
GENERAL NOTICES • ALGEMENE KENNISGEWINGS

DEPARTMENT OF EMPLOYMENT AND LABOUR

NOTICE 3053 OF 2025

**SPEECH THERAPY,
AUDIOLOGY
AND
ACOUSTICIANS
GAZETTE
2025**



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Department:
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

NOTICE:

DATE:

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

ANNUAL INCREASE IN MEDICAL TARIFFS FOR MEDICAL SERVICES PROVIDERS.

1. I, Nomakhosazana Meth, 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 2025.
2. Medical Tariffs will increase by 6% for the financial year 2025/26.
3. The fees appearing in the Schedule are applicable in respect of services rendered from 1 April 2025 and exclude 15% VAT

Ms. N Meth, MP

MINISTER OF EMPLOYMENT AND LABOUR





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GENERAL INFORMATION

POPI ACT 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, unauthorised access and damage to information by unauthorised parties.

1. MEDICAL SERVICE PROVIDERS REGISTRATION REQUIREMENTS WITH THE COMPENSATION FUND

1.1. The Compensation Fund requires that any Medical Service Provider, providing medical treatment to patients in terms of the COIDA Act, must be registered with The Compensation Fund as follows:

1.1.1. Copies of the following documents must be submitted to the nearest Labour Centre

- a. A certified identity document of the practitioner
- b. Certified valid BHF certificate
- c. Recent bank statement with bank stamp or bank letter
- d. Proof of practice address not older than 3 months.
- e. Submit SARS VAT registration number/ certificate if VAT registered. If this is not provided the Medical Service Provider will be registered as a Non VAT vendor.
- f. A power of attorney is required where the MSP has appointed a third party for administration of their COIDA claims.

1.1.2. A duly completed original Banking Details form (WAC 33) that can be downloaded in PDF from the Department of Employment and Labour Website (www.labour.gov.za).

1.1.3. Submit the following additional information on the Medical Service Provider letterhead, Cell phone number, Business contact number, Postal address and Email address. The Fund must be notified in writing of any changes in order to effect necessary changes.



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2. REGISTERING WITH THE COMPENSATION FUND AS AN ONLINE SYSTEM USER FOR MEDICAL SERVICE PROVIDERS

2.1. To register as an online user of the claims processing system, COMPEASY, the following steps must be followed:

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

2.1.2. Register on the CompEasy application having the following documents to upload:

- A certified copy of identity document (not older than a month from the date of application)
- Certified valid BHF certificate
- Proof of address not older than 3 months

2.2. 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:

- An appointment letter for proxy (the template is available online)
- The proxy's certified identity document (not older than a month from the date of application)
- There are instructions online to guide a user on successfully registering (www.compeasy.gov.za)

3. THIRD PARTIES TRANSACTING ON BEHALF OF MEDICAL SERVICE PROVIDERS

3.1. Third Parties that provide administration services on COID medical invoices on behalf of medical service providers must take note of the following:

3.1.1. A third party transacting with the Fund, must be in a position to obtaining a copies of the original claim documents and medical invoices from medical service providers.

3.1.2. The third party must keep such records in their original state as received from the medical service provider and must furnish the Compensation Commissioner with such documents on request for the purposes of auditing.

3.2. The Fund will not provide or disclose any information related to a medical service provider, represented by a third party, where such information was obtained or relates to a period prior to them contracting to a third party.



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4. THE EMPLOYEE AND THE MEDICAL SERVICE PROVIDER

4.1. 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):

- 4.1.1. An employee as defined in the COID Act of 1993, is at liberty to choose their preferred medical service provider without interference, as long as it is exercised reasonably and without prejudice to the employee or the Compensation Fund.
- 4.1.2. 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 its employees, e.g. Hospital, nursing and other medical services — Section 78 of the COID Act refers.
- 4.1.3. In terms of Section 42 of the COID Act, the Compensation Fund may refer an injured employee to a specialist medical service provider designated by the Director General for a medical examination and report.
- 4.1.4. In terms of section 76,3(b) of the COID Act, no amount in respect of medical expenses shall be recoverable from the employee.
- 4.1.5. In the event of a change of a medical service provider 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.
- 4.1.6. To avoid disputes regarding the payment for services rendered, medical service providers should refrain from treating an employee already under treatment by another medical practitioner without consulting/informing the principal treating doctor.
- 4.1.7. Any changes of medical service providers must have sufficient reasons existing for such a change which must be communicated to the Compensation Fund.
- 4.1.8. 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 registered and liability for the claim is accepted by the Compensation Fund.
- 4.1.9. An employee seeks medical advice at their own risk. If such an employee presents themselves to a medical service provider as being entitled to treatment in terms of the COID Act, 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 under such circumstances.
- 4.1.10. The Compensation Fund may 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 their medical expenses.



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5. OVERVIEW OF THE COID CLAIMS PROCESS

5.1. All claims lodged in the prescribed manner with the Compensation Fund are subjected to the following process:

- 5.1.1. New claims are registered by the Employers with the Compensation Fund in the prescribed manner. Details of and progress of the claim can be viewed on the online processing system for registered users of the system.
- 5.1.2. Proof of identity is required in the form of a copy of an 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.
- 5.1.3. All supporting documentation submitted to the Compensation Fund must reflect the identity and claim numbers of the employee.
- 5.1.4. The allocation of a claim number to a claim after the registration thereof by the Compensation Fund, does not constitute acceptance of liability for a claim. It indicates that the injury on duty has been reported to the Compensation Fund and acknowledged.
- 5.1.5. When 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 the employees, in accordance to approved tariffs, billing rules and procedures as published in the medical tariff gazettes of the Compensation Fund.
- 5.1.6. If a claim is repudiated in terms of the COID Act, medical expenses, will not be payable by the Compensation Fund. The employer and the employee will be informed of this decision and the injured employee will be liable for payment of medical costs incurred.
- 5.1.7. In the event of insufficient claim information being made available to the Compensation Fund, the claim will be rejected until the outstanding information is submitted and liability can be determined.
- 5.1.8. Manner of payment of medical benefits for Compensation Fund claims, where liability has been accepted (adjudicated) on or after 1 April 2025.
- 5.1.9. All medical invoices for accepted claims must be submitted, in the prescribed manner within 24 months of the date of acceptance of liability. Medical invoices received after said time frame will be considered as late submission of invoices and may be rejected.
- 5.1.10. All service providers should be registered on the Compensation Fund claims processing system in order to capture medical invoices and medical reports for medical services rendered.
- 5.1.11. Medical reports and medical invoices should ONLY be submitted/transmitted for claims that The Compensation Fund has accepted liability for and thus reasonable medical expenses are payable.



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6. BILLING REQUIREMENTS FOR MEDICAL SERVICES PROVIDED TO INJURED/DISEASED EMPLOYEES

6.1. Medical Reports:

In terms of Sec 74(1)(2)(3)(4) and (5) of COID Act, Submission of Medical Report; Medical Service provider are advised to take note of the following:

- 6.1.1. 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 any referrals to other medical service providers where applicable.
- 6.1.2. All follow up consultations must be completed on a Progress Medical Report (W.CL5). Any operation/procedure performed must be detailed therein and any referrals to other medical service providers where applicable.
- 6.1.3. 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.
- 6.1.4. Only one medical report is required when multiple procedures are done on the same service date.
- 6.1.5. When the injury/disease being treated stabilises a Final Medical Report must be completed (W.CL 5F).
- 6.1.6. Medical Service Providers are required to keep copies of medical reports which should be made available to the Compensation Commissioner when requested.

NB: Hospitals will be required from the 1st April 2025 to provide patient records when submitting medical invoices for services provided.



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7. MINIMUM INFORMATION REQUIREMENTS FOR 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 of Employer, as indicated on the Employers Report of Accident (W.CL 2)
 4. DATES:
 - a. Date of accident
 - b. Date of service (From and to)
 5. Medical Service Provider, BHF practice number
 6. VAT registration number of Medical Service Provider: VAT will not be applied if a VAT registration number is not supplied on the invoice
 7. Tariff Codes:
 - a. Tariff code applicable to injury/disease, are as published tariff gazettes.
 - b. Amount claimed per code, quantity and the total amount of the invoice.
 8. VAT:
 - a. The tariff amounts published in the tariff guides exclude VAT.
 - b. All invoices for services rendered will be assessed without VAT.
 - c. VAT will be applied to VAT registered vendors (MSP's) without being rounded off.
 - d. With the exception of the following:
 - i. "PER DIEM" tariffs for Private Hospitals that already are VAT inclusive.
 - ii. Certain VAT exempted codes in the Private Ambulance tariff structure.
 9. All pharmacy or medication invoices must be accompanied by the original script(s)
- NB!!** All pharmaceuticals will be processed in accordance with Nappi file codes.
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.
 12. Duplicate invoices should not be submitted.
 13. Compensation Fund does not accept submission of running accounts /statements, but will reject upfront at switch level.

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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8. REQUIREMENTS FOR SWITCHING MEDICAL INVOICES WITH THE COMPENSATION FUND

A switching provider must comply with the following requirements:

1. Register with the Compensation Fund as an employer where applicable in terms of the COIDA Act 1993
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. Verify 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 150 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. Only pharmacies should claim from the NAPPI file.

PLEASE NOTE:

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

* Mandatory fields

| 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 | |
| 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 | |



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| FIELD | DESCRIPTION | Max Length | DATA TYPE | MANDATORY |
|---------|---------------------------------------|------------|-----------|-----------|
| 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 | |
| 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 | Anesthesiology |
| 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 Medicine |
| 019 | Gastroenterology |
| 020 | Neurology |
| 021 | Cardiology (Occupational Related Cases) |
| 022 | Psychiatry |
| 023 | Medical Oncology |
| 024 | Neurosurgery |
| 025 | Nuclear Medicine |
| 026 | Ophthalmology |
| 028 | Orthopaedic |
| 030 | Otorhinolaryngology |
| 034 | Physical Medicine |
| 035 | Emergency Medicine Independent Practice Speciality |
| 036 | Plastic and Reconstructive Surgery |
| 038 | Diagnostic Radiology |
| 039 | Radiography |
| 040 | Radiation Oncology |
| 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 |
| 066 | Occupational Therapy |
| 070 | Optometry |
| 072 | Physiotherapy |
| 075 | Clinical technology (Renal Dialysis and Perfusionists only) |



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|-----|--|
| 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 | Dietetics |
| 086 | Psychology |
| 087 | Orthotics & Prosthetics |
| 088 | Registered nurses (Wound Care and Nephrology only) |
| 089 | Social worker |
| 090 | Clinical services : (Wheelchairs and Gases only) |
| 094 | Prosthodontic |

**SPEECH THERAPY
AND
AUDIOLOGY
GAZETTE
2025**

| SPEECH THERAPY, AUDIOLOGY AND ACOUSTICIANS TARIFF OF FEES AS FROM 01 APRIL 2025 | | |
|---|--|--------|
| SPEECH THERAPY AND AUDIOLOGY (PRACTICE TYPE 082) | | |
| General Rules | | |
| Rule | Rule Description | |
| 001 | Pre-Authorisation is 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 Fund. | |
| 004 | A copy of the Referral letter shall be required from the treating doctor. | |
| 005 | Newly hospitalised patients will be allowed up to 10 sessions without pre-authorisation. If further treatment is necessary after a series of 10 treatment sessions for the same condition, the treating doctor must submit a motivation with treatment plan to the Fund for considering further authorisation. No pre - authorisation is required for 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. | |
| Tariff Codes | | |
| Code | Code Description | Rand |
| 1. | Speech Therapy | |
| 1.1 | Speech Therapy Consultations, Assessment and Treatment | |
| 1020 | Speech therapy consultation. Duration 5 - 15 mins | 149.04 |
| 1021 | Speech therapy consultation. Duration 16 - 30 mins | 335.51 |
| 1022 | Speech therapy consultation. Duration 31 - 45 mins | 558.51 |
| 1.2 | Assessment & Treatment | |
| 1.2.1 | Speech Therapy Assessment & Treatment | |
| 1050 | Speech Therapy assessment and treatment. Duration 5 - 15 mins | 149.04 |
| 1051 | Speech Therapy assessment and treatment. Duration 16 - 30 mins | 335.51 |
| 1052 | Speech Therapy assessment and treatment. Duration 31 - 45 mins | 558.51 |
| 1.3 | 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. | 218.56 |
| 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. | 218.56 |

| | | |
|-------------|--|---------------|
| 2. | Audiology | |
| 2.1 | Audiology Consultation, Assessment & Treatment | |
| 1011 | Audiology consultation. Duration 16 - 30 mins | 330.03 |
| 1012 | Audiology consultation. Duration 31 - 45 mins | 550.46 |
| 1013 | Audiology consultation. Duration 46 - 60 mins | 770.78 |
| 2.2 | Audiology Evaluations | |
| A. | Peripheral Hearing Evaluation | |
| 1100 | Pure Tone Audiogram (Air conduction) (3273 - Pure tone audiometry (air conduction) - Doctor's file Note: Tariff code 3273 cannot be used with code 1110 | 248.36 |
| 1105 | Pure Tone Audiogram (Bone conduction) (3274 - Pure tone audiometry (bone conduction with masking) - Doctor's file Note: Tariff code cannot be used with code 1110 | 198.69 |
| 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 Note: Tariff code cannot be used with code 1100 and 1105 | 248.36 |
| B. | Middle Ear Function Evaluation | |
| 1200 | Immittance Measurements (Impedance / Tympanometry) Note: Tariff code cannot be used with code 1205 and 1210 | 132.46 |
| 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) Note: Tariff code cannot be used with code 1200 and 1210 | 66.23 |
| 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) Note: Tariff code cannot be used with code 1200 and 1205 | 198.69 |
| 1220 | Eustachian Tube Function Test - multiple tympanograms - bilateral Note: Tariff code can only be used once during a consultation or visit | 198.69 |
| 1225 | Rinné & Weber tests | 66.23 |
| 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 occupational injuries/disease. Motivation letter required | 132.46 |
| 1305 | Reflex decay (for retro cochlear pathology) Tariff code can only be used for head trauma related to occupational injuries/disease Motivation letter required | 132.46 |
| 1310 | SISI (for cochlear pathology) Tariff code can only be used for head trauma related to occupational injuries/disease | 82.79 |
| 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 occupational injuries/disease. | 132.46 |
| 1320 | Speech conduction MCL & UCL (for cochlear pathology) Tariff code can only be used for head trauma related to occupational injuries/disease. | 66.23 |

| | | |
|-------------|---|----------------|
| 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 | 1070.95 |
| 1520 | Diagnostic Audiological Click ABR-(Auditory Brainstem Response) – Bilateral Bone conduction threshold determination using click stimuli | 1427.90 |
| 1534 | Diagnostic Audiological Tone Burst ABR (Auditory Brainstem Response) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 4 frequencies | 2142.13 |
| 1581 | OAE (Oto-acoustic emissions) - comprehensive diagnostic evaluation | 495.10 |
| E. | Balance/Vestibular Examinations and Treatment | |
| 1600 | Spontaneous and positional nystagmus using electro-nystagmography (ENG) (3253). Cannot be used with tariff code 1605. | 981.95 |
| 1605 | Spontaneous and positional nystagmus using Video-nystagmography (VNG). Cannot be used with tariff code 1600. | 1033.42 |
| 1610 | Eye Visualization – spontaneous and positional nystagmus – monocular | 556.22 |
| 1615 | Eye Visualization – spontaneous and positional nystagmus – binocular | 578.06 |
| 3. | 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, 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 where both ears (Bilateral) require hearing aid devices | |
| | Criteria for Hearing Aids | |
| | · Baseline hearing test of employee (i.e. baseline test should be 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 | | |
|---|--|----------|
| <p>Frequency (Hz)</p> <p>125 250 500 1000 2000 4000 8000</p> <p>Hearing Level (dB HL)</p> <p>-10 0 10 20 30 40 50 60 70 80 90 100 110 120</p> <p>Normal hearing ability</p> <p>Mild hearing loss</p> <p>Moderate hearing loss</p> <p>Moderately severe hearing loss</p> <p>Severe hearing loss</p> <p>Profound hearing loss</p> <p>www.healthyhearing.com</p> | | |
| Information on hearing loss levels obtained from: Degrees of hearing loss and hearing loss levels (healthyhearing.com) | | |
| Tariff Codes | | |
| Code | Code Description | Rand |
| 1800 | Hearing aid evaluation - per ear | 238.81 |
| 1805 | Free Field Hearing Aid Evaluation : Pure tone and speech (with and without lipreading) Item cannot be used with code 1100, 1105 and 1110 | 206.97 |
| 1810 | Insertion gain measurement, per ear | 159.21 |
| 1815 | Re-programming of hearing aid, per ear | 159.21 |
| 1820 | Technical adjustment of hearing aid / device, per ear. | 95.52 |
| 1824 | Hearing Aid Batteries (4) | 277.24 |
| 1825 | Repairs to hearing aids. | - |
| 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 | - |
| 1831 | Basic hearing aid limit | 16573.14 |
| 1832 | Standard hearing aid limit | 16908.48 |
| 1833 | Intermediate hearing aid limit | 23673.61 |
| 1834 | Essential hearing aid limit | 19308.37 |
| 1835 | Advanced hearing aid limit | 35495.89 |

ACOUSTICIAN GAZETTE 2025

| HEARING AID ACOUSTICIANS (PRACTICE 083) | | |
|---|---|--------|
| General Rules | | |
| Rule | Rule Description | |
| 001 | Pre-Authorisation is required for all hearing aid services | |
| 002 | A request for hearing aids must be accompanied 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. | |
| Tariff Codes | | |
| Code | Code Description | Rand |
| 83001 | First consultation (comprehensive) Units for report writing included in the tariff code | 543.26 |
| 83003 | Follow up and final consultation Units for report writing included in the tariff code | 475.50 |
| 83021 | Test - air conduction | 118.87 |
| 83023 | Test - bone conduction | 118.87 |
| 83025 | Test - speech hearing tests | 166.42 |
| 83027 | Test - free field | 152.16 |
| 83029 | Test - insertion gain (per ear) | 129.58 |
| 83031 | Test - binaural loudness balance test, per ear | 152.16 |
| 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 | - |
| 83053 | Hearing Aid Evaluation, per ear (refer to General Rule 005) | 152.16 |
| 83055 | Technical adjustment or replacement of earmolds | 250.82 |
| 83057 | Repairs/service per instrument (5X services/ 5 year cycle) | - |
| 83059 | Tympanogram | 118.87 |
| 83061 | Reflex test (stapedial reflex) | 118.87 |

ANNEXURE A: FIRST SPEECH THERAPY REPORT

| 1. AUTHORISATION REQUEST FORM | | | | | |
|--|---------------------|---|-----------|-----------|--|
| Please indicate your request type with an X: | | | | | |
| First speech therapy report | | Extension of treatment period required | | | |
| Additional treatment sessions required | | Amendment to treatment codes required | | | |
| INJURED EMPLOYEE DETAILS | | | | | |
| Surname: | | | | | |
| First Names: | | | | | |
| Identity Number: | | | | | |
| Telephone number: | | | | | |
| Address: | | | | | |
| | Postal code: | | | | |
| EMPLOYER DETAILS | | | | | |
| Name of Employer: | | | | | |
| Telephone number: | | | | | |
| Date of Injury / Onset of symptoms: | | | | | |
| REFERRING DOCTOR DETAILS | | | | | |
| Referring Doctor: | | | | | |
| Telephone Number: | | | | | |
| Email address: | | | | | |
| Referring Doctor Practice Number | | | | | |
| Dated referral letter stipulating reason for the referral and referring doctor stamp and signature has been included with this authorisation request: | YES | | NO | | |
| SUPPORTING DOCUMENTS ATTACHED TO AUTHORISATION REQUEST ONLY IF CLAIM NOT REGISTERED | | | | | |
| Please indicate attached documents with an X (only attach if necessary): | | | | | |
| WCL2 | | WCL4 | | ID | |
| INJURY / SYMPTOM DETAILS | | | | | |
| ICD 10 Code: | | | | | |
| Diagnosis: | | | | | |

CURRENT PRESENTATION:

| |
|--|
| |
|--|

SPEECH THERAPY / AUDIOLOGY REHABILITATION PLAN**A. SPEECH THERAPY / AUDIOLOGY REHABILITATION PLAN**

Ensure that the treatment goals are specific and measurable with outcome measurements.

| | |
|-----------|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

| B. ANTICIPATED DURATION AND FREQUENCY OF TREATMENT INCLUDE DATES | | | |
|---|-----------------|--------------|-----------------|
| Overall expected duration of treatment intervention: | | | |
| Overall expected number of treatment sessions: | | | |
| Frequency of treatment intervention (daily; bi-daily; weekly etc): | | | |
| C. ANTICIPATED CODING FOR ABOVE TREATMENT SESSIONS | | | |
| CODE: | QUANTITY | CODE: | QUANTITY |
| | | | |
| | | | |
| | | | |
| | | | |
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| | | | |
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| | | | |
| | | | |
| MOTIVATION FOR CHANGE IN AUTHORISATION REQUEST (COMPLETE ONLY IF NOT THE FIRST SPEECH THERAPY / AUDIOLOGY REHABILITATION REPORT) | | | |
| | | | |
| SERVICE PROVIDER DETAILS | | | |
| Name: | | | |
| Practice Number: | | | |
| Date of initial consultation: | | | |
| Date of pre-authorisation request: | | | |
| Telephone Number: | | | |
| Email address: | | | |
| Signature: | | | |

ANNEXURE B: MONTHLY / INTERIM SPEECH THERAPY REHABILITATION REPORT

Speech Therapy / Audiology Rehabilitation Progress/Interim Monthly Report
 Compensation for Occupational Injuries and Disease Act

| | |
|---|-------------------------------------|
| Name and Surname of Employee: | |
| Identity Number: | Address: |
| | Postal Code: |
| Name of Employer: | |
| Address: | |
| | Postal Code: |
| Date of Accident: | |
| 1. Date of First Treatment: | Provider of First Treatment: |
| 2. Name of Referring Medical Practitioner: | Date of Referral: |
| 3. Number of Sessions already delivered: | |
| 4. Progress achieved (including outcome measures e.g. Swallowing ability, language ability) | |
| 5. Did the patient undergo surgical procedures in this time? Dates and type of surgery | |
| 6. Number of sessions required: | |
| 7. Treatment plan for proposed treatment sessions: | |
| 8. From what date has the employee been fit for his/her normal/ light work? (Please circle where applicable) | |
| I certify that I have by examination, satisfied myself that the injury(ies) are as a result of the accident. | |
| Signature of service provider: | Date: |
| Name: | |
| Practice Number: | |
| NB: Speech Therapy / Audiology Rehabilitation progress reports must be submitted on a monthly basis and attached to the submitted accounts | |

ANNEXURE C: FINAL SPEECH THERAPY REHABILITATION REPORT

| | |
|---|-------------------------------------|
| Final Report | |
| Compensation for Occupational Injuries and Disease Act | |
| Name and Surname of Employee: | Address: |
| Identity Number: | |
| Postal Code: | |
| Name of Employer: | |
| Address: | |
| Postal Code: | |
| Date of Accident: | |
| Date of First Treatment: | Provider of First Treatment: |
| Name of Referring Medical Practitioner: | Date of Referral: |
| 1. Number of Sessions already delivered: From _____ To _____ | |
| 2. Progress achieved (including outcome measures e.g. Swallowing ability, language ability): | |
| 3. Did the patient undergo surgical procedures in this time? Dates and type of surgery. | |
| 4. From what date has the employee been fit for his/her normal work? | |
| 5. Is the employee fully rehabilitated/has the employee obtained the highest level of function? | |

6. If so, describe in detail any present permanent anatomical effect and/or impairment of function as a result of the accident (e.g. swallowing ability language ability)

I certify that I have by examination, satisfied myself that the injury(ies) are as a result of the accident.

Signature of service provider:

Date:

Name:

Address:

Post Code:

Practice Number:

NB: Speech Therapy / Audiology Rehabilitation progress reports must be submitted on a monthly basis and attached to the submitted accounts