

PROFESSIONAL FEES

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Effective Date: 1st January 2017 Version: 2017_1_1

Fees are inclusive of 14% V.A.T

Legend used in CHANGE* Column:

N = NEW X = DELETED S = DESCRIPTION CHANGE

P = PRICE CHANGE N/A = PRICING NOT AVAILABLE FROM SUPPLIER

Per Eye

◆ Indicates that the fee is "Per Eye". If performed on both eyes, charge 2 x

Can charge in isolation

◆ Indicates that the procedure can be charged without doing an Eye Examination (11001/11081)

Additional to 11001/11081

◆ Indicates that the procedure can be charged in addition to a regular Eye Examination (11001/11081)

OPTOMETRIC EXAMINATIONS

The purpose of the Optometric Examination is to determine the status of a patient's visual system or to refer to the appropriate health care professional where necessary. The S.A.O.A. Minimum Standard of Care applies.

Code	Description	RVU	OPTICAL ASSISTANT		Discovery Health
			Private Tariff	Medical Aid Tariff	
11001	P Optometric Examination	30.00	583.00	511.00	433.65
11081	P Optometric Examination and Visual Field Screening	35.00	680.00	596.00	499.91
11021	P Optometric Re-Examination within six months of 11001/11081	20.00	388.00	340.00	285.71
11041	P Consultation (15 minutes) without performing an Optometric Examination	15.00	291.00	255.00	214.20

DIAGNOSTIC PROCEDURES

Diagnostic procedures are done and charged in addition to an Optometric Examination (11001 to 11041). These are therefore additional procedures based on findings arising out of the Optometric Examination.

Code	Description	RVU	OPTICAL ASSISTANT		Discovery Health
			Private Tariff	Medical Aid Tariff	
11303	P Cycloplegic Refraction	15.00	291.00	255.00	214.20
11323	P Preferential Looking (Infants < Two Years)	15.00	291.00	255.00	214.20
11346	P Corneal Topography	10.00	194.00	170.00	285.71
11356	P Gonioscopy	10.00	194.00	170.00	142.80
11366	P Dilated Fundus Examination / BIO	10.00	194.00	170.00	142.80
11423	P Visual Field - Evaluation	15.00	291.00	255.00	214.20
11443	P Visual Field - Threshold Testing	25.00	486.00	426.00	357.00
11246	P Colour Vision Evaluation	15.00	291.00	255.00	214.20
11265	P Contrast Sensitivity Evaluation	10.00	194.00	170.00	142.80
11283	P Lacrimal System Evaluation	10.00	194.00	170.00	142.80
11604	P Photography of Anterior Segment	10.00	194.00	170.00	142.80
11624	P Photography of Fundus	10.00	194.00	170.00	142.80
11644	Diagnostic and Photographic Materials				0.00
11702	P Pachymetry	10.00	135.00	170.00	0.00
11802	P Optical Coherence Tomography (OCT)	25.00	337.00	426.00	0.00
11902	P Visual Evoked Potentials (VEP) - Unilateral	20.00	388.00	340.00	0.00
11904	P Visual Evoked Potentials (VEP) - Bilateral	35.00	680.00	596.00	0.00

PROCEDURES DONE IN ISOLATION

These are generally follow-up procedures or specific requests by patients or medical practitioners. The clinical rule that applies is that these codes may be listed as a professional fee in isolation but may not be charged in conjunction with Optometric Examinations.

Please note that the sum total charged for such procedures done in isolation may not be more than an Optometric Examination (11001).

11141	P Refractive Status Evaluation	20.00	388.00	340.00	285.71
11161	P Ocular Pathology Screening	15.00	291.00	255.00	214.20
11183	P Keratometry	10.00	194.00	170.00	142.80
11202	P Tonometry (Non-contact)	10.00	194.00	170.00	142.80
11212	P Tonometry (Aplanation)	10.00	194.00	170.00	142.80
11221	P Colour Vision Screening	5.00	97.00	85.00	71.40
11402	P Visual Field - Screening	10.00	194.00	170.00	142.80

DISPENSING FEE (per pair)

11501	P Dispensing Fee - Single Vision	5.00	97.00	85.00	71.40
11521	P Dispensing Fee - Bifocals	10.00	194.00	170.00	142.80
11541	P Dispensing Fee - Varifocals	15.00	291.00	255.00	142.80

XAILIN – DRY EYE RELIEF BOTH DAY AND NIGHT



CMC Carmellose



HPMC Hypromellose



HA Hyaluronic Acid



Carbomer



Ointment Soft White Paraffin



VISCOSITY ACCORDING TO PATIENT PREFERENCE AND SEVERITY OF SYMPTOMS

Xailin
Fresh

Xailin
Hydrate

Xailin
HA

Xailin
Gel

Xailin
Night

THE NEW NAME IN QUALITY DRY EYE LUBRICANTS

VISUfarma
the eye health company

Genop
healthcare

References: 1. Xailin Hydrate Instructions for use, Nicox Pharma. 2. Xailin Fresh Instructions for Use, Nicox Pharma. 3. Xailin Gel Instructions for use, Nicox Pharma. 4. Xailin Night Instructions for Use, Nicox Pharma. 5. Xailin HA Instructions for use, Nicox Pharma. Genop Healthcare (Pty) Ltd. PO Box 3911, Halfway House, 1685, South Africa. Reg. No.: 1984/011575/07. www.genop.co.za. 02/2016/NS/42.

PROFESSIONAL FEES

SERVICES OUTSIDE OF REGULAR OFFICE HOURS

Code	Description	RVU	OPTICAL ASSISTANT		Discovery Health
			Private Tariff	Medical Aid Tariff	
11707	After Hours or Away from Practice Visit		0.00	0.00	0.00
11729	Broken Appointments		0.00	0.00	0.00

OPTOMETRIC SCREENING SERVICES

Code	Description	RVU	OPTICAL ASSISTANT		Discovery Health
			Private Tariff	Medical Aid Tariff	
11809	Screening School (per hour)	60.00	1164.00	1021.00	856.91
11829	Screening Industrial (per hour)	60.00	1164.00	1021.00	856.91

CONTACT LENS PROFESSIONAL FEES

PLEASE NOTE THAT THE COMPLETE CONTACT LENS FITTING FEE (Includes Dispensing & 6 months aftercare) HAS BEEN DISCONTINUED.

Contact lens fees are now specified and coded per visit.

The terms Basic; Complex and Advanced are defined by factors such as time; skill; degree of difficulty and case type:

- Basic** Up to 4 visits may apply for an initial (first time) fit.
Myopia < -8.00D Hyperopia < +4.00D Low Astigmatism.
- Complex** Up to 6 visits may apply for an initial (first time) fit.
Myopia > -8.00D Hyperopia > +4.00D Extended Wear & Toric Lenses
- Advanced** Up to 8 visits may apply for an initial (first time) fit.
Bifocal / multifocal; Bitoric; Haptic; Post PKP; Post Lasik; Post RK; Reverse Geometry / Orthokeratology and Keratoconus.
- Therapeutic** Therapeutic Contact lens procedures are used for conditions where functional vision cannot be obtained with spectacle lenses

CONTACT LENS PROCEDURES

Code	Description	RVU	OPTICAL ASSISTANT		Discovery Health
			Private Tariff	Medical Aid Tariff	
12012	C Lens Consultation Basic - per 30 minutes	30.00	583.00	511.00	428.30
12032	C Lens Consultation Complex - per 30 minutes	40.00	777.00	681.00	428.30
12052	C Lens Consultation Advanced - per 30 minutes	50.00	971.00	851.00	428.30
12062	C Lens Consultation - Therapeutic - per 30 minutes	50.00	971.00	851.00	0.00
12112	C Lens follow-up Examination/Basic Case - per 30 minutes	15.00	291.00	255.00	0.00
12132	C Lens follow-up Examination/Complex Case - per 30 minutes	25.00	486.00	426.00	0.00
12152	C Lens follow-up Examination/Advanced Case - per 30 minutes	30.00	583.00	511.00	0.00
12162	C Lens Follow-up Therapeutic - per 30 minutes	30.00	583.00	511.00	0.00
12503	C Lens Related Problems Assessment - Monocular	10.00	194.00	170.00	142.80
12523	C Lens Related Problems Assessment- Binocular	15.00	291.00	255.00	214.20
12533	C Lens Instruction	15.00	291.00	255.00	214.20
12072	C Lens Dispensing and/or Assessment	15.00	291.00	255.00	214.20

Note: Code 12072 refers to OTC dispensing of contact lenses; either re-ordered or from other practices

BINOCULAR VISION/ORTHOPTICS

Code	Description	RVU	OPTICAL ASSISTANT		Discovery Health
			Private Tariff	Medical Aid Tariff	
13003	Binocular Instability Evaluation - Simple Case	30.00	583.00	511.00	428.30
13023	Binocular Instability Evaluation - Complex Case	60.00	1164.00	1021.00	856.91

VISUALLY RELATED DISORDERS

13105	Visually Related Learning Disorders Evaluation	90.00	1747.00	1532.00	1285.31
13125	Eye Movements Evaluation (E.G. Visigraph)	30.00	583.00	511.00	428.30

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COLORIMETRY CODES

Code	Description	RVU				OPTICAL ASSISTANT		Discovery Health
			Private Tariff	Medical Aid Tariff				
13509	P Reading Rate- screening	15.00	291.00	255.00	0.00			
13529	P Reading Ortho-Didactical skills evaluation	45.00	874.00	766.00	0.00			
13549	P Colorimetry Intuitive - evaluation	60.00	1164.00	1021.00	0.00			

VISUAL THERAPY/ ORTHOPTICS TRAINING

Code	Description	RVU				OPTICAL ASSISTANT		Discovery Health
			Private Tariff	Medical Aid Tariff				
13403	P Vision Training - Home Therapy Instruction	10.00	194.00	170.00	142.80			
13423	P Vision Training - Individual (per 15 minutes)	15.00	291.00	255.00	214.20			
13445	P Vision Training - Individual (per 30 minutes)	30.00	583.00	511.00	428.30			
13463	P Vision Training - Group per Patient (per 15 minutes)	3.75	73.00	64.00	53.45			
13489	P Vision Training - Away From Practice (add to 13423 or 13463)				428.30			

LOW VISION

The Low Vision Assessment examination is performed in addition to a visual examination where patients present with visual acuity that is worse than 6/18 or visual fields that are severely restricted. The reason being that such a visual examination is performed with a different approach to the conventional visual examination (both psychologically and clinically). In addition to the low vision assessment further Procedures done in isolation are necessary in order to determine what device and training is required as treatment. Please note that special examination techniques apply to this area of expertise.

LOW VISION ASSESSMENT& TRAINING (per half hour)

Code	Description	RVU				OPTICAL ASSISTANT		Discovery Health
			Private Tariff	Medical Aid Tariff				
16013	P Low Vision Assessment per 30 mins	30.00	583.00	511.00	428.30			
16073	P Low Vision Training per 30 mins	30.00	583.00	511.00	428.30			

SPORTS VISION

SPORTS VISION - IN OFFICES PROCEDURES

Code	Description	RVU				OPTICAL ASSISTANT		Discovery Health
			Private Tariff	Medical Aid Tariff				
14008	P Sports Vision Individual Screening	20.00	388.00	340.00	0.00			
14218	P Sports Vision Individual Evaluation	45.00	874.00	766.00	0.00			
14238	P Sports Vision Individual Training (per 15 minutes)	15.00	291.00	255.00	0.00			
14268	P Sports Vision Group Screening	3.75	73.00	64.00	0.00			
14278	P Sports Vision Group Evaluation	8.75	170.00	149.00	0.00			
14288	P Sports Vision Group Training (per 15 minutes)	3.75	73.00	64.00	0.00			

SPORTS VISION - PROCEDURES DONE IN THE FIELD

Code	Description	RVU				OPTICAL ASSISTANT		Discovery Health
			Private Tariff	Medical Aid Tariff				
14309	P Sports Vision Individual Screening	30.00	583.00	511.00	0.00			
14319	P Sports Vision Individual Evaluation	60.00	1164.00	1021.00	0.00			
14329	P Sports Vision Individual Training (per 15 minutes)	15.00	291.00	255.00	0.00			
14369	P Sports Vision Group Screening	6.25	121.00	106.00	0.00			
14379	P Sports Vision Group Evaluation	12.50	243.00	213.00	0.00			
14389	P Sports Vision Group Training (per 15 minutes)	3.75	73.00	64.00	0.00			

REPORTS etc

Code	Description	RVU				OPTICAL ASSISTANT		Discovery Health
			Private Tariff	Medical Aid Tariff				
19001	P Report at request of Medical Aid.	15.00	291.00	255.00	214.20			
19021	P Report at Patient's request (arising from Series 11001)	25.00	486.00	426.00	0.00			

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TEL: (011) 640-2220