freque determined. ASSR makes use o software interprets the resulting significance or correlation) to de absent. Objective threshold dete psycho-acoustic hearing thresho tests.. Cannot be used together with ite	the auditory system. Electrodes are alp and electrical recordings are made in e ASSEP is an evoked by continuous plitude and frequency modulation of a of different frequencies are used to ic hearing sensitivity. By varying the the threshold response can be ective response detection, where the eform (using a statistical measure of ine whether a response is present or ation using the ASSR correlates well with The audiologist interprets the results of the 1552;1553;1554.						
1552	ASSER (Auditory Steady State determination : 2 frequencies	ed Response) -- Bilateral threshold	09.0			40.000	281.40 (246.80)
	AEPs enable objective evaluatic placed in various locations on th response to auditory stimulation stimuli characterized by periodic carrier frequency. Continuous to objectively evaluate frequency s stimulus intensity (at one freque determined. ASSR makes use o software interprets the resulting significance or correlation) to de absent. Objective threshold det psycho-acoustic hearing thresh tests. Cannot be used together with it	the auditory system. Electrodes are alp and electrical recordings are made in he ASSEP is an evoked by continuous plitude and frequency modulation of a of different frequencies are used to ific hearing sensitivity. By varying the), the threshold response can be jective response detection, where the veform (using a statistical measure of nine whether a response is present or nation using the ASSR correlates well with The audiologist interprets the results of the 1551;1553;1554.						
1553	ASSER (Auditory Steady State determination : 3 frequencies	ked Response) -- Bilateral threshold	09.0			60.000	422.20 (370.40)
	AEPs enable objective evaluati placed in various locations on t response to auditory stimulatio stimuli characterized by period carrier frequency. Continuous t objectively evaluate frequency stimulus intensity (at one frequ determined. ASSR makes use software interprets the resultin significance or correlation) to d absent. Objective threshold de psycho-acoustic hearing thres tests. Cannot be used together with	f the auditory system. Electrodes are calp and electrical recordings are made in The ASSEP is an evoked by continuous nplitude and frequency modulation of a s of different frequencies are used to ific hearing sensitivity. By varying the '), the threshold response can be ojective response detection, where the veform (using a statistical measure of mine whether a response is present or ination using the ASSR correlates well with The audiologist interprets the results of the s 1551;1552; 1554.						
1554	ASSER (Auditory Steady State determination : 4 frequencies	oked Response) -- Bilateral threshold	09.0			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)

Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
	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. In this test, each ear is separately irrigated with cold water and then warm water to create nystagmus in the patient. ENG recordings are evaluated to detect any difference between the nystagmus of the right side and the life side. Four irrigations occur: a warm and cold irrigation for both the right and the left ear. Cannot be used with item 1640.						
1640	Caloric test using VNG electro-nystagmography (3255)	09.00				50.000	370.30 (324.80)
	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. In this test, each ear is separately irrigated with cold water and then warm water to create nystagmus in the patient. ENG recordings are evaluated to detect any difference between the nystagmus of the right side and the life side. Four irrigations occur: a warm and cold irrigation for both the right and the left ear. Cannot be used with item 1635.						
1645	Posturography	09.00				25.000	185.10 (162.40)
	Computerized posturography tests a patient's sensory organization, motor control, evoked postural responses (EMG), and sway patterns to assess balance and postural instability by systematic manipulation of somatosensory and visual information. The patient is placed in the posturography system. The system is made up of a force plate that controls foot support and a visual surround reference that can be controlled. Force transducers measure the vertical and horizontal force output of the patient's feet. The patient's center-of-force is used as an estimate of body sway during testing. A sway bar and potentiometer is placed at the pelvis and shoulder, which measures anterior-posterior position. Displacement of the visual surround is changes as the ankle angel is changed. In the posture portion of posturography, the support surface rotates faster than the body can move producing a sway and ankle rotation that is opposite of what normally occurs in a standing position on a fixed surface. This exaggerated sway produced a stretching of the ankle joint, which is recorded as three surface EMG signals form the gastrocnemius and tibialis anterior muscles of the legs to a computer that records the data. Patient with normal function will maintain balance while patients with a disturbance of balance will elicit abnormal results. The EMG portion of posturography along with the sensory organization and motor control tests help differentiate between the possible diagnoses causing the patient's imbalance and postural instability.						
1650	Rotational Chair test	09.00				15.000	97.70 (85.70)
	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. The patients is seated in a rotary chair with the head bent forward 30 degrees. ENG electrodes or a VNG Video goggles with infrared camera are placed to measure nystagmus while the chair is rotated with the patient's eyes closed. A recording is made and studied to determine and abnormal labyrinth response on one side or the other						
1655	Otolith repositioning/canalith maneuvre	06.02				25.000	150.50 (132.00)
1660	Vestibular rehabilitation (neuromuscular) re-education of movement, balance, coordination, kinesthetic sense, posture, and proprioception	06.02				25.000	150.50 (132.00)
G.	**Cochlear Implant Tests**						
1700	Cochlear Implants: Pre-implant round window promontory testing	09.00				45.000	293.00 (257.00)
	In cases where speech tests were not possible because of very limited speech and language acquisition (e.g. prelingually deaf adults) This test is designed to determine if electrical stimulation of the auditory nerve will result in sound. It involves stimulating the promontory with small pulses. A physician inserts an electrode through the eardrum under local anaesthetic. The audiologist delivers small amounts of electrical current at different frequencies and the patient indicate when they hear a sound.						
1710	Cochlear Implants : Electrode mapping : per 15min (max 120min)	09.00				15.000	111.10 (97.50)

Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
	The audiologist programs the speech processor based on the patient's responses to computer generated sounds delivered to the implant. As the useful dynamic range for electrical stimulation is relatively narrow and varies across patients and electrodes there is a need to individually tailor the amplitudes of electrical stimulation for each patient. Psychophysical measurements establish the useful range for each electrode and this information is stored digitally in the patient's speech processor. This process of mapping is crucial in providing maximum speech information through the multi channel cochlear implant.						
1720	Cochlear Implants : Implant test : Four test modes : intra- or post-operatively	09.00				5.000	34.40 (30.20)
	Electrode impedance is performed to confirm integrity of the implant electrodes.						
1725	Cochlear Implants : Neural Response Telemetry : intra-operatively (during cochlear implant surgery)	09.00				20.000	148.10 (129.90)
	The NRT tool provides a simple way to directly record neural responses. Information from NRT gives the audiologist or surgeon confirmation that the cochlear implant is effectively stimulating the hearing nerve fibres in the inner ear. During NRT testing, an electrical signal is sent to the implant electrode and the activity of the hearing nerve fibres is recorded. This non-invasive, objective test is quicker and easier than other standard methods and does not require sedation or the use of external recording electrodes.						
1730	Cochlear Implants : Neural Response Telemetry : post-operatively (after cochlear implant surgery)	09.00				55.000	378.80 (332.30)
	NRT measurements assist clinicians in selecting and optimising initial programming parameters - speeding and simplifying the programming of young children. NRT uses radiofrequency telemetry technology to measure the action potentials of the auditory nerve. The test can be performed at any time by connecting a speech processor to a programming system running the NRT software on a computer. A pulse is delivered from one electrode to the hearing nerve fibres in the inner ear. The hearing nerve fibres respond to the pulse. The implant system sends the response back to the computer which collects the information. The steps are repeated to build a profile of the responsiveness of the hearing nerve fibres at different sites on the electrode array.						
1735	Cochlear Implants : Electrical Stapedius Reflex Thresholds : intra-operatively only	09.00				13.000	96.30 (84.50)
	The stapedius reflex is measured in response to electrical stimulation within the cochlea by direct observation during surgery. The use of electrically evoked stapedius reflex thresholds (eSRT) has been suggested as a useful means for creating a cochlear implant speech processor programme.						
1740	Cochlear Implants : Comprehensive speech perception testing, pre- and post-cochlear implant, per 15min (max 45min)	09.00				15.000	105.50 (92.50)
	The desired outcomes for patients using cochlear implants relate to improved speech perception. A vast array of test are used to determine progress and assist in programming. (92601-92602). A diagnostic analysis of a cochlear implant including programming is done post-operatively to fit the previously placed external devices, connect to the implant and programmed. Cochlear implants are equipped with software that allows for different programming specific to the patient's daily activities. Threshold levels, volume, pulse widths, live-voice speech adjustments, input of dynamic range and frequency shaping templates are evaluated and set according to the individual's needs. This is done for patients older than 7 years of age in 92603 Patients older than 7 years of age are able to provide significant feedback for fine-tuning adjustment. Report 92604 for subsequent modifications or reprogramming.						
H.	**Hearing Amplification / Hearing Aids**						
1800	Hearing aid evaluation - per ear	09.00				15.000	93.90 (82.40)
	Evaluation of pure tone thresholds and/or speech thresholds with one or more hearing aid per ear is done to ascertain the effectiveness of a hearing aid for a specific hearing loss or in comparison to another hearing aid other See Rule B.						
1805	Free Field Hearing Aid Evaluation : Pure tone and speech (with and without lipreading)	09.00				13.000	91.50 (80.30)

Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
	Evaluation of pure tone thresholds in a sound field environment: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. This will be done with a hearing aid inserted in the ear to ascertain the effectiveness of a hearing aid. Evaluation of speech audiometry in a sound field environment : 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 . The word discrimination score 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 with the hearing aid inserted to ascertain its effectiveness.						
1810	Insertion gain measurement, per ear	09.00				10.000	65.10 (57.10)
	Electro acoustic evaluation for hearing aid. A physical hearing aid examination with hearing aid in patient's ear and connected to an Insertion Gain meter comparing the unaided in situ measurement with the aided in situ measurement. Instrument used to compare the electro acoustical characteristics of a monaural hearing aid with the specifications for that aid.						
1815	Re-programming of hearing aid, per ear	09.00				10.000	62.60 (54.90)
	A hearing aid would be connected to the Hi-Pro box, and/or the patients ears/ears as well as connected to a computer to reprogramme the parameters of said instrument.						
1820	Technical adjustment of hearing aid/device, per ear.	09.00				6.000	37.60 (33.00)
	The audiologist inspects the hearing aid and checks the battery. The aid is cleaned and the power and clarity are checked using a special stethoscope, which attaches to the hearing aid. These may also include re-tubing of an ear mould, drilling into an ear mould or hearing aid reshaping of an ear mould or hearing aid.						
1825	Repairs to hearing aids	06.02				-	-
1830	Global charge for supply and fitting of hearing aid and follow-up (By arrangement with scheme).	09.00				-	-
	This would include the charge of supplying which includes the initial measurement for the instrument as well as the fitting to ensure good fitting and programming of said instrument to suit the hearing requirements of a patient as per evaluation.						
I.	**Occupational Health / Industrial Hearing Assessment**						
1900	Pure Tone Audiogram (Air conduction). (3237)	06.02				-	-
1905	Pure Tone Audiogram (Bone conduction) (3274)	06.02				-	-
1910	Full Speech Audiogram including speech reception threshold and discrimination at two or more levels (3277)	06.02				-	-
1915	Speech audiogram screening	06.02				-	-
1920	Immittance Measurements (Impedance) (Tympanometry)	06.02				-	-
1925	Immittance Measurements (Impedance) (Stapedial reflex) (3276)	06.02				-	-
4.	**Material**						
0300	Medication	06.02		-	-	-	-
0301	Material	06.02		-	-	-	-

SUBACUTE FACILITIES

Sub Acute Facilities 2009

DRAFT NATIONAL REFERENCE PRICE LIST IN RESPECT OF PRIVATE SUB ACCUTE FACILITIES WITH A "049" PRACTICE NUMBER, WITH EFFECT 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

B	The charges are indicated in the relevant column opposite the item codes.	04.00
C	Procedure for the classification of private sub-acute facilities: i) Inspections of private sub-acute facilities having practice code numbers commencing with the digits "049" will be conducted by an independent agency on behalf of BHF. Applications to be addressed in writing to BHF. ii) The provisions referred to in D.1.1 shall apply mutatis mutandis to all private sub-acute facilities such as post-natal units, rehabilitation units and psychiatric units.	04.00
D	All accounts submitted by private sub-acute facilities shall comply with all of the requirements of Chapter 2, Regulation 5, promulgated in terms of the Medical Schemes Act, Act No. 131 of 1998. Such accounts shall also reflect the practice code number and name of the attending practitioner	04.00
E	All accounts containing items, which are subject to a discount in terms of the rates shall indicate such items individually and shall show separately the gross amount of the discount.	04.00

SCHEDULE

1 ACCOMMODATION

Ward Fees

Private sub-acute facilities shall indicate the exact time of admission and discharge on all accounts 04.00

Patients admitted as day patients shall be charged half daily rate if discharged before 23h00 on the same date:

The following will be applicable to items 001, 013, 015, 017, 105 and 020
On the day of admission:
If accommodation is less than 12 hours from time of admission: half the daily rate.
If accommodation is more than 12 hours from time of admission: full daily rate.
On day of discharge:
If accommodation is less than 12 hours: half the daily rate.
If accommodation is more than 12 hours: full daily rate.

Two half-day fees would be applicable when a patient is transferred internally between any ward and any sub-acute unit.

1.1 General Wards

Code	Description	Ver	Add	Sub-Acute Facilities RVU	Sub-Acute Facilities Fee
001	Ward fee, per day	04.00		10.000	817.70 (717.30)

1.2 Rehabilitation units

The following high function rehabilitation impairment categories will be treated in recognised and accredited specialised rehabilitation units of private sub-acute facilities: Stroke, Brain dysfunction (traumatic and non-traumatic), Spinal cord dysfunction (traumatic and non-traumatic), Orthopaedic (lower joint replacements), Amputation (lower extremity) Cardiac, Pulmonary, Major multiple trauma. Other neurological or orthopaedic impairments will require specific letters of motivation. 04.00

101	General ward/facility fee: under 5 hours stay	04.00		2.227	182.10 (159.70)
105	General care (ward/supporting facilities and equipment)	04.00		10.286	841.10 (737.80)
	Note: The maxima may be modified in individual cases on specific motivation from the doctor-in-charge.	04.00			

1.3 Psychiatric Rehabilitation Unit

The following psychiatric categories will be treated in recognised and accredited specialised psychiatric units of private sub-acute facilities: Depression, Bipolar mood disorder, Anxiety disorder, Organic mood disorder, Dementia Psychological behavioural disorder, Schizophrenia, Mental retardation, Eating disorder, Nonorganic sleep disorder, Sexual disfunction (not by organic disorder) and Mental behaviour disorder (ass puerperium), will require specific letters of motivation inclusive of all specialised psychiatric equipment, monitors, etc. 04.00

003	Ward fee: with overnight stay (specific motivation from the doctor-in-charge) (ward/supporting facilities and equipment)	04.00		10.430	852.90 (748.20)
005	General ward fee: under 5 hours stay	04.00		2.266	185.30 (162.50)
007	General ward fee: without overnight stay	04.00		5.392	440.90 (386.80)

Code	Description	Ver	Add	Sub-Acute Facilities RVU	Sub-Acute Facilities Fee	
2	**STANDARD MATERIAL CHARGES**					
2.1	**Ward stock**					05.03
	The amount charged in respect of dispensed 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 other ward stock (materials and/or medicines), the amount charged shall not exceed the net acquisition price (inclusive of VAT) or the exit price as determined in terms of Act No 101 of 1965.	04.00		-	-	
419	Ward stock					
2.2	**Gases**					09.00
	Oxygen, ward use Fee for oxygen, per quarter hour of part thereof. To charged using the appropriate NAPPI code.	04.00		-	-	
284	PWV area	04.00		-	-	
710	Cape Town	04.00		-	-	
711	Port Elizabeth	04.00		-	-	
712	East London	04.00		-	-	
713	Durban	04.00		-	-	
714	Other areas	04.00		-	-	

TISSUE TRANSPORTATION

Tissue Transportation 2009

DRAFT NATIONAL REFERENCE PRICE LIST FOR TISSUE TRANSPORTATION, 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.

GENERAL RULES

001	Items in the section on blood transportation are only chargeable by providers with a "003" practice number (Accredited Blood and Blood Product Couriers)	06.00

1	**BLOOD TRANSPORTATION**				
Code	**Description**	**Ver**	**Add**	**Accredited Blood and Blood Product Couriers**	
				RVU	**Fee**
700	Routine compat collection: Collection of patient's blood compat by courier from hospital / clinic other than as an emergency. Compat to be delivered to blood bank for cross match.	06.00		-	-
710	Routine blood / blood product collection: Collection and delivery of cross-matched blood/blood produce by courier from blood bank, other than as an emergency. Blood/blood product to be taken to hospital/clinic for patient.	06.00		-	-
720	Emergency blood / blood product collection: Collection of blood/blood product (without a full cross-match) where the driver has to wait for the blood/blood product and deliver it to the hospital (i.e. ROUND TRIP).	06.00		-	-
	Medical scheme may require verification of emergency and determine the nature of such required verification. May not be billed with 700, 710 or 730.	06.00			
730	Emergency blood / blood product collection following change of status of request: Collection of blood/blood product (with or without a full cross-match) where, after the original request was delivered to the blood bank by the courier as a routine request, the status of the request was subsequently changed by the hospital or clinic to an emergency necessitating a non-routine collection by the courier. Blood/blood product to be taken to hospital/clinic for patient.	06.00		-	-
	Medical scheme may require verification of change of status and determine the nature of such required verification. Typically billed with 700. May not be billed with 710.	06.00			
740	Long distance: Additional per km fee for collections further than 50km. This fee applies only to those kilometres in excess of 50 km. Supporting documentation required, illustrating distance traveled.	06.00		-	-

UNATTACHED OPERATING THEATRE UNITS

Unattached Operating Theatre Units 2009

DRAFT NATIONAL REFERENCE PRICE LIST IN RESPECT OF UNATTACHED OPERATING THEATRE UNITS AND DAY CLINICS WITH A PRACTICE NUMBER COMMENCING WITH '76' WITH EFFECT 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	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
C	All accounts submitted by unattached operating theatre units/day clinics shall comply with all of the requirements in terms of the Medical Schemes Act, Act No. 131 of 1999. Where possible, such accounts shall also reflect the practice code numbers and names of the surgeon, the anaesthetist and of any assistant surgeon who may have been present during the course of an operation.	04.00
D	All accounts shall be accompanied by a copy of the relevant theatre accounts specifying all details of items charged, as well as all the procedures performed. Photocopies of all other documents pertaining to the patients account must be provided on request. Medical schemes shall have the right to inspect the original source documents at the rehabilitation hospital concerned.	04.00
E	All accounts containing items which are subject to a discount in terms of the recommended benefit shall indicate such items individually and shall show separately the gross amount of the discount.	04.00
F	Accommodation fees includes the services listed below: A. The minimum services that are required are items 3, 5 and 6. B. If managed care organisations or medical schemes request any of the other services included in this list, no additional charge may be levied by the hospital. 1 Pre-authorisation (up to the date of admission) of: · length of stay · level of care · theatre procedures 2 Provision of ICD-10 and CPT-4 codes when requesting pre-authorisation 3 Notification of admission 4 Immediate notification of changes to: · length of stay · level of care · theatre procedures 5 Reporting of length of stay and level of care · In standard format for purposes of creating a minimum dataset of information to be used in defining an alternative reimbursement system. 6 Discharge ICD-10 and CPT-4 coding · In standard format for purposes of creating a minimum dataset of information to be used in defining an alternative reimbursement system. · Including coding of complications and co-morbidity. To be done as accurately as practically possible by the hospital. 7 Case management by means of standard documentation and liaison between scheme and hospital appointed case managers · Liaison means communication and sharing of information between case managers, but does not include active case management by the hospital.	04.00

SCHEDULE

9 Code	UNATTACHED OPERATING THEATRE UNITS AND DAY CLINICS WITH A PRACTICE NUMBER COMMENCING WITH '76' Description	Ver	Add	Unattached operating theatres / Day clinics RVU	Fee
005	Local anaesthetic theatre, Per minute	04.00		0.294	8.76 (7.68)
010	General anaesthetic theatre, Per minute	04.00		0.923	27.50 (24.10)
015	Dental anaesthetic theatre (Applicable to units registered for dental procedures only), Per minute	04.00		0.623	18.60 (16.30)
061	Excimer laser theatre fee, per minute	04.00		0.662	19.70 (17.30)

Code	Description	Ver	Add	Unattached operating theatres / Day clinics	
				RVU	Fee
Ward fees (including recovery room)					
019	Out-patients facility fee for ambulatory admission - chargeable for patients NOT requiring general anaesthetic- No ward fees applicable. Definition: Item 019 may only be used in conjunction with item 071 which is for pre-booked patients and may not be used in conjunction with items 301, 302, 061 and 335.	04.00		10.850	323.20 (283.50)
025	Day rate.	04.00		12.442	370.70 (325.20)
Emergency units		04.00		-	-
035	Theatre drugs 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).				
301	For all consultations including those requiring basic nursing input, e.g. BP measurement, urine testing, application of simple bandages, administration of injections.	04.00		-	-
302	For all consultations which require the use of a procedure room or nursing input, e.g. for application of plaster of Paris, stitching of wounds, insertion of IV Therapy. Includes the use of the procedure room. No per minute charge may be levied.	04.00		10.700	318.80 (279.60)
Non-chargeable items (1)		05.03		-	-
040	Theatre items: Refer to Appendix B.				
Non chargeable items (2)		05.03		-	-
060	Wards: Refer to Appendix B.				
THE CHARGE FOR A MONITOR HAS BEEN INCLUDED IN THE THEATRE FEE. NO EXTRA CHARGE IS PAYABLE					
STANDARD CHARGES FOR EQUIPEMENT AND MATERIALS					
227	Operating microscope - motorised. This is applicable to a binocular operating microscope with motorised focusing, positioning and zoom magnification changer. Spinal, intra-cranial and ophthalmic surgery only (all ENT and other surgery excluded): Per case	04.00		10.773	320.90 (281.50)
228	Operating microscope - manually operated. Applicable to a binocular operating microscope with manual focusing, positioning and multistep magnification changer. Microscopic surgery only: Per case	04.00		5.327	158.70 (139.20)
335	Excimer laser: Hire fee per eye	04.00		75.258	2242.00 (1966.70)
337	Microkeratome used with an excimer laser, per operation	04.00		13.823	411.80 (361.20)
GASES					
Oxygen and Nitrous Oxide					04.00
	For both gases together, per minute				
283	PWV area	04.00		0.112	3.34 (2.93)
701	Cape Town	04.00		0.154	4.59 (4.03)
702	Port Elizabeth	04.00		0.137	4.08 (3.58)
703	East London	04.00		0.151	4.50 (3.95)
704	Durban	04.00		0.140	4.17 (3.66)
705	Other areas	04.00		0.125	3.72 (3.26)
Oxygen, ward use					04.00
	Fee for oxygen, per quarter hour or part thereof outside the operating theatre complex				
284	PWV area	04.00		0.164	4.89 (4.29)
710	Cape Town	04.00		0.273	8.13 (7.13)
711	Port Elizabeth	04.00		0.262	7.81 (6.85)
712	East London	04.00		0.252	7.51 (6.59)
713	Durban	04.00		0.213	6.35 (5.57)
714	Other areas	04.00		0.203	6.05 (5.31)
Oxygen, recovery room and emergency units					04.00
	Flat rate for oxygen per case				
720	PWV area	04.00		0.327	9.74 (8.54)
721	Cape Town	04.00		0.542	16.10 (14.10)
722	Port Elizabeth	04.00		0.519	15.50 (13.60)
723	East London	04.00		0.500	14.90 (13.10)
724	Durban	04.00		0.427	12.70 (11.10)
725	Other areas	04.00		0.404	12.00 (10.50)

Code	Description	Ver	Add	Unattached operating theatres / Day clinics RVU	Fee
					04.00
Oxygen in Theatre					
	Fee for oxygen per minute in the operating theatre when no other gas administered.	04.00		0.010	0.30 (0.26)
730	PWV area	04.00		0.018	0.54 (0.47)
731	Cape Town	04.00		0.017	0.51 (0.45)
732	Port Elizabeth	04.00		0.017	0.51 (0.45)
733	East London	04.00		0.014	0.42 (0.37)
734	Durban	04.00		0.013	0.39 (0.34)
735	Other areas	04.00		0.020	0.60 (0.53)
Carbon Dioxide					
291	Per minute	04.00		0.392	11.70 (10.30)
Laser					
292	Per minute	04.00		3.731	111.20 (97.50)
Entonox					
293	Per 30 minutes				08.00
Inhalation anaesthetics					
	All prices will be expressed per millilitre and will be based on the Single Exit Price (SEP).	08.00		-	-
285	Halothane (Halothane): per ml	08.00		-	-
752	Ethrane (Enflurane): per ml	08.00		-	-
753	Forane (Isoflurane): per ml	08.00		-	-
754	Isofor (Isoflurane): per ml	08.00		-	-
755	Ultane (Sevoflurane): per ml	08.00		-	-
756	Suprane (Desflurane): per ml	08.00		-	-
757	Aerrane (Isoflurane): per ml	08.00		-	-
758	Alyrane (enflurane): per ml				
759	Fluothane (Halothane): per ml				05.03

ANNEXURES

APPENDIX A

LAPAROSCOPIC AND THORACOSCOPIC CPT CODES AND CATEGORIES

CATEGORY 1 (CPT4 2000 code numbers included where possible)

Diagnostic laparoscopy (49320)
Laparoscopy, surgical; with fulgeration of oviducts (with/without transection) (58670)
Laparoscopy, surgical; with occlusion of oviducts (e.g.band, clip, Falope ring) (58671)
Hysteroscopy diagnostic (58555)
Hysteroscopy, with sampling of endometrium and/or polypectomy, with/without D&C (58558)

THORACOSCOPY, DIAGNOSTIC
THORACOSCOPY, DIAGNOSTIC with biopsy
THORACOSCOPY, DIAGNOSTIC lungs and pleural space, with biopsy
THORACOSCOPY, DIAGNOSTIC pericardial sac, without biopsy
THORACOSCOPY, DIAGNOSTIC pericardial sac with biopsy
THORACOSCOPY, DIAGNOSTIC mediastinal space without biopsy
THORACOSCOPY, DIAGNOSTIC mediastinal space with biopsy

CATEGORY 2

Laparoscopy, surgical; with salpingostomy (salpingoneostomy) (58673)
Laparoscopy, surgical; with fimbrioplasty (58672)
Laparoscopy, surgical; with fulgeration or excision of the ovary, pelvic viscera or peritoneal surface, any method (58662)
Laparoscopy, surgical; with lysis of adhesions (changed 1998 to salpigolysis, ovariolysis) (58660)
Laparoscopy, surgical; with removal leiomyomata (58551)
Laparoscopy surgical; withenterolysis (freeing intestinal adhesion) (44200)
Laparoscopy, surgical; with retropritoneal node sampling (biopsy) (38570)
Laparoscopy,surgical, abdomen, peritoneum, omentum; with drainage lymphocele to peritoneal cavity (49323)
Laparoscopy, surgical; appendectomy (44970)
Laparoscopy, surgical, abdomen, peritoneum and omentum; with biopsy (49321)
Laparoscopy, surgical, abdominal, peritoneum and omentum; with aspiration of cavity or cyst (e.g. ovarian cyst) single or multiple (49322)
Laparoscopy, surgical; with removal of adnexal structures (partial or total oopherectomy and/or salpingectomy) (58661)
Laparoscopy, surgical; orchiopexy for intra-abdominal testis (54692)
Laparoscopy, surgical; ligation spermatic veins for varicocele (55550)
Laparoscopy, surgical; ablation of renal cysts (50541)
Laparoscopy, surgical; urethral suspension for stress incontinence (51990)
Laparoscopy, surgical; sling operation for stress incontinence (51992)
Hysteroscopy with lysis intra-uterine adhesions (58559)

Code	Description	Ver	Add	Unattached operating theatres / Day clinics	
				RVU	Fee
	Hysteroscopy with removal impacted foreign body (58562)				
	Hysteroscopy with removal leiomyomata \ (58561)				
	Hysteroscopy with endometrial ablation \ (58563)				
	Laparoscopic treatment of ectopic pregnancy, without salpingectomy and/or oopherectomy (59150)				
	Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oopherectomy (59151)				
	Laparoscopy, surgical; with vaginal hysterectomy (Lap assisted vag. Hyst) (58550)				
	Laparoscopy, surgical; with bilat. Total pelvic lymphadenectomy (38571)				
	Laparoscopy, surgical; with bilat. Total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy) (38572)				
	Laparoscopy with adrenalectomy (60650)				
	Laparoscopy, surgical; pyeloplasty (50544)				
	Laparoscopy, surgical; nephrectomy (50540)				
	Laparoscopy, surgical; donor nephrectomy (50547)				
	Laparoscopically assisted nephroureterectomy (50548)				
	Laparoscopy, surgical, ureterolithotomy 50945)				
	Laparoscopy, surgical; transection of Vagus nerve, truncal (43651)				
	Laparoscopy, surgical; transection of Vagus nerves, selective or highly selective (43652)				
	Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy (47560)				
	Laparoscopy, surgical; with guided transhepatic cholangiography, with biopsy (47561)				
	Laparoscopy, surgical; cholecystoenterostomy (47570)				
	Laparoscopy, surgical; cholecystectomy with cholangiography (47563)				
	Laparoscopy, surgical; cholecystectomy with explor, common bile duct (47564)				
	Laparoscopy, surgical; splenectomy (38120)				
	Laparoscopy, surgical; gastrostomy, without construction of gastric tube (e.g. Stamm procedure) (43653)				
	Laparoscopy, surgical; jejunostomy (44201)				
	Laparoscopy, surgical; intestinal resection, with anastomosis (44202)				
	Laparoscopy, surgical; oesophagogastric fundoplasty eg Nissen, Toupet procedures) (43280)				
	Unlisted laparoscopic procedure, uterus (58578)				
	Unlisted hysteroscopy procedure, uterus (58579)				
	Unlisted laparoscopic procedure, oviduct, ovary (58679)				
	Unlisted laparoscopic spleen procedure (38129)				
	Unlisted laparoscopic lymphatic procedure (38589)				
	Unlisted laparoscopic oesophagus procedure (43289)				
	Unlisted laparoscopic stomach procedure (43659)				
	Unlisted laparoscopic intestinal procedure (except rectum) (44209)				
	Unlisted laparoscopic appendix procedure (44979)				
	Unlisted laparoscopic biliary tract procedure (47579)				
	Unlisted laparoscopy procedure, abdomen, peritoneum & omentum (49329)				
	Unlisted laparoscopic hernia procedure (49659)				
	Unlisted laparoscopic renal procedure (50549)				
	Unlisted laparoscopic procedure, testis (54699)				
	Unlisted laparoscopic procedure, spermatic cord (55559)				
	Unlisted laparoscopic procedure, maternity care and delivery (59898)				
	Unlisted laparoscopic endocrine procedure (60659)				
	THORACOSCOPY, SURGICAL				
	THORACOSCOPY, SURGICAL pleurodesis				
	THORACOSCOPY, SURGICAL partial pulmonary decortication				
	THORACOSCOPY, SURGICAL total pulm. Decortication				
	THORACOSCOPY, SURGICAL removal interpleural foreign body				
	THORACOSCOPY, SURGICAL control traum Haemorrhage				
	THORACOSCOPY, SURGICAL exc./plication bullae				
	THORACOSCOPY, SURGICAL parietal pleurectomy				
	THORACOSCOPY, SURGICAL wedge resection				
	THORACOSCOPY, SURGICAL removal clot/foreign body from pericardial space				
	THORACOSCOPY, SURGICAL creation pericardial window				
	THORACOSCOPY, SURGICAL total pericardectomy				
	THORACOSCOPY, SURGICAL exc pericard. Cyst, tumor, mass				
	THORACOSCOPY, SURGICAL exc mediastinal cyst, tumor, mass				
	THORACOSCOPY, SURGICAL lobectomy, total or segmental				
	THORACOSCOPY, SURGICAL with sympathectomy				
	THORACOSCOPY, SURGICAL with esophagomyotomy				
	New codes for Category 2				
	CPT42000 CPT4 2001				
	Laparoscopy, surgical; radical nephrectomy 50545				
	Laparoscopy, surgical; nephrectomy including partial ureterectomy 50546				
	Laparoscopy, surgical; nephrectomy with total ureterectomy 50548				
	Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement 50948				
	Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement 50948				
	Unlisted laparoscopic procedure, ureter 50949				

Code	Description	Ver	Add	Unattached operating theatres / Day clinics	
				RVU	Fee
					05.03

APPENDIX B

PRINCIPLES

The following principles are applicable

1. At all times best clinical practice must be adhered too.

2. Items listed in the Recommended Guide to Reimbursement for Consumable and Disposable Items Charged by Private Hospitals and Same Day Surgery Facilities are described generically according to product classification and function. Trade names may be included, by means of example, for clarification purposes only. Photocopies of all documents pertaining to the patients account must be provided on request. Medical schemes shall have the right to inspect the original source documentation at the hospital/sameday surgical facilities concerned. The Recommended Guide to Reimbursement for Consumable and Disposable Items Charged by Sub-Acute Facilities, Private Hospitals and Sameday Surgery Facilities will be reviewed half-yearly.

3. The cost of consumable and disposable items used on a patient in a hospital must be recovered by means of a charge mechanism as follows:

¢ Items included in the per minute theatre fee.
¢ Items included in the per day ward or unit fee.
¢ Items are charged to the patient's account where reimbursement is not granted by a medical scheme.

4. Any agreed difference on the basic interpretation of the Recommended Guide to Reimbursement for Consumable and Disposable Items Charged by Private Hospitals and Same Day Surgery Facilities list will be made in accordance with the approval of the duly appointed representatives of the individual contractor, medical aid. MCO and representatives of private hospitals. Such approval shall be ratified in writing and circulated to all parties concerned. Where the hospital uses an excessively priced product, a review process should be conducted, and appropriate price adjustment made.

5. Disposable items are single use only and must never be reused.
¢ Single use items will be charged at 100%.
¢ Hospitals will sign an ethical undertaking that single use items will only be used once. If a hospital does not conform it may be reported to the group head office. If an acceptable explanation is not supplied within 14 days, payment on that account may be withheld.

6. Limited life re-usable products are products intended for multiple use and endorsed as such by the manufacturers. Such products will be charged according to the "Fractional" charges as detailed and are under continual review. The item will be considered life re-usable (limited multiple use) if it can re re-used less than 100 times (endorsed as such by the manufacturer).

7. Where a hospital uses an excessively priced product, a review process with the parties as listed under 3 above should be conducted, and appropriate price adjustment made.

8. TTO's will be issued and charged according to the rules of the scheme.

9. All prescribed items will be recoverable according to the rules of the scheme

Key Indicators

The different key indicators in the Recommended Guide to Reimbursement for Consumable and Disposable Items charged by Private Hospitals and Same Day Surgery Facilities List are as follows:

All prescribed items dispensed in wards or theatre are fully recoverable according to scheme's rules.

Key	Description
THR	Theatre consumable and disposable items
WRD	Ward consumable and disposable items
NR	Item is non-recoverable
C	Item is chargeable under certain circumstance
R	Item is recoverable
P	Item is recoverable from patient
F	Fractional (re-usable) and is charged out on a pro-rata basis (as per 5.5.1-5.5.4).
N/A	Not used/not applicable
Disposable	Means the manufacturer states one time use only. S/U(Single use) Item =Payable 100%

Medical Prescribed Meals See List

Code	Description	Ver	Add	Unattached operating theatres / Day clinics	
				RVU	Fee
	Practice Code References to the NRPL-HS includes 57/58, 76 and 77				
	APPENDIX C				05.03
	Infectious Diseases				
	CONDITION				
	Acute Flaccid Paralysis Anthrax Chicken Pox Diptheria Haemophyllis Influenza Haemorrhagic fevers of Africa: ¢ Crimean-Congo Ebola ¢ Lassa ¢ Marburg ¢ Rift Valley ¢ Dengue Herpes Zoster HIV/AIDS Legionnaires Disease Measles: ¢ Rubeola ¢ Rubella Meningococcal infections Multi-drug Resistant Bacteria: ¢ MRSA ¢ VRE ¢ MRSE Poliomyelitis Pyrexia unknown origin Rabies Small Pox Tuberculosis Pulmonary Typhus Fever Viral Hepatitis Whooping Cough (Pertussis)				
	Note: The above is a general list and the clinical appropriate use of items for specific conditions is subject to Case Management.				
	APPENDIX D				05.03
	Medically Prescribed Meals:				
	ORAL SUPPLEMENTS (oral and tube feeds) Standard — Ensure: Fortisip; Fortimel; Fresubin Original drink (Vanilla); Nutren And Nutren Jnr (Gluten -free)				
	Standard & Fibre — Ensure with Fibre; Nutren with Fibre				
	Isotonic — Fresubin Original				
	Isotonic &Fibre — Fresubin Original Fibre; Jevity; Osmolite				
	Low Residue — Modulen N; Osmolite HN; Peptamen & Peptamen Jnr				
	High Energy, High Protein & Fibre — Fresubin Energy Fibre drink (Lemon, Banana, Chocolate & Capuchino)				
	High Energy & High Protein — Fresubin Energy drink (Strawberry & Vanilla)				
	TUBE FEEDS — Semi-Elemental — Alitraq; Peptamen & Peptamen Jnr RTH; Peptisorb; Survimed OPD (Liquid); Vital				
	Standard — Nutren RTH; Nutrison; Nutrison Energy; Nutrison Paediatric				
	High Energy & High Protein — Fresubin 750 MCT(HP Energy)				

Code	Description		Ver	Add	Unattached operating theatres / Day clinics	
					RVU	Fee
		Semi-Elemental High Protein And High Fibre	Perative, Nutren Fibre RTH			
	DISEASE SPECIFIC	Maximum Glucose Tolerance	Fresubin Diabetes Glucerna Nutren Diabetes			
		Pulmonary Insufficiency	Pulmocare Supportan			
		Renal Failure HIV/Aids	Suplena Advera Survimed OPD Supportan			
		Cancer Patients	Supportan drink (Milk Coffee), Stresson Multi			
	Fibre, Peptisorb					
	MODULAR	Protein	Promod Protifar			
		MCT Oil	MCT Oil Fresubin 750MCT(HP Energy)			
		Glutamine	Glutapack-10 Dipeptiven 50ml & 100ml			
		Food thickener Carbohydrate	Thick & Easy Fantomalt Polycose			
	Note: Or generic equivalents. All tubes feeds subject to Case Management					