

Code	Description	Ver	Add	Nursing Agencies/Home Care Services		Registered Nurses	
				RVU	Fee	RVU	Fee
021	<p>SUNDAYS AND PUBLIC HOLIDAYS</p> <p>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.</p> <p>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.</p> <p>NOTE THAT THIS FEE IS ONLY APPLICABLE TO NURSING AGENCIES AND NOT TO REGISTERED NURSES IN PRIVATE PRACTICE.</p>						05.03
03	<p>PROCEDURES</p> <p>If a composite fee or general hourly rate is charged, no additional fee for procedures may be charged.</p> <p>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.</p>						04.00
04	<p>FEES</p> <p>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.</p>						04.00
05	<p>COST OF MEDICINES AND MATERIALS</p> <p>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).</p> <p>In relation to all other materials, items are to be charged (exclusive of VAT) at net acquisition price plus -</p> <ul style="list-style-type: none"> * 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. <p>Item 301 is to be quoted except for stoma products where item 205 is to be quoted.</p>						04.00
051	<p>MEDICINES</p> <p>Scheduled medicines may not be supplied by an institution. Intramuscular/Intravenous injection and OPAT may only be administered by a registered nurse.</p>						05.03
06	<p>EQUIPMENT (HIRE AND SALES)</p> <p>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.</p> <p>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.</p>						04.00
07	<p>MIDWIFERY</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Antenatal/postnatal exercise or education classes are generally not covered by the schemes and payment is the responsibility of the member.</p>						05.03
08	<p>TRAVEL FEE</p> <p>Please note that generally schemes do not accept the responsibility for transport expenses, as they are deemed to be included in the fee.</p>						04.00
09	<p>WELL BABY CLINICS</p> <p>Where vaccines are issued free by the state, no charge may be levied for the product.</p> <p>Vaccines may only be purchased, stored and dispensed by nurses with a Section 22A (15) permit.</p> <p>Emergency equipment must be available in the clinic.</p>						05.06
10	<p>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.</p>						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	22.90 (20.10)	10.000	51.80 (45.40)
006	Individual consultation, counseling, planning and/or assessment. 16 - 30 minutes.	09.01		6.180	51.50 (45.20)	22.500	116.50 (102.20)
001	Individual consultation, counseling, planning and/or assessment. 31 - 45 minutes.	09.01		10.300	85.90 (75.30)	37.500	194.10 (170.30)
002	Individual consultation, counseling, planning and/or assessment. 46+ minutes.	06.03		14.200	118.40 (103.80)	52.500	271.80 (238.40)
014	For emergency consultation/visit, all hours - See General Rule 2.	04.00				7.700	64.20 (56.30)
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	38.30 (33.60)	4.600	38.30 (33.60)
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	38.30 (33.60)	4.600	38.30 (33.60)
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	38.30 (33.60)	4.600	38.30 (33.60)
452	Immunisation	04.00				3.000	25.00 (21.90)
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	202.50 (177.70)	24.300	202.50 (177.70)
036	When a SRN returns to add medication to an existing IV infusion	05.02		12.200	101.70 (89.20)	12.200	101.70 (89.20)
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	355.90 (312.20)		
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	514.30 (451.10)		
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.						
	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	30.80 (27.10)		
037	Enrolled nurse, per hour	05.03		5.100	42.50 (37.30)		
038	Registered nurse, per hour	05.03		6.460	53.80 (47.20)		

Code	Description	Ver	Add	Nursing Agencies/Home Care Services		Registered Nurses	
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	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	73.30 (64.30)	8.800	73.30 (64.30)
041	Treatment of extensive wounds/burns requiring extensive nursing management eg irrigation, etc.	04.00		12.400	103.40 (90.70)	12.400	103.40 (90.70)
042	Treatment of moderate wounds/Burns eg drains or fistulas and inserting of sutures	04.00		11.000	91.70 (80.40)	11.000	91.70 (80.40)
045	Laser treatment for wound healing where prescribed by medical practitioner	04.00		7.670	63.90 (56.10)	7.670	63.90 (56.10)
RESPIRATORY SYSTEM.							
050	Nebulization/Inhalation.	04.00		3.800	31.70 (27.80)	3.800	31.70 (27.80)
051	Tracheostomy care.	04.00		7.900	65.80 (57.80)	7.900	65.80 (57.80)
052	Peak flow measurement.	04.00		3.100	25.80 (22.70)	3.100	25.80 (22.70)
	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	109.20 (95.80)
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	191.70 (168.20)
061	Performing ECG only.	04.00				4.600	38.30 (33.60)
062	Effort test - bicycle.	04.00				16.900	140.90 (123.60)
063	Effort test - multistage treadmill.	04.00				38.400	320.10 (280.80)
MUSCULOSKELETAL SYSTEM.							
070	Application or removal splints and prosthesis.	04.00		3.900	32.50 (28.50)	3.900	32.50 (28.50)
071	Application or removal of traction	04.00		7.700	64.20 (56.30)	7.700	64.20 (56.30)
072	Application of skin traction	04.00		7.700	64.20 (56.30)	7.700	64.20 (56.30)
GASTRO INTESTINAL SYSTEM.							
080	Nasogastric tube insertion, feeding and removal.	04.00		9.200	76.70 (67.30)	9.200	76.70 (67.30)
082	Enema administration	04.00		4.800	40.00 (35.10)	4.800	40.00 (35.10)
083	Aspiration of stomach/gastric lavage.	04.00				6.900	57.50 (50.40)
084	Faecal impaction/manual removal.	04.00		8.700	72.50 (63.60)	8.700	72.50 (63.60)
URINARY SYSTEM.							
090	Any urinary tract procedure including catheterisation, bladder stimulation and emptying.	04.00		9.500	79.20 (69.50)	9.500	79.20 (69.50)
091	Condom catheter application, penile dressing, catheter care including bag change or catheter removal.	04.00		5.800	48.30 (42.40)	5.800	48.30 (42.40)
093	Incontinence management (30 minutes) This fee includes intermittent catheterisation, external sheath drainage, taking of history, providing literature and teaching.	04.00		9.500	79.20 (69.50)	9.500	79.20 (69.50)
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	134.20 (117.70)	16.100	134.20 (117.70)

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STOMAL THERAPY 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	40.00 (35.10)	4.800	40.00 (35.10)
	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	40.00 (35.10)	4.800	40.00 (35.10)
200	Simple stoma - a well constructed, sited stoma which is easy to pouch. Very little or no peristomal skin excoriation.	04.00		8.800	73.30 (64.30)	8.800	73.30 (64.30)
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	103.40 (90.70)	12.400	103.40 (90.70)
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	91.70 (80.40)	11.000	91.70 (80.40)
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	1041.00 (913.20)	124.900	1041.00 (913.20)
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	1143.60 (1003.10)	137.200	1143.60 (1003.10)
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	1332.80 (1169.10)	159.900	1332.80 (1169.10)
250	Clinic visits after 6 months per half hour plus one procedure - eg irrigation, enema, etc. - plus material	04.00		10.000	83.40 (73.10)	10.000	83.40 (73.10)
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	1757.90 (1542.00)
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	2296.30 (2014.30)
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	615.10 (539.60)

Code	Description	Ver	Add	Nursing Agencies/Home Care Services		Registered Nurses	
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401	Second and Third stage labour. Vaginal delivery including episiotomy/tear and repair and general obstetric care.	04.00				90.200	751.80 (659.50)
402	Fourth Stage.	04.00				12.300	102.50 (89.90)
405	Phototherapy, per day	04.00				15.400	128.40 (112.60)
406	Visit to patient during first stage labour (may not be charged in conjunction with item 400)	04.00				10.000	83.40 (73.10)
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	230.00 (201.80)
420	Ante natal visits (excluding ante-natal exercises), per visit	04.00				7.700	64.20 (56.30)
421	Post natal visits (excluding post- natal exercises), per visit	04.00				11.500	95.90 (84.10)
425	Ante-natal or post-natal exercise classes, per patient	06.03				6.200	51.70 (45.30)
For advanced midwives registered with SANC only:							
404	Cardiotocography	04.00				10.000	83.40 (73.10)
WELL BABY CLINICS							
	Emergency equipment must be available in the baby clinic						04.00
450	Consultation	04.00				4.800	40.00 (35.10)
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	180.00 (157.90)
501	Individual therapy. (irrespective of time)	04.00				30.700	255.90 (224.50)
502	Family/marital/group per patient - specify number.	04.00				6.200	51.70 (45.30)
503	Play therapy/Home stimulation programme.	04.00				16.900	140.90 (123.60)
504	Co-therapist.	04.00				16.900	140.90 (123.60)
RENAL DIALYSIS							
092	Peritoneal dialysis per day	04.00		16.900	140.90 (123.60)	16.900	140.90 (123.60)
608	Home dialysis training in centre per 30 minutes	04.00		16.000	133.40 (117.00)	16.000	133.40 (117.00)
610	Home dialysis training or follow up at patient's home per 30 minutes (to maximum of 24 hours)	04.00		28.200	235.00 (206.20)	28.200	235.00 (206.20)
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/femoral 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	533.40 (467.90)	64.000	533.40 (467.90)
MEDICINES AND MATERIALS							
301	Consumables used, and charged according to rule 05	05.03		-	-	-	-

SOCIAL WORKERS

Social Workers 2009

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY SOCIAL WORKERS, EFFECTIVE FROM 1 JANUARY 2009				
The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well. In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed. VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.				
GENERAL RULES				
005	Every practitioner shall render a monthly account in respect of any service rendered during the month, irrespective of whether or not the treatment has been completed. NB. Every account shall contain the following particulars: a) The surname and initials of the member; b) The surname, first name and other initials, if any, of the patient; c) The name of the scheme concerned; d) The membership number of the member; e) The practice code number, group practice number and individual provider registration number issued by the registering authorities for providers, if applicable, of the supplier of service and, in the case of a group practice, the name of the practitioner who provided the service; f) the relevant diagnostic and such other item code numbers that relates to such relevant health service; g) The date on which each relevant health service was rendered; h) The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered.			04.00
006	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.			04.00
007	Where emergency treatment is provided: a. during working hours, and the provision of such treatment requires the practitioner to leave her or his practice to attend to the patient at another venue; or b. after working hours the fee for such visits shall be the total fee plus 50%. For purposes of this rule: a. "emergency treatment" means a bona fide, justifiable emergency social work service, where failure to provide the service immediately would result in serious or irreparable psychological or functional impairment b. "working hours" means 8h00 to 17h00, Monday to Friday. Modifier 0003 must be quoted after the appropriate code number(s) to indicate that this rule is applicable.			04.00
008	Compilation of reports is only to be included within billable time if these reports are for purposes of motivating for therapy and/or giving a progress report and/or a pre-authorisation report, and where such a report is specifically required by the medical scheme. Maximum billable time for such a report is 15 minutes.			05.03
Modifiers				
0003	Add 50% of the total fee for the treatment			04.00
0021	Services rendered to hospital inpatients: Quote modifier 0021 on all accounts for services performed on hospital inpatients.			04.00
0022	Services rendered at patients residence: Quote modifier 0022 on all accounts for services performed at the patients residence.			04.00
ITEMS				
Code	Description	Ver	Add	Social Workers RVU 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 26.80 (23.50)
201	Social worker consultation, counselling and/or therapy. Duration: 11-20min.	05.03		1.500 80.30 (70.40)
202	Social worker consultation, counselling and/or therapy. Duration: 21-30min.	05.03		2.500 133.80 (117.30)
203	Social worker consultation, counselling and/or therapy. Duration: 31-40min.	05.03		3.500 187.30 (164.30)
204	Social worker consultation, counselling and/or therapy. Duration: 41-50min.	05.03		4.500 240.80 (211.20)
205	Social worker consultation, counselling and/or therapy. Duration: 51-60min.	05.03		5.500 294.30 (258.10)
206	Social worker consultation, counselling and/or therapy. Duration: 61-70min.	05.03		6.500 347.80 (305.00)
207	Social worker consultation, counselling and/or therapy. Duration: 71-80min.	05.03		7.500 401.30 (352.00)
208	Social worker consultation, counselling and/or therapy. Duration: 81-90min.	05.03		8.500 454.80 (398.90)
209	Social worker consultation, counselling and/or therapy. Duration: 91-100min.	05.03		9.500 508.30 (445.80)

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210	Social worker consultation, counselling and/or therapy. Duration: 101-110min.	05.03		10.500	561.80 (492.80)
211	Social worker consultation, counselling and/or therapy. Duration: 111-120min.	05.03		11.500	615.30 (539.70)
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	5.35 (4.69)
301	Social worker group consultation, counselling and/or therapy, per patient. Duration: 11-20min.	05.03		0.300	16.10 (14.10)
302	Social worker group consultation, counselling and/or therapy, per patient. Duration: 21-30min.	05.03		0.500	26.80 (23.50)
303	Social worker group consultation, counselling and/or therapy, per patient. Duration: 31-40min.	05.03		0.700	37.50 (32.90)
304	Social worker group consultation, counselling and/or therapy, per patient. Duration: 41-50min.	05.03		0.900	48.20 (42.20)
305	Social worker group consultation, counselling and/or therapy, per patient. Duration: 51-60min.	05.03		1.100	58.90 (51.60)
306	Social worker group consultation, counselling and/or therapy, per patient. Duration: 61-70min.	05.03		1.300	69.60 (61.00)
307	Social worker group consultation, counselling and/or therapy, per patient. Duration: 71-80min.	05.03		1.500	80.30 (70.40)
308	Social worker group consultation, counselling and/or therapy, per patient. Duration: 81-90min.	05.03		1.700	91.00 (79.80)
309	Social worker group consultation, counselling and/or therapy, per patient. Duration: 91-100min.	05.03		1.900	101.70 (89.20)
310	Social worker group consultation, counselling and/or therapy, per patient. Duration: 101-110min.	05.03		2.100	112.40 (98.60)
311	Social worker group consultation, counselling and/or therapy, per patient. Duration: 111-120min.	05.03		2.300	123.10 (107.90)

SPEECH THERAPY AND AUDIOLOGY

Speech Therapists and Audiologists 2009

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY SPEECH THERAPISTS AND AUDIOLOGISTS, EFFECTIVE FROM 1 JANUARY 2009							
<p>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.</p> <p>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.</p> <p>VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.</p>							
General Rules							
A	All accounts must be presented with the following information clearly stated:						04.00
	<ul style="list-style-type: none">· 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.						
B	The rate in respect of more than one evaluation under item 1800 shall be the full rate for the first evaluation plus half the rate in respect of each additional evaluation, but under no circumstances may fees be charged for more than three evaluations carried out.						09.00
D	It is recommended that, when such benefits are granted, drugs, consumables and disposable items used during a procedure or issued to a patient on discharge will only be reimbursed by a medical scheme if the appropriate code is supplied on the account.						04.00
E	Materials used in treatment shall be charged (exclusive of VAT) at net acquisition price plus – - 26% of the net acquisition price where the net acquisition price of that material is less than one hundred rands; - a maximum of twenty six rands where the net acquisition price of that material is greater than or equal to one hundred rands. Use item 300 for this purpose.						05.03
ITEMS							
1.	Assessment, Consultation & Treatment						
	The time used to conduct any diagnostic or treatment procedure claimed in addition to the codes in this section, can not be considered in determining the duration of the assessment, consultation or treatment claimed						05.03
1.1	Consultations						
1.1.1	Audiology Consultations						
Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
1010	Audiology consultation. Duration 5 - 15 mins	09.00				10.000	61.30 (53.70)
1011	Audiology consultation. Duration 16 - 30 mins	06.02				22.500	137.90 (120.90)
1012	Audiology consultation. Duration 31 - 45 mins	06.02				37.500	229.80 (201.50)
1013	Audiology consultation. Duration 46 - 60 mins	06.02				52.500	321.70 (282.20)
1015	Prolonged audiology consultation, each additional full 15 mins, to a maximum of 60 mins	06.02				15.000	91.90 (80.60)
1.1.2	Speech Therapy Consultations						
1020	Speech therapy consultation. Duration 5 - 15 mins	09.00		10.000	62.20 (54.60)		
1021	Speech therapy consultation. Duration 16 - 30 mins	06.02		22.500	140.00 (122.80)		
1022	Speech therapy consultation. Duration 31 - 45 mins	06.02		37.500	233.30 (204.60)		
1023	Speech therapy consultation. Duration 46 - 60 mins	06.02		52.500	326.60 (286.40)		
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	62.20 (54.60)		
1051	Speech therapy assessment and treatment. Duration 16 - 30 mins	06.02		22.500	140.00 (122.80)		

Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
1052	Speech therapy assessment and treatment. Duration 31 - 45 mins	06.02		37.500	233.30 (204.60)		
1053	Speech therapy assessment and treatment. Duration 46 - 60 mins	06.02		52.500	326.60 (286.40)		
2. Speech, Voice, Language and Hearing Disorders							
0007	Group therapy: per patient at rooms (Maximum of 3 patients per therapy)	06.02		15.000	93.30 (81.80)		
	Note: Professional Group Consultations - no fee to be charged.	04.00					
0009	Preparation of a home programme	06.02		15.000	93.30 (81.80)		
	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	186.60 (163.70)	30.000	183.80 (161.20)
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	105.20 (92.30)
	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. The air and bone conduction thresholds are compared to differentiate between conductive, sensorineural, or mixed hearing losses. Cannot be used with codes 1900;1120; 1121.						
1105	Bone conduction pure tone audiogram	09.00				12.000	84.20 (73.80)
	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	105.20 (92.30)
	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	35.10 (30.80)
	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.						

Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
1120	Visual reinforcement audiometry (VRA)	09.00				40.000	286.60 (251.40)
	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 of 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	286.60 (251.40)
	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. 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	286.60 (251.40)
	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	105.20 (92.30)
	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	53.00 (46.50)
	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. Cannot be used with code 1215.						
1205	Immittance Measurements - Impedance / Stapedial reflex (3276): Limited reflex spectrum (eg : 1-2 frequencies)	09.00				4.000	26.50 (23.30)
	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	79.50 (69.80)
	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 1205.						

Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
1215	High Frequency Tympanometry (impedance testing) - for paediatric population	09.00				8.000	53.00 (46.50)
	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. 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	79.50 (69.80)
	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	28.10 (24.60)
	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	56.10 (49.20)
	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	53.00 (46.50)
	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	35.10 (30.80)
	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	56.10 (49.20)
	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.						

Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
1320	Most comfortable levels (MCL) & Uncomfortable levels (UCL) : Speech thresholds	09.00				4.000	28.10 (24.60)
	Most comfortable levels & Uncomfortable levels - for cochlear pathology and/or for purposes of selection of hearing aid technology or hearing aid programming. In speech threshold audiometry, earphones are placed and the patient is asked to listen to bisyllabic (spondee) words at different intensity levels. The patient has to judge the levels at which the speech is perceived as the most comfortable as well as uncomfortable. These results are recorded and used to compare with other speech tests to get information about the patient's 'dynamic speech discrimination range'. It give information about retro-cochlear pathology (a possible 'roll-over' speech audiogram as a result) or cochlear pathology (loudness recruitment). It also gives information about prognosis with hearing amplification and indicates whether further examinations are necessary. The process can occur in addition to a speech discrimination test or to a (as in 1110 or 1115).						
1325	Test for functional hearing loss	09.00				10.000	70.10 (61.50)
	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 pseudohypacusis (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	35.10 (30.80)
	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 of 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	35.10 (30.80)
	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	105.20 (92.30)
	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)						
	<p>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.</p> <p>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)</p>						09.00
1400	Central Auditory Processing Disorders test, test to be specified.	09.00				13.000	93.10 (81.70)
	<p>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 or 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.</p>						
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	429.90 (377.10)
	<p>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.</p>						

Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
1505	AABR - Bilateral (Automated Auditory Brainstem Response). Cannot be charged with 1510	09.00				30.000	198.90 (174.40)
	AEPs enable objective evaluation of the auditory system. Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulation. The origin of the ABR is believed to be the auditory nerve and brainstem. AABR makes use of objective response detection. A single, low intensity click stimulus is presented and the software interprets the resulting waveform (using a template and/or statistical significance as reference) as a pass (response present) or refer (response absent). AABR is used for hearing screening purposes. Cannot be used together with item 1510.						
1510	Screening ABR - Bilateral (Auditory Brainstem Response) . Cannot be charged with 1505	09.00				20.000	132.60 (116.30)
	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 origin of the ABR is believed to be the auditory nerve and brainstem. A single, low intensity click stimulus is presented and the resulting waveform is interpreted by the audiologist as a pass (response present) or refer (response absent). This ABR is used for hearing screening purposes. The audiologist interprets the results of the tests. Cannot be used together with item 1505.						
1515	Diagnostic Audiological Click ABR (Auditory Brainstem Evoked Response) – Bilateral Air conduction threshold determination using click stimuli	09.00				60.000	429.90 (377.10)
	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 origin of the ABR is believed to be the auditory nerve and brainstem. By varying the click stimulus intensity, the threshold response can be determined. Objective threshold determination using click ABR correlates well with psycho-acoustic hearing threshold at high frequencies. The audiologist interprets the results of the tests.						
1520	Diagnostic Audiological Click ABR-(Auditory Brainstem Response) – Bilateral Bone conduction threshold determination using click stimuli	09.00				80.000	573.20 (502.80)
	AEPs enable objective evaluation of the auditory system. Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. The origin of the ABR is believed to be the auditory nerve and brain stem. Bone conduction ABR testing is used to determine whether middle ear pathology is present or is used in the case of patients with no external ear. An additional bone oscillator is used with the standard ABR equipment. By varying the bone conduction stimulus intensity, the threshold response can be determined. Objective threshold determination using bone conduction ABR correlates well with psycho-acoustic sensorineural hearing threshold. The procedure for bone ABR is an additional procedure and may be determined at different frequencies. The audiologist interprets the results of the tests.						
	Combinations of items 1531 to 1534 cannot be billed together.	06.02					
1531	Diagnostic Audiological Tone Burst ABR (Auditory Brainstem Response) – Bilateral Frequency specific threshold determination using tone-burst stimuli at: 1 frequency	09.00				30.000	215.00 (188.60)
	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. Cannot be used together with items 1532;1533;1534.						
1532	Diagnostic Audiological Tone Burst ABR (Auditory Brainstem Response) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 2 frequencies	09.00				60.000	429.90 (377.10)
	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 origin of the electrical response is believed to be the auditory nerve and brainstem. Brief tones of different frequencies can be used to objectively evaluate frequency specific hearing sensitivity. By varying the toneburst stimulus intensity (at one frequency), the threshold response can be determined. Objective threshold determination using tone burst ABR correlates well with psycho-acoustic hearing threshold. The audiologist interprets the results of the tests. Cannot be used together with items 1531;1533;1534.						

Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
1533	Diagnostic Audiological Tone Burst ABR (Auditory Brainstem Response) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 3 frequencies	09.00				90.000	644.90 (565.70)
	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	859.80 (754.20)
	AEPs enable objective evaluation of the auditory system. Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. The origin of the electrical response is believed to be the auditory nerve and brainstem. Brief tones of different frequencies can be used to objectively evaluate frequency specific hearing sensitivity. By varying the toneburst stimulus intensity (at one frequency), the threshold response can be determined. Objective threshold determination using tone burst ABR correlates well with psycho-acoustic hearing threshold. The audiologist interprets the results of the tests.						
	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	179.10 (157.10)
	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 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	358.30 (314.30)
	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 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	537.40 (471.40)
	AEPs enable objective evaluation of the auditory system. Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. The 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.						

Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
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	716.50 (628.50)
	AEPs enable objective evaluation of the auditory system. Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. The MLAEP and SCAEP follow the ABR in latency and their origin is therefore the higher up the auditory pathway than ABR (ranging from the auditory brainstem to auditory cortex). Tones of different frequencies are used to objectively evaluate frequency specific hearing sensitivity. By varying the toneburst stimulus intensity (at one frequency), the threshold response can be determined. Objective threshold determination using these AEP correlate well with psycho-acoustic hearing threshold. The MLAEP and SCAEP may also be used to determine the site and / or nature of auditory-neural pathology. The audiologist interprets the results of the tests. Cannot be used with items 1541;1542;1543.						
	Combinations of items 1551 to 1554 cannot be billed together.	06.02					
1551	ASSER (Auditory Steady State Evoked Response) – Bilateral threshold determination : 1 frequency	09.00				30.000	215.00 (188.60)
	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 ASSEP is an evoked by continuous stimuli characterized by periodic amplitude and frequency modulation of a carrier frequency. Continuous tones of different frequencies are used to objectively evaluate frequency specific hearing sensitivity. By varying the stimulus intensity (at one frequency), the threshold response can be determined. ASSR makes use of objective response detection, where the software interprets the resulting waveform (using a statistical measure of significance or correlation) to determine whether a response is present or absent. Objective threshold determination using the ASSR correlates well with psycho-acoustic hearing threshold. The audiologist interprets the results of the tests.. Cannot be used together with items 1552;1553;1554.						
1552	ASSER (Auditory Steady State Evoked Response) – Bilateral threshold determination : 2 frequencies	09.00				40.000	286.60 (251.40)
	AEPs enable objective evaluation of the auditory system. Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. The ASSEP is an evoked by continuous stimuli characterized by periodic amplitude and frequency modulation of a carrier frequency. Continuous tones of different frequencies are used to objectively evaluate frequency specific hearing sensitivity. By varying the stimulus intensity (at one frequency), the threshold response can be determined. ASSR makes use of objective response detection, where the software interprets the resulting waveform (using a statistical measure of significance or correlation) to determine whether a response is present or absent. Objective threshold determination using the ASSR correlates well with psycho-acoustic hearing threshold. The audiologist interprets the results of the tests. Cannot be used together with items 1551;1553;1554.						
1553	ASSER (Auditory Steady State Evoked Response) – Bilateral threshold determination : 3 frequencies	09.00				60.000	429.90 (377.10)
	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 ASSEP is an evoked by continuous stimuli characterized by periodic amplitude and frequency modulation of a carrier frequency. Continuous tones of different frequencies are used to objectively evaluate frequency specific hearing sensitivity. By varying the stimulus intensity (at one frequency), the threshold response can be determined. ASSR makes use of objective response detection, where the software interprets the resulting waveform (using a statistical measure of significance or correlation) to determine whether a response is present or absent. Objective threshold determination using the ASSR correlates well with psycho-acoustic hearing threshold. The audiologist interprets the results of the tests. Cannot be used together with items 1551;1552; 1554.						

Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
1554	ASSER (Auditory Steady State Evoked Response) – Bilateral threshold determination : 4 frequencies	09.00				80.000	573.20 (502.80)
	AEPs enable objective evaluation of the auditory system. Electrodes are placed in various locations on the scalp and electrical recordings are made in response to auditory stimulations. The ASSEP is an evoked by continuous stimuli characterized by periodic amplitude and frequency modulation of a carrier frequency. Continuous tones of different frequencies are used to objectively evaluate frequency specific hearing sensitivity. By varying the stimulus intensity (at one frequency), the threshold response can be determined. ASSR makes use of objective response detection, where the software interprets the resulting waveform (using a statistical measure of significance or correlation) to determine whether a response is present or absent. Objective threshold determination using the ASSR correlates well with psycho-acoustic hearing threshold. The audiologist interprets the results of the tests. Cannot be used together with items 1551;1552;1553.						
1560	P300 Cognitive AEP (Auditory Evoked Potential) or MMN (Mismatch Negativity)	09.00				35.000	250.80 (220.00)
	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	322.40 (282.80)
	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	644.90 (565.70)
	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 1565.						
1575	Cochlear nerve function test - intra-operative monitoring - per 30min	09.00				30.000	215.00 (188.60)
	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	95.60 (83.90)
	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.						

Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
1581	Evoked otoacoustic emissions (OAE): comprehensive	09.00				30.000	198.90 (174.40)
	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.						
F.	Balance/Vestibular Examinations and Treatment						
1600	Spontaneous and positional nystagmus using electro-nystagmography (ENG) (3253).	09.00				55.000	394.10 (345.70)
	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. 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	414.80 (363.80)
	Positional Nystagmus 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 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	223.20 (195.80)
	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	232.00 (203.50)
	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	188.50 (165.40)
	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	188.50 (165.40)
	Consists of: - Saccade Test - Smooth Pursuit Test - Optokinetic Test - Gaze Nystagmus Test Cannot be used with item 1620.						

Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
1630	DVA (Dynamic Visual Acuity) test using Video-nystagmography (VNG)	09.00				10.000	75.40 (66.10)
	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	377.10 (330.70)
	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. 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 left 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	377.10 (330.70)
	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. 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 left 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	188.50 (165.40)
	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 angle 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 from 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	99.40 (87.20)
	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 an abnormal labyrinth response on one side or the other.						
1655	Otolith repositioning/canalith manœuvre	06.02				25.000	153.20 (134.40)
1660	Vestibular rehabilitation (neuromuscular) re-education of movement, balance, coordination, kinesthetic sense, posture, and proprioception	06.02				25.000	153.20 (134.40)

Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
G.	Cochlear Implant Tests						
1700	Cochlear Implants: Pre-implant round window promontory testing	09.00				45.000	298.30 (261.70)
	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	113.10 (99.20)
	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	35.10 (30.80)
	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	150.80 (132.30)
	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	385.70 (338.30)
	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	98.00 (86.00)
	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	107.50 (94.30)
	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.						

Code	Description	Ver	Add	Speech Therapy		Audiology	
				RVU	Fee	RVU	Fee
H. Hearing Amplification / Hearing Aids							
1800	Hearing aid evaluation - per ear	09.00				15.000	95.60 (83.90)
	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	93.10 (81.70)
	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	66.30 (58.10)
	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	63.80 (55.90)
	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	38.30 (33.60)
	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

NATIONAL REFERENCE PRICE LIST IN RESPECT OF PRIVATE SUB ACUTE 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:				04.00
	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.				
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. 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, 010, 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.				04.00
1.1	General Wards				
Code	Description	Ver	Add	Sub-Acute Facilities	
				RVU	Fee
001	Ward fee, per day	04.00		10.000	832.70 (730.40)
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	185.40 (162.70)
105	General care (ward/supporting facilities and equipment)	04.00		10.286	856.50 (751.30)
	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 dysfunction (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	868.50 (761.80)
005	General ward fee: under 5 hours stay	04.00		2.266	188.70 (165.50)
007	General ward fee: without overnight stay	04.00		5.392	449.00 (393.90)

Code	Description	Ver	Add	Sub-Acute Facilities	
				RVU	Fee
2	STANDARD MATERIAL CHARGES				
2.1	Ward stock				
	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).				05.03
	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.				
419	Ward stock	04.00		-	-
2.2	Gases				
	Oxygen, ward use				09.00
	Fee for oxygen, per quarter hour of part thereof. To charged using the appropriate NAPPI code.				
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

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 product 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

Unattached Operating Theatre Units 2009

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 UNATTACHED OPERATING THEATRE UNITS AND DAY CLINICS WITH A PRACTICE NUMBER COMMENCING WITH '76'					
Code	Description	Ver	Add	Unattached operating theatres / Day clinics	
				RVU	Fee
005	Local anaesthetic theatre, Per minute	04.00		0.294	8.92 (7.82)
010	General anaesthetic theatre, Per minute	04.00		0.923	28.00 (24.60)
015	Dental anaesthetic theatre (Applicable to units registered for dental procedures only), Per minute	04.00		0.623	18.90 (16.60)
061	Excimer laser theatre fee, per minute	04.00		0.662	20.10 (17.60)

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	329.10 (288.70)
025	Day rate.	04.00		12.442	377.40 (331.10)
Emergency units					
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).	04.00		-	-
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	324.60 (284.70)
Non-chargeable items (1)					
040	Theatre items: Refer to Appendix B.	05.03		-	-
Non chargeable items (2)					
060	Wards: Refer to Appendix B.	05.03		-	-
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	326.80 (286.70)
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	161.60 (141.80)
335	Excimer laser: Hire fee per eye	04.00		75.258	2283.00 (2002.70)
337	Microkeratome used with an excimer laser, per operation	04.00		13.823	419.30 (367.80)
GASES					
Oxygen and Nitrous Oxide					
	For both gases together, per minute				04.00
283	PWV area	04.00		0.112	3.40 (2.98)
701	Cape Town	04.00		0.154	4.67 (4.10)
702	Port Elizabeth	04.00		0.137	4.16 (3.65)
703	East London	04.00		0.151	4.58 (4.02)
704	Durban	04.00		0.140	4.25 (3.73)
705	Other areas	04.00		0.125	3.79 (3.33)
Oxygen, ward use					
	Fee for oxygen, per quarter hour or part thereof, outside the operating theatre complex				04.00
284	PWV area	04.00		0.164	4.98 (4.36)
710	Cape Town	04.00		0.273	8.28 (7.26)
711	Port Elizabeth	04.00		0.262	7.95 (6.97)
712	East London	04.00		0.252	7.64 (6.71)
713	Durban	04.00		0.213	6.46 (5.67)
714	Other areas	04.00		0.203	6.16 (5.40)
Oxygen, recovery room and emergency units					
	Flat rate for oxygen per case				04.00
720	PWV area	04.00		0.327	9.92 (8.70)
721	Cape Town	04.00		0.542	16.40 (14.40)
722	Port Elizabeth	04.00		0.519	15.70 (13.80)
723	East London	04.00		0.500	15.20 (13.30)
724	Durban	04.00		0.427	13.00 (11.40)
725	Other areas	04.00		0.404	12.30 (10.80)

Code	Description	Ver	Add	Unattached operating theatres / Day clinics	
				RVU	Fee
Oxygen in Theatre					
	Fee for oxygen per minute in the operating theatre when no other gas administered.				04.00
730	PWV area	04.00		0.010	0.30 (0.26)
731	Cape Town	04.00		0.018	0.55 (0.48)
732	Port Elizabeth	04.00		0.017	0.52 (0.45)
733	East London	04.00		0.017	0.52 (0.45)
734	Durban	04.00		0.014	0.42 (0.37)
735	Other areas	04.00		0.013	0.39 (0.34)
Carbon Dioxide					
291	Per minute	04.00		0.020	0.61 (0.53)
Laser					
292	Per minute	04.00		0.392	11.90 (10.40)
Entonox					
293	Per 30 minutes	04.00		3.731	113.20 (99.30)
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	08.00		-	-
759	Fluothane (Halothane): per ml	08.00		-	-
ANNEXURES					
	APPENDIX A				05.03
	LAPAROSCOPIC AND THORACOSCOPIC CPT CODES AND CATEGORIES				
	CATEGORY 1 (CPT4 2000 code numbers included where possible)				
	Diagnostic laparoscopy (49320)				
	Laparoscopy, surgical; with fulguration of oviducts (with/without transection) (58670)				
	Laparoscopy, surgical; with occlusion of oviducts (e.g. band, clip, Falope ring) (58771)				
	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 fulguration or excision of the ovary, pelvic viscera or peritoneal surface, any method (58662)				
	Laparoscopy, surgical; with lysis of adhesions (changed 1998 to salpingolysis, ovariolysis) (58660)				
	Laparoscopy, surgical; with removal leiomyomata (58551)				
	Laparoscopy surgical; with enterolysis (freeing intestinal adhesion) (44200)				
	Laparoscopy, surgical; with retroperitoneal 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 oophorectomy 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
	<p>Hysteroscopy with removal impacted foreign body (58562)</p> <p>Hysteroscopy with removal leiomyomata \ (58561)</p> <p>Hysteroscopy with endometrial ablation \ (58563)</p> <p>Laparoscopic treatment of ectopic pregnancy, without salpingectomy and/or oophorectomy (59150)</p> <p>Laparoscopic treatment of ectopic pregnancy; with salpingectomy and/or oophorectomy (59151)</p> <p>Laparoscopy, surgical; with vaginal hysterectomy. (Lap assisted vag. Hyst) (58550)</p> <p>Laparoscopy, surgical; with bilat. Total pelvic lymphadenectomy (38571)</p> <p>Laparoscopy, surgical; with bilat. Total pelvic lymphadenectomy and peri-aortic lymph node sampling (biopsy) (38572)</p> <p>Laparoscopy with adrenalectomy (60650)</p> <p>Laparoscopy, surgical; pyeloplasty (50544)</p> <p>Laparoscopy, surgical; nephrectomy (50540)</p> <p>Laparoscopy, surgical; donor nephrectomy (50547)</p> <p>Laparoscopically assisted nephroureterectomy (50548)</p> <p>Laparoscopy, surgical; ureterolithotomy (50945)</p> <p>Laparoscopy, surgical; transection of Vagus nerve, truncal (43651)</p> <p>Laparoscopy, surgical; transection of Vagus nerves, selective or highly selective (43652)</p> <p>Laparoscopy, surgical; with guided transhepatic cholangiography, without biopsy (47560)</p> <p>Laparoscopy, surgical; with guided transhepatic cholangiography, with biopsy (47561)</p> <p>Laparoscopy, surgical; cholecystoenterostomy (47570)</p> <p>Laparoscopy, surgical; cholecystectomy with cholangiography (47563)</p> <p>Laparoscopy, surgical; cholecystectomy with explor, common bile duct (47564)</p> <p>Laparoscopy, surgical; splenectomy (38120)</p> <p>Laparoscopy, surgical; gastrostomy, without construction of gastric tube (e.g. Stamm procedure) (43653)</p> <p>Laparoscopy, surgical; jejunostomy (44201)</p> <p>Laparoscopy, surgical; intestinal resection, with anastomosis (44202)</p> <p>Laparoscopy, surgical; oesophagogastric fundoplasty eg Nissen, Toupet procedures) (43280)</p> <p>Unlisted laparoscopic procedure, uterus (58578)</p> <p>Unlisted hysteroscopy procedure, uterus (58579)</p> <p>Unlisted laparoscopic procedure, oviduct, ovary (58679)</p> <p>Unlisted laparoscopic spleen procedure (38129)</p> <p>Unlisted laparoscopic lymphatic procedure (38589)</p> <p>Unlisted laparoscopic oesophagus procedure (43289)</p> <p>Unlisted laparoscopic stomach procedure (43659)</p> <p>Unlisted laparoscopic intestinal procedure (except rectum) (44209)</p> <p>Unlisted laparoscopic appendix procedure (44979)</p> <p>Unlisted laparoscopic biliary tract procedure (47579)</p> <p>Unlisted laparoscopy procedure, abdomen, peritoneum & omentum (49329)</p> <p>Unlisted laparoscopic hernia procedure (49659)</p> <p>Unlisted laparoscopic renal procedure (50549)</p> <p>Unlisted laparoscopic procedure, testis (54699)</p> <p>Unlisted laparoscopic procedure, spermatic cord (55559)</p> <p>Unlisted laparoscopic procedure, maternity care and delivery (59898)</p> <p>Unlisted laparoscopic endocrine procedure (60659)</p> <p>THORACOSCOPY, SURGICAL</p> <p>THORACOSCOPY, SURGICAL pleurodesis</p> <p>THORACOSCOPY, SURGICAL partial pulmonary decortication</p> <p>THORACOSCOPY, SURGICAL total pulm. Decortication</p> <p>THORACOSCOPY, SURGICAL removal interpleural foreign body</p> <p>THORACOSCOPY, SURGICAL control traum. Haemorrhage</p> <p>THORACOSCOPY, SURGICAL exc./plication bullae</p> <p>THORACOSCOPY, SURGICAL parietal pleurectomy</p> <p>THORACOSCOPY, SURGICAL wedge resection</p> <p>THORACOSCOPY, SURGICAL removal clot/foreign body from pericardial space</p> <p>THORACOSCOPY, SURGICAL creation pericardial window</p> <p>THORACOSCOPY, SURGICAL total pericardectomy</p> <p>THORACOSCOPY, SURGICAL exc pericard. Cyst, tumor, mass</p> <p>THORACOSCOPY, SURGICAL exc mediastinal cyst, tumor, mass</p> <p>THORACOSCOPY, SURGICAL lobectomy, total or segmental</p> <p>THORACOSCOPY, SURGICAL with sympathectomy</p> <p>THORACOSCOPY, SURGICAL with esophagomyotomy</p> <p>New codes for Category 2</p> <p>CPT42000 CPT4 2001</p> <p>Laparoscopy, surgical; radical nephrectomy 50545</p> <p>Laparoscopy, surgical; nephrectomy including partial ureterectomy 50546</p> <p>Laparoscopy, surgical; nephrectomy with total ureterectomy 50548</p> <p>Laparoscopy, surgical; ureteroneocystostomy with cystoscopy and ureteral stent placement 50948</p> <p>Laparoscopy, surgical; ureteroneocystostomy without cystoscopy and ureteral stent placement 50948</p> <p>Unlisted laparoscopic procedure, ureter 50949</p>				
	APPENDIX B				05.03
	PRINCIPLES				
	The following principles are applicable:				

Code	Description	Ver	Add	Unattached operating theatres / Day clinics	
				RVU	Fee
	<p>1. At all times best clinical practice must be adhered too.</p> <p>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.</p> <p>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:</p> <p>¢ Items included in the per minute theatre fee.</p> <p>¢ Items included in the per day ward or unit fee.</p> <p>¢ Items are charged to the patient's account where reimbursement is not granted by a medical scheme.</p> <p>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.</p> <p>5. Disposable items are single use only and must never be reused.</p> <p>¢ Single use items will be charged at 100%.</p> <p>¢ 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.</p> <p>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 be re-used less than 100 times (endorsed as such by the manufacturer).</p> <p>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.</p> <p>8. TTO's will be issued and charged according to the rules of the scheme.</p> <p>9. All prescribed items will be recoverable according to the rules of the scheme.</p> <p>Key Indicators</p> <p>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:</p> <p>All prescribed items dispensed in wards or theatre are fully recoverable according to scheme's rules.</p> <p>Key Description</p> <p>THR Theatre consumable and disposable items</p> <p>WRD Ward consumable and disposable items</p> <p>NR Item is non-recoverable</p> <p>C Item is chargeable under certain circumstance</p> <p>R Item is recoverable</p> <p>P Item is recoverable from patient</p> <p>F Fractional (re-usable) and is charged out on a pro-rata basis (as per 5.5.1-5.5.4).</p> <p>N/A Not used/not applicable</p> <p>Disposable Means the manufacturer states one time use only. S/U(Single use) Item =Payable 100%</p> <p>Medical Prescribed Meals See List</p> <p>Practice Code References to the NRPL-HS includes 57/58, 76 and 77</p>				
	APPENDIX C				05.03
	Infectious Diseases				

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

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