



Australian Government

Department of Health and Ageing

**INTRODUCTION OF DIAGNOSTIC AUDIOLOGY SERVICES TO MEDICARE:
A DISCUSSION PAPER FROM THE AUSTRALIAN GOVERNMENT**

1. Introduction

The purpose of this paper is to provide a basis for discussion on the implementation of a 2012-13 Budget measure to introduce diagnostic audiology services to Medicare.

From 1 November 2012, new diagnostic items will be added to the Medicare Benefits Schedule (MBS) for audiologists under a new Group within 'Category 8 - Miscellaneous services'. These new items will enable eligible specialists¹ to request diagnostic audiology services for patients under Medicare, to be provided by eligible audiologists².

The new diagnostic services for audiologists are intended to largely mirror the diagnostic services listed in the existing Group D1, Subgroup 3 Otolaryngology (MBS items 11300 to 11339, excluding 11304 which must be performed by a medical practitioner personally, for services delivered by, or on behalf of, medical practitioners).

Patients will benefit from an additional clinical pathway to diagnostic audiology services funded under Medicare. The measure will mean that patients will receive a Medicare rebate when an audiologist provides a diagnostic test using one of the specific new items, on request from a specialist. Audiologists are specifically qualified and trained to perform diagnostic audiology services and this measure recognises both their skills and their role.

It is important to note that the existing Otolaryngology items for services delivered by or on behalf of medical practitioners (MBS items 11300 – 11339, excluding 11304) are not being removed. The new diagnostic audiology items for audiologists will supplement the existing items for services delivered by, or on behalf of, medical practitioners. Once the measure is implemented, specialists can continue with their existing arrangements, or request diagnostic audiology services from a qualified audiologist.

The new items will have a Schedule Fee set at 80 per cent of the Schedule Fee for existing items claimed by medical practitioners. Whilst the scope of the measure has been set as part of the Budget, the Department of Health and Ageing (the Department) is seeking feedback from stakeholders on the development of the new items and associated clinical issues, requesting and reporting arrangements and communication activities.

¹ Comments are sought in Section 4.3 on which medical specialists/consultant physicians should be able to request the new diagnostic audiology items.

² Comments are being sought in Section 4.2 on the eligibility requirements for audiologists to provide the new diagnostic audiology services.

2. Background

The May 2010 Inquiry into Hearing Health in Australia reported that one in six Australians suffers from some degree of hearing loss and that by 2050, this is forecast to grow to one Australian in four³. The increased prevalence of hearing loss among Australians is being driven by an ageing population and through preventable means, such as workplace hearing damage³.

In Australia, hearing services and/or hearing devices are funded by the Australian Government through four avenues:

- **Medicare funding** for:
 - Otolaryngology items (MBS items 11300 to 11339); and
 - Audiology items, on referral from a general practitioner, for people with a chronic (or terminal) condition and complex care needs (MBS item 10952), for people of Aboriginal and Torres Strait Islander descent who have had a health assessment (MBS item 81310) and for children with autism, pervasive development disorder or an eligible disability (MBS items 82030 & 82035);
- **The Australian Government Hearing Services Program**, as administered by the Department's Office of Hearing Services, which provides funding for hearing services to eligible client groups for hearing assessment, rehabilitation, and devices if clinically required;
- **The Private Health Insurance Rebate**, which assists with the costs of general treatment policies (which may cover the allied health services provided by audiologists) and hospital policies (which cover the costs of hearing devices provided to private patients where these are included on the Protheses List); and
- **Department of Veterans' Affairs (DVA) funding** for a range of hearing services for veterans, provided through arrangements with the Office of Hearing Services.

Funding for hearing services is also provided by State and Territory Governments (for example, through hospital audiology clinics and community health settings) and through Workers Compensation arrangements.

³ 'Hear Us: Inquiry into Hearing Health in Australia' available at: www.aph.gov.au/Parliamentary_Business/Committees/Senate_Committees?url=clac_ctte/hearing_health/report/; and 'Listen Hear! The economic impact and cost of hearing loss in Australia' available at: www.audiology.asn.au/pdf/listenhearfinal.pdf.

2.1 Australian Government funding

The assessment and rehabilitation services provided through the Australian Government Hearing Services Program⁴ mitigate the impact of hearing loss and enable clients to participate in the wider community. In 2010-11, approximately 600,000 clients received a service through the program, with total expenditure of \$358 million⁵.

Diagnostic audiology, the assessment and diagnosis of hearing loss or ear disease, is provided through State/Territory hospital and community settings, through private audiology services and Commonwealth funded Medicare items. In 2010-11, more than 200,000 patients received diagnostic tests under the existing Medicare items, comprising approximately 500,000 services and \$17.9 million in rebates⁶.

The existing Otolaryngology Medicare items 11300-11339 (excluding MBS item 11304) apply for diagnostic services⁷ whether the service is provided by:

- a. a medical practitioner; or
- b. a person, other than a medical practitioner, who:
 - i. is employed by a medical practitioner; or
 - ii. in accordance with accepted medical practice, acts under the supervision of a medical practitioner.

3. The measure – purpose, scope and context

3.1 Purpose

The purpose of this measure is to improve access for Australians to independent diagnostic audiology services by improving the capacity of audiologists to provide services under Medicare. This measure will enable patients to receive services under Medicare from professionals who are specifically qualified and trained to perform diagnostic audiology tests. The measure recognises the training, qualifications and diagnostic skills of audiologists and their capacity to provide services independently.

Safety, quality and continuity of care for patients will be maintained, as audiologists will need to meet Medicare eligibility requirements, eligible specialists¹ will need to request the diagnostic services from audiologists and results will have to be provided back to the requesting specialist.

It is important to note that the existing Otolaryngology items for services delivered by or on behalf of medical practitioners (MBS items 11300 – 11339, excluding 11304) are not being removed. The new diagnostic audiology items for audiologists will supplement the existing items for services delivered by, or on behalf of, medical practitioners. Once the measure is implemented, specialists can continue with their existing arrangements, or request diagnostic audiology services from a qualified audiologist.

⁴ Details on the Australian Government Hearing Services Program, including the voucher system and Community Service Obligations (CSO) through Australian Hearing, are available at www.health.gov.au/hear.

⁵ Department of Health and Ageing 2010-11 Annual Report available at: <http://www.health.gov.au/internet/annrpt/publishing.nsf/Content/annual-report-1011-toc~1011part2~1011part2.4~1011outcome7>

⁶ Data for existing Otolaryngology items 11300-11339. Service and benefit data is publicly available from Medicare Australia at: www.medicareaustralia.gov.au/provider/medicare/mbs.jsp#N1003Ft.

⁷ Section 1.2.8 of *Health Insurance (General Medical Services Table) Regulations 2011* available from http://www.austlii.edu.au/au/legis/cth/consol_reg/himstr2011495/sch1.html

3.2 Scope

Diagnostic examination is a critical element of professional audiology practice, particularly in identifying medical indicators for the attention of medical specialists, particularly Ear, Nose and Throat (ENT) specialists. It is anticipated that patients accessing the new diagnostic audiology items will have been referred to a specialist for investigation, opinion, treatment and/or management of medical indicators, ear disease or a related disorder. Under these referral arrangements, this measure will enable a specialist to:

- request diagnostic audiology tests from an audiologist;
- receive a copy of each diagnostic test result along with any relevant comments; and
- enable/assist the specialist to assess and diagnose the patient's condition and determine the best approach for treatment.

The introduction of the new diagnostic audiology items may make it easier for specialists with the appropriate expertise to request diagnostic services from an audiologist, for example, where specialists do not share premises with an audiologist.

Examples/reasons⁸ for requesting diagnostic audiology tests may include, but are not limited to:

- Evaluation of the cause of disorders of hearing, tinnitus, or balance;
- Evaluation of suspected change in hearing, tinnitus, or balance;
- Determination of the effect of medication, surgery, or other treatment;
- Re-evaluation to follow-up changes in hearing, tinnitus, or balance that may be caused by established diagnoses that place the patient at probable risk for a change in status including, but not limited to: otosclerosis, atelectatic tympanic membrane, tympanosclerosis, cholesteatoma, resolving middle ear infection, Menière's disease, sudden idiopathic sensorineural hearing loss, autoimmune inner ear disease, acoustic neuroma, demyelinating diseases, ototoxicity secondary to medications, or genetic vascular and viral conditions;
- Diagnostic analysis of cochlear or brainstem implant and programming; and
- Diagnostic audiology tests before and periodically after implantation of auditory prosthetic devices.

The measure has been designed so it will not overlap with the Australian Government Hearing Services Program, which has a focus on hearing rehabilitation services - the audiological management of hearing loss - for eligible client groups.

As with all Medicare services, the new diagnostic audiology services must be 'clinically relevant' before they are eligible for Medicare benefits. A 'clinically relevant' service is a service that is generally accepted in the profession as being necessary for the appropriate treatment of the patient.

The new diagnostic audiology items are not to be used for 'health screening' purposes, in accordance with subsection 19 (5) of the *Health Insurance Act 1973*. A 'health screening service' is defined as a medical examination or test that is not reasonably required for the management of the medical condition of the patient. Further, the diagnostic audiology services are not to be performed for the specific purpose of fitting or modifying a hearing aid.

⁸ Examples from the United States 'Medicare Benefit Policy Manual – Chapter 15, Section 80.3', available from www.asha.org/practice/reimbursement/medicare/aud_services.htm

4. Issues for consideration

4.1 Clinical issues relating to the diagnostic audiology tests

Each professional service contained in the MBS has a unique item number, a description of the service, the Schedule fee, Medicare benefit and where relevant, an explanatory note relating to the item/service.

As the new diagnostic audiology services are intended to largely mirror services available under existing Otolaryngology items 11300 to 11339 (excluding 11304) feedback is sought from stakeholders on:

- clinical issues associated with the diagnostic services (outlined at Appendix A) that require consideration; and
- any diagnostic services that should not be performed without medical supervision.

For example, a new item based upon MBS item 11304, 'ELECTROCOCHLEOGRAPHY, transtympanic membrane insertion technique, 1 or both ears', is not proposed for audiologists because this is a service which must be performed by a medical practitioner personally.

Feedback proposing amendments to existing item descriptors and explanatory notes (for example, changes for alignment with contemporary clinical practice) may be considered separately by the Department, as the scope of the measure has been set and there are limited timeframes for implementation.

4.2 Audiologist requirements for Medicare eligibility

Under existing Medicare arrangements, audiologists can provide Medicare rebateable services to the following patients, subject to an appropriate referral being in place:

- people with a chronic or terminal medical condition and complex care needs (through MBS item 10952);
- people of Aboriginal and Torres Strait Islander descent who have had a health assessment (through MBS item 81310); and
- children with autism, pervasive development disorder or an eligible disability (through MBS items 82030 & 82035).

In order to provide these services, an audiologist must meet the necessary qualification requirements, be issued with a Medicare Provider Number from the Department of Human Services (DHS) and be in private practice⁹.

The current qualification requirement for Medicare eligibility is that an audiologist must be either:

- a 'Full Member' of the Audiological Society of Australia Inc (ASA), who holds a 'Certificate of Clinical Practice' issued by the ASA; or
- an 'Ordinary Member - Audiologist' or 'Fellow Audiologist' of the Australian College of Audiology (ACAud).

Audiologists working independently in private practice are also responsible for obtaining and maintaining appropriate insurance and indemnity coverage.

Stakeholders are invited to provide feedback on:

- The existing Medicare eligibility requirements for audiologists and whether they are suitable and sufficient if applied to audiologists for the provision of the new diagnostic services to be introduced as part of this measure; and
- Any other regulatory issues pertaining to the safety and quality of diagnostic services to be provided under this measure, such as insurance arrangements (including indemnity insurance), equipment and continuing professional development.

⁹ Allied health items do not apply to services that are already funded by the Commonwealth or State or Territory governments or services provided to an admitted patient of a public hospital. However, where an exemption under section 19(2) of the Health Insurance Act 1973 has been granted to an Aboriginal Community Controlled Health Service or State/Territory Government health clinic, allied health items can be claimed for services provided by eligible allied health professionals salaried by, or contracted to, the service or clinic. All requirements of the item must be met, including registration of the allied health professional with DHS.

4.3 Requesting and reporting arrangements

Under current Medicare arrangements, ENT Specialists provide the majority of services for Group D1, Subgroup 3 Otolaryngology (items 11300 to 11339), however services are also provided by specialists and/or consultant physicians in other medical specialty areas, including neurology, general surgery and paediatric medicine.

A key consideration for the measure is that requests for diagnostic audiology services are made by specialists who are trained in the interpretation and in the clinical significance of diagnostic audiology results. As with the existing Otolaryngology items under Medicare, it is intended that only those specialists with the necessary training and experience should request diagnostic audiology services under the new items.

Stakeholders are invited to provide comments on:

- Which medical specialists and consultant physicians should be able to request diagnostic audiology services under the new items;
- Any particular items that should be confined to particular specialty groups (eg. the interpretation of the tests requires particular expertise); and
- Any particular circumstances under which a specialist or consultant physician should not request diagnostic audiology services but rather, refer a patient to a more appropriate specialist for diagnosis and treatment.

In regards to performing diagnostic services, it is acknowledged that a battery of diagnostic tests is commonly performed to appropriately conduct an audiological assessment.

Comments are sought from stakeholders on the following requesting arrangements for the new diagnostic audiology services:

- Should the requesting specialist detail the specific diagnostic tests (by service) to be performed by the audiologist in a written request?;
- If a written request does not specify or name the specific diagnostic test/s to be performed, what degree of clinical judgement should be available to an audiologist to select and perform the appropriate battery of clinically relevant tests? (noting the services must be within the scope of the new MBS items for a Medicare rebate to be paid); and
- Under what circumstances should the audiologist seek further information, clarification or guidance from the requesting specialist?

Comments are also sought from stakeholders on the following responsibilities for audiologists. Once eligible to provide diagnostic audiology services, it is proposed that audiologists will be required to:

- perform the diagnostic audiology services, in accordance with the written request;
- provide a copy of each diagnostic audiology test/result and any relevant comments to the requesting specialist *within seven (7) days* from the date of service; and
- retain the written request from the specialist for a period of 24 months from the date of service, for DHS compliance purposes.

4.4 Service requirements and restrictions

Under current arrangements, Medicare service requirements for allied health professions, including audiologists, are outlined in the *Health Insurance (Allied Health Services) Determination*¹⁰. The service requirements for each allied health item are legislative requirements and as such, they must be met before the item can be claimed.

The new diagnostic audiology items will be introduced to the *Health Insurance (Allied Health Services) Determination*. Stakeholders are invited to provide feedback on the proposed service requirements for the items, which include that:

- a written request for diagnostic audiology services has been issued to an eligible audiologist by an eligible specialist, to assist the eligible specialist in the medical diagnosis, treatment and management of ear diseases and related disorders; and
- the test is not being performed for the specific purpose of hearing screening; or fitting or modifying a hearing aid; and
- the person is not an admitted patient of a hospital; and
- the service is provided to the person individually and in person; and
- the person who incurred the medical expenses for the service has elected to claim the Medicare benefit for the service, and not any private health insurance benefit.

Comments are also sought from stakeholders on restrictions that will help to ensure the new diagnostic audiology items are used appropriately, in accordance with their intended purpose.

- **Timing of re-evaluation:** The timing of re-evaluation (ie. re-testing or re-mapping) of a patient's condition using diagnostic tests is currently at the clinical discretion of the specialist. Re-evaluation may be appropriate, for example, to determine changes in hearing, to evaluate the appropriate medical or surgical treatment or to evaluate the results of treatment.

With the exception of MBS item 11330, the existing Otolaryngology items 11300-11339 do not have a minimum claiming period or restrictions, which means Medicare rebates are payable regardless of the timing of re-evaluation.

As part of the new measure, it is proposed that audiologists will not have the capacity to re-evaluate or reassess a patient under the new items at their own discretion. Re-evaluation of the patient will only be claimable under Medicare when a written request for diagnostic audiology services is separately issued by an eligible specialist.

The purpose of this proposed requesting restriction is to ensure that the new measure does not impact current clinical links and that the relevant specialist remains responsible for the medical diagnosis, treatment and management of the patient.

- **Unnecessary duplication of tests:** The diagnostic audiology services available through the new items are intended to supplement, and not duplicate, the existing Otolaryngology services/items.

It is not anticipated that a specialist would, for the same patient on the same day, arrange for a patient to have diagnostic tests under Otolaryngology items 11300-11339 and concurrently request the same diagnostic tests from an audiologist under the new items.

¹⁰ Available at: www.comlaw.gov.au/Details/F2012C00517

Feedback is sought on a restriction that would prevent payment of a Medicare benefit for both the Otolaryngology item/s and the equivalent new diagnostic audiology item/s, if the same diagnostic tests were provided to the same patient on the same day.

For example, if MBS item 11309 and proposed new MBS item 82309 are both 'AUDIOGRAM, air conduction' services, Medicare benefits are only payable for one of these items if they are both provided to a patient on the same day.

The Department will also be liaising with DHS in relation to service requirements and restrictions, as they will affect and inform education, support and compliance activities.

4.5 Fees and billing

As part of this Budget measure, the Schedule Fee for the new items has been set at 80 per cent of the Schedule Fee for the existing Otolaryngology items 11300 to 11339 (excluding 11304). A sample Schedule of fees and benefits for the new diagnostic audiology services is included at Appendix B, noting that at this stage, indexation has not been applied to these figures.

With the exception of participating optometrists, eligible allied health professionals under Medicare, including audiologists, are free to determine their own fees for their services. Practitioners may alter their fees for particular individuals if they choose to and they are encouraged to consider the personal circumstances of their patients when determining the fees they charge. The Government encourages all private health providers to let patients know what fees they will incur before they receive treatment and to obtain the patient's agreement to proceed – this is known as 'informed financial consent'.

Charges in excess of the Medicare benefit are the responsibility of the patient, noting that out-of-pocket costs may count towards the Medicare Safety Net¹¹ for the patient. In relation to the benefits payable under the Extended Medicare Safety Net (EMSN), it is anticipated benefits will be capped for the new diagnostic audiology items, in accordance with the Government's 2012-13 EMSN Budget measure¹².

Details of Medicare billing procedures for allied health professionals, including audiologists, are outlined in the MBS explanatory notes¹³, which include information on:

- Requirements for itemising accounts/receipts to claim Medicare benefits;
- Options for the payment of accounts and the receipt of Medicare benefits; and
- Time limits applicable for lodgement of Medicare claims.

Stakeholders are invited to provide comments or raise issues in relation to these matters, noting that the level of Schedule fees under this measure have been set as part of the Budget.

¹¹ Information on the Medicare Safety Net is available from DHS at:

www.humanservices.gov.au/customer/services/medicare/medicare-safety-net

¹² Information on changes to the Extended Medicare Safety Net are available from:

www.mbsonline.gov.au/internet/mbsonline/publishing.nsf/Content/Factsheet-EMSN-Summary_1_Nov_2012

¹³ [Link](#) to Medicare Benefits Schedule Book - Category 8, Explanatory note G.7.1 Billing procedures (pgs 16-17)

4.6 Communication and education

This discussion paper will be publicly available on the Department's website at www.health.gov.au/mbsonline. It will also be distributed to the following stakeholders for input/comment:

- The Australian Society of Otolaryngology Head & Neck Surgery Ltd;
- The Australasian College of Ear Nose and Throat Physicians;
- The Australian Association of Consultant Physicians Ltd;
- Audiology Australia;
- Australian College of Audiology;
- Australian Association of Audiologists in Private Practice;
- The Consumer Health Forum of Australia;
- The Deafness Forum of Australia;
- The Department's Office of Hearing Services;
- The Department of Human Services; and
- The Department of Veterans Affairs.

The Department has also advised the following stakeholders about the measure and will be keeping them informed on implementation progress:

- The Australian Medical Association;
- The Australian and New Zealand Association of Neurologists;
- General Surgeons Australia;
- The Royal Australasian College of Surgeons; and
- The Royal Australasian College of Physicians.

Feedback is sought on communication and education opportunities to support the implementation of the measure.

Key activities for the Department will include:

- amendments to the necessary legislative instrument to create the new items and associated rules;
- the development of fact sheets on the measure;
- creation of new MBS item items, descriptors and explanatory notes to be available online from: www.health.gov.au/mbsonline; and
- liaison with DHS regarding support for providers (including queries, education activities and arrangements to accommodate applications from audiologists for a Medicare provider number).

Audiologists who are new to the Medicare program or who want to refresh the knowledge can access the eLearning program *Medicare and You – for new health professionals* on the website www.medicareaustralia.gov.au/education. The interactive eLearning modules explain the Medicare program, including the Schedule items, billing and claiming processes.

5. Next steps

The Department will carefully consider stakeholders' feedback and comments in developing the new diagnostic audiology items. Where necessary, the Department will engage further with stakeholders through meetings to discuss issues of concern and implementation arrangements. It should be noted that the scope of the measure set through the Budget process may limit the Department's capacity to address all issues raised by stakeholders.

This discussion paper will be publicly available on the Department's website at www.health.gov.au/mbsonline. A summary of feedback received through this process will also be made publicly available on the Department's website. It should be noted that all feedback may be subject to access by a third party through a Freedom of Information request.

Submissions/feedback can be emailed to the Department at audmeasure@health.gov.au **by close of business, Monday 24 September 2012**, for attention of:

The Director
General Practice, Nursing, Optometry and Allied Health Section
Primary Care, Diagnostics and Radiation Oncology Branch
Medical Benefits Division
Department of Health and Ageing

6. Enquiries and Further Information

Enquiries can be directed to Mr Ross Boyd on (02) 6289 1645 or Ms Kate Medwin on (02) 6289 9057.

Diagnostic services under existing Otolaryngology items 11300 to 11339 (excluding 11304)

SUBGROUP 3 – OTOLARYNGOLOGY	
11300	BRAIN stem evoked response audiometry (Anaes.) <i>(See para D1.10 of explanatory notes to this Category)</i> Fee: \$188.85 Benefit: 75% = \$141.65 85% = \$160.55
11303	ELECTROCOCHLEOGRAPHY, extratympanic method, 1 or both ears Fee: \$188.85 Benefit: 75% = \$141.65 85% = \$160.55
11306	Nondeterminate AUDIOMETRY <i>(See para D1.12 of explanatory notes to this Category)</i> Fee: \$21.50 Benefit: 75% = \$16.15 85% = \$18.30
11309	AUDIOGRAM, air conduction <i>(See para D1.13 of explanatory notes to this Category)</i> Fee: \$25.80 Benefit: 75% = \$19.35 85% = \$21.95
11312	AUDIOGRAM, air and bone conduction or air conduction and speech discrimination <i>(See para D1.13 of explanatory notes to this Category)</i> Fee: \$36.45 Benefit: 75% = \$27.35 85% = \$31.00
11315	AUDIOGRAM, air and bone conduction and speech <i>(See para D1.13 of explanatory notes to this Category)</i> Fee: \$48.30 Benefit: 75% = \$36.25 85% = \$41.10
11318	AUDIOGRAM, air and bone conduction and speech, with other Cochlear tests <i>(See para D1.13 of explanatory notes to this Category)</i> Fee: \$59.60 Benefit: 75% = \$44.70 85% = \$50.70
11321	GLYCEROL INDUCED COCHLEAR FUNCTION CHANGES assessed by a minimum of 4 air conduction and speech discrimination tests (Klockoff's tests) <i>(See para D1.13 of explanatory notes to this Category)</i> Fee: \$113.20 Benefit: 75% = \$84.90 85% = \$96.25
11324	IMPEDANCE AUDIOGRAM involving tympanometry and measurement of static compliance and acoustic reflex performed by, or on behalf of, a specialist in the practice of his or her specialty, where the patient is referred by a medical practitioner - not being a service associated with a service to which item 11309, 11312, 11315 or 11318 applies Fee: \$32.25 Benefit: 75% = \$24.20 85% = \$27.45
11327	IMPEDANCE AUDIOGRAM involving tympanometry and measurement of static compliance and acoustic reflex performed by, or on behalf of, a specialist in the practice of his or her specialty, where the patient is referred by a medical practitioner - being a service associated with a service to which item 11309, 11312, 11315 or 11318 applies Fee: \$19.40 Benefit: 75% = \$14.55 85% = \$16.50
11330	IMPEDANCE AUDIOGRAM where the patient is not referred by a medical practitioner - 1 examination in any 4 week period Fee: \$7.75 Benefit: 75% = \$5.85 85% = \$6.60

	<p>OTO-ACOUSTIC EMISSION AUDIOMETRY for the detection of permanent congenital hearing impairment, performed by or on behalf of a specialist or consultant physician, on an infant or child who is at risk due to one or more of the following factors:-</p> <p>(i) admission to a neonatal intensive care unit; or (ii) family history of hearing impairment; or (iii) intra-uterine or perinatal infection (either suspected or confirmed); or (iv) birthweight less than 1.5kg; or (v) craniofacial deformity; or (vi) birth asphyxia; or (vii) chromosomal abnormality, including Down's Syndrome; or (viii) exchange transfusion;</p> <p>and where:-</p> <p>- the patient is referred by another medical practitioner; and - middle ear pathology has been excluded by specialist opinion <i>(See para D1.14 of explanatory notes to this Category)</i></p>
11332	<p>Fee: \$57.45 Benefit: 75% = \$43.10 85% = \$48.85</p>
11333	<p>CALORIC TEST OF LABYRINTH OR LABYRINTHS Fee: \$43.75 Benefit: 75% = \$32.85 85% = \$37.20</p>
11336	<p>SIMULTANEOUS BITHERMAL CALORIC TEST OF LABYRINTHS Fee: \$43.75 Benefit: 75% = \$32.85 85% = \$37.20</p>
11339	<p>ELECTRONYSTAGMOGRAPHY Fee: \$43.75 Benefit: 75% = \$32.85 85% = \$37.20</p>

EXPLANATORY NOTES:

D.1.10. BRAIN STEM EVOKED RESPONSE AUDIOMETRY - (ITEM 11300)

Item 11300 can be claimed for the programming of a cochlear speech processor.

D.1.12. NON-DETERMINATE AUDIOMETRY - (ITEM 11306)

This refers to screening audiometry covering those services, one or more, referred to in Items 11309-11321 when not performed under the conditions set out in paragraph D1.13.

D.1.13. AUDIOLOGY SERVICES - (ITEMS 11309 TO 11321)

A medical service specified in Items 11309 to 11321 shall be taken to be a medical service for the purposes of payment of benefits if, and only if, it is rendered:

- (a) in conditions that allow the establishment of determinate thresholds;
- (b) in a sound attenuated environment with background noise conditions that comply with Australian Standard AS/NZS 1269.3-2005; and
- (c) using calibrated equipment that complies with Australian Standard AS IEC 60645.1-22002, AS IEC 60645.2-2002 and AS IEC 60645.3-2002.

D.1.14. OTO-ACOUSTIC EMISSION AUDIOMETRY - (ITEM 11332)

Medicare benefits are not payable under Item 11332 for routine screening of infants. The equipment used to provide this service must be capable of displaying the recorded emission and not just a pass/fail indicator.

Sample fees and benefits for new diagnostic audiology services

Based upon	Service	Fee*	Benefit 85%*
11300	BRAIN stem evoked response audiometry	\$151.08	\$128.42
11303	ELECTROCOCHLEOGRAPHY, extratympanic method, 1 or both ears	\$151.08	\$128.42
11306	Nondeterminate AUDIOMETRY	\$17.20	\$14.62
11309	AUDIOGRAM, air conduction	\$20.64	\$17.54
11312	AUDIOGRAM, air and bone conduction or air conduction and speech discrimination	\$29.16	\$24.79
11315	AUDIOGRAM, air and bone conduction and speech	\$38.64	\$32.84
11318	AUDIOGRAM, air and bone conduction and speech, with other Cochlear tests	\$47.68	\$40.53
11321	GLYCEROL INDUCED COCHLEAR FUNCTION CHANGES assessed by a minimum of 4 air conduction and speech discrimination tests (Klockoff's tests)	\$90.56	\$76.98
11324	IMPEDANCE AUDIOGRAM - not being a service associated with a service to which item 11309, 11312, 11315 or 11318 applies	\$25.80	\$21.93
11327	IMPEDANCE AUDIOGRAM - being a service associated with a service to which item 11309, 11312, 11315 or 11318 applies	\$15.52	\$13.19
11330	IMPEDANCE AUDIOGRAM - 1 examination in any 4 week period	\$6.20	\$5.27
11332	OTO-ACOUSTIC EMISSION AUDIOMETRY for the detection of permanent congenital hearing impairment	\$45.96	\$39.07
11333	CALORIC TEST OF LABYRINTH OR LABYRINTHS	\$35.00	\$29.75
11336	SIMULTANEOUS BITHERMAL CALORIC TEST OF LABYRINTHS	\$35.00	\$29.75
11339	ELECTRONYSTAGMOGRAPHY	\$35.00	\$29.75

Notes:

1. * Indexation has not been applied to these figures.
2. The major elements of Medicare are contained in the *Health Insurance Act 1973*, as amended, and include:
 - (a) Free treatment for public patients in public hospitals.
 - (b) The payment of 'benefits', or rebates, for professional services listed in the Medicare Benefits Schedule.
3. The Medicare benefit for the proposed new diagnostic audiology items is 85% of the Schedule fee.