



Otolaryngology, head and neck surgery changes - audiology

Last updated: 20 February 2023

- From 1 March 2023 there will be changes to 138 Medical Benefits Schedule (MBS) items for otolaryngology diagnostic procedures; audiology services; ear, nose and throat operations and head and neck surgery. These changes are a result of recommendations from the MBS Review Taskforce that considered how more than 5,700 items on the MBS can be aligned with contemporary clinical evidence and practice and improve health outcomes for patients.
- The changes are summarised in the fact sheet titled “Otolaryngology, head and neck surgery – summary of changes” and are further detailed in individual fact sheets on specific topics. This fact sheet sets out the changes for audiology diagnostic items.

What are the changes?

Effective 1 March 2023, there will be changes to audiology diagnostic items that include services performed by, or on behalf of, a medical practitioner and services performed by audiologists.

- The current item 82300 will be split into two services, reflecting its dual purpose. The new item **82300** will be for brainstem evoked response audiometry, with the new item **82301** being for programming of a cochlear implant or the processor of a cochlear implant.
- Items **82300**, **82306**, **82309**, **82312**, **82315**, **82318**, **82324** and **82332** are being amended to reduce referral restrictions and improve access to these audiology services. Rather than requiring a request from a specialist in otolaryngology, head and neck surgery or a specialist in neurology, these services will require a request from a medical practitioner. This means that general practitioners will now be able to refer patients directly to an audiologist for these services.
- Consistent with the phone and telehealth items for programming of a cochlear implant, item 82301 will not require a request.
- The current item 11300 will also be split into two services, reflecting its dual purpose. The new item **11300** will be for brainstem evoked response audiometry, with the new item **11302** being for programming of a cochlear implant or the processor of a cochlear implant.
- The current items for impedance audiograms will be consolidated to provide greater certainty for consumers regarding rebates and efficiency gains for providers:
 - items **82324** and **82327** will be consolidated into a single service under item 82324.

- Items **11324, 11327 and 11330** will be consolidated into a single service under item 11324.
- Items **82332 and 11332** will be amended to extend the use of these items for all children at risk of sensorineural hearing loss, in the differential diagnosis of sensory from neural loss, and for those at risk of outer hair cell damage, due to ototoxicity or noise exposure.
- Existing items for vestibular assessments (item **11333, 11336 and 11339**) will be deleted as they are not reflective of current vestibular assessment practice. They will be replaced with new items based on the number of clinically recognised tests performed in the assessment. Item **11340** will be for 1 to 2 tests; item **11341** will be for 3 or 4 tests and item **11343** will be for five or more tests. **Explanatory Note DN.1.36** provides detail on the clinically recognised tests that can be used for the assessment.
- Items **11306, 11309, 11312, 11315 and 11318** are being amended to reference the existing same day claiming restrictions with the equivalent audiometry items (82306, 82309, 82312, 82315 and 82318).

Where can I find more information?

The full item descriptor(s) and information on other changes to the MBS can be found on the MBS Online website at www.mbsonline.gov.au. You can also subscribe to future MBS updates by visiting [MBS Online](#) and clicking 'Subscribe'.

The Department of Health and Aged Care provides an email advice service for providers seeking advice on interpretation of the MBS items and rules and the *Health Insurance Act 1973* and associated regulations. If you have a query relating exclusively to interpretation of the Schedule, you should email askMBS@health.gov.au.

Private health insurance information on the product tier arrangements is available at www.privatehealth.gov.au. Detailed information on the MBS item listing within clinical categories is available on the [Department's website](#). Private health insurance minimum accommodation benefits information, including MBS item accommodation classification, is available in the latest version of the *Private Health Insurance (Benefit Requirements) Rules 2011* found on the [Federal Register of Legislation](#). If you have a query in relation to private health insurance, you should email PHI@health.gov.au.

Subscribe to '[News for Health Professionals](#)' on the Services Australia website and you will receive regular news highlights.

If you are seeking advice in relation to Medicare billing, claiming, payments, or obtaining a provider number, please go to the Health Professionals page on the Services Australia website or contact the Services Australia on the Provider Enquiry Line – 13 21 50.

The data file for software vendors when available can be accessed via the [Downloads](#) page.

Quick Reference Table

	Amended
82300	Split into 82300 and 82301 reflecting its dual purpose. Item 82300 has reduced referral requirements and item 82301 does not require a referral.
82306	Amended to reduce referral requirements.
82309	Amended to reduce referral requirements.
82312	Amended to reduce referral requirements.
82315	Amended to reduce referral requirements.
82318	Amended to reduce referral requirements.
82324 and 82327	Consolidated into 82324. Reduced referral requirement.
82332	Amended to reduce referral requirements and broaden scope.
11300	Split into 11300 and 11302 reflecting its dual purpose.
11306	Amended to reference existing same day claiming restrictions.
11309	Amended to reference existing same day claiming restrictions.
11312	Amended to reference existing same day claiming restrictions.
11315	Amended to reference existing same day claiming restrictions.
11318	Amended to reference existing same day claiming restrictions.
11324, 11327 and 11330	Consolidated into 11324.
11332	Amended to broaden scope.

New	
82301	Programming of auditory implant
11302	Programming of auditory implant
11340	Investigation of vestibular function, up to 2 tests
11341	Investigation of vestibular function, up to 3-4 tests
11343	Investigation of vestibular function, up to 5 or more tests

Deleted
82327, 11327, 11330, 11333, 11336, 11339

Item descriptors (to take effect 1 March 2023)

Category: 8 – Miscellaneous Services

Group: M15 – Diagnostic Audiology Services

82300 (Amended)

Audiology health service, consisting of brain stem evoked response audiometry, performed on a ~~person patient~~ by an eligible audiologist if: (a) **the service is not for the purposes of programming either an auditory implant or the sound processors of an auditory implant; and** (b) the service is performed pursuant to a written request made by ~~an eligible a medical~~ practitioner to assist ~~the eligible practitioner~~ in the diagnosis, ~~and/or~~ treatment ~~and/or~~ management of ear disease or a related disorder in the ~~person patient~~; and ~~(b) the eligible practitioner is a specialist in the specialty of otolaryngology head and neck surgery; and~~ (c) the service is not performed for the purpose of a hearing screening; and (d) the ~~person patient~~ is not an admitted patient ~~of a hospital~~; and (e) the service is performed on the ~~person patient~~ individually and in person; and (f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the ~~eligible medical~~ practitioner who requested the service; and (g) a service to which item 11300 applies has not been performed on the ~~person patient~~ on the same day. This item is subject to sections 9 and 12.

Fee: \$162.75 Benefit: 85%: \$138.35

Private Health Insurance Classification: N/A (not hospital treatment)

82301 (New)

Audiology health service, consisting of programming an auditory implant or the sound processor of an auditory implant, unilateral, performed on a patient by an eligible audiologist if: (a) the patient is not an admitted patient ; and (b) the service is performed on the patient individually and in person; and (c) a service to which item 11302, 11342 or 11345 applies has not been performed on the patient on the same day. Applicable up to a total of 4 services to which this item, item 82302 or item 82304 applies on the same day. This item is subject to section 9.

Fee: \$162.75 Benefit: 75% = \$122.10 85%: \$138.35

Private Health Insurance Classification: N/A (not hospital treatment)

82302 (Amended)

Audiology health service by telehealth for programming of an auditory implant, or the sound processor of an auditory implant, unilateral, performed on a patient by an eligible audiologist if: (a) the service is not performed for the purpose of a hearing screening; and (b) a service to which items ~~11300~~ **11302**, 11342 or 11345 applies has not been performed on the person on the same day. Applicable up to a total of 4 services to which this item or items ~~82300~~ **82301** or 82304 applies on the same day.

Fee: \$162.75 Benefit: 85%: \$138.35

Private Health Insurance Classification: N/A (not hospital treatment)

82304 (Amended)

Audiology health service by phone for programming of an auditory implant, or the sound processor of an auditory implant, unilateral, performed on a patient by an eligible audiologist if: (a) the service is not performed for the purpose of a hearing screening; and (b) a service to which items ~~11300~~ **11302**, 11342 or 11345 applies has not been performed on the person on the same day. Applicable up to a total of 4 services to which this item or items ~~82300~~ **82301** or 82302 applies on the same day.

Fee: \$162.75 Benefit: 85%: \$138.35

Private Health Insurance Classification: N/A (not hospital treatment)

82306 (Amended)

Audiology health service, consisting of non-determinate audiometry performed on a ~~person patient~~ by an eligible audiologist if: (a) the service is performed pursuant to a written request made by ~~an eligible a medical practitioner~~ to assist ~~the eligible practitioner~~ in the diagnosis, ~~and/or~~ treatment ~~and/or~~ management of ear disease or a related disorder in the ~~person patient~~; and ~~(b) the eligible practitioner is a specialist in the specialty of otolaryngology head and neck surgery; and~~ ~~(c b)~~ the service is not performed for the purpose of a hearing screening; and ~~(d c)~~ the ~~person patient~~ is not an admitted patient ~~of a hospital~~; and ~~(e d)~~ the service is performed on the ~~person patient~~ individually and in person; and ~~(f e)~~ after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the ~~eligible medical practitioner~~ who requested the service; and ~~(g f)~~ a service to which item 11306 applies has not been performed on the ~~person patient~~ on the same day. This item is subject to sections 9 and 12.

Fee: \$18.50 Benefit: 85%: \$15.75

Private Health Insurance Classification: N/A (not hospital treatment)

82309 (Amended)

Audiology health service, consisting of an air conduction audiogram performed on a **person patient** by an eligible audiologist if: (a) the service is performed pursuant to a written request made by ~~an eligible a medical~~ practitioner to assist ~~the eligible practitioner~~ in the diagnosis, ~~and/or~~ treatment ~~and/or~~ management of ear disease or a related disorder in the **person patient**; and (b) ~~the eligible practitioner is: (i) a specialist in the specialty of otolaryngology head and neck surgery; or (ii) a specialist or consultant physician in the specialty of neurology; and~~ (c) the service is not performed for the purpose of a hearing screening; and (d) the **person patient** is not an admitted patient ~~of a hospital~~; and (e) the service is performed on the **person patient** individually and in person; and (f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the **eligible medical** practitioner who requested the service; and (g) a service to which item 11309 applies has not been performed on the **person patient** on the same day. This item is subject to sections 9 and 12.

Fee: \$22.25 Benefit: 85%: \$18.95

Private Health Insurance Classification: N/A (not hospital treatment)

82312 (Amended)

Audiology health service, consisting of an air and bone conduction audiogram or air conduction and speech discrimination audiogram performed on a **person patient** by an eligible audiologist if: (a) the service is performed pursuant to a written request made by ~~an eligible a medical~~ practitioner to assist ~~the eligible practitioner~~ in the diagnosis ~~and/or~~ treatment ~~and/or~~ management of ear disease or a related disorder in the **person patient**; and (b) ~~the eligible practitioner is: (i) a specialist in the specialty of otolaryngology head and neck surgery; or (ii) a specialist or consultant physician in the specialty of neurology; and~~ (c) the service is not performed for the purpose of a hearing screening; and (d) the **person patient** is not an admitted patient ~~of a hospital~~; and (e) the service is performed on the **person patient** individually and in person; and (f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the **eligible medical** practitioner who requested the service; and (g)

a service to which item 11312 applies has not been performed on the **person-patient** on the same day. This item is subject to sections 9 and 12.

Fee: \$31.45 Benefit: 85%: \$26.75

Private Health Insurance Classification: N/A (not hospital treatment)

82315 (Amended)

Audiology health service, consisting of an air and bone conduction and speech discrimination audiogram performed on a **person patient** by an eligible audiologist if: (a) the service is performed pursuant to a written request made by an ~~an eligible a medical practitioner to assist the eligible practitioner~~ in the diagnosis, ~~and/or treatment and/or management of ear disease or a related disorder in the person patient;~~ and ~~(b) the eligible practitioner is: (i) a specialist in the specialty of otolaryngology head and neck surgery; or (ii) a specialist or consultant physician in the specialty of neurology;~~ and (e b) the service is not performed for the purpose of a hearing screening; and ~~(d c)~~ the **person patient** is not an admitted patient ~~of a hospital;~~ and ~~(e d)~~ the service is performed on the **person patient** individually and in person; and ~~(f e)~~ after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the **eligible medical** practitioner who requested the service; and ~~(g f)~~ a service to which item 11315 applies has not been performed on the **person patient** on the same day. This item is subject to sections 9 and 12.

Fee: \$41.60 Benefit: 85%: \$35.40

Private Health Insurance Classification: N/A (not hospital treatment)

82318 (Amended)

Audiology health service, consisting of an air and bone conduction and speech discrimination audiogram with other cochlear tests performed on a **person patient** by an eligible audiologist if: (a) the service is performed pursuant to a written request made by ~~an eligible a medical practitioner to assist the eligible practitioner~~ in the diagnosis, ~~and/or treatment and/or management of ear disease or a related disorder in the person patient;~~ and ~~(b) the eligible practitioner is: (i) a specialist in the specialty of otolaryngology head and neck surgery; or (ii) a specialist or consultant physician in the specialty of neurology;~~ and (e b) the service is not performed for the purpose of a hearing screening; and ~~(d c)~~ the **person patient** is not an admitted patient ~~of a hospital;~~ and (e d) the service is performed on the **person patient** individually and in person; and ~~(f e)~~ after the service, the eligible audiologist provides a copy of the results of the service

performed, together with relevant comments in writing that the eligible audiologist has on those results, to the **eligible medical** practitioner who requested the service; and (g f) a service to which item 11318 applies has not been performed on the **person patient** on the same day. This item is subject to sections 9 and 12.

Fee: \$51.40 Benefit: 85%: \$43.70

Private Health Insurance Classification: N/A (not hospital treatment)

82324 (Amended)

Audiology health service, consisting of an impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed on a **person patient** by an eligible audiologist ~~(not being a service associated with a service to which item 82309, 82312, 82315 or 82318 applies)~~ if: (a) the service is performed pursuant to a written request made by **an eligible a medical** practitioner to assist the eligible practitioner in the diagnosis, ~~and/or~~ treatment ~~and/or~~ management of ear disease or a related disorder in the **person patient**; and ~~(b) the eligible practitioner is: (i) a specialist in the specialty of otolaryngology head and neck surgery; or (ii) a specialist or consultant physician in the specialty of neurology; and~~ (c b) the service is not performed for the purpose of a hearing screening; and (d c) the **person patient** is not an admitted patient ~~of a hospital~~; and (e d) the service is performed on the **person patient** individually and in person; and (f e) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the **eligible medical** practitioner who requested the service; and (g f) a service to which item 11324 applies has not been performed on the **person patient** on the same day. This item is subject to sections 9 and 12

Fee: \$16.90 Benefit: 85%: \$14.40

Private Health Insurance Classification: N/A (not hospital treatment)

82327 (Deleted)

~~Audiology health service, consisting of an impedance audiogram involving tympanometry and measurement of static compliance and acoustic reflex performed on a person by an eligible audiologist (being a service associated with a service to which item 82309, 82312, 82315 or 82318 applies) if: (a) the service is performed pursuant to a written request made by an eligible practitioner to assist the eligible practitioner in the diagnosis and/or treatment and/or management of ear disease or a related disorder in the person; and (b) the eligible practitioner is: (i) a specialist in the~~

~~specialty of otolaryngology head and neck surgery; or (ii) a specialist or consultant physician in the specialty of neurology; and (c) the service is not performed for the purpose of a hearing screening; and (d) the person is not an admitted patient of a hospital; and (e) the service is performed on the person individually and in person; and (f) after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the eligible practitioner who requested the service; and (g) a service to which item 11327 applies has not been performed on the person on the same day. This item is subject to sections 9 and 12.~~

82332 (Amended)

Audiology health service, consisting of an oto-acoustic emission audiometry for the detection of ~~permanent congenital hearing impairment~~ outer hair cell functioning in the cochlear, performed by an eligible audiologist on ~~an infant or child in circumstances in which, when middle ear pathology has been excluded, if:~~ (a) the service is performed pursuant to a written request made by ~~an eligible~~ a medical practitioner ~~who is to assist in the diagnosis, treatment or management of ear disease or a related disorder in the patient; (i) a specialist in the specialty of otolaryngology head and neck surgery; or (ii) a specialist or consultant physician in the specialty of neurology;~~ and (b) the service is performed ~~at risk due to one or more of the following factors: (i) admission to a neonatal intensive care unit; (ii) family history of hearing impairment; (iii) intra-uterine or perinatal infection (either suspected or confirmed); (iv) birthweight less than 1.5kg; (v) craniofacial deformity; (vi) birth asphyxia; (vii) chromosomal abnormality, including Down Syndrome; (viii) exchange transfusion; and (b) (i) on an infant or child who is at risk of permanent hearing impairment; ii) on a patient who is at risk of oto-toxicity due to medications or medical intervention; (iii) on a patient at risk of noise induced hearing loss; or (iv) to assist in the diagnosis of auditory neuropathy; and (c) (g) the infant or child patient is not an admitted patient of a hospital; and (d h) the service is performed on the infant or child~~ individually and in person; and ~~(e-i)~~ after the service, the eligible audiologist provides a copy of the results of the service performed, together with relevant comments in writing that the eligible audiologist has on those results, to the ~~eligible medical~~ practitioner who requested the service; and ~~(f-j)~~ a service to which item 11332 applies has not been performed on the ~~infant or child patient~~ on the same day. This item is subject to sections 9 and 12.

Fee: \$49.55 Benefit: 85%: \$42.15

Private Health Insurance Classification: N/A (not hospital treatment)

Category: 2 – Diagnostic Procedures and Investigations

Group: D1 – Miscellaneous Diagnostic Procedures and Investigations

Subgroup: 3 – Otolaryngology

11300 (Amended)

Brain stem evoked response audiometry:

(a) if the service is not for the purposes of programming either an auditory implant or the sound processor of an auditory implant; and

(b) if a service to which item 82300 applies has not been performed on the patient on the same day.

Other than a service associated with a service to which item 11340, 11341 or 11343 applies (Anaes.)

Fee: \$203.5 Benefit: 75% = \$152.65 85%: \$173.00

Private Health Insurance Classification:

- Clinical category: **Support list**
- Procedure type: Type C

11302 (New)

Programming an auditory implant or the sound processor of an auditory implant, unilateral, performed by or on behalf of a medical practitioner, if a service to which item 82301, 82302 or 82304 applies has not been performed on the patient on the same day

Applicable up to a total of 4 services to which this item, item 11342 or item 11345 applies on the same day

Fee: \$203.5 Benefit: 75% = \$152.65 85%: \$173.00

Private Health Insurance Classification:

- Clinical category: **Support list**
- Procedure type: **Type C**

11306 (Amend)

Non determinate audiometry, **if a service to which item 82306 applies has not been performed on the same patient on the same day.**

Fee: \$23.15 Benefit: 75% = \$17.4 85% = \$19.10

Private Health Insurance Classification:

- Clinical category: Support list
- Procedure type: Type C

11309 (Amended)

Audiogram, air conduction, **if a service to which item 82309 applies has not been performed on the same patient on the same day.**

Fee: \$27.80 Benefit: 75% = \$17.4 85% = \$19.10

Private Health Insurance Classification:

- Clinical category: Support list
- Procedure type: Type C

11312 (Amended)

Audiogram, air and bone conduction or air conduction and speech discrimination, **if a service to which item 82312 applies has not been performed on the same patient on the same day.**

Fee: \$39.25 Benefit: 75% = \$ 29.45 85% = 33.40

Private Health Insurance Classification:

- Clinical category: Support list
- Procedure type: Type C

11315 (Amended)

Audiogram, air and bone conduction and speech, **if a service to which item 82315 applies has not been performed on the same patient on the same day.**

Fee: \$52 Benefit: 75% = \$ 39 85% = \$44.20

Private Health Insurance Classification:

- Clinical category: Support list
- Procedure type: Type C

11318 (Amended)

Audiogram, air and bone conduction and speech, with other cochlear tests, **if a service to which item 82318 applies has not been performed on the same patient on the same day.**

Fee: \$64.2 Benefit: 75% = \$48.15 85% = \$54.6

Private Health Insurance Classification:

- Clinical category: Support list
- Procedure type: Type C

11324 (Amended)

IMPEDANCE AUDIOGRAM involving tympanometry and measurement of static compliance and acoustic reflex performed by, or on behalf of, **a medical practitioner, 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, if a service to which item 82324 applies has not been performed on the same patient on the same day.**

Fee: \$21 Benefit: 75% = \$15.75 85% = \$17.85

Private Health Insurance Classification:

- Clinical category: Support list
- Procedure type: Type C

11327 (Delete)

~~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~~

11330 (Delete)

~~IMPEDANCE AUDIOGRAM where the patient is not referred by a medical practitioner – 1 examination in any 4 week period~~

11332 (Amended)

Oto acoustic emission audiometry for the detection of outer hair cell functioning in the cochlear, performed by or on behalf of a specialist or consultant physician, when middle ear pathology has been excluded, if:

(a) the service is performed:

(i) on an infant or child who is at risk of permanent hearing impairment;

(ii) on an individual who is at risk of ototoxicity due to medications or medical intervention;
(iii) on an individual at risk of noise induced hearing loss;
(iv) to assist in the diagnosis of auditory neuropathy; and
(b) a service to which item 82332 applies has not been performed on the patient on the same day

~~OTO ACOUSTIC EMISSION AUDIOMETRY for the detection of outer hair cell function in the cochlear, permanent congenital hearing impairment, performed by or on behalf of a specialist or consultant physician, when middle ear pathology has been excluded on an individual infant or child who is at risk due to one or more of the following factors:~~

~~a) any infant or child who is at risk of permanent hearing impairment; and~~
~~b) any individual who is at risk of ototoxicity due to medications and/or medical intervention; and~~
~~c) any individual at risk of noise induced hearing loss; and~~
~~d) for assisting in the diagnosis of auditory neuropathy; and~~

~~A service to which item 82332 applies has not been performed on the same patient on the same day.~~

~~(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;~~

~~and where:-~~

~~— the patient is referred by another medical practitioner; and~~
~~— middle ear pathology has been excluded by specialist opinion~~

Fee: \$61.95 Benefit: 75% = \$ 46.5 85% = 52.70

Private Health Insurance Classification:

- Clinical category: Support list
- Procedure type: Type C

11333 (Delete)

~~CALORIC TEST OF LABYRINTH OR LABYRINTHS~~

11336 (Delete)

~~SIMULTANEOUS BITHERMAL CALORIC TEST OF LABYRINTHS~~

11339 (Delete)

~~ELECTRONYSTAGMOGRAPHY~~

11340 (New)

Investigation of the vestibular function to assist in the diagnosis, treatment or management of a vestibular or related disorder, performed by a medical practitioner or on behalf of a medical practitioner:

a) to assess one or more of:

- (i) The organs of the peripheral vestibular system (utricle, saccule, lateral, superior and posterior semicircular canals, and vestibular nerve);**
- (ii) Muscular or eye movement responses elicited by vestibular stimulation;**
- (iii) Static signs of vestibular dysfunction; or**
- (iv) The central ocular-motor function.**

b) using up to 2 clinically recognised tests

Other than a service associated with a service to which items 11015, 11021, 11024, 11027, 11205 or 11300 applies.

Fee: \$196.8 Benefit: 75% = \$ 147.60 85% = 167.30

Private Health Insurance Classification:

- Clinical category: **Support list**
- Procedure type: **Type C**

11341 (New)

Investigation of the vestibular function to assist in the diagnosis, treatment or management of a vestibular or related disorder, performed by or on behalf of a medical practitioner:

(a) to assess one or more of the following:

- (i) the organs of the peripheral vestibular system (utricle, saccule, lateral, superior and posterior semicircular canals, and vestibular nerve);**
- (ii) muscular or eye movement responses elicited by vestibular stimulation;**
- (iii) static signs of vestibular dysfunction;**
- (iv) the central ocular motor function; and**

(b) using 3 or 4 clinically recognised tests;

other than a service associated with a service to which item 11015, 11021, 11024, 11027, 11205 or 11300 applies

Fee: \$394.50 Benefit: 75% = \$295.90 85% = \$335.35

Private Health Insurance Classification:

- Clinical category: **Support list**
- Procedure type: **Type C**

11343 (New)

Investigation of the vestibular function to assist in the diagnosis, treatment or management of a vestibular or related disorder, performed by or on behalf of a medical practitioner:

(a) to assess one or more of the following:

(i) the organs of the peripheral vestibular system (utricle, saccule, lateral, superior and posterior semicircular canals, and vestibular nerve);

(ii) muscular or eye movement responses elicited by vestibular stimulation;

(iii) static signs of vestibular dysfunction;

(iv) the central ocular motor function; and

(b) using 5 or more clinically recognised tests;

other than a service associated with a service to which item 11015, 11021, 11024, 11027, 11205 or 11300 applies

Fee: \$590.25 Benefit: 75% = \$442.70 85% = \$501.75

Private Health Insurance Classification:

- Clinical category: **Support list**
- Procedure type: **Type C**

11342 (Amended)

Programming by telehealth of an auditory implant, or the sound processor of an auditory implant, unilateral, performed by or on behalf of a medical practitioner, if a service to which items ~~82300~~ **82301**, 82302 or 82304 applies has not been performed on the patient on the same day.

Applicable up to a total of 4 services to which this item or items ~~11300~~ **11302** or 11345 applies on the same day

Fee: \$162.75 Benefit: 85% = \$138.35

Private Health Insurance Classification: N/A (not hospital treatment)

11345 (Amended)

Programming by phone of an auditory implant, or the sound processor of an auditory implant, unilateral, performed by or on behalf of a medical practitioner, if a service to which items ~~82300~~ **82301**, 82302 or 82304 applies has not been performed on the patient on the same day.

Applicable up to a total of 4 services to which this item or items ~~11300~~ **11302** or 11342 applies on the same day

Fee: \$162.75 Benefit:85% =\$138.35

Private Health Insurance Classification: N/A (not hospital treatment)

Explanatory Notes

DN.1.36 (Items 11340, 11341 and 11343)

All vestibular assessment tests to be performed as indicated by standard clinical practice and must provide a quantifiable measure.

A single test is defined as one of the following:

- **Video Head Impulse Test (vHIT) (up to all planes tested and +/- Suppression HIT);**
- **Ocular Vestibular Evoked Myogenic Potential (O VEMP) +/- threshold testing (air and/or bone conduction and/or skull-tap);**
- **Cervical Vestibular Evoked Myogenic Potential (C VEMP) +/- threshold testing (air and/or bone conduction and/or skull-tap);**
- **Videonystagmography (VNG) or Electronystagmography (ENG) to measure ocular-motor responses including spontaneous/gaze evoked nystagmus, optokinetic, saccade or smooth pursuit function;**
- **Videonystagmography (VNG) or Electronystagmography (ENG) to measure eye movement in response to positional testing +/- Dix-Hallpike +/- mechanical positioning;**
- **Videonystagmography (VNG) or Electronystagmography (ENG) to measure eye movement responses to stimuli such as pressure and sound (Tullio and/or Fistula testing), and/or hyperventilation and/or head shaking;**
- **Calorics, and/or Caloric Test of Labyrinth;**

- Rotational testing including rotational chair;
- Subjective visual vertical/horizontal;
- Static posturography or Computerised Dynamic Posturography (CDP).

Related Items: 11340, 11341, 11343

Please note that the information provided is a general guide only. It is ultimately the responsibility of treating practitioners to use their professional judgment to determine the most clinically appropriate services to provide, and then to ensure that any services billed to Medicare fully meet the eligibility requirements outlined in the legislation.

This factsheet is current as of the Last updated date shown above and does not account for MBS changes since that date.