DEPARTMENT OF EMPLOYMENT AND LABOUR

GENERAL NOTICE 1698 OF 2023

SPEECH, AUDIO AND AUCOUSTICIANS GAZETTE 2023

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Employment and Labour
REPUBLIC OF SOUTH AFRICA

Compensation Fund, Delta Heights Building 167 Thabo Sehume Street, Pretoria 0001
Tel: 0860 105 350 | Email address: cfcallCentre@labour.gov.za www.labour.gov.za

DEPARTMENT OF LABOUR

NOTICE: **DATE:**

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASSES ACT, 1993 (ACT NO.130 OF 1993), AS AMENDED

ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICES PROVIDERS.

1. I, Thembelani Waltermade Nxesi, Minister of Employment and Labour, hereby give notice that, after consultation with the Compensation Board and acting under powers vested in me by section 97 of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No.130 of 1993), prescribe the scale of "Fees for Medical Aid" payable under section 76, inclusive of the General Rule applicable thereto, appearing in the Schedule, with effect from **1 April 2023.**

2. Medical Tariffs increase for **2023** is **4%**

3. The fees appearing in the Schedule are applicable in respect of services rendered on or after **1 April 2023** and **Exclude 15% Vat.**

.....

Mr TW NXESI, MP

MINISTER OF EMPLOYMENT AND LABOUR

24/01/2023

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GENERAL INFORMATION ABOUT THE COMPENSATION FUND AND ITS MEDICAL SERVICES BENEFITS DIRECTORATE

THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

Medical Service Providers are advised to take note of the following as it pertains to the treatment of patients in relation to the Compensation for Occupational Injuries and Diseases Act of 1993 (COID Act):

- An employee as defined in the COID Act of 1993, is at liberty to choose their preferred medical service provider and no interference with this is permitted, as long as it is exercised reasonably and without prejudice to the employee or the Compensation Fund.
  The only exception to this rule is in case where an employer, with the approval of the Compensation Fund, provides comprehensive medical aid facilities to his employees, i.e. including hospital, nursing and other services — section 78 of the Compensation for Occupational Injuries and Diseases Act refers.
- In terms of section 42 of the COID Act of 1993, the Compensation Fund may refer an injured employee to a specialist medical practitioner designated by the Director General for a medical examination and report. Special fees are payable when this service is requested.
- In terms of section 76,3(b) of the COID Act of 1993, no amount in respect of medical expenses shall be recoverable from the employee.
- In the event of a change of a medical practitioner attending to a case, the first treating doctor in attendance will, except where the case is transferred to a specialist, be regarded as the principal treating doctor.
- To avoid disputes regarding the payment for services rendered, medical practitioners should refrain from treating an employee already under treatment by another doctor without consulting / informing the principal treating doctor. As a general rule, changes of doctor are not favoured by the Compensation Fund, unless sufficient reasons exist for such a change.
- According to the National Health Act no 61 of 2003, Section 5, a health care provider may not refuse a person emergency medical treatment. Such a medical service provider should not request the Compensation Fund to authorise such treatment before the claim has been submitted to and liability for the claim is accepted by the Compensation Fund.
    - Pre-authorisation of treatment is not possible and no medical expense will be approved if liability for the claim has not been accepted by the Compensation Fund.
- An employee seeks medical advice at their own risk. If such an employee presents themselves to a medical practitioner as being entitled to treatment in terms of the COID Act of 1993, whilst having failed to inform their employer and/or the Compensation Fund of any possible grounds for a claim, the Compensation Fund cannot accept responsibility for the settlement of medical expenses incurred.
- The Compensation Fund could also have reasons to repudiate a claim lodged with it, in such circumstances the employee would be in the same position as any other member of the public regarding payment of his medical expenses.

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- Proof of identity is required in the form of a copy of a South African Identity document/card, will be required in order for a claim to be registered with the Compensation Fund.
    - In the case of foreign nationals, the proof of identity (passport) must be certified.
- All supporting documentation submitted to the Compensation Fund must reflect the identity and claim number of the employee.
- The completion of medical reports cannot be claimed separately as they are inclusive in all medical tariffs.
- The tariff amounts published in the gazette guides for medical services rendered in terms of the COID Act do not include VAT. All invoices for services will therefore be assessed without VAT.
- VAT will therefore be calculated and applied without rounding off to invoices for service providers that have confirmed their VAT vendor status with the Compensation Fund by the submission of their VAT registration number.

POPI COMPLIANCE

In terms of Protection of Personal Information Act, 2013 (POPI Act), the Compensation Fund wants to assure Employees and the Medical Service Providers that all personal information collected is treated as private and confidential. The Compensation Fund has put in place the necessary safeguards and controls to maintain confidentiality, prevent loss, unauthorized access and damage to information by unauthorized parties.

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OVERVIEW OF CLAIMS PROCESS WITHIN THE COMPENSATION FUND

All claims lodged in the prescribed manner with the Compensation Fund follow the process outlined below:

1. New claims are registered by the Employers with the Compensation Fund and the employer, if registered as a user on the online processing system is able to view claim details like the claim number allocated, and the progress of the claim online.
    a. The allocation of a claim number by the Compensation Fund, does not constitute acceptance of liability for a claim, but means that the injury on duty has been reported to and registered with the Compensation Commissioner.
    b. Any enquiries related to a claim should be directed to the employer and or the nearest Labour Centre
2. If liability for a claim is accepted by the Compensation Fund in terms of the COID Act, reasonable medical expenses, related to the medical condition shall be paid to medical service providers that treat injured/diseased employee's. Reasonable medical expense shall be paid in line with its approved Tariffs and Billing rules and procedures, published annually in Government Gazettes.
3. If a claim is repudiated in terms of the COID Act, medical expenses for services rendered will not be paid by the Compensation Fund. The employer and the employee will be informed of this decision and the injured employee will be liable for payment.
4. In the case sufficient information pertaining to a claim is unavailable after registration thereof, the status of the claim will be rejected until the outstanding information is submitted and liability of the claim can be determined. Depending on the outcome, the invoices from the service provider will be dealt with as set out in 2 and 3. Please note that there are claims on which a decision might never be taken due to the non-submission of outstanding information.
5. The Compensation Fund will only pay reasonable medical expenses for treatment of the condition that liability has been accepted and will not pay for any other unrelated treatment.

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MEDICAL SERVICE PROVIDERS REGISTRATION REQUIREMENTS WITH THE COMPENSATION FUND

The Compensation Fund requires that any Medical Service Provider who seeks to treat patients in terms of the COID Act must register their details including their banking details with the Compensation Fund. They must thereafter register as a user of the online processing system.

The steps that are to be followed are detailed hereunder:

REGISTERING WITH THE COMPENSATION FUND AS A MEDICAL SERVICE PROVIDER TREATING INJURED/DISEASED EMPLOYEES

1. Copies of the following documents must be submitted:
    a. A certified identity document of the practitioner
    b. Certified valid BHF certificate
    c. Bank Statement not older than one month with a bank stamp.
    d. Proof of address not older than 3 months.
    e. Submit SARS Vat registration number document where applicable. If this is not provided the Medical Service Provider will be registered as a Non VAT vendor.
    f. Submit proof of dispensing licence where applicable.
2. A duly completed original Banking Details form (W.aC 33) that can be downloaded in PDF from the Department of Employment and Labour Website (www.labour.gov.za). Please note on completion this form must contain the relevant bank stamp.
3. Submit the following additional information on the Medical Service Provider letterhead, Cell phone number, Business contact number, Postal address, Email address. The Fund must be notified in writing of any changes in order to effect necessary changes on the systems.
4. The name of the switching house that submit invoices on behalf of the medical service provider.
5. These documents must be handed in to the nearest Labour centre for capturing.

Kindly take note of the following: All medical service providers will be subjected to the Compensation Fund vetting processes.

REGISTERING WITH THE COMPENSATION FUND AS AN ONLINE SYSTEM USER FOR MEDICAL SERVICE PROVIDER

To become an online user of the claims processing system Medical Service Providers must follow the following steps.

1. Register as an online user with the Department of Employment and Labour on its website (www.labour.gov.za)

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2. Register on the CompEasy application
    a. The following documents must be at hand to upload
        i. A certified copy of identity document (not older than a month from the date of application)
        ii. Certified valid BHF certificate
        iii. Proof of address not older than 3 months
    b. In the case where a medical service provider wishes to appoint a proxy to interact on the claims processing system the following ADDITIONAL documents must be uploaded
        i. An appointment letter for proxy (the template is available online)
        ii. The proxy's certified identity document (not older than a month from the date of application)
3. There is an online instructions to guide a user on registering as an online user (www.compeasy.gov.za)

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BILLING PROCEDURE TO BE ADHERED TO WHEN BILLING FOR MEDICAL SERVICES PROVIDED TO INJURED/DISEASED EMPLOYEES

1. All service providers should be registered on the Compensation Fund claims processing system in order to capture medical invoices and reports for medical services rendered.
2. Prior to submitting, uploading or switching medical invoices and supporting reports, medical service providers should ensure that the claim is one that the Compensation Fund has accepted liability for and therefore reasonable medical expenses can be paid.
3. Medical Reports:
    a. The first medical report (W. CL 4), completed after the first consultation must confirm the **clinical** description of the injury/disease. It must also detail any procedure performed and also any referrals to other medical service providers where applicable.
    b. All follow up consultations must be completed on a Progress Medical Report (W.CL5). It must also detail any operation/procedure performed and also any referrals to other medical service providers where applicable.
        i. A progress medical report is considered to cover a period of 30 days, with the exception where a procedure was performed during that period then an additional operation report will be required.
        ii. Only one medical report is required when multiple procedures are done on the same service date.
    c. When the injury/disease being treated stabilises a Final Medical Report must be completed (W.CL 5F).
    d. Medical Service Providers are required to keep copies of medical reports which should be made available to the Compensation Commissioner on request.
4. Medical Invoices
    a. The Compensation Fund allows the submission of invoices in 3 different formats, the use of a switching house, directly uploading the invoice onto the processing application and the receipt of manual invoices by Labour Centre's. The former two are encouraged for Medical Service Providers to use, whilst the last form is for Medical Service Providers who have a small amount of invoices to submit.
    b. Medical invoices should be switched to the Compensation Fund using the attached **format or electronic invoicing file layout**. It must be noted that the corresponding medical report must be uploaded online prior to the invoice data being switched, to avoid systematic rejections on receipt.
    c. The processing system has an online guide available to guide Medical Service Providers for the direct uploading of invoice on the application.
    d. The status of invoices /claims can be viewed on the Compensation Fund claims system. If invoices are still partially or wholly outstanding with no reason indicated, after 60 days following submission, the service provider should complete an enquiry form, W.CI 20, and submit it ONCE to the Provincial office/Labour Centre. All relevant details regarding Labour Centres are available on the website (www.labour.gov.za)

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e. Manual invoices and their corresponding medical reports must be handed in to the nearest labour centre.

5. The progress status of successfully submitted invoices can be viewed on the Compensation Fund online portal/APP.
6. If a medical service provider claims an amount less than the published tariff amount for a code, the Compensation Fund will only pay the claimed amount.
7. If a medical service provider claims an amount more than the published tariff amount for a code, the Compensation Fund will only pay the Gazetted amount.

NOTE: Templates of the following medical forms are available on the Department of Employment and Labour website (www.labour.gov.za)
First Medical Report (W.CL 4)
Progress/Final Medical Report (W.CL 5 / W.CL 5)

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MINIMUM OF INFORMATION TO BE INCLUDED ON MEDICAL INVOICES SUBMITTED TO THE COMPENSATION FUND:

The following must be indicated on a medical invoice in order to be processed by the Compensation Fund

1. The allocated Compensation Fund claim number
2. Name and ID number of employee
3. Name and Compensation Fund registration number, as indicated on the corresponding Employers Report of Accident (W.CL 2), for switched invoices
4. DATES:
   a. Date of accident
   b. Date of service (From and To)
5. Medical Service Provider BHF practice number
6. VAT registration number (VAT will not be paid if a VAT registration number is not supplied on the invoice)
7. Tariff Codes:
   a. Tariff code applicable to injury/disease as in the official published tariff guides
   b. Amount claimed per code and the total of the invoice
8. VAT:
   a. The tariff amounts published in the tariff guides to medical services rendered in terms of the COID Act of 1993 do not include VAT. All invoices for services rendered will be assessed without VAT. Only if it is indicated that the service provider is registered as a VAT vendor and a VAT registration number is provided, will VAT be calculated and added to the payment, without being rounded off.
   b. The only exception is the "per diem" tariffs for Private Hospitals that already include VAT.
   c. Please note that there are VAT exempted codes in the Private Ambulance tariff structure.
9. All pharmacy or medication invoices must be accompanied by the original scripts
10. Where applicable the referral letter from the treating practitioner must accompany the medical service providers' invoice.
11. All medical invoices must be submitted with invoice numbers to prevent system rejections. Duplicate invoices should not be submitted.

PLEASE NOTE: The Compensation Fund will withhold payments if medical invoices do not comply with minimum submission and billing requirements as published in the Government Gazette

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REQUIREMENTS FOR SWITCHING MEDICAL INVOICES WITH THE COMPENSATION FUND

The switching provider / third party must comply with the following requirements:

1. Register with the Compensation Fund as an employer.
2. Host a secure FTP (or SFTP) server to ensure encrypted connectivity with the Fund. This requires that they ensure the following:
    a. Disable Standard FTP because is now obsolete. ...and use latest version and reinforce FTPS protocols and TLS protocols
    b. Use Strong Encryption and Hashing.
    c. Place Behind a Gateway.
    d. Implement IP Blacklists and Whitelists.
    e. Harden Your FTPS Server.
    f. Utilize Good Account Management.
    g. Use Strong Passwords.
    h. Implement File and Folder Security
    i. Secure your administrator, and require staff to use multifactor authentication
3. Submit and complete successful test file after registration before switching the invoices.
4. Validate medical service provider's registration with the Board of Healthcare Funders of South Africa.
5. Submit medical invoices with gazetted COIDA tariffs that are published annually.
6. Comply with medical billing requirements of the Compensation Fund.
7. Single batch submitted must have a maximum of 100 medical invoices.
8. Eliminate duplicate invoices before switching to the Fund.
9. File name must include a sequential batch number in the file naming convention.
10. File names to include sequential number to determine order of processing.
11. Medical Service Providers will be subjected to Compensation Fund vetting processes.
12. Third parties must submit a power of attorney.
13. Submit any information/documentation requested by the Fund.
14. Only pharmacies should claim from the NAPPI file.

Failure to comply with the above requirements will result in deregistration / penalty imposed on the switching house.

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COMPEASY ELECTRONIC INVOICING FILE LAYOUT

FIELD	DESCRIPTION	Max Length	DATA TYPE	MANDATORY
BATCH HEADER				
1	Header identifier = 1	1	Numeric	*
2	Switch internal Medical aid reference number	5	Alpha	
3	Transaction type = M	1	Alpha	
4	Switch administrator number	3	Numeric	
5	Batch number	9	Numeric	*
6	Batch date (CCYYMMDD)	8	Date	*
7	Scheme name	40	Alpha	*
8	Switch internal	1	Numeric	
DETAIL LINES				
1	Transaction identifier = M	1	Alpha	*
2	Batch sequence number	10	Numeric	*
3	Switch transaction number	10	Numeric	*
4	Switch internal	3	Numeric	
5	CF Claim number	20	Alpha	*
6	Employee surname	20	Alpha	*
7	Employee initials	4	Alpha	*
8	Employee Names	20	Alpha	*
9	BHF Practice number	15	Alpha	*
10	Switch ID	3	Numeric	
11	Patient reference number (account number)	11	Alpha	*
12	Type of service	1	Alpha	
13	Service date (CCYYMMDD)	8	Date	*
14	Quantity / Time in minutes	7	Decimal	*
15	Service amount	15	Decimal	*
16	Discount amount	15	Decimal	*
17	Description	30	Alpha	*
18	Tariff	10	Alpha	*
19	Service fee	1	Numeric	
20	Modifier 1	5	Alpha	
21	Modifier 2	5	Alpha	
22	Modifier 3	5	Alpha	
23	Modifier 4	5	Alpha	
24	Invoice Number	10	Alpha	*
25	Practice name	40	Alpha	*
26	Referring doctor's BHF practice number	15	Alpha	
27	Medicine code (NAPPI CODE)	15	Alpha	*
28	Doctor practice number - sReferredTo	30	Numeric	

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29	Date of birth / ID number	13	Numeric	*
30	Service Switch transaction number – batch number	20	Alpha	
31	Hospital indicator	1	Alpha	*
32	Authorisation number	21	Alpha	*
33	Resubmission flag	5	Alpha	*
34	Diagnostic codes	64	Alpha	*
35	Treating Doctor BHF practice number	9	Alpha	
36	Dosage duration (for medicine)	4	Alpha	
37	Tooth numbers		Alpha	*
38	Gender (M, F)	1	Alpha	
39	HPCSA number	15	Alpha	
40	Diagnostic code type	1	Alpha	
41	Tariff code type	1	Alpha	
42	CPT code / CDT code	8	Numeric	
43	Free Text	250	Alpha	
44	Place of service	2	Numeric	*
45	Batch number	10	Numeric	
46	Switch Medical scheme identifier	5	Alpha	
47	Referring Doctor's HPCSA number	15	Alpha	*
48	Tracking number	15	Alpha	
49	Optometry: Reading additions	12	Alpha	
50	Optometry: Lens	34	Alpha	
51	Optometry: Density of tint	6	Alpha	
52	Discipline code	7	Numeric	
53	Employer name	40	Alpha	*
54	Employee number	15	Alpha	*
55	Date of Injury (CCYYMMDD)	8	Date	*
56	IOD reference number	15	Alpha	
57	Single Exit Price (Inclusive of VAT)	15	Numeric	
58	Dispensing Fee	15	Numeric	
59	Service Time	4	Numeric	
60				
61				
62				
63				
64	Treatment Date from (CCYYMMDD)	8	Date	*
65	Treatment Time (HHMM)	4	Numeric	*
66	Treatment Date to (CCYYMMDD)	8	Date	*
67	Treatment Time (HHMM)	4	Numeric	*
68	Surgeon BHF Practice Number	15	Alpha	
69	Anaesthetist BHF Practice Number	15	Alpha	
70	Assistant BHF Practice Number	15	Alpha	
71	Hospital Tariff Type	1	Alpha	

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72	Per diem (Y/N)	1	Alpha	
73	Length of stay	5	Numeric	*
74	Free text diagnosis	30	Alpha	
TRAILER				
1	Trailer Identifier = Z	1	Alpha	*
2	Total number of transactions in batch	10	Numeric	*
3	Total amount of detail transactions	15	Decimal	*

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MSPs PAID BY THE COMPENSATION FUND

Discipline Code :	Discipline Description :
004	Chiropractors
009	Ambulance Services - Advanced
010	Anesthetists
011	Ambulance Services - Intermediate
012	Dermatology
013	Ambulance Services - Basic
014	General Medical Practice
015	General Medical Practice
016	Obstetrics and Gynecology (Occupational related cases)
017	Pulmonology
018	Specialist Physician
019	Gastroenterology
020	Neurology
022	Psychiatry
023	Radiation/Medical Oncology
024	Neurosurgery
025	Nuclear Medicine
026	Ophthalmology
028	Orthopedics
030	Otorhinolaryngology
034	Physical Medicine
035	Emergency Medicine Independent Practice Specialist
036	Plastic and Reconstructive Surgery
038	Diagnostic Radiology
039	Radiography
040	Radiotherapy/Nuclear Medicine/Oncologist
042	Surgery Specialist
044	Cardio Thoracic Surgery
046	Urology
049	Sub-Acute Facilities
052	Pathology
054	General Dental Practice
055	Mental Health Institutions
056	Provincial Hospitals
057	Private Hospitals
058	Private Hospitals
059	Private Rehab Hospital (Acute)
060	Pharmacy
062	Maxillo-facial and Oral Surgery
064	Orthodontics

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066	Occupational Therapy
070	Optometrists
072	Physiotherapists
075	Clinical technology (Renal Dialysis only)
076	Unattached operating theatres / Day clinics
077	Approved U O T U / Day clinics
078	Blood transfusion services
079	Hospices/Frail Care
082	Speech therapy and Audiology
083	Hearing Aid Acoustician
084	Dieticians
086	Psychologists
087	Orthotists & Prosthetists
088	Registered nurses (Wound Care only)
089	Social workers
090	Clinical services : wheelchairs

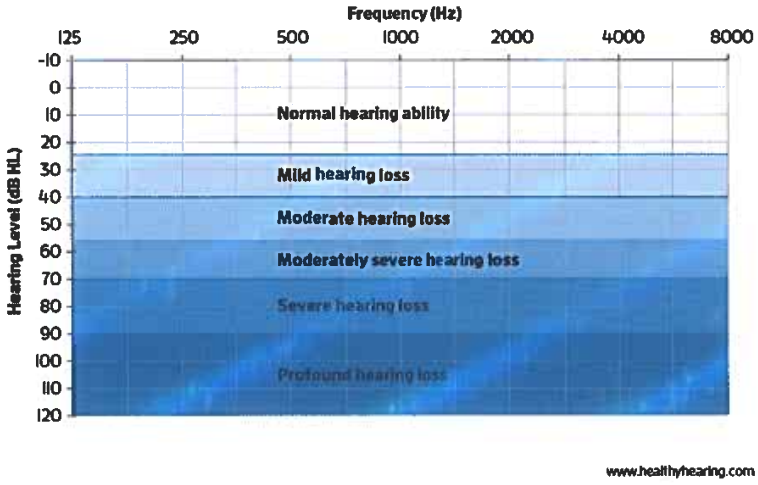
SPEECH THERAPY AND AUDIOLOGY GAZETTE 2023

SPEECH THERAPY(82), AUDIOLOGY (82)AND ACOUSTICIANS (83) TARIFF OF FEES AS FROM 01 APRIL 2023		
	SPEECH THERAPY AND AUDIOLOGY	
Rule	**Rule Description**	
001	Pre-Authorisation are required for all Hearing Aid services	
002	A request for hearing aids must be accompanied by a referral letter from the treating medical practitioner. The referral letter must clearly indicate reasons and the relationship to the original injury or disease.	
003	Motivation from the treating medical practitioner will be required for renewal of hearing aids outside of warranty. Hearing aids still within the manufacturers warranty should be replaced or repaired at no cost to the patient or the Compensation Fund	
004	Referral by the principal doctor with a copy of the referral letter for speech therapy services is required.	
005	Newly hospitalised patients will be allowed up 10 sessions without pre-authorisation. If further treatment is necessary after a series of 10 treatment sessions for the same condition, the treating medical practitioner must submit a motivation with treatment plan to the Compensation Fund for considering further authorisation. No pre- authorisation is required for critically ill patients in ICU and High Care Units.	
006	Unless timely steps are taken (at least two hours) to cancel an appointment for a consultation the relevant consultation fee shall be payable by the employee.	
007	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 the FUND if the appropriate code is supplied on the medical invoice.	
Code	**Code Description**	**Rand**
1.	**Speech Therapy Consultations, Assessment and Treatment**	
1020	Speech therapy consultation. Duration 5 - 15 mins	133.40
1021	Speech therapy consultation. Duration 16 - 30 mins	300.30
1022	Speech therapy consultation. Duration 31 - 45 mins	499.90
1.2	**Assessment & Treatment**	
1.2.1	**Speech Therapy Assessment & Treatment**	
1050	Speech therapy assessment and treatment. Duration 5 - 15 mins	133.40
1051	Speech therapy assessment and treatment. Duration 16 - 30 mins	300.30
1052	Speech therapy assessment and treatment. Duration 31 - 45 mins	499.90
2.	**Speech, Voice and Language Disorder**	
0007	Group therapy: per patient at rooms (Maximum of 3 patients per therapy per day) Limit of two sessions and thereafter a motivation letter is required. Note : Professional Group Consultations - no fee to be charged.	195.62
0009	Preparation of a home programme tariff code can be used once per life-time. Note : This category is to prepare the home programme prior to consultation with patient or care giver	195.62
3.	**Audiology**	
3.1	**Audiology Assessment, Consultation & Treatment**	
1011	Audiology consultation. Duration 16 - 30 mins	295.40
1012	Audiology consultation. Duration 31 - 45 mins	492.70
1013	Audiology consultation. Duration 46 - 60 mins	689.90

3.2	**Audiology Evaluations**	
A.	**Peripheral Hearing Evaluation**	
1100	Pure Tone Audiogram (Air conduction) (3273- Pure tone audiometry (air conduction)- Doctor's file) tariff code 3273 cannot be used with code 1110	222.30
1105	Pure Tone Audiogram (Bone conduction) (3274 -Pure tone audiometry (bone conduction with masking) Doctor's file) tariff code cannot be used with code 1110	177.84
1110	Full Speech Audiogram including speech reception threshold and discrimination at two or more levels. (3277 - Speech audiometry: Item includes speech audiogram, speech reception threshold, discrimination score Doctor's file) tariff code cannot be used with code 1100 and 1105	222.30
B.	**Middle Ear Function Evaluation**	
1200	Immittance Measurements (Impedance / Tympanometry) tariff code cannot be used with code 1205 and 1210	118.56
1205	Immittance Measurements - Impedance / Stapedial reflex (3276- Impedance audiometry (stapedial reflex) - no code for volume, compliance etc.- Doctor's file): Limited reflex spectrum (e.g. : 1-2 frequencies) tariff code cannot be used with code1200 and 1210	59.28
1210	Immittance Measurements - Impedance / Stapedial reflex (3276 - Impedance audiometry (stapedial reflex) - no code for volume, compliance etc.- Doctor's file): Extended reflex spectrum (250-8000Hz e.g. 4-8 frequencies) tariff code cannot be used with code1200 and 1205	177.84
1220	Eustachian Tube Function Test - multiple tympanograms - bilateral tariff code can only be used once during a consultation or visit	177.84
1225	Rinné & Weber tests	59.28
C.	**Diagnostic Audiological Tests for Differential Diagnosis between Cochlear; Retro-cochlear; Central; Functional and/or Vestibular Pathology**	
1300	Tone Decay (for retro cochlear pathology) tariff code can only be used for head trauma related to COIDA Motivation letter required	118.56
1305	Reflex decay (for retro cochlear pathology) tariff code can only be used for head trauma related to COIDA Motivation letter required	118.56
1310	SISI (for cochlear pathology) tariff code can only be used for head trauma related to COIDA	74.10
1315	Air conduction MCL (Most comfortable levels) & UCL (Uncomfortable levels) - for cochlear pathology and/or for purposes of selection of hearing aid technology or hearing aid programming tariff code can only be used for head trauma related to COIDA	118.56
1320	Speech conduction MCL & UCL (for cochlear pathology) tariff code can only be used for head trauma related to COIDA	59.28
D.	**Electro-Physiological Examinations/Auditory Evoked Potentials (AEP)**	
1515	Diagnostic Audiological Click ABR (Auditory Brainstem Evoked Response) – Bilateral Air conduction threshold determination using click stimuli	958.57
1520	Diagnostic Audiological Click ABR-(Auditory Brainstem Response) – Bilateral Bone conduction threshold determination using click stimuli	1278.06
1534	Diagnostic Audiological Tone Burst ABR (Auditory Brainstem Response) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 4 frequencies	1917.34
1581	OAE (Oto-acoustic emissions) - comprehensive diagnostic evaluation	443.14

E.	**Balance/Vestibular Examinations and Treatment**	
1600	Spontaneous and positional nystagmus using electro-nystagmography (ENG) (3253). Cannot use with tariff code 1605.	878.90
1605	Spontaneous and positional nystagmus using Video-nystagmography (VNG). Cannot use with tariff code 1600.	924.98
1610	Eye Visualization – spontaneous and positional nystagmus – monocular	497.85
1615	Eye Visualization – spontaneous and positional nystagmus – binocular	517.40
4.	**Material**	
0300	Medication	-
0301	Material	-
F.	**Hearing Amplification / Hearing Aids**	
	Rules	
	· Product warranties should be honoured by the supplier	
	· Only out of warranty costs may be considered for funding	
	· Prices excludes professional fee for evaluation, measuring, fitting and adjusting & follow ups	
	· Each description includes the necessary accessories and hardware to make the prescribed hearing aid/accessory/replacement/repair functional as intended by the products IFU (Instruction For Use)	
	· Accessories to new hearing aids should be motivated and clinically relevant	
	· Patients are eligible for new hearing aids every 5 years. Taking the following into account: The quality of the hearing aid, how well it's maintained and wear and tear	
	· Product must be obtained, maintained and serviced in the country at an affordable cost.	
	· A limit of two (2) applies in instances were both ears (Bilateral) require hearing aid devices	
	Criteria for Hearing Aids	
	· Baseline hearing test of employee (i.e. baseline test should been done within 30 days of employment and on employees who are going to work in a noise zone for the first time or on employees working in a newly identified noise zone)	
	· A full assessment / evaluation from medical professional i.e. ENT surgeon, Audiologist.	
	· Hearing Tests: Weber Hearing test or Audiogram hearing test or Rinne hearing test or Tympanometry test or Otoacoustic Emissions Hearing loss test and or Auditory brainstem Response Hearing loss test.	
	· More than 40 decibels is considered to be a hearing impairment for hearing aids.	
	· Less than 40 decibels needs to be motivated	
	· Confirmation of hearing loss being work related from medical professional	

HEARING LEVELS AND FREQUENCY



Information on hearing loss levels obtained from: Degrees of hearing loss and hearing loss levels (healthyhearing.com)

Code	Code Description	Rand
1800	Hearing aid evaluation - per ear	213.75
1805	Free Field Hearing Aid Evaluation : Pure tone and speech (with and without lipreading) Item cannot be used with code 1100, 1105 and 1110	185.25
1810	Insertion gain measurement, per ear	142.50
1815	Re-programming of hearing aid, per ear	142.50
1820	Technical adjustment of hearing aid/device, per ear.	85.50
1824	Hearing Aid Batteries (4)	261.55
1825	Repairs to hearing aids.	0.00
1830	Global charge for supply and fitting of hearing aid and follow-up Refer to Rule 001 No other tariff code can be billed with tariff code 1830	0.00
1831	Basic hearing aid limit	14834.00
1832	Standard hearing aid limit	15134.15
1833	Intermidiate hearing aid limit	21189.37
1834	Essentail hearing aid limit	17282.20
1835	Advanced hearing aid limit	31771.05

AUCOUSTICIANS GAZETTE 2023

	HEARING AID ACOUSTICIANS (PRACTICE 083)	
Rule	**Rule Description**	
001	Pre-Authorisation are required for all hearing aid services	
002	A request for hearing aids must be accompaned by a referral letter from the treating medical practitioner.	
003	Motivation from the treating medical practitioner will be required for renewal of hearing aids.	
004	Unless timely steps are taken (at least two hours) to cancel an appointment for a consultation the relevant consultation fee shall be payable by the employee.	
005	The fee in respect of more than one evaluation shall be the full fee for the first evaluation plus half the fee in respect of each additional evaluation, but under no circumstances may fees be charged for more than three evaluations carried out.	
Code	**Code Description**	**Rand**
83001	First consultation (comprehensive) Units for report writing included in the tariff code	486.25
83003	Follow up and final consultation Units for report writing included in the tariff code	425.60
83021	Test - air conduction	106.40
83023	Test - bone conduction	106.40
83025	Test - speech hearing tests	148.96
83027	Test - free field	136.19
83029	Test - insertion gain (per ear)	115.98
83031	Test - binaural loudness balance test, per ear	136.19
83051	Global charge for supply and fitting of hearing aid and follow-up. Refer to Rule 001 No other tariff code can be billed with tariff code 83051	0.00
83053	Hearing Aid Evaluation, per ear (refer to General Rule 004)	136.19
83055	Technical adjustment or replacement of earmolds	224.50
83057	Repairs/service per instrument (5X services/ 5 year cycle)	0.00
83059	Tympanogram	106.40
83061	Reflex test (stapedial reflex)	106.40