

Speech Therapists and Audiologists 2007

NATIONAL REFERENCE PRICE LIST FOR SERVICES BY SPEECH THERAPISTS AND AUDIOLOGISTS, EFFECTIVE FROM 1 JANUARY 2007					
The following reference price list is not a set of tariffs that must be applied by medical schemes and/or providers. It is rather intended to serve as a baseline against which medical schemes can individually determine benefit levels and health service providers can individually determine fees charged to patients. Medical schemes may, for example, determine in their rules that their benefit in respect of a particular health service is equivalent to a specified percentage of the national health reference price list. It is especially intended to serve as a basis for negotiation between individual funders and individual health care providers with a view to facilitating agreements which will minimise balance billing against members of medical schemes. Should individual medical schemes wish to determine benefit structures, and individual providers determine fee structures, on some other basis without reference to this list, they may do so as well. In calculating the prices in this schedule, the following rounding method is used: Values R10 and below rounded to the nearest cent, R10+ rounded to the nearest 10cent. Modifier values are rounded to the nearest cent. When new item prices are calculated, e.g. when applying a modifier, the same rounding scheme should be followed. VAT EXCLUSIVE PRICES APPEAR IN BRACKETS.					
General Rules					
A	All accounts must be presented with the following information clearly stated: · name of practitioner · qualifications of the practitioner; · BHF practice number; · postal address and telephone number; · date on which service(s) were provided; · The relevant diagnostic codes and NHRPL item code numbers relating to the health service rendered; · the surname and initials of the member; · the first name of the patient; · the name of the scheme; · the membership number of the member; and · the name and practice number of the referring practitioner, if applicable.				04.00
B	The rate in respect of more than one evaluation under item 029 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.				04.00
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
1010	Audiology consultation. Duration 1 - 15 mins	06.02		7.500	40.00 (35.10)
1011	Audiology consultation. Duration 16 - 30 mins	06.02		22.500	119.90 (105.20)
1012	Audiology consultation. Duration 31 - 45 mins	06.02		37.500	199.90 (175.40)
1013	Audiology consultation. Duration 46 - 60 mins	06.02		52.500	279.90 (245.50)
1015	Prolonged audiology consultation, each additional full 15 mins, to a maximum of 60 mins	06.02		15.000	80.00 (70.20)
1.1.2	Speech Therapy Consultations				
1020	Speech therapy consultation. Duration 1 - 15 mins	06.02		7.500	40.00 (35.10)
1021	Speech therapy consultation. Duration 16 - 30 mins	06.02		22.500	119.90 (105.20)
1022	Speech therapy consultation. Duration 31 - 45 mins	06.02		37.500	199.90 (175.40)
1023	Speech therapy consultation. Duration 46 - 60 mins	06.02		52.500	279.90 (245.50)
1.2	Assessment & Treatment				
1.2.1	Speech Therapy Assessment & Treatment				
1050	Speech therapy assessment and treatment. Duration 1 - 15 mins	06.02		7.500	40.00 (35.10)

Code	Description	Ver	Add	Speech Therapy / Audiology	
				RVU	Fee
1051	Speech therapy assessment and treatment. Duration 16 - 30 mins	06.02		22.500	119.90 (105.20)
1052	Speech therapy assessment and treatment. Duration 31 - 45 mins	06.02		37.500	199.90 (175.40)
1053	Speech therapy assessment and treatment. Duration 46 - 60 mins	06.02		52.500	279.90 (245.50)
2.	Speech, Voice and Language Disorder				
0007	Group therapy: per patient at rooms (Maximum of 3 patients per therapy)	06.02		15.000	80.00 (70.20)
	Note: Professional Group Consultations - no fee to be charged.	04.00			
0009	Preparation of a home programme	06.02		15.000	80.00 (70.20)
	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	159.90 (140.30)
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	Pure Tone Audiogram (Air conduction) (3273)	06.02		15.000	90.20 (79.10)
1105	Pure Tone Audiogram (Bone conduction) (3274)	06.02		12.000	72.10 (63.20)
1110	Full Speech Audiogram including speech reception threshold and discrimination at two or more levels. (3277)	06.02		15.000	90.20 (79.10)
1115	Speech audiogram screening	06.02		5.000	30.10 (26.40)
1120	Visual reinforcement audiometry and/or combined play audiometry employed in a sound field environment to assess peripheral hearing	06.02		40.000	245.60 (215.40)
1125	Tinnitus Evaluation	06.02		15.000	90.20 (79.10)
B.	Middle Ear Function Evaluation				
1200	Immittance Measurements (Impedance / Tympanometry)	06.02		8.000	45.40 (39.80)
1205	Immittance Measurements - Impedance / Stapedial reflex (3276): Limited reflex spectrum (eg : 1-2 frequencies)	06.02		4.000	22.70 (19.90)
1210	Immittance Measurements - Impedance / Stapedial reflex (3276): Extended reflex spectrum (250-8000Hz e.g. 4-8 frequencies)	06.02		12.000	68.20 (59.80)
1215	Immittance Measurements - Impedance / High Frequency Tympanometry (for paediatric population)	06.02		8.000	45.40 (39.80)
1220	Eustachian Tube Function Test - multiple tympanograms - bilateral	06.02		12.000	68.20 (59.80)
1225	Rinné & Weber tests	06.02		4.000	24.00 (21.10)
C.	Diagnostic Audiological Tests for Differential Diagnosis between Cochlear; Retro-cochlear; Central; Functional and/or Vestibular Pathology				
1300	Tone Decay (for retro cochlear pathology)	06.02		8.000	48.10 (42.20)
1305	Reflex decay (for retro cochlear pathology)	06.02		8.000	45.40 (39.80)
1310	SISI (for cochlear pathology)	06.02		5.000	30.10 (26.40)
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	06.02		8.000	48.10 (42.20)
1320	Speech conduction MCL & UCL (for cochlear pathology)	06.02		4.000	24.00 (21.10)
1325	Test for functional hearing loss	06.02		10.000	60.10 (52.70)
1330	Stenger test (for functional hearing loss)	06.02		10.000	60.10 (52.70)
1335	Fistula test - (for peri-lymph fluid leakage)	06.05		15.000	90.20 (79.10)

Code	Description	Ver	Add	Speech Therapy / Audiology	
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D.	Auditory Processing (AP) and Central Auditory Processing Tests (CAP)				
	Only tests appropriate to the recommendations of the HPCSA Taskforce on CAPD should be administered i.e. low-linguistically loaded tests are tests of choice. No more than two tests from each category below can be administered. Repeat item 1400 for each test done. Deviations from this billing guideline requires motivation. PRELIMINARY TEST BATTERY Scan-C Scan-A PSI DIFFERENTIAL DIAGNOSIS BETWEEN CAPD AND ADHD Selective Auditory Attention Test Auditory Continuous Performance Test TESTS OF MONAURAL LOW REDUNDANCY Low Pass Filtered Speech - Ivey Low Pass Filtered Speech - NU-6 Lists 500Hz, 750Hz And 1000Hz Time Compressed Speech/Time Compressed Speech with Reverberation SPEECH IN NOISE TESTS SPIN SSI-ICM BKB-SIN SIN QuickSIN DICHOTIC SPEECH TESTS Dichotic Digits Test Dichotic Consonant Vowel SSI-CCM Staggered Spondaic Word Test Competing Sentences Test Dichotic Rhyme Test Dichotic Sentence Identification Test TEMPORAL PROCESSING TESTS Random Gap Detection Test TEMPORAL PATTERNING TESTS Frequency Pattern (Pitch Pattern) Sequence Test Duration Pattern Sequence Test BINAURAL INTERACTION TESTS Masking Level Difference for Speech Binaural Fusion Test (Ivey, NU-6 or CVC Fusion)				06.05
1400	Central Auditory Processing Disorders test, test to be specified.	06.05		13.000	79.80 (70.00)
E.	Electro-Physiological Examinations/Auditory Evoked Potentials (AEP)				
1500	Diagnostic Neurological short latency ABR (Auditory Brainstem Response) Bilateral; single decibel (2692)	06.02		60.000	368.40 (323.20)
1505	AABR - Bilateral (Automated Auditory Brainstem Response). Cannot be charged with 1510	06.02		30.000	170.40 (149.50)
1510	Screening ABR - Bilateral (Auditory Brainstem Response) . Cannot be charged with 1505	06.02		20.000	113.60 (99.60)
1515	Diagnostic Audiological Click ABR (Auditory Brainstem Evoked Response) – Bilateral Air conduction threshold determination using click stimuli	06.02		60.000	368.40 (323.20)
1520	Diagnostic Audiological Click ABR-(Auditory Brainstem Response) – Bilateral Bone conduction threshold determination using click stimuli	06.02		80.000	491.20 (430.90)
	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	06.02		30.000	184.20 (161.60)
1532	Diagnostic Audiological Tone Burst ABR (Auditory Brainstem Response) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 2 frequencies	06.02		60.000	368.40 (323.20)
1533	Diagnostic Audiological Tone Burst ABR (Auditory Brainstem Response) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 3 frequencies	06.02		90.000	552.60 (484.70)
1534	Diagnostic Audiological Tone Burst ABR (Auditory Brainstem Response) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 4 frequencies	06.02		120.000	736.80 (646.30)
	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	06.05		25.000	153.50 (134.60)
1542	Diagnostic Audiological Middle latency & Late Cortical Auditory Evoked responses (2698) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 2 frequencies	06.05		50.000	307.00 (269.30)
1543	Diagnostic Audiological Middle latency & Late Cortical Auditory Evoked responses (2698) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 3 frequencies	06.05		75.000	460.50 (403.90)
1544	Diagnostic Audiological Middle latency & Late Cortical Auditory Evoked responses(2698) – Bilateral Frequency specific threshold determination using tone-burst stimuli at : 4 frequencies	06.05		100.000	614.00 (538.60)
	Combinations of items 1551 to 1554 cannot be billed together.	06.02			

Code	Description	Ver	Add	Speech Therapy / Audiology	
				RVU	Fee
1551	ASSER (Auditory Steady State Evoked Response) – Bilateral threshold determination : 1 frequency	06.02		30.000	184.20 (161.60)
1552	ASSER (Auditory Steady State Evoked Response) – Bilateral threshold determination : 2 frequencies	06.02		40.000	245.60 (215.40)
1553	ASSER (Auditory Steady State Evoked Response) – Bilateral threshold determination : 3 frequencies	06.02		60.000	368.40 (323.20)
1554	ASSER (Auditory Steady State Evoked Response) – Bilateral threshold determination : 4 frequencies	06.02		80.000	491.20 (430.90)
1560	P300 Cognitive AEP (Auditory Evoked Potential) or MMN (Mismatch Negativity)	06.02		35.000	214.90 (188.50)
1565	Electrocochleography: unilateral (2699). Cannot be charged with item 1570.	06.02		45.000	276.30 (242.40)
1570	Electrocochleography: bilateral (2700). Cannot be charged with item 1565.	06.02		90.000	552.60 (484.70)
1575	Cochlear nerve function test - intra-operative monitoring - per 30min	06.02		30.000	184.20 (161.60)
1580	OAE (Oto-acoustic emissions) - limited frequencies (transient or distortion product) for hearing screening of neonatal and pediatric population.	06.02		15.000	82.00 (71.90)
1581	OAE (Oto-acoustic emissions) - comprehensive diagnostic evaluation	06.02		30.000	170.40 (149.50)
F.	Balance/Vestibular Examinations and Treatment				
1600	Spontaneous and positional nystagmus using electro-nystagmography (ENG) (3253). Cannot use with item 1605.	06.02		55.000	337.70 (296.20)
1605	Spontaneous and positional nystagmus using Video-nystagmography (VNG). Cannot use with item 1600.	06.02		55.000	355.50 (311.80)
1610	Eye Visualization – spontaneous and positional nystagmus – monocular	06.02		35.000	191.30 (167.80)
1615	Eye Visualization – spontaneous and positional nystagmus – binocular	06.02		35.000	198.80 (174.40)
1620	Oculo-motor/central tests using electro-nystagmography (ENG). Cannot be used with item 1625.	06.02		25.000	161.60 (141.80)
1625	Oculo-motor/central tests using video-nystagmography (VNG). Cannot be used with item 1620.	06.02		25.000	161.60 (141.80)
1630	DVA (Dynamic Visual Acuity) test using Video-nystagmography (VNG)	06.02		10.000	64.60 (56.70)
1635	Caloric test using ENG electro-nystagmography (3255). Cannot be used with item 1640.	06.02		50.000	323.20 (283.50)
1640	Caloric test using VNG electro-nystagmography (3255). Cannot be used with item 1635.	06.02		50.000	323.20 (283.50)
1645	Posturography	06.02		25.000	161.60 (141.80)
1650	Rotational Chair test	06.02		15.000	85.20 (74.70)
1655	Otolith repositioning/canalith manœuvre	06.02		25.000	133.30 (116.90)
1660	Vestibular rehabilitation (neuromuscular) re-education of movement, balance, coordination, kinesthetic sense, posture, and proprioception	06.02		25.000	133.30 (116.90)
G.	Cochlear Implant Tests				
1700	Cochlear Implants: Pre-implant round window promontory testing. In cases where speech tests were not possible because of very limited speech and language acquisition (e.g. prelingually deaf adults)	06.02		45.000	255.60 (224.20)
1710	Cochlear Implants : Electrode mapping : per 15min (max 120min)	06.02		15.000	96.90 (85.00)
1720	Cochlear Implants : Implant test : Four test modes : intra- or post-operatively	06.02		5.000	30.10 (26.40)
1725	Cochlear Implants : Neural Response Telemetry : intra-operatively (during cochlear implant surgery)	06.02		20.000	129.30 (113.40)
1730	Cochlear Implants : Neural Response Telemetry : post-operatively (after cochlear implant surgery)	06.02		55.000	330.60 (290.00)
1735	Cochlear Implants : Electrical Stapedius Reflex Thresholds : intra-operatively only	06.02		13.000	84.00 (73.70)
1740	Cochlear Implants : Comprehensive speech perception testing, pre- and post-cochlear implant, per 15min (max 45min)	06.02		15.000	92.10 (80.80)
H.	Hearing Amplification / Hearing Aids				
1800	Hearing aid evaluation - per ear	06.02		15.000	82.00 (71.90)
1805	Free Field Hearing Aid Evaluation : Pure tone and speech (with and without lipreading)	06.02		13.000	79.80 (70.00)
1810	Insertion gain measurement, per ear	06.02		10.000	56.80 (49.80)

Code	Description	Ver	Add	Speech Therapy / Audiology	
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1815	Re-programming of hearing aid, per ear	06.02		10.000	54.70 (48.00)
1820	Technical adjustment of hearing aid/device, per ear.	06.02		6.000	32.80 (28.80)
1825	Repairs to hearing aids	06.02		-	-
1830	Global charge for supply and fitting of hearing aid and follow-up (By arrangement with scheme).	06.02		-	-
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		-	-