

**Australian Government  
Department of Social Security**

**MEDICAL BENEFITS  
SCHEDULE BOOK**

**Medicare Benefits Schedule**

**1 October 1976**

**Amendments**

**1 January 1977**

**1 August 1977**

COMMONWEALTH DEPARTMENT OF HEALTH

Health Insurance Act 1973

Medical Benefits

Notice to applicants for acceptance as  
Approved Pathology Practitioners

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Revised Pathology Services Arrangements  
from 1 August 1977

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Reference is made to the letter of 22 June 1977 from the Commonwealth Director of Health in your State, informing you of changes in the medical benefits provisions relating to pathology services effective from 1 August 1977.

It is unlikely that printing and distribution of replacement pages of the Medical Benefits Schedule Book setting out full details of the changes for despatch to all practitioners can be finalised by 1 August 1977. It has been decided, therefore, that as an interim measure, practitioners who have requested copies of the undertaking relating to the approved pathology practitioners scheme should be issued with a copy of an extract of the "Notes for Guidance of Medical Practitioners" which relate to the provision of pathology services and a copy of Part 7 - Pathology Services of the Medical Benefits Schedule.

Should you require further information before you receive your Schedule replacement pages please telephone the number shown on the letter sent to you on 22 June 1977, or the general switchboard number for the office of the Commonwealth Director of Health in your State.

CANBERRA

JULY 1977

## PART 7 — PATHOLOGY SERVICES

158.A From 1 August 1977 substantial changes apply to the bases on which Schedule fees (and benefits) are determined in respect of pathology items listed in Part 7 of the Schedule.

158.B The changes include a completely revised Part 7 — Pathology Services of the Schedule, in which the items, Schedule fees and benefits are substantially different to those applicable prior to 1 August 1977.

158.C Pathology items listed in Divisions 1 to 8 of the revised Part 7 apply only where the pathology services are rendered by approved pathology practitioners. The pathology items in Division 9 of Part 7 apply where the services are performed by medical practitioners who are not approved pathology practitioners.

### Recognised Specialist Pathologists

158.D Recognised specialist pathologists (see paragraph 158.E) must become approved pathology practitioners for services in Divisions 1-8 performed and billed in their own right to be eligible for medical benefits.

158.E A recognised specialist in pathology means a medical practitioner recognised for the purposes of the Health Insurance Act as a specialist in pathology (see paragraphs 176 to 181). The principal speciality of pathology includes a number of sectional specialities. Accordingly, a medical practitioner who is recognised as a specialist in a sectional speciality of pathology is recognised as a specialist pathologist for this purpose.

### Approved Pathology Practitioner Scheme

158.F For pathology services in Divisions 1 to 8 of the revised Part 7 of the Schedule, medical benefits are not payable unless these services are performed by an approved pathology practitioner. Medical practitioners, or persons employing medical practitioners, seeking to become approved pathology practitioners will be required to:

- (i) Complete an undertaking to comply with a Code of Conduct (see paragraph 158.J) and the other conditions specified in the undertaking.
- (ii) Pay a fee, currently \$10.

158.G Where a medical practitioner, or a person employing a medical practitioner, completes an undertaking and pays the prescribed fee, the Minister may approve the practitioner, or the person employing a medical practitioner, as an approved pathology practitioner. The application fee is not refundable if the undertaking is not approved.

158.H Forms of undertaking are available from the office of the Commonwealth Director of Health in each State capital city. Enquiries about the Scheme should be directed to the office of the local Commonwealth Director of Health.

158.I The following are eligible to be applicants to give an undertaking:

- (i) A medical practitioner (note that recognised specialists in pathology must become approved pathology practitioners in their own right for their patients to be able to obtain medical benefits).
- (ii) A person employing a medical practitioner to perform pathology services.
- (iii) A State, or an authority established under a State or Territory law, which is so specified by the Commonwealth Minister for Health for this purpose.

158.J In summary, the common form of undertaking requires that —

- (a) there is no sharing of fees or benefits between practitioners ordering tests and an approved practitioner rendering pathology services;
- (b) no approved practitioner provides free services, payments or other considerations as incentives to a practitioner ordering tests;
- (c) the approved practitioner rendering the service should bill the patient direct; he should not bill the practitioner requesting the service;

- (d) the approved practitioner does not enter into any arrangement whereby multiple services rules built into the structure of the Schedule are knowingly avoided; or
- (e) the approved practitioner will not render or request excessive services.

### **Direct Billing**

158.K Direct billing arrangements (see also paragraphs 86 to 88A) for pathology services will only be available in respect of pathology services provided to eligible pensioners and their dependants and will not be available in respect of other patients. However, the direct billing arrangements are still available for services other than pathology services.

158.L "Pay doctor cheques" are not to be sent by the private health funds or Medibank direct to medical practitioners or to patients at a doctor's address (even if requested by the patient to do so). Pay doctor cheques should be forwarded to the contributor's normal address.

### **Pathology Services must be necessary**

158.M The Health Insurance Act has been amended so that medical benefits are not payable in respect of a pathology service unless a practitioner has determined that the service is reasonably necessary for the adequate medical care of the patient concerned, whether he performs the service or requests another practitioner to perform the pathology tests.

158.N Matters which may be referred to a Medical Services Committee of Inquiry for consideration include questions of initiation of unnecessary pathology services by referring practitioners, and breaching of undertakings by approved pathology practitioners as well as the rendering of excessive services.

### **Multiple Services**

158.O The revised Part 7 of the Schedule contains inbuilt multiple service rules in the items, where appropriate. These reduce or limit the fees and benefits for further tests in the one patient episode. Therefore, the rule, introduced from 1 October 1976, whereby benefits for services in excess of three in a patient episode were reduced by 80%, will not apply to services requested on or after 1 August 1977.

### **Conditions relating to medical benefits**

158.P For the purposes of calculating medical benefits for an item listed in Part 7 which is requested or determined to be necessary on or after 1 August 1977, the following rules apply:

- (1) Divisions 1-8 are applicable only where the service is performed by an approved pathology practitioner.
- (2) Division 9 is applicable only where the service is performed by a medical practitioner who is not an approved pathology practitioner.  
Benefit is payable in respect of a pathology item in Division 9 only where the service is determined as being necessary by the medical practitioner rendering the service, or is rendered in response to a request by a member of a group of practitioners to which that practitioner belongs (providing the member making the request was not himself an approved pathology practitioner).
- (3) The "SP" Schedule fee in Divisions 1-8 applies only where:
  - (a) the service was performed by an approved pathology practitioner, who was a recognised specialist pathologist, or by a recognised specialist pathologist employed by an approved pathology practitioner;
  - (b) the approved pathology practitioner has a request in writing (which conforms to the requirements of the regulations under the Health Insurance Act — see paragraphs 158.T to 158.V) from another medical practitioner or a dental practitioner;
  - (c) the person in respect of whom the service was rendered, was not at the time of the request a private inpatient or in receipt of an outpatient service at a recognised hospital; and

- (d) recognised hospital facilities and/or staff were not used in the performance of the pathology service.
- (4) The "OP" Schedule fee in Divisions 1-8 applies in other circumstances, namely —
- (a) the service was performed by an approved pathology practitioner who is not a recognised specialist pathologist, and he does not employ a recognised specialist pathologist; or
  - (b) the service was performed by an approved pathology practitioner who is, or employs a recognised specialist in pathology but all the conditions of rule 3 above were not met.
- (5) Benefit is not payable in respect of a pathology item in Divisions 1-8 unless the approved pathology practitioner —
- (a) has a request in writing from a medical or dental practitioner for the services requested and records on his account, receipt or direct billing assignment form the following additional details —
    - (i) the name and address\* of the requesting practitioner (the practitioner's surname and initials will be satisfactory unless there is more than one practitioner with the same surname and initials at the same address);
    - (ii) the date on which the request was made; and
    - (iii) where the approved pathology practitioner is not a medical practitioner, but employs a medical practitioner, the surname, initials and provider number of the medical practitioner\* rendering the service.

(\* It would assist if provider numbers are shown — provider numbers may be obtained by enquiry to the Office of the Commonwealth Department of Health in the nearest State capital city. The requesting doctor's provider number is acceptable in lieu of address).

or —

- (b) determined that the service was necessary if he is a medical practitioner, or the need was determined by a medical practitioner who is an employee and records the date the service was determined as being necessary on his account, receipt or direct billing assignment form.
- (6) Benefit is not payable in respect of a pathology item in Division 9 unless the medical practitioner who renders the service includes on his account, receipt or direct billing assignment form in addition to the normal particulars of the patient, the services performed and the fee charged —
- (a) the date on which he determined the service was necessary; or
  - (b) (i) the date on which he was requested to render the service by a partner or another member of a group of practitioners, to which he belongs; and
    - (ii) the surname and initials of that medical practitioner (provided that request is not made by a person who is an approved pathology practitioner).

158.Q For those items where the fee and benefit are related to the number of services performed in relation to the one patient episode, a patient episode is defined as covering:

- (a) services requested by a medical or dental practitioner on the one calendar day although they may be rendered by another approved pathology practitioner on one day or over a number of days; or
- (b) the need for the items is determined on the one calendar day and rendered by the medical practitioner himself on that day or over a number of days.

158.R Exemption may be made to the inbuilt multiple services rule under Section 4B3 of the Health Insurance Act in the case of seriously ill patients whose condition requires a series of pathology investigations at various times throughout the day, provided that these services constitute distinct and separate collections and performances. An exemption may be claimed by the initiating practitioner endorsing the request with the notation "S4B3" and the approved pathology practitioner performing the pathology tests endorsing his account similarly and by indicating the times the services were performed. Approval is not automatic. The practitioner may be asked to verify that the patient was seriously ill, that the serial tests were necessary and that they were requested. Exemptions will not apply to any of tests listed under procedural services (Items 1504-1517).

158.S Exemption may also be made to the requirement that tests requested to be performed at intervals over a period of days or weeks should be supported by separate individual request forms each time they are rendered. An example is regular prothrombin time estimations. The initial request should be endorsed with the notation "S16A1" and the period for which the request is intended to apply should be stated. The approved pathology practitioner's account should show the original date of the request and the endorsement "S16A2" against the relevant items.

### Requests in writing

158.T Approved pathology practitioners must hold a request in writing for all services requested by any other practitioner before billing patients. This includes requests from partners and other members of a group practice. Requests in writing are not required for self-determined tests of for items listed in Division 9 of Part 7. The request in writing must show:

1. in the requesting practitioner's own handwriting —  
"the individual pathology services, or recognised groups of pathology tests of particular organ or physiological function to be rendered";
2. the requesting practitioner's signature;
3. the name and address of the requesting practitioner (the practitioner's surname and initials will be satisfactory unless there is more than one practitioner with the same surname and initials at the same address; it is acceptable that the doctor's provider number be shown in lieu of address — the provider number may be obtained by enquiry to the Office of the Commonwealth Department of Health in the nearest State capital city);
4. the name and address of the patient;
5. the date the pathology services were determined to be necessary;
6. that the patient was a private inpatient or outpatient of a recognised hospital where this is the case at the time of the request; and
7. the name and address of the approved pathology practitioner requested to perform the pathology services.

158.U There is no official "request in writing" form, and the doctor's own stationery, or pre-printed forms supplied by approved pathology practitioners are acceptable (provided there are no check lists or "tick-a-box" lists of individual or groups of pathology services on the forms). Oral requests must be confirmed by a request in writing (conforming with paragraph 158.T above) before an account is issued. A request in writing is required within a partnership or group practice for services in Divisions 1-8 — see also paragraph 158.W below for referrals as between approved pathology practitioners.

158.V Approved pathology practitioners must retain requests in writing for a period of 18 months and must produce any requests specified if so required by a notice in writing by the Minister.

158.W Where an approved pathology practitioner refers some or all services requested to another approved pathology practitioner the following applies —

- (a) where all the services are referred, he forwards the initial request to the second approved pathology practitioner who bills the patient;
- (b) where some of the services are referred, he should issue his own request in writing, which should show in addition to the particulars listed in paragraph 158.T above —
  - (i) name and address of the original requesting practitioner;
  - (ii) date of initial request;
- (c) the patient is billed by each approved pathology practitioner for the services he performs.

**Transitional Arrangements**

158.X The new provisions outlined above do not apply where the pathology service was performed before 1 August 1977. Where the request for the item or the determination of the need for the item was made before 1 August 1977, the new provisions, including the revised Pathology Schedule, do not apply even when the service is performed on or after 1 August 1977.

## PART 7 — PATHOLOGY SERVICES

**NOTE** (This note should be read in conjunction with paragraphs 158.A to 158.X of Section 1 of this Book — Notes for General Guidance of Medical Practitioners)

*For the purposes of calculating medical benefits for an item listed in Part 7 which is requested or determined to be necessary on or after 1 August 1977, the following rules apply:*

- (1) Divisions 1-8 are applicable only where the service is performed by an approved pathology practitioner.
- (2) Division 9 is applicable only where the service is performed by a medical practitioner who is not an approved pathology practitioner.  
Benefit is payable in respect of a pathology item in Division 9 only where the service is determined as being necessary by the medical practitioner rendering the service, or is rendered in response to a request by a member of a group of practitioners to which that practitioner belongs (providing the member making the request was not himself an approved pathology practitioner).
- (3) The "SP" Schedule fee in Divisions 1-8 applies only where:
  - (a) the service was performed by an approved pathology practitioner, who was a recognised specialist pathologist, or by a recognised specialist pathologist employed by an approved pathology practitioner;
  - (b) the approved pathology practitioner has a request in writing (which conforms to the requirements of the regulations under the Health Insurance Act — see paragraph 158.T to 158.V) from another medical practitioner or a dental practitioner;
  - (c) the person in respect of whom the service was rendered, was not at the time of the request a private inpatient or in receipt of an outpatient service at a recognised hospital; and
  - (d) recognised hospital facilities and/or staff were not used in the performance of the pathology service.
- (4) The "OP" Schedule fee in Divisions 1-8 applies in other circumstances, namely —
  - (a) the service was performed by an approved pathology practitioner who is not a recognised specialist pathologist, and he does not employ a recognised specialist pathologist; or
  - (b) the service was performed by an approved pathology practitioner who is, or employs a recognised specialist in pathology but all the conditions of rule 3 above were not met.
- (5) Benefit is not payable in respect of a pathology item in Divisions 1-8 unless the approved pathology practitioner —
  - (a) has a request in writing from a medical or dental practitioner for the services requested (including requests by a member of a group of practitioners to which the practitioners belong) and records on his account, receipt or direct billing assignment form the following additional details —
    - (i) the name and address\* of the requesting practitioner (the practitioner's initials will be satisfactory unless there is more than one practitioner with the same surname and initials at the same address);



- (ii) the date on which the request was made; and
- (iii) where the approved pathology practitioner is not a medical practitioner, but employs a medical practitioner, the surname, initials and provider number of the medical practitioner\* rendering the service.

(\* It would assist if provider numbers are shown — provider numbers may be obtained by enquiry to the Office of the Commonwealth Department of Health in the nearest State capital city. The requesting doctor's provider number is acceptable in lieu of address).

or —

- (b) determined that the service was necessary if he is a medical practitioner, or the need was determined by a medical practitioner, who is an employee and records the date the service was determined as being necessary on his account, receipt or direct billing assignment form.
- (6) Benefit is not payable in respect of a pathology item in Division 9 unless the medical practitioner who renders the service includes on his account, receipt or direct billing assignment form in addition to the normal particulars of the patient, the services performed and the fee charged —
- (a) the date on which he determined the service was necessary; or
  - (b) (i) the date on which he was requested to render the service by a partner or another member of a group of practitioners, to which he belongs; and
  - (ii) the surname and initials of that medical practitioner (provided that request is not made by a person who is an approved pathology practitioner).

For those items where the fee and benefit are related to the number of services performed in relation to the one patient episode, a patient episode is defined as covering:

- (a) services requested by a medical or dental practitioner on the one calendar day although they may be rendered by another approved pathology practitioner on one day or over a number of days; or
- (b) the need for the items is determined on the one calendar day and rendered by the medical practitioner himself on that day or over a number of days.

*It should be noted that, while the above rules apply specifically in relation to items listed in Part 7 of the Schedule, payment of medical benefits in respect of such services is also subject to the general rules governing the circumstances in which medical benefits are not payable as set out in Section 1 of this Book.*

#### **Transitional Arrangements**

The new provisions outlined above do not apply where the pathology service was performed before 1 August 1977. Where the request for the item or the determination of the need for the item was made before 1 August 1977, the new provisions, including the revised Pathology Schedule, do not apply even where the service is performed on or after 1 August 1977.

## PART 7 — PATHOLOGY

## DIVISION 1 — HAEMATOLOGY

Item Medical Service  
No.

## PART 7 — PATHOLOGY

## DIVISION 1 — HAEMATOLOGY

Blood count consisting of — Erythrocyte count; Erythrocyte sedimentation rate; Haematocrit estimation; Haemoglobin estimation; Platelet count; or Leucocyte count

One procedure (excluding haemoglobin estimation or erythrocyte sedimentation rate when not referred by another medical practitioner)

				NSW	VIC	QLD	SA	WA	TAS
1006	SP.	FEE	\$	3.10	3.10	2.90	2.60	2.60	2.60
		BENEFIT	\$	2.65	2.65	2.50	2.25	2.25	2.25
1007	OP.	FEE	\$	2.35	2.35	2.20	1.95	1.95	1.95
		BENEFIT	\$	2.00	2.00	1.90	1.70	1.70	1.70

Two procedures to which Item 1006 or 1007 applies

				NSW	VIC	QLD	SA	WA	TAS
1008	SP.	FEE	\$	5.00	5.00	4.60	4.20	4.20	4.20
		BENEFIT	\$	4.25	4.25	3.95	3.60	3.60	3.60
1009	OP.	FEE	\$	3.75	3.75	3.45	3.15	3.15	3.15
		BENEFIT	\$	3.20	3.20	2.95	2.70	2.70	2.70

Three or more procedures to which Item 1006 or 1007 applies including calculation of erythrocyte indices

				NSW	VIC	QLD	SA	WA	TAS
1010	SP.	FEE	\$	7.50	7.50	6.90	6.30	6.30	6.30
		BENEFIT	\$	6.40	6.40	5.90	5.40	5.40	5.40
1011	OP.	FEE	\$	5.65	5.65	5.20	4.75	4.75	4.75
		BENEFIT	\$	4.85	4.85	4.45	4.05	4.05	4.05

Blood film, examination of - including erythrocyte morphology, differential count by one or more methods and the qualitative estimation of platelets

				NSW	VIC	QLD	SA	WA	TAS
1014	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1015	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

## PART 7 — PATHOLOGY

## DIVISION 1 — HAEMATOLOGY

Blood film, examination by special stains to demonstrate the presence of — Basophilic stippling; Eosinophils (wet preparation or film); Haemoglobin H; Reticulocytes; or similar conditions, cells or substances

One procedure

				NSW	VIC	QLD	SA	WA	TAS
1019	SP.	FEE	\$	2.50	2.50	2.30	2.10	2.10	2.10
		<i>BENEFIT</i>	\$	2.15	2.15	2.00	1.80	1.80	1.80
1020	OP.	FEE	\$	1.90	1.90	1.75	1.60	1.60	1.60
		<i>BENEFIT</i>	\$	1.65	1.65	1.50	1.40	1.40	1.40

Two or more procedures to which Item 1019 or 1020 applies

				NSW	VIC	QLD	SA	WA	TAS
1021	SP.	FEE	\$	3.70	3.70	3.40	3.10	3.10	3.10
		<i>BENEFIT</i>	\$	3.15	3.15	2.90	2.65	2.65	2.65
1022	OP.	FEE	\$	2.80	2.80	2.55	2.35	2.35	2.35
		<i>BENEFIT</i>	\$	2.40	2.40	2.20	2.00	2.00	2.00

Blood film, examination by special stains to demonstrate the presence of — Foetal haemoglobin; Heinz bodies; Iron; Malarial or other parasites; Neutrophil alkaline phosphatase; PAS; Sudan black positive granules; Sick cells; or similar cells, substances or parasites

One procedure

				NSW	VIC	QLD	SA	WA	TAS
1028	SP.	FEE	\$	3.70	3.70	3.40	3.10	3.10	3.10
		<i>BENEFIT</i>	\$	3.15	3.15	2.90	2.65	2.65	2.65
1029	OP.	FEE	\$	2.80	2.80	2.55	2.35	2.35	2.35
		<i>BENEFIT</i>	\$	2.40	2.40	2.20	2.00	2.00	2.00

Two or more procedures to which Item 1028 or 1029 applies

				NSW	VIC	QLD	SA	WA	TAS
1030	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		<i>BENEFIT</i>	\$	5.30	5.30	4.85	4.45	4.45	4.45
1032	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		<i>BENEFIT</i>	\$	4.00	4.00	3.70	3.35	3.35	3.35

## PART 7 — PATHOLOGY

## DIVISION 1 — HAEMATOLOGY

Erythrocytes, qualitative assessment of metabolism or haemolysis by —  
Erythrocyte autohaemolysis test; Erythrocyte fragility test (mechanical);  
Glucose-6-phosphate dehydrogenase estimation; Glutathione deficiencies test;  
Pyruvate kinase estimation; Sugar water test (or similar) for paroxysmal nocturnal  
haemoglobinuria

One procedure

				NSW	VIC	QLD	SA	WA	TAS
1036	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		<i>BENEFIT</i>	\$	5.30	5.30	4.85	4.45	4.45	4.45
1037	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		<i>BENEFIT</i>	\$	4.00	4.00	3.70	3.35	3.35	3.35

Two or more procedures to which Item 1036 or 1037 applies

				NSW	VIC	QLD	SA	WA	TAS
1038	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
		<i>BENEFIT</i>	\$	10.65	10.65	9.80	8.95	8.95	8.95
1040	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		<i>BENEFIT</i>	\$	8.00	8.00	7.40	6.75	6.75	6.75

Erythrocytes, quantitative assessment of metabolism or haemolysis by —  
Acid haemolysis test (or similar) for paroxysmal nocturnal haemoglobinuria;  
Erythrocyte fragility to hypotonic saline test without incubation; Erythrocyte fragility to  
hypotonic saline test after incubation; Glutathione stability test; Glucose-6-phosphate  
dehydrogenase estimation; Pyruvate kinase estimation

One procedure

				NSW	VIC	QLD	SA	WA	TAS
1044	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
		<i>BENEFIT</i>	\$	10.65	10.65	9.80	8.95	8.95	8.95
1045	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		<i>BENEFIT</i>	\$	8.00	8.00	7.40	6.75	6.75	6.75

Two or more procedures to which Item 1044 or 1045 applies

				NSW	VIC	QLD	SA	WA	TAS
1048	SP.	FEE	\$	25.00	25.00	23.00	21.00	21.00	21.00
		<i>BENEFIT</i>	\$	21.25	21.25	19.55	17.85	17.85	17.85
1049	OP.	FEE	\$	18.75	18.75	17.25	15.75	15.75	15.75
		<i>BENEFIT</i>	\$	15.95	15.95	14.70	13.40	13.40	13.40

**BONE MARROW EXAMINATION**  
(Excluding Collection Fee)

Bone marrow examination, (including use of special stains where indicated), of —  
Bone marrow aspirate; Clot section; Trepphine section

One procedure

			NSW	VIC	QLD	SA	WA	TAS
1062	SP.	FEE	\$ 37.50	37.50	34.50	31.50	31.50	31.50
		BENEFIT	\$ 32.50	32.50	29.50	26.80	26.80	26.80
1063	OP.	FEE	\$ 28.15	28.15	25.90	23.65	23.65	23.65
		BENEFIT	\$ 23.95	23.95	22.05	20.15	20.15	20.15

Two or more procedures to which Item 1062 or 1063 applies

			NSW	VIC	QLD	SA	WA	TAS
1064	SP.	FEE	\$ 62.00	62.00	57.00	52.00	52.00	52.00
		BENEFIT	\$ 57.00	57.00	52.00	47.00	47.00	47.00
1065	OP.	FEE	\$ 46.50	46.50	42.75	39.00	39.00	39.00
		BENEFIT	\$ 41.50	41.50	37.75	34.00	34.00	34.00

**BLOOD TRANSFUSION PROCEDURES**

Blood grouping (including back grouping when performed) — ABO and Rh (D antigen)  
not covered by Item 1089 or 1090

			NSW	VIC	QLD	SA	WA	TAS
1080	SP.	FEE	\$ 6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$ 5.30	5.30	4.85	4.45	4.45	4.45
1081	OP.	FEE	\$ 4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$ 4.00	4.00	3.70	3.35	3.35	3.35

Blood grouping (including back grouping when performed) — ABO and Rh (D antigen)  
when performed in association with compatibility testing covered by Item 1112, 1113,  
1114 or 1116

			NSW	VIC	QLD	SA	WA	TAS
1089	SP.	FEE	\$ 11.20	11.20	10.40	9.40	9.40	9.40
		BENEFIT	\$ 9.55	9.55	8.85	8.00	8.00	8.00
1090	OP.	FEE	\$ 8.40	8.40	7.80	7.05	7.05	7.05
		BENEFIT	\$ 7.15	7.15	6.65	6.00	6.00	6.00

## PART 7 — PATHOLOGY

## DIVISION 1 — HAEMATOLOGY

Blood grouping — Rh phenotypes; Kell system; Duffy system; or any other blood group system

One procedure

				NSW	VIC	QLD	SA	WA	TAS
1101	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95
1102	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75

Two procedures to which Item 1101 or 1102 applies

				NSW	VIC	QLD	SA	WA	TAS
1104	SP.	FEE	\$	25.00	25.00	23.00	21.00	21.00	21.00
		BENEFIT	\$	21.25	21.25	19.55	17.85	17.85	17.85
1105	OP.	FEE	\$	18.75	18.75	17.25	15.75	15.75	15.75
		BENEFIT	\$	15.95	15.95	14.70	13.40	13.40	13.40

Each procedure to which Item 1101 or 1102 applies in excess of two

				NSW	VIC	QLD	SA	WA	TAS
1106	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1108	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

Compatibility testing (by saline, papain, albumin or indirect Coombs techniques), including auto-cross match and donor group check where performed —

Testing involving one or two units of blood

				NSW	VIC	QLD	SA	WA	TAS
1112	SP.	FEE	\$	25.00	25.00	23.00	21.00	21.00	21.00
		BENEFIT	\$	21.25	21.25	19.55	17.85	17.85	17.85
1113	OP.	FEE	\$	18.75	18.75	17.25	15.75	15.75	15.75
		BENEFIT	\$	15.95	15.95	14.70	13.40	13.40	13.40

Compatibility testing (by saline, papain, albumin or indirect Coombs techniques), including auto-cross match and donor group check where performed —

Each unit of blood tested in excess of two

				NSW	VIC	QLD	SA	WA	TAS
1114	SP.	FEE	\$	9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.35	6.75	6.75	6.75
1116	OP.	FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$	6.00	6.00	5.50	5.10	5.10	5.10

## PART 7 — PATHOLOGY

## DIVISION 1 — HAEMATOLOGY

Examination of serum for Rh and/or other blood group antibodies —									
Screening test, (including all indicated techniques)									
1121	SP.	FEE	\$	NSW 9.40	VIC 9.40	QLD 8.60	SA 7.90	WA 7.90	TAS 7.90
		BENEFIT	\$	8.00	8.00	7.35	6.75	6.75	6.75
1122	OP.	FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$	6.00	6.00	5.50	5.10	5.10	5.10
Examination of serum for Rh and/or other blood group antibodies —									
Screening test, (including all indicated techniques) and quantitative estimation of first antibody									
1124	SP.	FEE	\$	NSW 25.00	VIC 25.00	QLD 23.00	SA 21.00	WA 21.00	TAS 21.00
		BENEFIT	\$	21.25	21.25	19.55	17.85	17.85	17.85
1125	OP.	FEE	\$	18.75	18.75	17.25	15.75	15.75	15.75
		BENEFIT	\$	15.95	15.95	14.70	13.40	13.40	13.40
Examination of serum for Rh and/or other blood group antibodies —									
Quantitative estimation — one antibody									
1126	SP.	FEE	\$	NSW 18.80	VIC 18.80	QLD 17.20	SA 15.80	WA 15.80	TAS 15.80
		BENEFIT	\$	16.00	16.00	14.65	13.45	13.45	13.45
1128	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$	12.00	12.00	11.00	10.10	10.10	10.10
Examination of serum for Rh and/or other blood group antibodies —									
Quantitative estimation — each antibody in excess of one									
1129	SP.	FEE	\$	NSW 12.50	VIC 12.50	QLD 11.50	SA 10.50	WA 10.50	TAS 10.50
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95
1130	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75
Coombs test, direct									
1136	SP.	FEE	\$	NSW 6.20	VIC 6.20	QLD 5.70	SA 5.20	WA 5.20	TAS 5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1137	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

## PART 7 — PATHOLOGY

## DIVISION 1 — HAEMATOLOGY

Coombs test, indirect (not associated with Item 1112, 1113, 1114, 1116, 1121, 1122, 1124, 1125, 1126, 1128, 1129 and 1130 except where part of neo-natal screening or in investigation of haemolytic anaemia)

			NSW	VIC	QLD	SA	WA	TAS
1144	SP.	FEE	\$ 9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.35	6.75	6.75	6.75
1145	OP.	FEE	\$ 7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$ 6.00	6.00	5.50	5.10	5.10	5.10

Examination of serum for blood group haemolysins

			NSW	VIC	QLD	SA	WA	TAS
1152	SP.	FEE	\$ 12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$ 10.65	10.65	9.80	8.95	8.95	8.95
1153	OP.	FEE	\$ 9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.40	6.75	6.75	6.75

Leucocyte agglutinins, detection of

			NSW	VIC	QLD	SA	WA	TAS
1159	SP.	FEE	\$ 12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$ 10.65	10.65	9.80	8.95	8.95	8.95
1160	OP.	FEE	\$ 9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.40	6.75	6.75	6.75

Platelet agglutinins, detection of

			NSW	VIC	QLD	SA	WA	TAS
1166	SP.	FEE	\$ 12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$ 10.65	10.65	9.80	8.95	8.95	8.95
1167	OP.	FEE	\$ 9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.40	6.75	6.75	6.75

## MISCELLANEOUS

Heterophile antibodies, qualitative estimation of (test for infectious mononucleosis)

			NSW	VIC	QLD	SA	WA	TAS
1190	SP.	FEE	\$ 5.00	5.00	4.60	4.20	4.20	4.20
		BENEFIT	\$ 4.25	4.25	3.95	3.60	3.60	3.60
1191	OP.	FEE	\$ 3.75	3.75	3.45	3.15	3.15	3.15
		BENEFIT	\$ 3.20	3.20	2.95	2.70	2.70	2.70



## PART 7 — PATHOLOGY

## DIVISION 1 — HAEMATOLOGY

		Heterophile antibodies quantitative estimation by serial dilutions with specific absorption (including qualitative estimation covered by Item 1190 or 1191)						
			NSW	VIC	QLD	SA	WA	TAS
1194	SP.	FEE	\$ 12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$ 10.65	10.65	9.80	8.95	8.95	8.95
1195	OP.	FEE	\$ 9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.40	6.75	6.75	6.75
		Cold agglutinins, qualitative estimation of						
			NSW	VIC	QLD	SA	WA	TAS
1202	SP.	FEE	\$ 5.00	5.00	4.60	4.20	4.20	4.20
		BENEFIT	\$ 4.25	4.25	3.95	3.60	3.60	3.60
1203	OP.	FEE	\$ 3.75	3.75	3.45	3.15	3.15	3.15
		BENEFIT	\$ 3.20	3.20	2.95	2.70	2.70	2.70
		Cold agglutinins quantitative estimation by serial dilutions (including qualitative estimation covered by Item 1202 or 1203 where performed)						
			NSW	VIC	QLD	SA	WA	TAS
1206	SP.	FEE	\$ 12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$ 10.65	10.65	9.80	8.95	8.95	8.95
1207	OP.	FEE	\$ 9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.40	6.75	6.75	6.75
		Blood volume, estimation of by dye method						
			NSW	VIC	QLD	SA	WA	TAS
1211	SP.	FEE	\$ 6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$ 5.30	5.30	4.85	4.45	4.45	4.45
1212	OP.	FEE	\$ 4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$ 4.00	4.00	3.70	3.35	3.35	3.35
		Blood, spectroscopic examination of						
			NSW	VIC	QLD	SA	WA	TAS
1215	SP.	FEE	\$ 6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$ 5.30	5.30	4.85	4.45	4.45	4.45
1216	OP.	FEE	\$ 4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$ 4.00	4.00	3.70	3.35	3.35	3.35

## HAEMOSTASIS

Bleeding time; Coagulation time, (including clot retraction); Prothrombin time (one stage); Thromboplastin time (partial) with or without kaolin and/or Kaolin clotting time

One procedure

				NSW	VIC	QLD	SA	WA	TAS
1234	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1235	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

Two procedures to which Item 1234 or 1235 applies

				NSW	VIC	QLD	SA	WA	TAS
1236	SP.	FEE	\$	9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.35	6.75	6.75	6.75
1237	OP.	FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$	6.00	6.00	5.50	5.10	5.10	5.10

Three or more procedures to which Item 1234 or 1235 applies

				NSW	VIC	QLD	SA	WA	TAS
1238	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95
1239	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75

Platelet aggregation, qualitative test for

				NSW	VIC	QLD	SA	WA	TAS
1242	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1243	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

Estimation of — Thrombin time (including test for presence of an inhibitor and serial test for fibrinogenolysis); or recalcified plasma clotting time,— each procedure

				NSW	VIC	QLD	SA	WA	TAS
1244	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1246	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

## PART 7 — PATHOLOGY

## DIVISION 1 — HAEMATOLOGY

				Fibrinogen titre, determination of					
				NSW	VIC	QLD	SA	WA	TAS
1247	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1248	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35
				Factor 13, test for presence of					
				NSW	VIC	QLD	SA	WA	TAS
1251	SP.	FEE	\$	9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.35	6.75	6.75	6.75
1252	OP.	FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$	6.00	6.00	5.50	5.10	5.10	5.10
				Thromboplastin generation screening test					
				NSW	VIC	QLD	SA	WA	TAS
1255	SP.	FEE	\$	9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.35	6.75	6.75	6.75
1256	OP.	FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$	6.00	6.00	5.50	5.10	5.10	5.10
				Prothrombin time, estimation of (two stage)					
				NSW	VIC	QLD	SA	WA	TAS
1259	SP.	FEE	\$	9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.35	6.75	6.75	6.75
1260	OP.	FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$	6.00	6.00	5.50	5.10	5.10	5.10
				Quantitative estimation of — Fibrin degeneration products; Platelet adhesion; Prothrombin consumption; or Protamine sulphate — each procedure					
				NSW	VIC	QLD	SA	WA	TAS
1263	SP.	FEE	\$	9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.35	6.75	6.75	6.75
1264	OP.	FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$	6.00	6.00	5.50	5.10	5.10	5.10
				Euglobulin lysis time, estimation of					
				NSW	VIC	QLD	SA	WA	TAS
1267	SP.	FEE	\$	18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$	16.00	16.00	14.65	13.45	13.45	13.45
1268	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$	12.00	12.00	11.00	10.10	10.10	10.10

## PART 7 — PATHOLOGY

## DIVISION 1 — HAEMATOLOGY

Quantitative estimation of — Platelet antibodies (by one or more techniques); Platelet Factor III availability; or one or more blood coagulation factors (including antihæmophilic globulin) — each procedure

				NSW	VIC	QLD	SA	WA	TAS
1271	SP.	FEE	\$	18.80	18.80	17.20	15.80	15.80	15.80
		<i>BENEFIT</i>	\$	16.00	16.00	14.65	13.45	13.45	13.45
1272	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85
		<i>BENEFIT</i>	\$	12.00	12.00	11.00	10.10	10.10	10.10

Platelet aggregation test using — ADP; Collagen; 5HT; Ristocetin; or similar substance  
One procedure

				NSW	VIC	QLD	SA	WA	TAS
1277	SP.	FEE	\$	18.80	18.80	17.20	15.80	15.80	15.80
		<i>BENEFIT</i>	\$	16.00	16.00	14.65	13.45	13.45	13.45
1278	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85
		<i>BENEFIT</i>	\$	12.00	12.00	11.00	10.10	10.10	10.10

Two or more procedures to which Item 1277 or 1278 applies

				NSW	VIC	QLD	SA	WA	TAS
1279	SP.	FEE	\$	37.50	37.50	34.50	31.50	31.50	31.50
		<i>BENEFIT</i>	\$	32.50	32.50	29.50	26.80	26.80	26.80
1280	OP.	FEE	\$	28.15	28.15	25.90	23.65	23.65	23.65
		<i>BENEFIT</i>	\$	23.95	23.95	22.05	20.15	20.15	20.15

## DIVISION 2 - CHEMISTRY OF BODY FLUIDS AND TISSUES

## NOTE:

(i) The estimation of any substance specified in any item in this Division performed on a multichannel analyser system must be itemised under Items 1301-1310.

(ii) Items 1301-1310 refer to estimations performed by any means, i.e. on a multichannel analyser system or by any other method. If, in the one episode, some tests are performed on a multichannel analyser and some by other methods, the total number of tests undertaken, irrespective of method, is the relevant factor in allotting the appropriate item.

Estimation BY ANY METHOD of - Albumin; Alkaline phosphatase; ALT; AST; Bicarbonate; Bilirubin (direct); Bilirubin (indirect); Calcium; Chloride; Cholesterol; CK; Creatinine; GGTP; Globulin; Glucose; HBD; LD; Phosphate; Potassium; Protein (total); Sodium; Triglycerides; Urate; Urea

Estimation of a substance referred to in any other item in this Division where the estimation is performed on a multichannel analyser

One estimation —

				NSW	VIC	QLD	SA	WA	TAS
1301	SP.	FEE	\$	9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.35	6.75	6.75	6.75
1302	OP.	FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$	6.00	6.00	5.50	5.10	5.10	5.10

Two estimations — of a kind specified in Item 1301 or 1302 —

				NSW	VIC	QLD	SA	WA	TAS
1304	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95
1305	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75

Three to five estimations — of a kind specified in Item 1301 or 1302 —

				NSW	VIC	QLD	SA	WA	TAS
1306	SP.	FEE	\$	15.60	15.60	14.40	13.20	13.20	13.20
		BENEFIT	\$	13.30	13.30	12.25	11.25	11.25	11.25
1307	OP.	FEE	\$	11.70	11.70	10.80	9.90	9.90	9.90
		BENEFIT	\$	9.95	9.95	9.20	8.45	8.45	8.45

## PART 7 — PATHOLOGY

## DIVISION 2 — BODY FLUIDS AND TISSUES

Six or more estimations — of a kind specified in Item 1301 or 1302 —

			NSW	VIC	QLD	SA	WA	TAS
1309	SP.	FEE	\$ 18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$ 16.00	16.00	14.65	13.45	13.45	13.45

1310	OP.	FEE	\$ 14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$ 12.00	12.00	11.00	10.10	10.10	10.10

Qualitative estimation of — Acidity (by pH meter or titration); Blood in faeces (occult blood); Cryoglobulins; Cryoproteins; Euglobins; Macroglobulins (Sia test); PBG; UBG or Any other substance not specified in any other item in this Division —

One estimation

			NSW	VIC	QLD	SA	WA	TAS
1319	SP.	FEE	\$ 3.10	3.10	2.90	2.60	2.60	2.60
		BENEFIT	\$ 2.65	2.65	2.50	2.25	2.25	2.25

1320	OP.	FEE	\$ 2.35	2.35	2.20	1.95	1.95	1.95
		BENEFIT	\$ 2.00	2.00	1.90	1.70	1.70	1.70

Two or more estimations to which Item 1319 or 1320 applies

			NSW	VIC	QLD	SA	WA	TAS
1322	SP.	FEE	\$ 6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$ 5.30	5.30	4.85	4.45	4.45	4.45

1323	OP.	FEE	\$ 4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$ 4.00	4.00	3.70	3.35	3.35	3.35

Qualitative estimation of — Foetoprotein; Gastric acidity (by dye method); or Porphyrins

Each estimation

			NSW	VIC	QLD	SA	WA	TAS
1327	SP.	FEE	\$ 12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$ 10.65	10.65	9.80	8.95	8.95	8.95

1328	OP.	FEE	\$ 9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.40	6.75	6.75	6.75

Chromatography, qualitative estimation of a substance not specified in any other item in this Division

			NSW	VIC	QLD	SA	WA	TAS
1330	SP.	FEE	\$ 12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$ 10.65	10.65	9.80	8.95	8.95	8.95

1331	OP.	FEE	\$ 9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.40	6.75	6.75	6.75

## PART 7 — PATHOLOGY

## DIVISION 2 — BODY FLUIDS AND TISSUES

Electrophoresis, qualitative				NSW	VIC	QLD	SA	WA	TAS	
1333	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50	
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95	
1334	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90	
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75	
Australia antigen or similar antigen, detection of by any method including radioimmunoassay										
				NSW	VIC	QLD	SA	WA	TAS	
1336	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50	
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95	
1337	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90	
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75	
Osmolality, estimation of, in serum or urine										
				NSW	VIC	QLD	SA	WA	TAS	
1339	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50	
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95	
1340	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90	
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75	
Quantitative estimation of — Acid phosphatase; Aldolase; Lipase; Amylase and Lipase; Bromide; BSP; Caeruloplasmin; Carotene; Complement fraction; Any other specific protein (excluding immunoglobulins) (where estimated by immunodiffusion, nephelometry, Laurell rocket or similar technique); Creatine; Hexosamine; Lactate; Lithium; Magnesium; Pyruvate; Salicylate; or Xylose —										
Each estimation										
				NSW	VIC	QLD	SA	WA	TAS	
1342	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50	
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95	
1343	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90	
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75	

## PART 7 — PATHOLOGY

## DIVISION 2 — BODY FLUIDS AND TISSUES

Quantitative estimation of — Arsenic; Copper; Gold; Lead; Mercury; Strontium; Zinc; Any other element not specified elsewhere in this Division; Folic acid; Vitamin B12; Any other vitamin not specified elsewhere in this Division; Alcohol; Ammonia; Neo-natal bilirubin (direct and indirect); Cholinesterase; Coproporphyrin; Uroporphyrin; Other porphyrin factor; Delta ALA; 5HIAA; Iron (including iron-binding capacity); Oxalate; Oxosteroids; Oxogenic steroids; PBG; Urine oestriol; Transketolase; Any other substance not specified in any other item in this Division —

Each estimation

			NSW	VIC	QLD	SA	WA	TAS
1345	SP.	FEE	\$ 18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$ 16.00	16.00	14.65	13.45	13.45	13.45
1346	OP.	FEE	\$ 14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$ 12.00	12.00	11.00	10.10	10.10	10.10

Dibucaine number or similar, determination of

			NSW	VIC	QLD	SA	WA	TAS
1348	SP.	FEE	\$ 18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$ 16.00	16.00	14.65	13.45	13.45	13.45
1349	OP.	FEE	\$ 14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$ 12.00	12.00	11.00	10.10	10.10	10.10

Indican, qualitative test for

			NSW	VIC	QLD	SA	WA	TAS
1351	SP.	FEE	\$ 18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$ 16.00	16.00	14.65	13.45	13.45	13.45
1352	OP.	FEE	\$ 14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$ 12.00	12.00	11.00	10.10	10.10	10.10

Calculus, analysis of

			NSW	VIC	QLD	SA	WA	TAS
1354	SP.	FEE	\$ 18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$ 16.00	16.00	14.65	13.45	13.45	13.45
1355	OP.	FEE	\$ 14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$ 12.00	12.00	11.00	10.10	10.10	10.10

Amniotic fluid, spectrophotometric analysis of

			NSW	VIC	QLD	SA	WA	TAS
1357	SP.	FEE	\$ 18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$ 16.00	16.00	14.65	13.45	13.45	13.45
1358	OP.	FEE	\$ 14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$ 12.00	12.00	11.00	10.10	10.10	10.10



## Part 7 — PATHOLOGY

## DIVISION 2 — BODY FLUIDS AND TISSUES

Electrophoresis, quantitative (including qualitative test)				NSW	VIC	QLD	SA	WA	TAS	
1360	SP.	FEE	\$	18.80	18.80	17.20	15.80	15.80	15.80	
		BENEFIT	\$	16.00	16.00	14.65	13.45	13.45	13.45	
1362	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85	
		BENEFIT	\$	12.00	12.00	11.00	10.10	10.10	10.10	
Quantitative estimation of — Catecholamines (each component); Faecal fat; HMMA; Hydroxyproline; Blood gases (including pO <sub>2</sub> , oxygen saturation; pCO <sub>2</sub> and estimation of bicarbonate and pH); Non-pregnancy oestrogens; Pregnanediol; Pregnanetriol; Any other steroid fraction (where not estimated in the same process as another steroid fraction); or Multiple steroid fractions estimated in the same process —										
Each estimation										
1364	SP.	FEE	\$	25.00	25.00	23.00	21.00	21.00	21.00	
		BENEFIT	\$	21.25	21.25	19.55	17.85	17.85	17.85	
1366	OP.	FEE	\$	18.75	18.75	17.25	15.75	15.75	15.75	
		BENEFIT	\$	15.95	15.95	14.70	13.40	13.40	13.40	
Chromatography, quantitative estimation (including qualitative test) of any substance not specified in any other item in this Division										
1368	SP.	FEE	\$	25.00	25.00	23.00	21.00	21.00	21.00	
		BENEFIT	\$	21.25	21.25	19.55	17.85	17.85	17.85	
1370	OP.	FEE	\$	18.75	18.75	17.25	15.75	15.75	15.75	
		BENEFIT	\$	15.95	15.95	14.70	13.40	13.40	13.40	
Lechithin/sphingomyelin ratio of amniotic fluid, determination of										
1372	SP.	FEE	\$	25.00	25.00	23.00	21.00	21.00	21.00	
		BENEFIT	\$	21.25	21.25	19.55	17.85	17.85	17.85	
1374	OP.	FEE	\$	18.75	18.75	17.25	15.75	15.75	15.75	
		BENEFIT	\$	15.95	15.95	14.70	13.40	13.40	13.40	
Drug assays - qualitative estimations or screening procedures										
One or more estimations or procedures on each specimen										
1376	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20	
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45	
1378	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90	
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35	

## PART 7 — PATHOLOGY

## DIVISION 2 — BODY FLUIDS AND TISSUES

Barbiturates; Carbamazepine; Digoxin; Phenytoin; - assay by radioimmunoassay, enzyme linked immunoassay, gas liquid chromatography or any other methods

Estimation of one substance using one or more of the methods specified

			NSW	VIC	QLD	SA	WA	TAS
1380	SP.	FEE	\$ 15.60	15.60	14.40	13.20	13.20	13.20
		BENEFIT	\$ 13.30	13.30	12.25	11.25	11.25	11.25
1381	OP.	FEE	\$ 11.70	11.70	10.80	9.90	9.90	9.90
		BENEFIT	\$ 9.95	9.95	9.20	8.45	8.45	8.45

Estimation of two substances referred to in Item 1380 or 1381 using one or more of the methods specified in those items —

			NSW	VIC	QLD	SA	WA	TAS
1382	SP.	FEE	\$ 25.00	25.00	23.00	21.00	21.00	21.00
		BENEFIT	\$ 21.25	21.25	19.55	17.85	17.85	17.85
1384	OP.	FEE	\$ 18.75	18.75	17.25	15.75	15.75	15.75
		BENEFIT	\$ 15.95	15.95	14.70	13.40	13.40	13.40

Estimation of three or more substances referred to in Item 1380 or 1381 using one or more of the methods specified in those items —

			NSW	VIC	QLD	SA	WA	TAS
1385	SP.	FEE	\$ 31.00	31.00	28.50	26.00	26.00	26.00
		BENEFIT	\$ 26.35	26.35	24.25	22.10	22.10	22.10
1387	OP.	FEE	\$ 23.25	23.25	21.40	19.50	19.50	19.50
		BENEFIT	\$ 19.80	19.80	18.20	16.60	16.60	16.60

Diazepam; Ethosuximide; Methotrexate; Morphine; Procainamide; Quinidine; or similar substances not covered by any other item in this Division — assay by radioimmunoassay, enzyme linked immunoassay, gas liquid chromatography or any other method

Estimation of one substance using one or more of the methods specified

			NSW	VIC	QLD	SA	WA	TAS
1392	SP.	FEE	\$ 18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$ 16.00	16.00	14.65	13.45	13.45	13.45
1393	OP.	FEE	\$ 14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$ 12.00	12.00	11.00	10.10	10.10	10.10

Estimation of two substances referred to in Item 1392 or 1393 using one or more of the methods specified in those items —

			NSW	VIC	QLD	SA	WA	TAS
1394	SP.	FEE	\$ 31.00	31.00	28.50	26.00	26.00	26.00
		BENEFIT	\$ 26.35	26.35	24.25	22.10	22.10	22.10
1395	OP.	FEE	\$ 23.25	23.25	21.40	19.50	19.50	19.50
		BENEFIT	\$ 19.80	19.80	18.20	16.60	16.60	16.60

## PART 7 — PATHOLOGY

## DIVISION 2 — BODY FLUIDS AND TISSUES

Estimation of three or more substances referred to in Item 1392 or 1393 using one or more of the methods specified in those items

			NSW	VIC	QLD	SA	WA	TAS
1397	SP.	FEE	\$ 37.50	37.50	34.50	31.50	31.50	31.50
		BENEFIT	\$ 32.50	32.50	29.50	26.80	26.80	26.80
1398	OP.	FEE	\$ 28.15	28.15	25.90	23.65	23.65	23.65
		BENEFIT	\$ 23.95	23.95	22.05	20.15	20.15	20.15

**HORMONE ASSAYS**

(not covered by any other item in this Division)

Thyroxine (T4) **OR** T3 resin uptake — assay of, (or equivalent function test) — using any technique

			NSW	VIC	QLD	SA	WA	TAS
1419	SP.	FEE	\$ 9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.35	6.75	6.75	6.75
1420	OP.	FEE	\$ 7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$ 6.00	6.00	5.50	5.10	5.10	5.10

Thyroxine (T4) **AND** T3 resin uptake — assay of, (or equivalent function test) — using any technique

			NSW	VIC	QLD	SA	WA	TAS
1427	SP.	FEE	\$ 15.60	15.60	14.40	13.20	13.20	13.20
		BENEFIT	\$ 13.30	13.30	12.25	11.25	11.25	11.25
1428	OP.	FEE	\$ 11.70	11.70	10.80	9.90	9.90	9.90
		BENEFIT	\$ 9.95	9.95	9.20	8.45	8.45	8.45

Normalised thyroxine (Effective thyroxine ratio or similar assay) when not associated with Item 1419, 1420, 1427 or 1428 — assay using any technique

			NSW	VIC	QLD	SA	WA	TAS
1434	SP.	FEE	\$ 12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$ 10.65	10.65	9.80	8.95	8.95	8.95
1435	OP.	FEE	\$ 9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.40	6.75	6.75	6.75

Thyroxine (T4) and T3 resin uptake (or equivalent function test) and Normalised thyroxine (Effective thyroxine ratio or similar assay) performed by a different procedure — assay using any technique

			NSW	VIC	QLD	SA	WA	TAS
1441	SP.	FEE	\$ 22.00	22.00	20.00	18.40	18.40	18.40
		BENEFIT	\$ 18.70	18.70	17.00	15.65	15.65	15.65
1442	OP.	FEE	\$ 16.50	16.50	15.00	13.80	13.80	13.80
		BENEFIT	\$ 14.05	14.05	12.75	11.75	11.75	11.75

## PART 7 — PATHOLOGY

## DIVISION 2 — BODY FLUIDS AND TISSUES

Hormone assays using gamma emitting labels or any other unspecified technique (excluding thyroid hormones covered by Item 1419, 1420, 1427, 1428, 1434, 1435, 1441 or 1442)

One estimation of any one hormone

			NSW	VIC	QLD	SA	WA	TAS
1452	SP.	FEE	\$ 18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$ 16.00	16.00	14.65	13.45	13.45	13.45
1453	OP.	FEE	\$ 14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$ 12.00	12.00	11.00	10.10	10.10	10.10

Two estimations of any one hormone using any technique referred to in Item 1452 or 1453

			NSW	VIC	QLD	SA	WA	TAS
1455	SP.	FEE	\$ 28.00	28.00	26.00	23.50	23.50	23.50
		BENEFIT	\$ 23.80	23.80	22.10	20.00	20.00	20.00
1456	OP.	FEE	\$ 21.00	21.00	19.50	17.65	17.65	17.65
		BENEFIT	\$ 17.85	17.85	16.60	15.05	15.05	15.05

Three estimations of any one hormone using any technique referred to in Item 1452 or 1453

			NSW	VIC	QLD	SA	WA	TAS
1458	SP.	FEE	\$ 37.50	37.50	34.50	31.50	31.50	31.50
		BENEFIT	\$ 32.50	32.50	29.50	26.80	26.80	26.80
1459	OP.	FEE	\$ 28.15	28.15	25.90	23.65	23.65	23.65
		BENEFIT	\$ 23.95	23.95	22.05	20.15	20.15	20.15

Each estimation of any one hormone in excess of three using any technique referred to in Item 1452 or 1453

			NSW	VIC	QLD	SA	WA	TAS
1461	SP.	FEE	\$ 3.70	3.70	3.40	3.10	3.10	3.10
		BENEFIT	\$ 3.15	3.15	2.90	2.65	2.65	2.65
1462	OP.	FEE	\$ 2.80	2.80	2.55	2.35	2.35	2.35
		BENEFIT	\$ 2.40	2.40	2.20	2.00	2.00	2.00

Hormone assays using beta emitting labels or by bioassay

One estimation of any one hormone

			NSW	VIC	QLD	SA	WA	TAS
1475	SP.	FEE	\$ 31.00	31.00	28.50	26.00	26.00	26.00
		BENEFIT	\$ 26.35	26.35	24.25	22.10	22.10	22.10
1476	OP.	FEE	\$ 23.25	23.25	21.40	19.50	19.50	19.50
		BENEFIT	\$ 19.80	19.80	18.20	16.60	16.60	16.60

## PART 7 — PATHOLOGY

## DIVISION 2 — BODY FLUIDS AND TISSUES

				Two estimations of any one hormone using a technique referred to in Item 1475 or 1476					
				NSW	VIC	QLD	SA	WA	TAS
1478	SP.	FEE	\$	50.00	50.00	46.00	42.00	42.00	42.00
		BENEFIT	\$	45.00	45.00	41.00	37.00	37.00	37.00
1479	OP.	FEE	\$	37.50	37.50	34.50	31.50	31.50	31.50
		BENEFIT	\$	32.50	32.50	29.50	26.80	26.80	26.80
				Three estimations of any one hormone using a technique referred to in Item 1475 or 1476					
				NSW	VIC	QLD	SA	WA	TAS
1481	SP.	FEE	\$	62.00	62.00	57.00	52.00	52.00	52.00
		BENEFIT	\$	57.00	57.00	52.00	47.00	47.00	47.00
1482	OP.	FEE	\$	46.50	46.50	42.75	39.00	39.00	39.00
		BENEFIT	\$	41.50	41.50	37.75	34.00	34.00	34.00
				Each estimation of any one hormone in excess of three using a technique referred to in Item 1475 or 1476					
				NSW	VIC	QLD	SA	WA	TAS
1484	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1485	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

## PROCEDURAL SERVICES

## NOTE:

(i) Benefit is not payable for a procedural service (Items 1504/1505, 1511/1512 and 1516/1517) in addition to benefit for an attendance under Part 1 of Schedule on the same calendar day

(ii) Benefit is not payable for a procedural service in respect of a person who is a patient in a recognised hospital or when performed using recognised hospital facilities

(iii) Where a procedural service is itemised, the investigation undertaken as well as the individual services performed should be specified

ACTH stimulation test; Adrenaline tolerance test; Arginine infusion test; Bromsulphthalein test; Carbohydrate tolerance test; Creatinine clearance test; Gastric function test requiring intubation; Glucagon tolerance test; Histidine loaded Figlu test; L-dopa stimulation test; Phenolsulphthalein excretion test; TSH stimulation test; Urea clearance test; Urea concentration test; Vasopressin stimulation test; Xylose absorption test; or similar test

Procedural service associated with any one of these tests

			NSW	VIC	QLD	SA	WA	TAS
1504	SP.	FEE	\$ 6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$ 5.30	5.30	4.85	4.45	4.45	4.45
1505	OP.	FEE	\$ 4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$ 4.00	4.00	3.70	3.35	3.35	3.35

Tolbutamide test; Insulin hypoglycaemia stimulation test; Gonadotrophin releasing hormone stimulation test; Thyrotrophin releasing hormone stimulation test; Urine acidification test; or similar test

Procedural service associated with any one of these tests

			NSW	VIC	QLD	SA	WA	TAS
1511	SP.	FEE	\$ 18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$ 16.00	16.00	14.65	13.45	13.45	13.45
1512	OP.	FEE	\$ 14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$ 12.00	12.00	11.00	10.10	10.10	10.10

Thyrotrophin releasing hormone; Gonadotrophin releasing hormone; Thyroid stimulating hormone - administration of

Procedural service associated with the administration of any one of these drugs

			NSW	VIC	QLD	SA	WA	TAS
1516	SP.	FEE	\$ 15.60	15.60	14.40	13.20	13.20	13.20
		BENEFIT	\$ 13.30	13.30	12.25	11.25	11.25	11.25
1517	OP.	FEE	\$ 11.70	11.70	10.80	9.90	9.90	9.90
		BENEFIT	\$ 9.95	9.95	9.20	8.45	8.45	8.45

## DIVISION 3 — MICROBIOLOGY

Microscopical examination — wet film, other than urine

				NSW	VIC	QLD	SA	WA	TAS
1529	SP.	FEE	\$	3.70	3.70	3.40	3.10	3.10	3.10
		BENEFIT	\$	3.15	3.15	2.90	2.65	2.65	2.65
1530	OP.	FEE	\$	2.80	2.80	2.55	2.35	2.35	2.35
		BENEFIT	\$	2.40	2.40	2.20	2.00	2.00	2.00

Microscopical examination of urine (where the patient is referred by another medical practitioner) and examination for one or more of pH, specific gravity, blood, albumin, urobilinogen, sugar, acetone and bile pigments

				NSW	VIC	QLD	SA	WA	TAS
1536	SP.	FEE	\$	5.00	5.00	4.60	4.20	4.20	4.20
		BENEFIT	\$	4.25	4.25	3.95	3.60	3.60	3.60
1537	OP.	FEE	\$	3.75	3.75	3.45	3.15	3.15	3.15
		BENEFIT	\$	3.20	3.20	2.95	2.70	2.70	2.70

Microscopical examination using Gram stain or similar stain (e.g. Loeffler, methylene blue, Giemsa)

One stain

				NSW	VIC	QLD	SA	WA	TAS
1545	SP.	FEE	\$	5.00	5.00	4.60	4.20	4.20	4.20
		BENEFIT	\$	4.25	4.25	3.95	3.60	3.60	3.60
1546	OP.	FEE	\$	3.75	3.75	3.45	3.15	3.15	3.15
		BENEFIT	\$	3.20	3.20	2.95	2.70	2.70	2.70

Microscopical examination using stains referred to in Item 1545 or 1546 —

Two or more stains

				NSW	VIC	QLD	SA	WA	TAS
1548	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1549	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

Microscopical examination using special stain, (e.g. Ziehl-Neelsen or similar stain) —

One stain

				NSW	VIC	QLD	SA	WA	TAS
1556	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1557	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

## PART 7 — PATHOLOGY

## DIVISION 3 — MICROBIOLOGY

Microscopical examination using two or more stains one or more of which is a special stain referred to in Item 1556 or 1557									
1566	SP.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		<i>BENEFIT</i>	\$	9.40	9.40	8.60	7.90	7.90	7.90
				8.00	8.00	7.35	6.75	6.75	6.75
1567	OP.	FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
		<i>BENEFIT</i>	\$	6.00	6.00	5.50	5.10	5.10	5.10
Microscopical examination for dermatophytes									
Examination of material from one site									
1586	SP.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		<i>BENEFIT</i>	\$	6.20	6.20	5.70	5.20	5.20	5.20
				5.30	5.30	4.85	4.45	4.45	4.45
1587	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		<i>BENEFIT</i>	\$	4.00	4.00	3.70	3.35	3.35	3.35
Microscopical examination referred to in Item 1586 or 1587 —									
Examination of material from two or more sites									
1588	SP.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		<i>BENEFIT</i>	\$	12.50	12.50	11.50	10.50	10.50	10.50
				10.65	10.65	9.80	8.95	8.95	8.95
1589	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		<i>BENEFIT</i>	\$	8.00	8.00	7.40	6.75	6.75	6.75
Microscopical examination of exudate by dark ground illumination for <i>Treponema pallidum</i>									
1604	SP.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		<i>BENEFIT</i>	\$	15.60	15.60	14.40	13.20	13.20	13.20
				13.30	13.30	12.25	11.25	11.25	11.25
1606	OP.	FEE	\$	11.70	11.70	10.80	9.90	9.90	9.90
		<i>BENEFIT</i>	\$	9.95	9.95	9.20	8.45	8.45	8.45
Cultural examination of a specimen other than urine for aerobic micro-organisms (including fungi) with, where indicated — the use of relevant stains, and/or use of selective media and sensitivity testing									
1609	SP.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		<i>BENEFIT</i>	\$	12.50	12.50	11.50	10.50	10.50	10.50
				10.65	10.65	9.80	8.95	8.95	8.95
1610	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		<i>BENEFIT</i>	\$	8.00	8.00	7.40	6.75	6.75	6.75



## PART 7 - PATHOLOGY

## DIVISION 3 - MICROBIOLOGY

Cultural examination of a specimen other than blood or urine for aerobic and anaerobic micro-organisms, using an anaerobic atmosphere for the culture of anaerobes with, where indicated the use of relevant stains and/or use of selective media and/or sensitivity testing									
1615	SP.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		<i>BENEFIT</i>	\$	18.80	18.80	17.20	15.80	15.80	15.80
				16.00	16.00	14.65	13.45	13.45	13.45
1616	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85
		<i>BENEFIT</i>	\$	12.00	12.00	11.00	10.10	10.10	10.10
Cultural examination for mycobacteria - each specimen									
1622	SP.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		<i>BENEFIT</i>	\$	12.50	12.50	11.50	10.50	10.50	10.50
				10.65	10.65	9.80	8.95	8.95	8.95
1623	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		<i>BENEFIT</i>	\$	8.00	8.00	7.40	6.75	6.75	6.75
Blood culture, including sub-culture, using both aerobic and anaerobic media, with, where indicated the use of relevant stains and/or sensitivity testing but not involving organism identification									
Each set of cultures to a maximum of three sets									
1633	SP.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		<i>BENEFIT</i>	\$	18.80	18.80	17.20	15.80	15.80	15.80
				16.00	16.00	14.65	13.45	13.45	13.45
1634	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85
		<i>BENEFIT</i>	\$	12.00	12.00	11.00	10.10	10.10	10.10
Identification of pathogenic micro-organisms using biochemical tests and/or other special techniques involving sub-culture									
Identification of one organism									
1644	SP.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		<i>BENEFIT</i>	\$	6.20	6.20	5.70	5.20	5.20	5.20
				5.30	5.30	4.85	4.45	4.45	4.45
1645	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		<i>BENEFIT</i>	\$	4.00	4.00	3.70	3.35	3.35	3.35
Identification of two or more organisms by the method referred to in Item 1644 or 1645									
1647	SP.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		<i>BENEFIT</i>	\$	12.50	12.50	11.50	10.50	10.50	10.50
				10.65	10.65	9.80	8.95	8.95	8.95
1648	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		<i>BENEFIT</i>	\$	8.00	8.00	7.40	6.75	6.75	6.75

## PART 7 — PATHOLOGY

## DIVISION 3 — MICROBIOLOGY

Identification of pathogenic micro-organisms using specific serological techniques, (including immunofluorescent and immunoenzymic methods)

One procedure

			NSW	VIC	QLD	SA	WA	TAS
1661	SP.	FEE	\$ 6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$ 5.30	5.30	4.85	4.45	4.45	4.45
1662	OP.	FEE	\$ 4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$ 4.00	4.00	3.70	3.35	3.35	3.35

Two or more of any procedures of a kind referred to in Item 1661 or 1662

			NSW	VIC	QLD	SA	WA	TAS
1664	SP.	FEE	\$ 9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.35	6.75	6.75	6.75
1665	OP.	FEE	\$ 7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$ 6.00	6.00	5.50	5.10	5.10	5.10

Microscopical examination of urine, with cell count, relevant stains (if indicated), cultural examination and colony count of micro-organisms (other than by simple microscopy and simple culture, e.g., dip slide and microbiological kit tests, covered by Item 1682 or 1683), with sensitivity testing where indicated and with general examination for one or more of the following —

pH, specific gravity, blood, albumin, urobilinogen, sugar, acetone and bile pigments

			NSW	VIC	QLD	SA	WA	TAS
1673	SP.	FEE	\$ 17.40	17.40	16.00	14.60	14.60	14.60
		BENEFIT	\$ 14.80	14.80	13.60	12.45	12.45	12.45
1674	OP.	FEE	\$ 13.05	13.05	12.00	10.95	10.95	10.95
		BENEFIT	\$ 11.10	11.10	10.20	9.35	9.35	9.35

Microscopical examination of urine and simple culture by means of dip slide or microbiological kit tests (where the patient is referred by another medical practitioner)

			NSW	VIC	QLD	SA	WA	TAS
1682	SP.	FEE	\$ 6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$ 5.30	5.30	4.85	4.45	4.45	4.45
1683	OP.	FEE	\$ 4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$ 4.00	4.00	3.70	3.35	3.35	3.35

Microscopical examination of faeces or body fluids for parasites, cysts or ova, with or without simple stains and concentration techniques

			NSW	VIC	QLD	SA	WA	TAS
1687	SP.	FEE	\$ 9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.35	6.75	6.75	6.75
1688	OP.	FEE	\$ 7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$ 6.00	6.00	5.50	5.10	5.10	5.10

## PART 7 — PATHOLOGY

## DIVISION 3 — MICROBIOLOGY

Identification of helminths				NSW	VIC	QLD	SA	WA	TAS	
1693	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20	
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45	
1694	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90	
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35	
Cultural examination for parasites other than trichomonas										
Culture of one parasite										
1702	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50	
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95	
1703	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90	
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75	
Cultural examination for parasites referred to in Item 1702 or 1703 —										
Culture of two or more parasites										
1705	SP.	FEE	\$	22.00	22.00	20.00	18.40	18.40	18.40	
		BENEFIT	\$	18.70	18.70	17.00	15.65	15.65	15.65	
1706	OP.	FEE	\$	16.50	16.50	15.00	13.80	13.80	13.80	
		BENEFIT	\$	14.05	14.05	12.75	11.75	11.75	11.75	
Examination by animal inoculation										
1712	SP.	FEE	\$	25.00	25.00	23.00	21.00	21.00	21.00	
		BENEFIT	\$	21.25	21.25	19.55	17.85	17.85	17.85	
1713	OP.	FEE	\$	18.75	18.75	17.25	15.75	15.75	15.75	
		BENEFIT	\$	15.95	15.95	14.70	13.40	13.40	13.40	
Determination of the minimum inhibitory concentration of an antibiotic or chemotherapeutic agent by tube technique										
One organism										
1721	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50	
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95	
1722	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90	
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75	

## PART 7 — PATHOLOGY

## DIVISION 3 — MICROBIOLOGY

Determination referred to in Item 1721 or 1722 —

Two or more organisms

				NSW	VIC	QLD	SA	WA	TAS
1724	SP.	FEE	\$	15.60	15.60	14.40	13.20	13.20	13.20
		BENEFIT	\$	13.30	13.30	12.25	11.25	11.25	11.25
1725	OP.	FEE	\$	11.70	11.70	10.80	9.90	9.90	9.90
		BENEFIT	\$	9.95	9.95	9.20	8.45	8.45	8.45

Detection of substances inhibitory to micro-organisms in a body fluid (including urine)

				NSW	VIC	QLD	SA	WA	TAS
1732	SP.	FEE	\$	3.10	3.10	2.90	2.60	2.60	2.60
		BENEFIT	\$	2.65	2.65	2.50	2.25	2.25	2.25
1733	OP.	FEE	\$	2.35	2.35	2.20	1.95	1.95	1.95
		BENEFIT	\$	2.00	2.00	1.90	1.70	1.70	1.70

Quantitative assay of an antibiotic or chemotherapeutic agent in a body fluid (including urine)

				NSW	VIC	QLD	SA	WA	TAS
1743	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95
1744	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75

Agglutination tests (quantitative), including those for enteric fever and brucellosis

One antigen

				NSW	VIC	QLD	SA	WA	TAS
1760	SP.	FEE	\$	9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.35	6.75	6.75	6.75
1761	OP.	FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$	6.00	6.00	5.50	5.10	5.10	5.10

Agglutination tests (quantitative) referred to in Item 1760 or 1761 —

Second to sixth antigen — each antigen

				NSW	VIC	QLD	SA	WA	TAS
1763	SP.	FEE	\$	5.00	5.00	4.60	4.20	4.20	4.20
		BENEFIT	\$	4.25	4.25	3.95	3.60	3.60	3.60
1764	OP.	FEE	\$	3.75	3.75	3.45	3.15	3.15	3.15
		BENEFIT	\$	3.20	3.20	2.95	2.70	2.70	2.70

## PART 7 — PATHOLOGY

## DIVISION 3 — MICROBIOLOGY

Agglutination tests (quantitative) referred to in Item 1760 or 1761 —

Each antigen in excess of six

			NSW	VIC	QLD	SA	WA	TAS
1766	SP.	FEE	\$ 2.50	2.50	2.30	2.10	2.10	2.10
		BENEFIT	\$ 2.15	2.15	2.00	1.80	1.80	1.80
1767	OP.	FEE	\$ 1.90	1.90	1.75	1.60	1.60	1.60
		BENEFIT	\$ 1.65	1.65	1.50	1.40	1.40	1.40

Flocculation tests, including V.D.R.L., Kahn, Kline or similar tests

One test

			NSW	VIC	QLD	SA	WA	TAS
1772	SP.	FEE	\$ 3.10	3.10	2.90	2.60	2.60	2.60
		BENEFIT	\$ 2.65	2.65	2.50	2.25	2.25	2.25
1773	OP.	FEE	\$ 2.35	2.35	2.20	1.95	1.95	1.95
		BENEFIT	\$ 2.00	2.00	1.90	1.70	1.70	1.70

Flocculation tests referred to in Item 1772 or 1773 —

Two or more tests

			NSW	VIC	QLD	SA	WA	TAS
1775	SP.	FEE	\$ 3.70	3.70	3.40	3.10	3.10	3.10
		BENEFIT	\$ 3.15	3.15	2.90	2.65	2.65	2.65
1776	OP.	FEE	\$ 2.80	2.80	2.55	2.35	2.35	2.35
		BENEFIT	\$ 2.40	2.40	2.20	2.00	2.00	2.00

Complement fixation tests

One test

			NSW	VIC	QLD	SA	WA	TAS
1781	SP.	FEE	\$ 12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$ 10.65	10.65	9.80	8.95	8.95	8.95
1782	OP.	FEE	\$ 9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.40	6.75	6.75	6.75

Each test referred to in Item 1781 or 1782 in excess of one

			NSW	VIC	QLD	SA	WA	TAS
1784	SP.	FEE	\$ 3.10	3.10	2.90	2.60	2.60	2.60
		BENEFIT	\$ 2.65	2.65	2.50	2.25	2.25	2.25
1785	OP.	FEE	\$ 2.35	2.35	2.20	1.95	1.95	1.95
		BENEFIT	\$ 2.00	2.00	1.90	1.70	1.70	1.70

## PART 7 — PATHOLOGY

## DIVISION 3 — MICROBIOLOGY

Fluorescent serum antibody test (FTA test, FTA — absorbed test or similar)

One test

			NSW	VIC	QLD	SA	WA	TAS
1793	SP.	FEE	\$ 9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.35	6.75	6.75	6.75
1794	OP.	FEE	\$ 7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$ 6.00	6.00	5.50	5.10	5.10	5.10

Each test referred to in Item 1793 or 1794 in excess of one

			NSW	VIC	QLD	SA	WA	TAS
1796	SP.	FEE	\$ 5.00	5.00	4.60	4.20	4.20	4.20
		BENEFIT	\$ 4.25	4.25	3.95	3.60	3.60	3.60
1797	OP.	FEE	\$ 3.75	3.75	3.45	3.15	3.15	3.15
		BENEFIT	\$ 3.20	3.20	2.95	2.70	2.70	2.70

Haemagglutination tests —

One test

			NSW	VIC	QLD	SA	WA	TAS
1805	SP.	FEE	\$ 6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$ 5.30	5.30	4.85	4.45	4.45	4.45
1806	OP.	FEE	\$ 4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$ 4.00	4.00	3.70	3.35	3.35	3.35

Each test referred to in Item 1805 or 1806 in excess of one

			NSW	VIC	QLD	SA	WA	TAS
1808	SP.	FEE	\$ 3.10	3.10	2.90	2.60	2.60	2.60
		BENEFIT	\$ 2.65	2.65	2.50	2.25	2.25	2.25
1809	OP.	FEE	\$ 2.35	2.35	2.20	1.95	1.95	1.95
		BENEFIT	\$ 2.00	2.00	1.90	1.70	1.70	1.70

Haemagglutination inhibition tests —

One test

			NSW	VIC	QLD	SA	WA	TAS
1823	SP.	FEE	\$ 6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$ 5.30	5.30	4.85	4.45	4.45	4.45
1824	OP.	FEE	\$ 4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$ 4.00	4.00	3.70	3.35	3.35	3.35

## PART 7 — PATHOLOGY

## DIVISION 3 — MICROBIOLOGY

Each test referred to in Item 1823 or 1824 in excess of one

				NSW	VIC	QLD	SA	WA	TAS
1826	SP.	FEE	\$	3.10	3.10	2.90	2.60	2.60	2.60
		BENEFIT	\$	2.65	2.65	2.50	2.25	2.25	2.25
1827	OP.	FEE	\$	2.35	2.35	2.20	1.95	1.95	1.95
		BENEFIT	\$	2.00	2.00	1.90	1.70	1.70	1.70

Antistreptolysin O titre test

				NSW	VIC	QLD	SA	WA	TAS
1843	SP.	FEE	\$	9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.35	6.75	6.75	6.75
1844	OP.	FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$	6.00	6.00	5.50	5.10	5.10	5.10

Total and differential cell count on any body fluid other than urine

				NSW	VIC	QLD	SA	WA	TAS
1851	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1852	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

Autogenous vaccine, preparation of — each organism

				NSW	VIC	QLD	SA	WA	TAS
1858	SP.	FEE	\$	25.00	25.00	23.00	21.00	21.00	21.00
		BENEFIT	\$	21.25	21.25	19.55	17.85	17.85	17.85
1859	OP.	FEE	\$	18.75	18.75	17.25	15.75	15.75	15.75
		BENEFIT	\$	15.95	15.95	14.70	13.40	13.40	13.40

## DIVISION 4 — IMMUNOLOGY

Immuno-electrophoresis using polyvalent antisera

				NSW	VIC	QLD	SA	WA	TAS
1877	SP.	FEE	\$	18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$	16.00	16.00	14.65	13.45	13.45	13.45
1878	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$	12.00	12.00	11.00	10.10	10.10	10.10

## PART 7 — PATHOLOGY

## DIVISION 4 — IMMUNOLOGY

Immunoelectrophoresis using monovalent antiserum — each antiserum

				NSW	VIC	QLD	SA	WA	TAS
1884	SP.	FEE	\$	3.10	3.10	2.90	2.60	2.60	2.60
		BENEFIT	\$	2.65	2.65	2.50	2.25	2.25	2.25
1885	OP.	FEE	\$	2.35	2.35	2.20	1.95	1.95	1.95
		BENEFIT	\$	2.00	2.00	1.90	1.70	1.70	1.70

Immunoglobulins G, A, M or D, quantitative estimation of, by immunodiffusion or any other method

Estimation of one immunoglobulin

				NSW	VIC	QLD	SA	WA	TAS
1888	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95
1889	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75

Estimation of each immunoglobulin referred to in Item 1888 or 1889 in excess of one

				NSW	VIC	QLD	SA	WA	TAS
1891	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1892	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

Immunoglobulin E, quantitative estimation of

				NSW	VIC	QLD	SA	WA	TAS
1897	SP.	FEE	\$	18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$	16.00	16.00	14.65	13.45	13.45	13.45
1898	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$	12.00	12.00	11.00	10.10	10.10	10.10

Radioallergosorbent tests for allergen identification

Identification of one to four allergens — each allergen

				NSW	VIC	QLD	SA	WA	TAS
1903	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1904	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35



## PART 7 — PATHOLOGY

## DIVISION 4 — IMMUNOLOGY

				Identification of each allergen referred to in Item 1903 or 1904 in excess of four					
				NSW	VIC	QLD	SA	WA	TAS
1905	SP.	FEE	\$	3.10	3.10	2.90	2.60	2.60	2.60
		BENEFIT	\$	2.65	2.65	2.50	2.25	2.25	2.25
1906	OP.	FEE	\$	2.35	2.35	2.20	1.95	1.95	1.95
		BENEFIT	\$	2.00	2.00	1.90	1.70	1.70	1.70
Immunofluorescent detection of tissue antibodies — qualitative not associated with the service specified in Item 1918 or 1919									
Detection of one antibody									
1911	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95
1912	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75
Detection of each antibody referred to in Item 1911 or 1912 in excess of one — each antibody									
1913	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1914	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35
Immunofluorescent detection of tissue antibodies — qualitative and quantitative —									
Detection and estimation of each antibody									
1918	SP.	FEE	\$	15.60	15.60	14.40	13.20	13.20	13.20
		BENEFIT	\$	13.30	13.30	12.25	11.25	11.25	11.25
1919	OP.	FEE	\$	11.70	11.70	10.80	9.90	9.90	9.90
		BENEFIT	\$	9.95	9.95	9.20	8.45	8.45	8.45
Complement fixation tests on human tissue antibody —									
One antibody									
1924	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95
1925	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75

## PART 7 — PATHOLOGY

## DIVISION 4 — IMMUNOLOGY

Each antibody referred to in Item 1924 or 1925 in excess of one

			NSW	VIC	QLD	SA	WA	TAS
1926	SP.	FEE	\$ 6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$ 5.30	5.30	4.85	4.45	4.45	4.45

1927	OP.	FEE	\$ 4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$ 4.00	4.00	3.70	3.35	3.35	3.35

Latex flocculation test — qualitative and/or quantitative

			NSW	VIC	QLD	SA	WA	TAS
1935	SP.	FEE	\$ 6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$ 5.30	5.30	4.85	4.45	4.45	4.45

1936	OP.	FEE	\$ 4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$ 4.00	4.00	3.70	3.35	3.35	3.35

Rose Waaler test, quantitative, using sheep cells

			NSW	VIC	QLD	SA	WA	TAS
1941	SP.	FEE	\$ 12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$ 10.65	10.65	9.80	8.95	8.95	8.95

1942	OP.	FEE	\$ 9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.40	6.75	6.75	6.75

Lupus erythematosus cells, preparation and examination of film for

			NSW	VIC	QLD	SA	WA	TAS
1948	SP.	FEE	\$ 9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.35	6.75	6.75	6.75

1949	OP.	FEE	\$ 7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$ 6.00	6.00	5.50	5.10	5.10	5.10

Tanned erythrocyte haemagglutination test for tissue antibodies —

One antibody

			NSW	VIC	QLD	SA	WA	TAS
1955	SP.	FEE	\$ 12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$ 10.65	10.65	9.80	8.95	8.95	8.95

1956	OP.	FEE	\$ 9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.40	6.75	6.75	6.75

Each antibody referred to in Item 1955 or 1956 in excess of one

			NSW	VIC	QLD	SA	WA	TAS
1957	SP.	FEE	\$ 6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$ 5.30	5.30	4.85	4.45	4.45	4.45

1958	OP.	FEE	\$ 4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$ 4.00	4.00	3.70	3.35	3.35	3.35

## PART 7 — PATHOLOGY

## DIVISION 4 — IMMUNOLOGY

				Leucocyte fractionation as preliminary test to specific tests of leucocyte function (by density gradient centrifugation or other method) —					
				NSW	VIC	QLD	SA	WA	TAS
1965	SP.	FEE	\$	18.80	18.80	17.20	15.80	15.80	15.80
		<i>BENEFIT</i>	\$	16.00	16.00	14.65	13.45	13.45	13.45
1966	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85
		<i>BENEFIT</i>	\$	12.00	12.00	11.00	10.10	10.10	10.10
				Neutrophil function tests for phagocytic activity —					
				Visual techniques					
				NSW	VIC	QLD	SA	WA	TAS
1971	SP.	FEE	\$	18.80	18.80	17.20	15.80	15.80	15.80
		<i>BENEFIT</i>	\$	16.00	16.00	14.65	13.45	13.45	13.45
1972	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85
		<i>BENEFIT</i>	\$	12.00	12.00	11.00	10.10	10.10	10.10
				Neutrophil function tests for phagocytic activity —					
				Radioactive techniques					
				NSW	VIC	QLD	SA	WA	TAS
1973	SP.	FEE	\$	31.00	31.00	28.50	26.00	26.00	26.00
		<i>BENEFIT</i>	\$	26.35	26.35	24.25	22.10	22.10	22.10
1974	OP.	FEE	\$	23.25	23.25	21.40	19.50	19.50	19.50
		<i>BENEFIT</i>	\$	19.80	19.80	18.20	16.60	16.60	16.60
				Lymphocyte cell count — E. rosette technique or similar					
				NSW	VIC	QLD	SA	WA	TAS
1981	SP.	FEE	\$	25.00	25.00	23.00	21.00	21.00	21.00
		<i>BENEFIT</i>	\$	21.25	21.25	19.55	17.85	17.85	17.85
1982	OP.	FEE	\$	18.75	18.75	17.25	15.75	15.75	15.75
		<i>BENEFIT</i>	\$	15.95	15.95	14.70	13.40	13.40	13.40
				B lymphocyte cell count — by immunofluorescence or immunoperoxidase					
				NSW	VIC	QLD	SA	WA	TAS
1987	SP.	FEE	\$	25.00	25.00	23.00	21.00	21.00	21.00
		<i>BENEFIT</i>	\$	21.25	21.25	19.55	17.85	17.85	17.85
1988	OP.	FEE	\$	18.75	18.75	17.25	15.75	15.75	15.75
		<i>BENEFIT</i>	\$	15.95	15.95	14.70	13.40	13.40	13.40

## PART 7 – PATHOLOGY

## DIVISION 4 – IMMUNOLOGY

## Lymphocyte function tests

## Visual transformation

			NSW	VIC	QLD	SA	WA	TAS
1995	SP.	FEE	\$ 25.00	25.00	23.00	21.00	21.00	21.00
		BENEFIT	\$ 21.25	21.25	19.55	17.85	17.85	17.85
1996	OP.	FEE	\$ 18.75	18.75	17.25	15.75	15.75	15.75
		BENEFIT	\$ 15.95	15.95	14.70	13.40	13.40	13.40

## Radioactive techniques

			NSW	VIC	QLD	SA	WA	TAS
1997	SP.	FEE	\$ 37.50	37.50	34.50	31.50	31.50	31.50
		BENEFIT	\$ 32.50	32.50	29.50	26.80	26.80	26.80
1998	OP.	FEE	\$ 28.15	28.15	25.90	23.65	23.65	23.65
		BENEFIT	\$ 23.95	23.95	22.05	20.15	20.15	20.15

## Tissue group typing (HLA phenotypes)

			NSW	VIC	QLD	SA	WA	TAS
2006	SP.	FEE	\$ 31.00	31.00	28.50	26.00	26.00	26.00
		BENEFIT	\$ 26.35	26.35	24.25	22.10	22.10	22.10
2007	OP.	FEE	\$ 23.25	23.25	21.40	19.50	19.50	19.50
		BENEFIT	\$ 19.80	19.80	18.20	16.60	16.60	16.60

## Skin sensitivity testing (Mantoux, Schick, Casoni test or similar test) – each test

			NSW	VIC	QLD	SA	WA	TAS
2013	SP.	FEE	\$ 6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$ 5.30	5.30	4.85	4.45	4.45	4.45
2014	OP.	FEE	\$ 4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$ 4.00	4.00	3.70	3.35	3.35	3.35

## Skin sensitivity – induction and detection of sensitivity to chemical antigens

			NSW	VIC	QLD	SA	WA	TAS
2022	SP.	FEE	\$ 12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$ 10.65	10.65	9.80	8.95	8.95	8.95
2023	OP.	FEE	\$ 9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.40	6.75	6.75	6.75

## DIVISION 5 — HISTOPATHOLOGY

## NOTE:

*The words "biopsy material" cover all the tissue forwarded to the pathologist from any operation or group of operations performed on a patient at the one time*

Histopathology examination of biopsy material — processing of one or more paraffin blocks with all appropriate stains and provision of professional opinion

				NSW	VIC	QLD	SA	WA	TAS
2041	SP.	FEE	\$	43.50	43.50	40.00	36.50	36.50	36.50
		BENEFIT	\$	38.50	38.50	35.00	31.50	31.50	31.50
2042	OP.	FEE	\$	32.65	32.65	30.00	27.40	27.40	27.40
		BENEFIT	\$	27.80	27.80	25.50	23.30	23.30	23.30

Immediate frozen section diagnosis of biopsy material performed at the pathologist's laboratory and confirmatory histopathology examination on this material after the frozen section using all appropriate stains

				NSW	VIC	QLD	SA	WA	TAS
2048	SP.	FEE	\$	56.00	56.00	52.00	47.00	47.00	47.00
		BENEFIT	\$	51.00	51.00	47.00	42.00	42.00	42.00
2049	OP.	FEE	\$	42.00	42.00	39.00	35.25	35.25	35.25
		BENEFIT	\$	37.00	37.00	34.00	30.25	30.25	30.25

Immediate frozen section diagnosis of biopsy material performed at a distance of one or more kilometres from the pathologist's laboratory and confirmatory histopathology examination on this material after the frozen section using all appropriate stains

				NSW	VIC	QLD	SA	WA	TAS
2056	SP.	FEE	\$	81.00	81.00	75.00	68.00	68.00	68.00
		BENEFIT	\$	76.00	76.00	70.00	63.00	63.00	63.00
2057	OP.	FEE	\$	60.75	60.75	56.25	51.00	51.00	51.00
		BENEFIT	\$	55.75	55.75	51.25	46.00	46.00	46.00

## DIVISION 6 — CYTOLOGY

Cytological examination for pathological change of smears from — Cervix and vagina; Skin; or Mucous membrane —

Each examination

				NSW	VIC	QLD	SA	WA	TAS
2081	SP.	FEE	\$	9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.35	6.75	6.75	6.75
2082	OP.	FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$	6.00	6.00	5.50	5.10	5.10	5.10

**PART 7 — PATHOLOGY**

**DIVISION 6 — CYTOLOGY**

Cytological examination for malignant cells — examination of — Sputum; Urine; Bronchial secretion; Cerebrospinal fluid; Peritoneal fluid; or similar fluid —

Each examination

				NSW	VIC	QLD	SA	WA	TAS
2091	SP.	FEE	\$	18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$	16.00	16.00	14.65	13.45	13.45	13.45
2092	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$	12.00	12.00	11.00	10.10	10.10	10.10

Cytological examination for malignant cells — examination of — Gastric washings; Duodenal washings; Oesophageal washings; Colonic washings

Each examination

				NSW	VIC	QLD	SA	WA	TAS
2096	SP.	FEE	\$	25.00	25.00	23.00	21.00	21.00	21.00
		BENEFIT	\$	21.25	21.25	19.55	17.85	17.85	17.85
2097	OP.	FEE	\$	18.75	18.75	17.25	15.75	15.75	15.75
		BENEFIT	\$	15.95	15.95	14.70	13.40	13.40	13.40

Hormonal assessment by cytological examination of vaginal epithelium involving cell count and/or index

				NSW	VIC	QLD	SA	WA	TAS
2104	SP.	FEE	\$	9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.35	6.75	6.75	6.75
2105	OP.	FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$	6.00	6.00	5.50	5.10	5.10	5.10

Cytological examination for pathological change of smears from cervix and vagina with hormonal assessment by cytological examination of vaginal epithelium involving cell count and/or index

				NSW	VIC	QLD	SA	WA	TAS
2111	SP.	FEE	\$	15.60	15.60	14.40	13.20	13.20	13.20
		BENEFIT	\$	13.30	13.30	12.25	11.25	11.25	11.25
2112	OP.	FEE	\$	11.70	11.70	10.80	9.90	9.90	9.90
		BENEFIT	\$	9.95	9.95	9.20	8.45	8.45	8.45

## DIVISION 7 — CYTOGENETICS

Cytological sex determination from blood film

			NSW	VIC	QLD	SA	WA	TAS
2131	SP.	FEE	\$ 6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$ 5.30	5.30	4.85	4.45	4.45	4.45
2132	OP.	FEE	\$ 4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$ 4.00	4.00	3.70	3.35	3.35	3.35

Cytological sex chromatin studies (Barr or Y bodies) — other than from blood film —

Each tissue examined

			NSW	VIC	QLD	SA	WA	TAS
2141	SP.	FEE	\$ 6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$ 5.30	5.30	4.85	4.45	4.45	4.45
2142	OP.	FEE	\$ 4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$ 4.00	4.00	3.70	3.35	3.35	3.35

Chromosome studies, including preparation, count and karyotyping of amniotic fluid

			NSW	VIC	QLD	SA	WA	TAS
2148	SP.	FEE	\$ 94.00	94.00	86.00	79.00	79.00	79.00
		BENEFIT	\$ 89.00	89.00	81.00	74.00	74.00	74.00
2149	OP.	FEE	\$ 70.50	70.50	64.50	59.25	59.25	59.25
		BENEFIT	\$ 65.50	65.50	59.50	54.25	54.25	54.25

Chromosome studies, including preparation, count and karyotyping of bone marrow

			NSW	VIC	QLD	SA	WA	TAS
2155	SP.	FEE	\$ 62.00	62.00	57.00	52.00	52.00	52.00
		BENEFIT	\$ 57.00	57.00	52.00	47.00	47.00	47.00
2156	OP.	FEE	\$ 46.50	46.50	42.75	39.00	39.00	39.00
		BENEFIT	\$ 41.50	41.50	37.75	34.00	34.00	34.00

Chromosome studies, including preparation, count and karyotyping of blood, skin or any other tissue or fluid referred to in Item 2148, 2149, 2155 or 2156 —

Each study

			NSW	VIC	QLD	SA	WA	TAS
2161	SP.	FEE	\$ 75.00	75.00	69.00	63.00	63.00	63.00
		BENEFIT	\$ 70.00	70.00	64.00	58.00	58.00	58.00
2162	OP.	FEE	\$ 56.25	56.25	51.75	47.25	47.25	47.25
		BENEFIT	\$ 51.25	51.25	46.75	42.25	42.25	42.25

## PART 7 — PATHOLOGY

## DIVISION 7 — CYTOGENETICS

Chromosome identification by banding techniques (using fluorescein, Giemsa or centromeres staining) —

One method

			NSW	VIC	QLD	SA	WA	TAS
2170	SP.	FEE	\$ 62.00	62.00	57.00	52.00	52.00	52.00
		BENEFIT	\$ 57.00	57.00	52.00	47.00	47.00	47.00
2171	OP.	FEE	\$ 46.50	46.50	42.75	39.00	39.00	39.00
		BENEFIT	\$ 41.50	41.50	37.75	34.00	34.00	34.00

Two or more methods referred to in Item 2170 or 2171

			NSW	VIC	QLD	SA	WA	TAS
2173	SP.	FEE	\$ 94.00	94.00	86.00	79.00	79.00	79.00
		BENEFIT	\$ 89.00	89.00	81.00	74.00	74.00	74.00
2174	OP.	FEE	\$ 70.50	70.50	64.50	59.25	59.25	59.25
		BENEFIT	\$ 65.50	65.50	59.50	54.25	54.25	54.25

## DIVISION 8 — INFERTILITY AND PREGNANCY TESTS

Semen examination for presence of spermatozoa

			NSW	VIC	QLD	SA	WA	TAS
2201	SP.	FEE	\$ 3.70	3.70	3.40	3.10	3.10	3.10
		BENEFIT	\$ 3.15	3.15	2.90	2.65	2.65	2.65
2202	OP.	FEE	\$ 2.80	2.80	2.55	2.35	2.35	2.35
		BENEFIT	\$ 2.40	2.40	2.20	2.00	2.00	2.00

Huhner's Test (Post-coital test) — collection of sample and examination of wet preparation

			NSW	VIC	QLD	SA	WA	TAS
2211	SP.	FEE	\$ 12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$ 10.65	10.65	9.80	8.95	8.95	8.95
2212	OP.	FEE	\$ 9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.40	6.75	6.75	6.75

Semen examination — involving measurement of volume, sperm count, motility (including duration) and/or viability, Gram stain or similar, morphology by differential count

			NSW	VIC	QLD	SA	WA	TAS
2215	SP.	FEE	\$ 18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$ 16.00	16.00	14.65	13.45	13.45	13.45
2216	OP.	FEE	\$ 14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$ 12.00	12.00	11.00	10.10	10.10	10.10



## PART 7 — PATHOLOGY

## DIVISION 8 — INFERTILITY AND PREGNANCY TESTS

Semen analysis, chemical —									
Analysis of one substance									
				NSW	VIC	QLD	SA	WA	TAS
2225	SP.	FEE	\$	9.40	9.40	8.60	7.90	7.90	7.90
		<i>BENEFIT</i>	\$	8.00	8.00	7.35	6.75	6.75	6.75
2226	OP.	FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
		<i>BENEFIT</i>	\$	6.00	6.00	5.50	5.10	5.10	5.10
Analysis of two or more substances referred to in Item 2225 or 2226									
				NSW	VIC	QLD	SA	WA	TAS
2227	SP.	FEE	\$	15.60	15.60	14.40	13.20	13.20	13.20
		<i>BENEFIT</i>	\$	13.30	13.30	12.25	11.25	11.25	11.25
2228	OP.	FEE	\$	11.70	11.70	10.80	9.90	9.90	9.90
		<i>BENEFIT</i>	\$	9.95	9.95	9.20	8.45	8.45	8.45
Spermagglutinating and immobilising antibodies, tests for —									
One test									
				NSW	VIC	QLD	SA	WA	TAS
2247	SP.	FEE	\$	9.40	9.40	8.60	7.90	7.90	7.90
		<i>BENEFIT</i>	\$	8.00	8.00	7.35	6.75	6.75	6.75
2248	OP.	FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
		<i>BENEFIT</i>	\$	6.00	6.00	5.50	5.10	5.10	5.10
Two or more tests referred to in Item 2247 or 2248									
				NSW	VIC	QLD	SA	WA	TAS
2249	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
		<i>BENEFIT</i>	\$	10.65	10.65	9.80	8.95	8.95	8.95
2250	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		<i>BENEFIT</i>	\$	8.00	8.00	7.40	6.75	6.75	6.75
Sperm penetrability, one or more tests for									
				NSW	VIC	QLD	SA	WA	TAS
2264	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		<i>BENEFIT</i>	\$	5.30	5.30	4.85	4.45	4.45	4.45
2265	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		<i>BENEFIT</i>	\$	4.00	4.00	3.70	3.35	3.35	3.35

## PART 7 — PATHOLOGY

## DIVISION 8 — INFERTILITY AND PREGNANCY TESTS

Chorionic gonadotrophin, qualitative estimation of, for diagnosis of pregnancy or hormone-producing neoplasm by one or more methods

				NSW	VIC	QLD	SA	WA	TAS
2272	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
2273	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

Chorionic gonadotrophin, quantitative estimation of, by serial dilution, for assessment of hormone-producing neoplasm, one or more methods (not associated with Item 2272 or 2273) —

				NSW	VIC	QLD	SA	WA	TAS
2285	SP.	FEE	\$	18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$	16.00	16.00	14.65	13.45	13.45	13.45
2286	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$	12.00	12.00	11.00	10.10	10.10	10.10

## DIVISION 9 — 17 SPECIFIED SIMPLE BASIC PATHOLOGY TESTS

## INTRODUCTION

The following items cover the 17 specified simple basic pathology tests a practitioner may perform in respect of patients of his own practice, including patients of his partners or other members of a group, if the practitioner is not an approved pathology provider. The Schedule fees in most cases correspond to the "O.P." rates in the preceding eight Divisions, except that the items for haemoglobin estimation, determinations of erythrocyte sedimentation rate and microscopical examination of urine concentrate do not require referral by another medical practitioner for the services to be eligible for medical benefits, and the Schedule fees for the items are based on lower relative value units. The items below for the basic blood tests are differently structured in respect of multiple tests to the corresponding items in Division 1

Haemoglobin estimation and/or haematocrit and/or erythrocyte count; leucocyte count; erythrocyte sedimentation rate; examination of blood film and/or differential leucocyte count —

One procedure

2334	FEE	\$	NSW 1.90	VIC 1.90	QLD 1.75	SA 1.60	WA 1.60	TAS 1.60
	BENEFIT	\$	1.65	1.65	1.50	1.40	1.40	1.40

Two procedures to which Item 2334 applies

2335	FEE	\$	NSW 2.80	VIC 2.80	QLD 2.55	SA 2.35	WA 2.35	TAS 2.35
	BENEFIT	\$	2.40	2.40	2.20	2.00	2.00	2.00

Three or more procedures to which Item 2335 applies

2336	FEE	\$	NSW 3.75	VIC 3.75	QLD 3.45	SA 3.15	WA 3.15	TAS 3.15
	BENEFIT	\$	3.20	3.20	2.95	2.70	2.70	2.70

Microscopical examination of urine

2342	FEE	\$	NSW 1.90	VIC 1.90	QLD 1.75	SA 1.60	WA 1.60	TAS 1.60
	BENEFIT	\$	1.65	1.65	1.50	1.40	1.40	1.40

Pregnancy test by one or more immunochemical methods

2346	FEE	\$	NSW 4.65	VIC 4.65	QLD 4.30	SA 3.90	WA 3.90	TAS 3.90
	BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

## PART 7 — PATHOLOGY

## DIVISION 9 — 17 SPECIFIED BASIC TESTS

2352	Microscopical examination of wet film other than urine							
	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
	BENEFIT	\$	2.80	2.80	2.55	2.35	2.35	2.35
			2.40	2.40	2.20	2.00	2.00	2.00

2357	Microscopical examination of Gram stained film							
	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
	BENEFIT	\$	3.75	3.75	3.45	3.15	3.15	3.15
			3.20	3.20	2.95	2.70	2.70	2.70

2362	Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar							
	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
	BENEFIT	\$	.90	.90	.85	.75	.75	.75
			.80	.80	.75	.65	.65	.65

2369	Microscopical examination screening for fungi in skin, hair, nails - one or more sites							
	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
	BENEFIT	\$	2.80	2.80	2.55	2.35	2.35	2.35
			2.40	2.40	2.20	2.00	2.00	2.00

2374	Mantoux test							
	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
	BENEFIT	\$	4.65	4.65	4.30	3.90	3.90	3.90
			4.00	4.00	3.70	3.35	3.35	3.35

2382	Casoni test for hydatid disease							
	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
	BENEFIT	\$	4.65	4.65	4.30	3.90	3.90	3.90
			4.00	4.00	3.70	3.35	3.35	3.35

2388	Schick test							
	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
	BENEFIT	\$	4.65	4.65	4.30	3.90	3.90	3.90
			4.00	4.00	3.70	3.35	3.35	3.35

2392	Seminal examination for presence of spermatozoa							
	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
	BENEFIT	\$	2.80	2.80	2.55	2.35	2.35	2.35
			2.40	2.40	2.20	2.00	2.00	2.00

COMMONWEALTH DEPARTMENT OF HEALTH



# **MEDICAL BENEFITS SCHEDULE BOOK**

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**SCHEDULE FEES  
AT 1 OCTOBER 1976**

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AUSTRALIAN GOVERNMENT PUBLISHING SERVICE  
CANBERRA 1976



# Australian Government Department of Health

## MEDICAL BENEFITS SCHEDULE BOOK REPLACEMENT PAGES — 1 AUGUST 1977

As a result of recommendations made by the Schedule Revision Committee and following consultation with the Australian Medical Association, the Medical Benefits Schedules are being amended as from 1 August 1977. The amendments will apply to services rendered on and after that date.

Attached is a set of replacement pages incorporating the amendments, for insertion into Section 2 "Medical Benefits Schedule" of the Medical Benefits Book. The replacement pages are of a grey colour and are further identified by the date 1/8/77, appearing at the bottom left hand corner of each page.

New and amended services are identified in the Schedule in Part 2 by the following symbols in the margin —

- |   |   |
|---|---|
| (a) New services  | † |
| (b) Description of service amended (Item number unchanged)          | ‡ |
| (c) Major amendment to description of service (Item number changed) | § |
| (d) Details of anaesthetics (only) amended                          | # |
| (e) Fees amended  | + |

The fees shown in the replacement pages (with the exception of Part 7 — Pathology Services) are expressed in 1 October 1976 values. Conversion to current (1 January 1977) values will be facilitated by reference to the Ready Reckoner. However, the fees for two of the new services (i.e., item 4756 and 4764), are not covered by the Ready Reckoner. The fees and benefits applicable to these services from 1 August 1977 will be as follows:-

<i>Item No.</i>	<i>Fee</i>	<i>Benefit</i>
4756	\$635.00	\$630.00
4764	\$555.00	\$550.00

It is not practicable at this stage to undertake a full reprint of the index to the Schedule (apart from the index for Parts 7, 7A, 8 and 8A), however, details of the new services have been listed, in index form, on the attached pages. This supplementary index should be used in conjunction with the existing index for Parts 1 to 6 and 9 to 10 (Section 3A).

While the majority of the amendments are self explanatory, some items require clarification. Accordingly the following notes have been prepared for the guidance of medical practitioners.

*Item 836 — Peritoneal dialysis, establishment of by abdominal puncture and insertion of temporary catheter (including associated consultation)*

This item has been amended to indicate that it applies to the setting up of the dialysis. Subsequent management attracts benefits on an attendance basis.

*Items 976 and 977 — Counterpulsation by intra-aortic balloon.*

These items refer to the physician's role in arterial counterpulsation. The surgeon's part in inserting and removing the balloon is covered by new Item 4806.

Consultations in these items refer to all attendances relating to the treatment of the patient not only those directly concerned with management of the balloon.

*Items 3219/3220 — Tumour, cyst, ulcer or scar, removal of*

When two or three lesions are removed, the multiple operation formula applies.

*Items 3330 to 3342 — Keratoses, warts or similar lesions, treatment of*

These items have been reworded so that surgical removal of these superficial lesions, particularly by curettage, is covered by these items and not Items 3219-3226.

*Items 3889 and 3891 — Vagotomy — highly selective*

Highly selective vagotomy is also known as selective proximal vagotomy and parietal cell vagotomy.

*Item 4693 — Major artery or vein of neck or extremity, repair of*

For the purposes of this item, a digital vessel is regarded as a major vessel.

This item applies to repair of a partial division of artery or repair of a complete division where the limb or digit has not been completely severed. Where the extremity has been completely severed Item 4762 applies.

*Item 4695 — Microvascular repair using operating microscope with restoration of continuity of artery or vein of distal extremity or digit*

This item refers to the microvascular repair of a partial division or a complete division where the extremity or digit has not been completely severed. Item 4764 would apply where the part has been completely severed.

Distal extremity means below elbow or below knee.

*Item 4764 — Microvascular anastomosis of artery or vein using operating microscope for reimplantation of limb or digit or free transfer of tissue.*

Usually one artery and two veins are anastomosed. Benefits are payable under the multiple operation rule.

*Item 4806 — Intra-aortic balloon for counterpulsation, insertion or removal*

The insertion by arteriotomy of the balloon and its removal some days later both attract full benefits under this item.

*Item 8113 — Joint, repair of capsule or ligament of; or internal fixation to stabilise joint*

Item 8113 now covers the treatment of a dislocation requiring open operation and internal fixation by pin or screw.

*Items 8509, 8510, 8511 — Free graft (split skin) to burns*

The reference to 2½% of total body surface in these items can be understood in terms of the "Rule of Nines". Nine per cent of total body surface equals the skin area of each upper limb; the front of each lower limb; the back of each lower limb; the head. The front of the trunk equals 2 x 9%; the back of the trunk equals 2 x 9%.

*Item 8582 — Whole thickness reconstruction of eyelid other than by direct suture*

Item 8582 has been amended to clarify its meaning. It is intended to cover reconstruction of an eyelid where a piece has been lost through trauma or removal of a tumour and a complicated plastic repair is necessary to heal the defect. It is not intended to cover suture of a whole thickness laceration of the eyelid.

*Home haemodialysis*

It will be noted that previous items 827 and 829, relating to haemodialysis in the patient's home, have been deleted as dialysis equipment is now available to all patients through renal units. Where the attendance of a medical practitioner is required during the course of dialysis, benefits are payable on an attendance basis.

Further substantial changes have been made to Part 7 (Pathology Services) as a result of recommendations made to the Government by the Pathology Services Working Party. The changes affect the amounts of benefits and the conditions under which benefits are payable in respect of pathology items and apply to services rendered on and after 1 August 1977.

Part 7 of the Schedule covering pathology services has been redrafted. Although there has been an actual reduction in the number of individual items, it is considered that the itemisation of pathology services in the new Schedule is more consistent with the current practice of pathology. The Schedule pages in respect of Part 7 (i.e.



pages 38 to 107) have been reprinted and should be inserted in the Schedule in place of the existing ones. A set of replacement pages are attached herewith.

The fees and benefits shown in respect of pathology services (Part 7), are the fees and benefits currently applicable to these services i.e. it is not necessary to convert them by using the Ready Reckoner.

The Index covering Parts 7, 7A, 8 and 8A (Section 3B) has also been reprinted so as to reflect the revised pathology items. A set of replacement pages are attached herewith for insertion in the appropriate section of the Medical Benefits Schedule Book.

Detailed instructions covering the new provisions relating to the payment of benefits for pathology services are contained in Section 1C (paragraphs 158A to 158X).

Consequential changes to other Parts of the Schedule as a result of the Working Party's recommendations are —

- (i) the deletion of Items 980 and 982 (Blood Compatibility Testing) from Part 6 (Miscellaneous Services) of the Medical Benefits Schedule because these tests have been re-included as pathology tests in the new Pathology Schedule;
- (ii) Items 2430, 2432, 2434, 2438, 2441, 2443 and 2448 (Radioisotope Tests) will now be included in Part 7A (Nuclear Medicine), as they have not been included in the new Pathology Schedule; and
- (iii) amendment of current Item 3157, and also inclusion of a new item, in Part 10 of the Medical Benefits Schedule to cover Biopsy of bone marrow by trephine using a percutaneous approach (New Item 3158).

**COMMONWEALTH  
DEPARTMENT OF HEALTH**

**Medical Benefits Schedule Book  
Increase in Schedule Fees and Benefits  
1 January 1977**

The Government has approved an increase in medical benefits for all medical services other than pathology services listed in Part 7 of the Medical Benefits Schedule. The new benefits are based on new Schedule fees which will apply from 1 January 1977. The increases were proposed by the Australian Medical Association following discussions with the Government, and the Government accepted the proposal for medical benefits purposes.

2. The Schedule fees which have applied since 1 January 1976 and which are contained in the current Schedule (i.e. the 1 October 1976 edition) will be increased as under:—

- Fees for services listed in Part 1 of the Schedule, covering attendances by general practitioners, specialists and consultant physicians, will be increased by 10%.
- Fees for all other services in the Schedule (excluding Part 7 — Pathology Services) will be increased by 5.6%.
- There is no increase in the Schedule fees and benefits for Pathology Services — Part 7.

3. The new benefits will apply to all medical services rendered on or after 1 January 1977.

4. As it is not practicable to issue a full reprint of the Medical Benefits Schedule Book at this stage, replacement pages covering Part 1 of the Schedule have been prepared to incorporate the new fees and benefits. The fees and benefits shown on the replacement pages are expressed in 1 January 1977 values.

5. A ready reckoner has been prepared to facilitate the conversion of the Schedule fees and benefits for services listed in Parts 2 to 6 and Parts 7A to 10 to 1 January 1977 values.

6. IT SHOULD BE NOTED THAT THIS READY RECKONER DOES NOT APPLY TO SERVICES LISTED IN PART 1 OR PART 7 OF THE SCHEDULE.

7. The enclosed ready reckoner will enable each Schedule fee, as shown in the current (1 October 1976) Schedule, to be easily converted to the 1 January 1977 fee. For example:—

- (a) Item 2936 — Laryngography — (Page 125 of Book)
- Schedule Fee 1 October 1976 = \$26.50  
Refer Page 1 of Ready Reckoner  
Schedule Fee 1 January 1977 = \$28.00  
Medical Benefit = \$23.80 (85% of Schedule Fee)  
Gap = \$4.20
- (b) Item 5905 — Bladder, total excision of — (Page 199 of Book)
- Schedule Fee 1 October 1976 = \$320.00  
Refer Page 3 of Ready Reckoner  
Schedule Fee 1 January 1977 = \$340.00  
Medical Benefit = \$335.00  
Gap = \$5.00

8. The 5.6% increase also applies to amounts specified in the descriptions of service of the following items, which should be amended as shown:—

**Page 27**

Item 767 — Assistance in Administration of an Anaesthetic — substitute "\$110" for "\$104"

**Page 131**

Item 2950 and Item 2955 — Assistance at Operations — substitute "\$136" for "\$128".

9. For aggregate items, the individual components of the derived fees as contained in the 1 October 1976 Schedule, will be increased by 5.6%. For example:—

In the case of superficial radiotherapy of two fields, the derived fee shown in the 1 October 1976 Schedule (Page 126) was \$13.20. This was obtained by adding to the fee for Item 2804, \$11.00, an amount of \$2.20 (Item 2806). The derived fee for this procedure on and after 1 January 1977 is \$11.60 (Item 2804) plus \$2.30 (Item 2806) = \$13.90.

10. The formula for determining the benefit remains unchanged, i.e. 85% of the derived fee; or the derived fee less \$5.00; whichever is the greater.

**Special Arrangements — Transitional Period**

11. Some items refer to a service or treatment continuing over a period of time in excess of one day. Where the service or treatment commenced before 1 January 1977 and continued beyond that date the increased benefit will be payable.

12. For example, in the case of Item 200/207 — "Antenatal care, confinement and postnatal care for nine days" if the confinement took place on or after 24 December 1976, medical benefit will be payable at the 1 January 1977 level.

13. The same principle will apply in respect of similar items which refer to a period of time, e.g. "each week of treatment" where the week commenced before 1 January 1977 and extended beyond that date. Further examples are outlined in paragraphs 55 and 56 of Section 1B "Outline of the Medical Benefits Scheme" of this Book.

**CORRIGENDA**

The following amendments should be made to the addresses shown in Section 4B — Names and Addresses of Registered Private Medical Benefits Organisations — of the 1 October 1976 edition of the Book:—

**QUEENSLAND**

Independent Order of Rechabites, Queensland District No. 87, Rechabite House, 57 Edward Street, Brisbane, 4000

Queensland Teachers' Union Health Society, 495-499 Boundary Street, Spring Hill, 4000

**SOUTH AUSTRALIA**

National Health Services Association of South Australia, 10 Dequetteville Terrace, Kent Town, 5000

**TASMANIA**

Coats Patons Employees' Medical Benefit Association, Thistle Street, Launceston, 7250

Druids Friendly Society of Tasmania, Druid House, 71 St John Street, Launceston, 7250

**January 1977**

# COMMONWEALTH DEPARTMENT OF HEALTH

## Preface

This Book provides information on the arrangements under which the Medical Benefits Scheme will operate as from 1 October 1976.

Section 1 of this Book contains explanatory notes on the significant changes of the Scheme together with an outline of the new arrangements.

The format of the Medical Benefits Schedule in Section 2 of this Book has been revised. The Schedule shows for each service the item number, description of medical service, Schedule fee as at 1 October 1976 for each State and the amount of benefit. In the case of services which have an associated anaesthetic, the number of relevant anaesthetic units together with the anaesthetic item number is shown.

The Index of the Book is in two sections. Section 3A provides an index to items in Parts 1 to 6, 9 and 10 of the Schedule, while Section 3B provides an index to Part 7 Pathology Services, Part 7A Nuclear Medicine, Part 8 Radiological Services and Part 8A Radiotherapy.

This edition of the Book has been printed for use by medical practitioners, private medical benefit organizations and the Health Insurance Commission.

The maximum benefits payable for "gap" or supplementary insurance by private medical benefits organizations providing such insurance can be calculated by subtracting the appropriate benefits from the Schedule fees shown in the Schedule.

It should be noted that the fees and benefits shown in this edition of the Book are the Schedule fees and benefits in force at 1 October 1976 and apply to medical services on and after that date.

The Book has four sections:—

Section	Content
1	<b>Outline of the Medical Benefits Scheme and Notes for General Guidance of Medical Practitioners</b> Part A — Explanation of Changes Part B — Outline of Medical Benefits Scheme Part C — Compilation and Information on Interpretation of the Medical Benefits Schedule
2	<b>The Schedule</b>
3A	<b>Index to Parts 1 to 6, 9 and 10 of the Schedule</b>
3B	<b>Index to Parts 7, 7A, 8 and 8A of the Schedule</b>
4A	<b>Addresses of the State Offices and Processing Centres of the Health Insurance Commission, State Headquarters and Health Benefits and Services Branches of the Department.</b>
4B	<b>Names and Addresses of registered private medical benefits organisations. (These will be supplied at a later date).</b>

**SECTION 1**

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**OUTLINE**  
**of the**  
**MEDICAL BENEFITS SCHEME**  
**and**  
**NOTES FOR THE GUIDANCE OF**  
**MEDICAL PRACTITIONERS**

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# SECTION 1

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**SECTION 1**  
**PART A**  
**EXPLANATION OF CHANGES**

Modifications to the Medibank health insurance arrangements come into force as from 1 October 1976.

Parts B and C of Section 1 of this book contain detailed information on the payment of medical benefits under the new arrangement. However, particular attention is invited to the following matters.

**(a) Introduction of a Health Insurance Levy**  
(Part B — Paragraphs 2 to 8)

As from 1 October 1976, Australian residents are subject to a health insurance levy on taxable income for Medibank health benefits cover.

Exemption from the levy will apply to persons who have appropriate medical and hospital benefit cover (instead of Medibank cover) with a registered private health benefit organisation, including Medibank (private insurance). Medibank (private insurance) is registered in each State as a health benefit organisation providing private health insurance other than the standard Medibank cover in competition with registered private health benefit organisations.

**(b) Payment of Medical Benefits**  
(Part B — Paragraphs 9 to 21)

The manner in which a person receives his medical benefits after 1 October 1976 will be determined by the nature of his health insurance cover. Persons covered by Medibank will continue to claim from that organisation, whereas a person who pays for health insurance cover by means of contributions to a registered health benefit organisation — either a registered private medical benefit organisation or Medibank (private insurance) — will obtain medical benefits by claiming on the organisation to which his contributions are paid.

**(c) Medical Benefits**  
(Part B — Paragraphs 23 to 46)

The same basic range and amounts of medical benefits will apply regardless of the nature of the patient's health insurance cover. Medical benefits will cover professional services by qualified medical practitioners, certain medical services rendered by approved dental practitioners in the operating theatre of an approved hospital and almost all consultations by participating optometrists.

**(c.a) Pathology Services**  
(Part B — Paragraphs 31.A to 31.C)

Substantial changes have been made to the basis on which Schedule fees (and benefits) are determined in respect of pathology services. These changes were recommended to the Government by a Pathology Services Working Party comprising nominees of the Australian Medical Association, the Royal College of Pathologists of Australia, the Society of Pathologists in Private Practice, the New South Wales Health Commission and the Commonwealth Department of Health.

**(d) Medical Benefits not Payable in Certain Circumstances**  
(Part B — Paragraphs 32 to 46)

Medical benefits will not be payable for a medical service rendered on or after 1 October 1976 where the service is covered by an entitlement under Workers' Compensation, Third Party insurance or for damages, or for mass immunization services. Medical benefits will not generally be payable for services rendered by, or on behalf of, Government departments or authorities or for services arranged by an employer for his employees.

The new legislation empowers the Minister to introduce regulations to exclude the payment of benefits for certain professional services rendered in prescribed circumstances. However, such regulations may only be promulgated where the Medical Benefits Advisory Committee has so recommended.



The legislation specifies circumstances in which medical services will not qualify for payment of medical benefits.

Generally, the only other excluding rule which a medical benefit fund may operate is a waiting period rule. Thus medical services may not be disqualified from eligibility for basic fund benefit on the grounds of pre-existing ailment, or maximum benefits or because the service was not rendered by a doctor in private practice.

**(e) Diagnostic Services in Recognised (Public) Hospitals**

(Part B — Paragraphs 47 to 50)

Where, after 1 October 1976, a private medical practitioner provides a diagnostic service to a private patient in a recognised (public) hospital and he bills the patient for such service, medical benefits will be payable for the service.

**(f) Eligibility for Benefits**

(Part B — Paragraphs 67 to 68)

Under the previous arrangements, any person in Australia was eligible for Medibank benefits. As a result of the amending legislation, visitors to Australia will not be automatically entitled to medical benefits. To obtain cover for medical expenses such visitors will need to make special arrangements.

**(g) Special Arrangements — Transitional Period**

(Part B — Paragraphs 51 to 58)

This section covers services of a continuing nature which commenced before and extend beyond 1 October 1976, which are not subject to a waiting period exclusion and similar services which may be affected by waiting period provisions after 1 December 1976.

**(h) Direct Billing Arrangements**

(Part B — Paragraphs 86 to 96)

Direct billing on the Health Insurance Commission will apply only in respect of patients who have health insurance cover with Medibank or Medibank (private insurance). Doctors may not direct bill on the Commission for services to persons who are insured with another registered private medical benefits organisation.

The acceptance by the doctor of an assignment of medical benefits for services rendered on or after 1 October 1976, will not preclude the doctor from charging the patient (other than an eligible pensioner patient — see next paragraph) an additional amount, provided that the additional amount does not exceed the difference between the medical benefit and the Medical Benefits Schedule fee for the particular service.

Where a doctor has given an undertaking to offer direct billing for eligible pensioners, collection of a patient moiety from those pensioners is not permitted.

In the case of any eligible pensioner patient, the Government expects that doctors will not charge any amount in excess of the medical benefits payable even where the pensioner is a contributor to a medical benefits organisation.

**(i) Amendments to the Medical Benefits Schedule — 1 October 1976**

Several additions, deletions and amendments recommended by the Medical Benefits Schedule Revision Committee have been made in this edition of the Medical Benefits Schedule Book. These adjustments become effective from 1 October 1976 and apply to services rendered on and after that date.

New and amended services are identified in the Schedule in Part 2 by the following symbols in the margin —

- |   |   |
|---|---|
| (a) New services  | † |
| (b) Description of service amended (Item number unchanged)          | ‡ |
| (c) Major amendment to description of service (Item number changed) | § |
| (d) Details of anaesthetics (only) amended                          | # |
| (e) Fees only amended   | + |

While the majority of the amendments are self explanatory, some items require clarification. Accordingly the following notes have been prepared for guidance.

**Items 274/275 — Induction and management of second trimester labour**

Amnioinfusion, injection of prostoglandin into amniotic sac, intravenous syntocinon drip are covered by this item. If, following labour, uterine curettage is performed, additional benefits are attracted under Items 6460/6464.

**Item 295 — Version, external, under general anaesthesia not covered by Items 208/209**

External version performed during labour where Items 208/209 are itemised would not attract benefits. When performed during the antenatal period, benefits would be payable.

**Item 298 — Version, internal, under general anaesthesia not covered by Items 208/209**

Internal version in association with the conditions listed under Items 208/209 does not attract benefits. When internal version is performed in circumstances not associated with Items 208/209, benefits are payable.

**Item 816 — Cortical evoked responses — each study**

The usual application of this test at present is examination of the optic nerves. Examination of both eyes would attract benefits under Item 816 twice.

**Item 921 — Estimation of respiratory function**

This item covers the measurement on a recording spirometer of vital capacity, forced expiratory volume, mid expiratory flow rates and other parameters similarly measured or estimated from these readings. To qualify for benefits, readings must be taken both before and after bronchial provocation or exercise.

Benefits are payable for both Item 921 and for an associated consultation.

Respiratory function tests involving direct reading instruments, such as peak expiratory flow rate using Wright's peak flow meter or measurement with Allen & Hanbury's "Airlometer" do not attract benefits.

Spirometry without a graphic recording or readings taken without bronchial provocation or without exercise are regarded as being part of the accompanying consultation.

**Item 5903 — Suprapubic stab cystotomy**

Benefits are payable for suprapubic stab cystotomy when performed in conjunction with such operations as vaginal hysterectomy.

**Item 6262 — Intra-uterine contraceptive device**

This item has been amended to restrict benefits for removal of an I.U.D. to cases where a general anaesthetic is required and where no other procedure is performed.

**Item 6406 — Stress incontinence, sling operation for**

This item has been reworded to allow benefits for the sling operation when associated with another surgical operation.

**Item 6460/6464 — Uterus, curettage of, with or without dilatation, including curettage for incomplete miscarriage**

Item 6469 is intended to refer to the evacuation of the contents of the intact gravid uterus. Where curettage is required for incomplete abortion, Items 6460/6464 apply.

**Items 6519/6523 — Hysterectomy, abdominal or vaginal, total**

Former item 6546 — Colpoplasty with vaginal hysterectomy — has been deleted. Vaginal hysterectomy is now covered by Item 6519/6523. If a vaginal repair is associated with vaginal hysterectomy, benefits for the former are attracted under the appropriate colpoplasty item.

Curettage of the uterus preliminary to vaginal hysterectomy does not attract additional benefits.

**Items 6532/6533 — Hysterectomy, abdominal, with enucleation of ovarian cyst, one or both sides**

**Item 6544 — Hysterectomy, vaginal, with removal of uterine adnexae**

Removal of uterine adnexae is regarded as being part of abdominal hysterectomy and does not attract extra benefits. However, the adnexae are not routinely removed in vaginal hysterectomy. If they are, the whole procedure is covered by new Item 6544.

As distinct from removal of the adnexae en bloc, enucleation of one or more ovarian cysts with abdominal hysterectomy should be itemised under Items 6532/6533.

**Items 6643/6644 — Operation on uterine adnexae not associated with hysterectomy**  
**Items 6648/6649**

Various multiple services such as oophorectomy, salpingectomy removal of pelvic cysts no longer attract benefits on the multiple operation basis. When one such procedure is performed, Items 6643/6644 refer; when more than one service is involved, whether on the one or both sides, Items 6648/6649 apply.

**Item 6900 — Detached retina, diathermy or cryotherapy for**

Former Item 6912 has been deleted and Item 6900 has been amended to cover diathermy or cryotherapy treatment for detached retina. Benefits for pre-detachment of the retina will be paid under Item 6908.

**Item 7938 — Scoliosis, anterior correction of (Dwyer procedure)**

**Item 7939**

These items include the removal of intravertebral discs and cartilage end-plates as well as the insertion of the titanium plates, screws and cables.

**Item 7945 — Bone graft to spine, postero-lateral fusion**

This item now covers spinal fusion by postero-lateral grafts for spondylolithesis and any other condition.

**Item 8084 — Arthroscopy of knee**

The qualification "not associated with any other operative procedure on that knee" has been removed from this item so that benefit is payable when arthroscopy precedes an open operation on the knee joint.

### Summary of Amendments to Medical Benefits Schedule

Effective from 1 October 1976, 20 new items have been introduced into the Schedule (including some existing items which have been divided or combined), 13 items deleted, the descriptions of 13 items amended and a number of items relocated in different Parts of the Schedule. The item numbers of these services and the services to which variations in the fees or the anaesthetic unit allocations have been made are listed below.

Part	New Items	Items Deleted	Fees Amended	Descriptions Amended	Anaesthetic Units Varied
2	208,209, 274,275			295,298,360	
3					568,569
6	816			921(919)*	
7	Items 1169, 1173, 2253 and 2258 transferred to Part 6 and numbers changed to 980, 982, 987 and 989 respectively.				
	Items 2451-2500 transferred to new Part 7A.				
8	Items 2804-2878 transferred to new Part 8A.				
10 — Div 1				3320	4054,4059 4319,4521
Div 3	5230		5229		5225
Div 4	5903				5654,5661, 5665,5984, 5993
Div 5	6407,6408, 6483,6532, 6533,6544, 6643,6644, 6648,6649	6476,6481, 6486,6491, 6534,6546, 6645,6650, 6661,6665, 6672,6674		6262,6406, 6460,6464, 6519,6523	
Div 6		6912		6900	
Div 8				7148,7152	
Div 11	7938,7939, 8003			7945,8084	8279

\* A major change to description of Item 919 (now Item 921) necessitated change of item number.

**SECTION 1**  
**PART B**  
**OUTLINE OF THE MEDICAL BENEFITS SCHEME**

1. This Part outlines the arrangements under which the medical benefits aspects of Modified Medibank operate as from 1 October 1976.

**Health Insurance Levy for Medibank Cover**

2. All Australian residents are required to have at least medical benefit cover and minimum hospital benefit cover (i.e. sufficient to cover the cost of accommodation as a hospital patient — as defined in the Health Insurance Act — in the standard ward of a recognised public hospital).

3. As from 1 October 1976 Australian residents are subject to a health insurance levy on taxable income for this cover which is provided by Medibank.

4. Medibank cover is provided with exemption from payment of the health insurance levy to persons whose taxable incomes are below certain prescribed limits.

5. Certain Repatriation beneficiaries who are entitled to full free medical and hospital treatment under the Repatriation system and Defence personnel may be eligible for full or partial exemption from payment of the levy.

6. Exemption from payment of the levy will also apply to persons who elect not to have Medibank cover but, instead, decide to purchase basic or higher medical benefit cover and basic or higher hospital benefit cover from Medibank (private insurance) or from a registered private health insurance organisation.

7. In circumstances where exemption from the levy is obtained, the eligible dependants of such persons are also exempt from paying the health insurance levy.

8. Where the levy is payable, generally it will be collected automatically by instalment deductions from salary or wages in addition to the usual tax instalment deductions. In other cases, such as self employed persons, the levy will be added to the income tax payable when income tax assessments are issued to the taxpayer.

**Private Health Insurance as an Alternative to Medibank**

9. As an alternative to Medibank cover, Australian residents may purchase basic or higher medical benefit cover and basic or higher hospital benefit cover (i.e. covering hospital charges for shared or private room accommodation and treatment by the patient's own doctor in a public hospital or in a private hospital) from one or more registered private health benefit organisations (See paragraph 11.A). By obtaining such cover and paying contributions to a registered health benefit organisation, those persons opt out of Medibank and, consequently, are exempt from payment of the levy.

10. Private health insurance cover may be obtained by means of payment of contributions to either Medibank (private insurance) which is registered as a health benefit organisation for the purpose of providing private health insurance other than the standard Medibank cover, or a registered private health benefit organisation. The medical benefit and hospital benefit cover provided by Medibank (private insurance) is similar to that provided by other registered health benefit organisations.

11. Persons with standard Medibank cover may, if they wish, purchase additional (supplementary) hospital benefit cover either from Medibank (private insurance) or from a private health benefit organisation in order to obtain higher hospital benefit cover for shared or private room accommodation and treatment by their own doctor in a public hospital or in a private hospital (See paragraph 11.A). However, this will not provide exemption from the health insurance levy since medical benefit cover would still be provided under the standard Medibank arrangements.

11.A In Tasmania, at the present time (August, 1976) patients with complete private insurance who are admitted to standard wards of public general hospitals will be treated as standard ward patients (with care by doctors engaged by the hospital), and a charge will be made. However, patients with hospital only insurance (who are, of

course, entitled to standard Medibank benefits) will not be charged when admitted as standard ward patients in public general hospitals. In these circumstances, references in this Book to "treatment by the patient's own doctor" or similar should, in the case of Tasmania, be read in the context of this paragraph.

#### **Eligibility for Medical Benefits**

12. All Australian residents i.e. persons whose permanent place of abode is in Australia, are eligible for medical benefits in accordance with the Health Insurance Act.

13. However, the arrangements under which such medical benefits are payable have been modified as from 1 October 1976.

14. Medical benefits for services rendered on or after that date will be payable by Medibank, Medibank (private insurance) or by registered private medical benefit organisations, according to the type of health insurance covering the patient.

15. Medibank medical benefits under the standard Medibank arrangements are generally available only in respect of permanent residents of Australia. To obtain cover for medical expenses, visitors to Australia will need to make special arrangements.

#### **Standard Medibank**

16. Persons who are covered under the Standard Medibank arrangement will obtain their medical benefits by claiming on Medibank, unless the doctor has accepted an assignment of benefit for the service and direct bills Medibank for the benefit.

#### **Contributors to Medibank (Private Insurance)**

17. Persons who are privately insured for medical benefit purposes with Medibank (private insurance) will claim benefits from Medibank for medical services rendered on or after 1 October 1976. However, if the doctor has accepted an assignment of benefits from the patient, the doctor will claim the benefit direct from Medibank.

#### **Contributors to Other Registered Private Medical Benefit Organisations**

18. Persons who are privately insured for medical benefit purposes with any other private registered medical benefits organisation will claim benefits from that organisation for medical services rendered on or after 1 October 1976. Such persons are not eligible to claim on Medibank for medical services rendered on or after that date.

19. However, claims in respect of medical services rendered prior to that date should be made on Medibank.

#### **Medibank**

20. The Health Insurance Commission is responsible for the administration of both Medibank and Medibank (private insurance) and, as such, provides payment of medical benefits for the following categories of persons —

- (a) those whose taxable income is less than the prescribed limits at which the levy applies and who have not purchased basic or higher medical benefit insurance from a registered private medical benefit organisation;
- (b) those who continue to pay the health insurance levy after 1 October 1976; and
- (c) those who obtain private health insurance cover by means of payment of contributions to Medibank (private insurance).

21. Claims for medical benefits for services rendered to such persons should be made on Medibank whether the services were rendered before or after 1 October 1976.

#### **Medibank Identification**

22. The Health Insurance Commission will provide eligible persons with appropriate evidence of Medibank health insurance cover. Similar evidence will be provided for persons who purchase health insurance cover from Medibank (private insurance). Each person will be allotted a unique Medibank number.

### **Schedule Fees and Table of Benefits**

23. Medical benefits are based on fees determined for each medical service in each State. Fees for the Australian Capital Territory and Northern Territory are the same as for New South Wales and for medical benefit purposes the term New South Wales should be read as including these two territories. The fees to which benefits are related are those applicable in the State where the service was rendered, irrespective of the State of residence of the medical practitioner or the patient. These fees are shown in the Schedule in Section 2 of this Book. The fee is referred to in these notes as the "Schedule fee".

24. The amount of benefit payable for each medical service in each State has been determined as:—

(i) 85% of the Schedule Fee for that service in the particular State; or

(ii) the amount of the Schedule Fee less \$5.00;

whichever is the greater. Where appropriate, the calculated benefit has been rounded to the nearest higher 5 cents. However, in no circumstances will the benefit payable for any service exceed the amount of the fee actually charged for that service.

25. The basic medical benefit tables operated by the registered private organisations provide the same levels of medical benefits for fund contributors as Medibank provides for its beneficiaries. Medibank medical benefits are the same for levy payers (including those exempt because of income levels, etc.), and for persons who contribute for Medibank private medical insurance.

### **Professional Services**

26. Professional services which attract medical benefits are medical services rendered by or on behalf of a medical practitioner. Medical services which may be rendered "on behalf of" a medical practitioner include pathology and radiology services where portion of the service is performed by a technologist employed by the medical practitioner, or injections given by a nurse under the medical practitioner's personal supervision.

27. Certain other services, such as manipulations performed by physiotherapists do not qualify for medical benefit even though they may be done on the advice of a medical practitioner.

28. The notes in this book relate to professional services by or on behalf of medical practitioners. Separate books are issued in relation to the payment of benefits for:—

- certain medical services of a dental nature rendered by approved dental practitioners in an operating theatre of a hospital;
- consultations by participating optometrists.

### **Aggregate Items**

29. The Schedule includes a number of items which apply only in conjunction with another specified service listed in the Schedule. These items provide for the application of a fixed loading or factor to the fee and benefit for the service with which they are rendered. Item 2806 — Superficial radiotherapy of two or more fields — is an example.

30. When these particular procedures are rendered in conjunction, the legislation provides for the procedures to be regarded as one service and for a single patient gap to apply. The Schedule fee for the service will be ascertained in accordance with the particular rules shown in the relevant items. Benefit will be calculated at 85% of the appropriate fee, with the proviso that the patient gap will in no case exceed \$5.

31. Examples of the services to which this aggregation principle applies are Items 482, 483, 484, 485, 553, 554, 556, 557, 2732, 2782, 2798, 2806, 2810, 2814, 2820, 2824, 2828, 2832, 2836, 2840, 7483, 7803, 7809, 7817, 7823, 7828, 7834, 7839, 7844 and 7847.

### **Pathology Services**

31.A Substantial changes have been made in respect of pathology services as from 1 August 1977. These include a revised Part 7 of the Schedule (with substantial revision of the items and Schedule fees), and the conditions under which the services are eligible for medical benefits.

31.B Particular attention is invited to paragraphs 158.A et seq in Part C of the Notes, which sets out details of the changes in the provisions relating to pathology services.

### **Where Medical Benefits are not Payable**

32. Medical benefits are not payable in respect of a professional service in the following circumstances —

- (i) where the medical expenses for the service are paid or payable to a recognised (public) hospital;
- (ii) where the doctor who rendered the service was acting on behalf of an organisation prescribed for the purposes of Section 17 of the Health Insurance Act;
- (iii) where the service was rendered on the premises of an organisation prescribed for the purposes of Section 17;
- (iv) where the service was rendered on the premises of an organisation approved for the purposes of a Health Program Grant;
- (v) where the service was rendered to a hospital patient occupying an approved bed in respect of which a supplementary daily bed payment is payable in accordance with Section 34 of the Health Insurance Act. (Section 34 relates to certain private non-profit hospitals which provide comprehensive care and treatment free of charge to hospital patients in approved beds);
- (vi) where the medical expenses for the service are wholly payable by way of compensation or damages under a State or Commonwealth or Territorial law or under a legal claim. (However, where medical expenses are only partly recoverable in such cases, the amount of medical benefit payable will be determined by the medical benefit organisation in the case of an insured contributor and by Medibank in other cases);
- (vii) where the service is a medical examination for the purposes of —  
    life insurance,  
    superannuation or provident account scheme, or  
    admission to membership of a friendly society;
- (viii) where the service was rendered in the course of the carrying out of a mass immunization.

33. Medical benefits are not payable for services rendered to a "hospital patient". The Health Insurance Act defines "hospital patient" in relation to an approved hospital as —

"an in-patient in respect of whom the hospital provides comprehensive care, including all necessary medical, nursing and diagnostic services and, if they are available at the hospital, dental and paramedical services, by means of its own staff or by other agreed arrangements".

34. Medical benefits are therefore not payable where a recognised hospital provides a hospital in-patient with free standard ward treatment by doctors employed by the hospital on a salaried, sessional or contract basis.

35. Medical benefits are not payable for out-patient services provided by a recognised public hospital. Hospital fund benefits may be payable in particular cases.



36. Unless the Minister for Health otherwise directs, medical benefit is not payable in respect of a professional service where —

- (a) the service has been rendered by or on behalf of, or under an arrangement with the Commonwealth, a State or a local governing body or an authority established by a law of the Commonwealth, a law of a State or a law of an internal Territory;
- (b) the medical expenses were incurred by the employer of the person to whom the service was rendered; or
- (c) the person to whom that service was rendered was employed in an industrial undertaking and that service was rendered to him for purposes connected with the operation of that undertaking.

37. The amending legislation empowers the Minister for Health to make regulations to preclude the payment of medical benefits for professional services rendered in prescribed circumstances. Such regulations, however, may only be made in accordance with a recommendation made by the Medical Benefits Advisory Committee.

#### **Workers' Compensation, Third Party Insurance, Damages etc.**

38. Where the medical expenses for a professional service are wholly covered by way of compensation or damages under a State or Commonwealth or Territorial law, medical benefit is not payable in respect of that service.

39. Where the medical expenses for a service to a person who is not privately insured are only partly covered by such compensation etc. and the compensation in respect of the service is not less than the medical benefits otherwise payable for the service, no medical benefit is payable in respect of that service. However, where the amount of compensation is less than the medical benefit otherwise payable for the service, medical benefit may be paid up to the amount by which the compensation paid is less than the medical benefit.

40. Where a settlement has been made and the Minister or his delegate considers that the settlement has had regard to any medical expenses incurred or likely to be incurred, the Minister or his delegate may determine that the whole or a specified part of the settlement relates to medical expenses.

41. Where a claim is made for medical benefits and it appears to the Minister or his delegate that the service may be subject to a claim for compensation, damages, etc. the Minister or his delegate may direct that a provisional payment of medical benefit may be made in respect of that service. If the claimant subsequently receives compensation payment in respect of the medical expenses, he will be required to refund all or part of the provisional payment made.

42. The matter of provisional payment to contributors to private medical funds of fund benefits in respect of services which may become subject to compensation or damages is a matter for determination by each medical benefits fund having regard to its rules, policies and procedures.

#### **Limiting Rule**

43. In no circumstances will the benefit payable for a professional service exceed the fee charged for the service.

44. The new arrangements also provide that the total benefits payable for any service from all sources, including any additional benefit payable by a medical benefit fund under gap or supplementary insurance arrangements, shall not exceed the Schedule fee for that service in the State in which the service was rendered.

#### **Waiting Periods**

45. Generally, a waiting period of two months (including obstetric cases) will apply for persons who join a registered private medical benefits fund. Such persons will not be eligible for fund benefits for medical services rendered during the first two months after joining the fund. However, this waiting period exclusion will not apply to persons who join before 1 December 1976.

46. Thus, if, on or after 1 December 1976, a person transfers from Medibank to a

registered private health benefits organisation, a waiting period not exceeding two months may be applied in accordance with the organisation's approved rules before fund benefits are payable under the basic tables. Standard Medibank benefits will be payable by Medibank in these cases.

### **Diagnostic Services**

47. Prior to 1 October 1976, medical benefits were not payable for diagnostic services (i.e. pathology and radiology services and certain procedures listed in Part 6 of the Schedule) where those services were rendered by private medical practitioners to private patients in recognised public hospitals.

48. This provision has been repealed with effect from 1 October 1976.

49. Consequently, where a private doctor, after 1 October 1976, provides a medical service (including a diagnostic service) to a private patient in a recognised public hospital and bills the patient for the service, medical benefit will be payable.

50. However, where the medical expenses for a service are paid or payable to a recognised public hospital, medical benefits are not payable.

### **Special Arrangements — Transitional Period**

51. Some items in the Schedule refer to treatment continuing over a period of time in excess of one day. Special rules will apply in the case of such services in respect of the initial period from 1 October 1976 to 30 November 1976 during which waiting period rules will not apply and in respect of the period from 1 December 1976 during which, generally, a waiting period of two months will apply before new contributors will become eligible for medical fund benefits from a registered medical benefit organisation.

52. Where the service extends over a period which commenced before 1 October 1976 and continued beyond that date and the patient is a contributor to a registered private medical benefits fund on the last day of the service, medical benefit for the service will be payable by the fund.

53. For example, in the case of Item 200/207 — "antenatal care, confinement and postnatal care for nine days" if the confinement took place on or after 23 September 1976, and the patient was a contributor to the fund on 1 October 1976, medical benefits would be payable by the fund as the postnatal care which is included in the item would extend beyond 30 September 1976.

54. On the other hand, if the confinement took place on or before 22 September 1976, the medical benefits in respect of that item would be payable by Medibank as the nine day postnatal care would cease before 1 October 1976.

55. This principle would apply to other services which include specific references to a period of treatment where the period of treatment commenced before 1 October 1976 and extended beyond that date. Some examples are —

Items 194/196, 211/213, 216/217 and 234/241 which includes "postnatal care for nine days";

Items 827, 829 — Haemodialysis in the patient's home — each week of treatment.

56. In the case of Item 192 — antenatal care where the attendances exceed 10 — where the attendances comprising the total of more than 10 have taken place over a period before and after 1 October 1976 the following principles apply —

(a) where 10 or fewer than 10 of these attendances took place before 1 October 1976, medical benefits will be paid by the medical benefit fund with which the contributor is insured;

(b) where more than 10 of the attendances took place before 1 October 1976, medical benefits will be payable by Medibank.

57. Generally, a waiting period of two months will apply as from 1 December 1976, before persons who join a private medical benefits fund after that date become eligible for fund medical benefits. The principles outlined above will also apply in the payment of benefits in respect of services rendered during the two month waiting period.

58. Where the end of the period over which the service was rendered falls during the waiting period, medical benefits for the service will be paid by Medibank or, in the case of a contributor who has transferred from one fund to another, generally by the fund from which the contributor transferred.

### **Service of Unusual Length or Complexity**

#### **(a) Patients covered by Medibank**

59. The fee for any item listed in the Schedule is that which is regarded as being reasonable on average for that service having regard to usual and reasonable variations in the time involved in performing the service on different occasions and to reasonable ranges of complexity and technical difficulty encountered. Section 11 of the Health Insurance Act provides that the medical practitioner or the patient may apply to the Commission for higher benefits by the fixation of a higher fee, where a medical practitioner considers that special consideration is warranted because of the unusual length or complexity of the service in the particular case. The term "unusual length or complexity" in this context refers to instances where these factors significantly exceed those usually encountered for the service listed in the Schedule.

60. Any such application for a higher fee under Section 11 of the Health Insurance Act should be made to the Commission using the normal procedures for making claims on Medibank and supported by a statement by the medical practitioner indicating in detail those unusual features which are the basis for the claim for a higher fee. Where a doctor direct bills Medibank, his statement should be attached to the assignment form. Where the doctor bills the patient, he should advise the patient to forward the statement with the claim form and account to the Commission.

61. To reduce delays and to facilitate consideration of such an application, it is essential that medical practitioners give precise details of those unusual features of length of time, complexity and technical difficulty which might warrant approval of a higher fee. The statement should include:

- the time taken;
- the factors causing the undue length of time taken;
- special difficulties or complexities encountered beyond those which would normally be expected in the procedure;
- other significant factors, such as the general condition of the patient, anaesthetic problems and need for resuscitation.

62. Generally, such applications are referred for consideration by the Medical Benefits Advisory Committee which may determine the payment of a higher benefit by approval of a fee higher than the Schedule fee in the particular case. In reporting on such applications, the Committee may state the principles it followed in fixing the amount of any increased fee and benefit for the service which was the subject of the application.

63. Subsequent applications to which the principles determined by the Committee can be applied, may be dealt with by the Commission in accordance with those principles, without further reference to the Committee.

64. Where the Commission notifies a person of the Commission's decision on such an application, that person may, within one month after receipt of notification of the Commission's decision in the matter of an increased fee appeal to the Minister who will forward that appeal to the Medical Benefits Advisory Committee for consideration and recommendation. The Minister shall, in accordance with the recommendation of the Committee, either allow or dismiss the appeal and direct the Commission to give effect to the recommendation of the Committee. The Minister will also notify the appellant in writing of the decision regarding the appeal.

#### **(b) Privately Insured Persons**

65. Where a doctor considers that special consideration of a higher fee is warranted because of the unusual length or complexity of a service rendered to a patient who is insured with a registered private medical benefits organisation, he

should give the patient a statement covering the information indicated in paragraph 61. The doctor should advise the patient to attach the statement to his claim form and account when claiming benefits from his medical benefits fund.

66. Funds may refer such claims to the local Commonwealth Director of Health for consideration. In this event, it is envisaged that the matter would be considered by the Medical Benefits Advisory Committee referred to in paragraph 62 above.

#### **Visitors to Australia**

67. Medical benefits are generally available only in respect of permanent residents of Australia. To obtain cover for medical expenses, visitors to Australia will need to make special arrangements.

68. The contribution rates and the conditions under which benefits are available are a matter for arrangement between the visitor and the selected insurer.

#### **Medical Expenses Incurred Overseas**

69. Medical benefits are generally payable for medical expenses incurred for medical services rendered outside Australia to permanent residents of Australia. In these circumstances a medical service rendered by a person authorised to practise as a medical practitioner under the law of the place where the medical service was rendered will rank for benefit as if that medical service had been rendered in Australia by a medical practitioner.

70. In such cases, the amount of medical benefit payable will be the amount which would be payable if the medical service had been rendered in New South Wales.

71. However, medical benefits will not be payable for medical services rendered in a country which has a reciprocal agreement with the Australian Government covering the provision of medical and hospital care of Australian visitors to that country. No such reciprocal agreements have yet been entered into by the Australian Government.

#### **Penalties**

72. The legislation provides penalties for persons who make false statements either orally or in writing, or issue or present false or misleading documents capable of being used in connection with a claim for benefits.

#### **Methods of Billing Patients**

73. The manner in which an eligible person receives the medical benefits to which he is entitled will vary according to the billing arrangements followed by the doctor who rendered the medical service. It will also vary according to whether the patient is a contributor to a private registered medical benefits organisation or whether he is eligible to receive medical benefits from Medibank or from Medibank (private insurance).

74. There are two main methods by which payment can be made to the doctor for medical services rendered, namely —

Billing of the patient (paragraphs 75 to 85)

Direct Billing on Medibank, where the patient is eligible for medical benefits from Medibank (paragraphs 86 to 95)

#### **Billing of the Patient**

##### **Itemised Accounts**

75. Where the doctor bills the patient for medical services rendered, the patient needs a properly itemised account and receipt to enable him to claim medical benefits from Medibank or from the medical benefits fund of which he is a member. Doctors' accounts should therefore show the following details for each service —

- (a) Name of patient;
- (b) Medical Benefits Schedule Item Number;
- (c) Description of service;
- (d) Date of service;

- (e) The fee for each service;
- (f) Where the account contains the name of more than one doctor (e.g. the account is issued by a group practice), the name of the doctor who rendered the service should be clearly identified;
- (g) In the case of pathology services, the name of the doctor requesting those services and the date on which the request was made.

75.A It will facilitate the payment of benefits, if services rendered prior to 1 October 1976 and services rendered on or after that date were not included in the same account. Doctors are therefore requested to issue separate accounts for services rendered prior to 1 October 1976 and separate accounts for services rendered on and after that date.

76. Where the account relates to the administration of an anaesthetic or assistance at an operation, the name of the surgeon who performed the operation and the nature or Item number of the operation should also be shown on the account.

77. It will facilitate the payment of medical benefits if doctors in their accounts describe the particular services in the words used in the Medical Benefits Schedule as well as by Schedule Item Number.

78. Payment of medical benefits will also be facilitated if doctors include provider code numbers on their accounts and receipts. In this regard Medibank provides rubber stamps to imprint provider code numbers on existing stationery and offers \$10 towards the cost of having provider codes included on printing plates for account and account/receipt stationery. Enquiries regarding these arrangements should be made to the local State Headquarters of Medibank.

79. Where a doctor wishes to apportion his total fee between the appropriate medical fee and any balance outstanding in respect of services rendered previously, he should ensure that the balance is described in such a way (e.g. Balance of account) that it cannot be mistaken as being a separate medical service. In particular no item number should be shown against the balance.

80. Only one original itemised account should be issued in respect of any one medical service and any duplicates of accounts or receipts should be clearly marked "duplicate" and should be issued only where the original has been lost. Duplicates should not be issued as a routine system for "accounts rendered".

#### **Claiming of Benefits**

81. The patient, upon receipt of a doctor's account, has two courses open to him for paying the account and receiving benefits.

#### **Paid Accounts**

82. Firstly, he may pay the account and subsequently present the account, supporting receipt (and referral notice where applicable) and a covering claim form to the registered private medical benefits fund with which he is insured. The fund will assess and pay to the contributor the benefits to which he is entitled.

83. If the patient is not insured for medical benefit purposes with a registered private medical benefits fund, he should present the relevant documents and covering claim form to Medibank which will assess and pay to the contributor the benefits to which he is entitled.

#### **Unpaid Accounts**

84. Alternatively, if the patient is not insured with a private registered medical benefits fund he may present the unpaid account (and referral notice where applicable) to Medibank with a claim form. In such cases, Medibank will provide the claimant with the appropriate benefits in the form of a cheque payable to the doctor. It will be the patient's responsibility to forward the cheque to the doctor and make arrangements for payment of the balance of the account if any.

85. Where a privately insured person claims medical benefits from his fund in respect of an unpaid account, the payment of benefits will be a matter for determination by the fund in the light of its rules, policies and procedures.

**Direct Billing on Medibank**

86. Where a patient is eligible to claim medical benefits from Medibank, a doctor may arrange with the patient for the assignment by the patient of the benefit for a service, except in relation to pathology services for other than pensioners (see paragraph 158K). The doctor may then claim payment of the benefit for the service directly from Medibank. The doctor may also bill the patient for an amount not exceeding the difference between the benefit and the Schedule fee for the service. (It should be noted that direct billing on Medibank may not be made for a person who is insured with a registered private medical benefits organisation).

87. A claim for assignment of benefit comprises one or more Assignment Forms, which describe the services rendered, attached to a Claim for Assigned Medical Benefits Form which identifies the doctor who rendered the services.

88. Assignment Forms are provided by Medibank to doctors who wish to claim direct for services to patients eligible for medical benefits from Medibank. Different types of Assignment Forms are available to meet the needs of particular doctors or particular types of medical practice e.g. pathologists and radiologists who typically provide a larger number of services for each patient.

**Completion and Submission of Claims for Assignment of Benefits**

89. When a doctor direct bills on Medibank, the Assignment Forms take the place of the conventional accounts and receipts. It is important therefore that the Assignment Forms should show in respect of each service to each patient the information which is required in patients' accounts as mentioned in paragraphs 75 and 76.

90. Detailed instructions regarding the procedures for completion and submission of assignment claims are included with the Assignment stationery provided by Medibank.

91. The Assignment Form should generally be signed by both the patient and the doctor. The doctor's name should also be shown against the statement "I assign to....."

92. The claim form must be signed and dated by the doctor who rendered the services described on the Assignment Forms attached to the claim form.

93. Claim forms together with corresponding Assignment Forms should be forwarded to Medibank in the prepaid envelopes at intervals which suit doctors.

**Cheques and Statements for Assignment Claims**

94. Assignment of benefit claims are paid by cheque sent by post to the doctor. Cheques and statements in respect of assignment of benefit claims are forwarded in the same envelope. A statement is prepared in respect of each assignment claim to enable the doctor to reconcile the payments made with the amounts claimed. The statement identifies the medical services and shows the amount paid in respect of each service. Where necessary, the statement includes an explanation for any adjustment to the amount claimed.

95. When, for some reason, it is not possible to make an immediate payment of benefit for one or more services included in the claim, this will not delay payment of benefits for other services which are claimed. Any benefits payable for services omitted in these circumstances will automatically be included in future payments.

**Direct Billing Stationery Supplies**

96. Doctors who wish to direct bill will be supplied with the necessary stationery by the Health Insurance Commission. The address of local State Headquarters offices of the Health Insurance Commission who will provide stationery supplies are contained in Section 4 of this book.

**Eligible Pensioner Patients**

97. Special arrangements apply in the case of eligible pensioners and their dependants. For this purpose an eligible pensioner is a pensioner who holds a current Pensioner Health Benefits Card and who is **not** a contributor to a medical benefits fund and a hospital benefits fund of a registered organisation. Pensioner Health Benefit Cards are renewed annually.

98. Doctors providing medical services in Australia have been invited to enter into an undertaking that they will ask eligible pensioners and their dependants whether they wish to assign the medical benefits to the doctor, and that, if the eligible pensioner wishes to so assign the benefits, then the doctor will arrange for the making and acceptance of such an assignment in accordance with the arrangements outlined in paragraphs 86 to 88 above. Where the medical practitioner and pensioner agree to the assignment of benefits, the benefits will be paid direct to the medical practitioner by Medibank and be accepted by him in full payment of the medical expenses incurred by the pensioner.

99. However, as from 1 October 1976 direct billing on Medibank may only be made for services to persons who are eligible for medical benefits under Standard Medibank or Medibank private insurance. Direct billing on Medibank may not be made for a pensioner who is insured with a registered private medical benefits organisation.

100. Where a doctor has given an undertaking to offer direct billing for eligible pensioners, that undertaking only legally applies in the case of eligible pensioners who are not privately insured (i.e. contributors to a medical benefits fund and a hospital benefits fund). In these cases, collection of a patient moiety is not permitted.

101. In the case of **any** pensioner patient who holds a Pensioner Health Benefit Card, however, the Government expects that doctors will not charge any amount in excess of the medical benefits payable even where the pensioner is privately insured.

102. An undertaking given by a doctor under the former arrangements in relation to Medibank will continue in force and will be binding on the doctor until such time as he revokes the undertaking, which he may do at any time by notifying the Minister in writing.

103. The undertaking does not apply in the case of unREFERRED specialist or consultant physician services where higher fees and benefits would apply if the pensioner had been referred. The benefits payable in such cases are related to the lower fees applicable. However, if in such a case the consultant physician or specialist is willing to accept the amount of benefit payable in full payment for his services, he may do so by making an assignment arrangement.

104. Eligible pensioners who are covered by Standard Medibank will be accommodated and treated without charge in recognised public hospitals. The treatment will be provided by doctors employed by the hospital or by private doctors who have entered into a contract arrangement with the hospital. The hospital will be responsible for remunerating the doctors.

105. An eligible pensioner who has basic hospital-only insurance in addition to Standard Medibank, on admission to a recognised public hospital will have a choice of treatment without charge as a hospital patient, or of treatment as a private patient by the doctor of his choice. (See paragraph 11.A).

106. Where a privately insured eligible pensioner is treated in hospital as a private patient, fees rendered by the attending doctors will attract medical benefits and the fee raised by the hospital will be covered by hospital benefits.

107. It should be noted that, even if a doctor has not entered into an undertaking he may nevertheless arrange for eligible pensioner patients who are not privately insured to complete Assignment Forms for medical services rendered and he may present such Assignment Forms to Medibank and claim payment of medical benefits in accordance with the procedures in paragraphs 86 to 95.

**SECTION 1  
PART C**

**COMPILATION AND INFORMATION ON INTERPRETATION OF MEDICAL  
BENEFITS SCHEDULE**

**COMPILATION OF THE MEDICAL BENEFITS SCHEDULE**

108. The professional services have been grouped into Parts 1 to 10 according to the general nature of the services. Within some Parts the services have been further grouped into Divisions according to the particular nature of the services concerned. For example, Part 10 covering operations has been divided into thirteen divisions corresponding generally to the usual classifications of surgical procedures. Certain divisions contain sections under sub-headings, e.g., vascular surgery, operations on the prostate, etc., which allow for suitable grouping of specific services. A Table of Contents appears in the front of Section 2 of this Book.

109. The professional services have been expressed in general terms, even though the name of one or more physicians or surgeons may have become linked, by usage, with a particular procedure. For example, "Bassini's operation" is not listed as such in the Schedule but is covered by "repair of inguinal hernia" in Items 4222/4227.

110. An index to Parts 1 to 6, 9 and 10 of the Schedule appears in Section 3A of this Book (white pages) while an index to Parts 7, 7A, 8 and 8A of the Schedule appears in Section 3B (yellow pages).

**Medical Benefits**

111. The amounts of medical benefit have been based on the Schedule fee for each medical service in each State. (The N.S.W. fees apply for services in the Australian Capital Territory and the Northern Territory). The benefit is equal to 85% of the Schedule fee or the Schedule fee less \$5, whichever is the greater. The 85% benefit thus applies to Schedule fees not exceeding \$33, while for services with a Schedule fee of more than \$33, the benefit is the Schedule fee less \$5. The benefit is shown immediately below the fee for the particular service.

112. In some cases two levels of fees and benefits are shown for the same service with each level being allocated separate item numbers in the Medical Benefits Schedule. The first item (identified by the letter "G") applies to the procedure when rendered by either a general practitioner or by a specialist whose patient has not been referred, and the second (identified by the letter "S") applies in the case where the procedure has been rendered by a recognised specialist in the practice of his speciality where the patient has been referred. It should be noted that a referral is not required in the case of anaesthetic services (Part 3) or radiology services (Part 8). (See paragraph 190).

113. Higher rates of benefit are also provided for consultations by a recognised consultant physician where the patient has been referred by another medical practitioner.

114. Conditions of referral for medical benefits purposes are set out in paragraphs 182 to 190.

**Items for Common Groupings of Services**

115. A number of items have been included in the Schedule to cover services which are frequently associated and performed as a combined service. In such cases the item representing the combination of services is to be itemised, not the items representing the individual services.

116. Where a combined item is used, separate items should not be shown for any of the individual services included in the combined items, except in cases involving bilateral procedures. For example, Item 5370/5374 covers tonsillectomy and unilateral myringotomy; but tonsillectomy and bilateral myringotomy should be itemised under Items 5370/5374 plus 5162 ( $x\frac{1}{2}$ ).

117. Combination items are shown in the appropriate Sections of the Schedule, particularly in respect of obstetrics, pathology and operations. Some examples are:—



<b>Number</b>	<b>Service</b>
211/213 .....	Confinement with surgical induction of labour
216/217 .....	Confinement, surgical induction with field block
1031 .....	Haemoglobin estimation and examination of blood film and blood grouping, A.B.O. and Rh
1602 .....	Microscopical examination of urine concentrate and general examination for three or more of: reaction, specific gravity, blood, albumin, urobilinogen, sugar, acetone, bile pigments; bacterial count for organisms in urine (colony count), simplified technique; and cultural examination of urine specimen for isolation and identification of organisms
1842 .....	Cell count and differential; quantitative chemical estimation of one substance; Lange colloidal gold reaction; and complement fixation test for syphilis
4370/4375.....	Sigmoidoscopy with haemorrhoidectomy
5370/5374.....	Tonsillectomy with operation for abscess of middle ear
5415/5424.....	Adenoidectomy with operation for abscess of middle ear
6379/6384.....	Colpoplasty with curette
6483 .....	Curette with colposcopy, cervical biopsy and radical diathermy
6501/6506.....	Curette with removal of polyp from cervix and diathermy of cervix

### **MEDICAL SERVICES NOT LISTED IN THE SCHEDULE**

118. Instances may arise where a particular medical service rendered by a medical practitioner is not listed in the Schedule. Cases of this nature should be referred to the local Commonwealth Director of Health for consideration.

### **INTERPRETATION OF THE SCHEDULE**

#### **Principles of Interpretation**

119. Each professional service listed in the Schedule is a complete medical service in itself. However, it may also form part of a more comprehensive service covered by another item, in which case the benefit provided for the latter service covers the former as well. For example, benefit is not payable for a bronchoscopy (Schedule Item 5605) where a foreign body is removed from the bronchus (Schedule Item 5613) since the bronchoscopy is an integral part of the removal operation.

120. Where a service is rendered partly by one medical practitioner and partly by another, only the one amount of benefit is payable. This may be instanced by the case in which a pathology examination is partly completed by one medical practitioner and finalised by another, the only benefit payable being that for the total examination.

121. Where separate services covered by individual items in the Schedule are rendered by different medical practitioners the individual items apply. For example, if antenatal care is provided by one medical practitioner and the confinement and postnatal care are provided by another medical practitioner, the benefits for the first practitioner's services are payable under Item 190 or 192 while benefits for the latter services are payable under Item 194 or 196. However, where a medical practitioner who has provided antenatal care for a patient finds it necessary to call in a specialist during the confinement, benefit is payable under Item 200 as well as under Item 198.

122. There are some services which are not listed in the Schedule because they are regarded as forming part of a normal consultation. Some of these services are identified in the index to this Book, e.g.:—

- Amputation stump, trimming of
- Colostomy, lavage of
- Ear, syringe of

Hypodermic intramuscular or intravenous injections  
 Proctoscopy  
 Resuturing of surgical wounds (excluding repair of burst abdomen)  
 Trimming of ileostomy.

### Consultation and Procedures Rendered at the One Attendance

123. Where there are rendered, during the course of a single attendance, a consultation (under Part 1 of the Medical Benefits Schedule) and another medical service (under any other Part of the Schedule), benefits are payable subject to certain exceptions, for both the consultation and the other service. Examples of items of service in the Medical Benefits Schedule excluded from this rule are:—

- (i) those items the descriptions of which are qualified by the words
  - (a) "Each Attendance . . .," "At an Attendance" or "Attendance at which," e.g., Items 886, 920, 954, 2804, 2806, 2808, 2810, 2812, 2814, 2816, 2818, 2820, 2822, 2824, 2826, 2828, 2830, 2832, 2834, 2836, 2838, 2840, 2864, 2870, 3006, 3012, 3016, 3022, 3027, 3033, 3330, 3332, 3338, 3342, 3346, 4497, 4629, 5229, 5264, 6313, 6816, 6835, 6904, 7068, 7601, 7605, 7694, 7697, 7701, 7706, 7774, 7777, 7781, 7785;
  - (b) "Including necessary attendances" e.g., Items 827, 829;
  - (c) "Including associated consultation" e.g., Item 888;
  - (d) "Where a separate account is not rendered for an attendance" e.g., Items 198, 824; and
  - (e) "Where a patient is referred by another Medical Practitioner for this service" e.g., Items 1023, 1056, 1591, 1593, 1753;
- (ii) those items in Part 2 of the Schedule which cover or include a component for antenatal or postnatal care, e.g., Items 192, 194, 196, 200, 207, 208, 209, 211, 213, 216, 217, 234, 241;
- (iii) those items in the Schedule which provide separate benefit for special services for the treatment of obstetrical complications, e.g., 242, 246, 273; and
- (iv) all items in Parts 3, 5 and 9 of the Schedule.

124. Where a service excluded from this rule is performed in conjunction with a consultation, benefit is payable for either the consultation or the service but not for both.

125. In cases where the level of benefit for an attendance depends upon consultation time (i.e., attendances by general practitioners and consultant physicians in psychiatry), the time spent in carrying out a procedure must not be included in the consultation time.

126. Medical practitioners should ensure that a fee for a consultation is charged only when a consultation actually takes place. It is not expected that a consultation fee will be charged on every occasion a procedure is performed.

## PART 1 — PROFESSIONAL ATTENDANCES

127. The physical attendance of the medical practitioner upon the patient is necessary before a "consultation" may be regarded as a professional attendance. Telephone or wireless consultations, letters of advice by medical practitioners, counselling of relatives (Note — Items 890 and 893 are not counselling services) or the issue of repeat prescriptions when the patient is not in attendance do not therefore qualify for benefit. Post mortem examinations or the issue of death or cremation certificates do not qualify for benefit.

128. An IN HOURS consultation or visit is a reference to an attendance between 8 a.m. and 8 p.m. on a week day not being a public holiday, or between 8 a.m. and 1 p.m. on a Saturday.

129. An AFTER HOURS consultation or visit is a reference to an attendance on a public holiday, on a Sunday, before 8 a.m. or after 1 p.m. on a Saturday, or at any

time other than between 8 a.m. and 8 p.m. on a week day not being a public holiday.  
 130. To facilitate the payment of claims, medical practitioners are requested to indicate on the patient's account the time at which the service was rendered whenever an "after hours" general practitioner attendance is itemised.

131. The definitions of "standard", "long" and "prolonged" consultations in the Health Insurance legislation differ from those which the Australian Medical Association has included in its List. Medical practitioners are requested to ensure that when itemizing a "standard", "long" or "prolonged" service on a patient's account the service is identified by reference to the appropriate Medical Benefits Schedule item number.

## **PART 2 – OBSTETRICS**

### **General**

132. Where the medical practitioner undertakes the antenatal care, confinement and postnatal care, Items 200/207, 208/209, 211/213 or 216/217 are appropriate. Items 190, 192 or 194/196 apply only where the medical practitioner has not provided all three services.

### **Antenatal Care**

133. The following services where rendered during the antenatal period also attract benefits:—

- (a) Items 242, 246 (when the treatment is given in a hospital or nursing home), 250/258, 267, 273 (but not normally before the 24th week of pregnancy), 278, 284, 290, 295, 298 and 354.
- (b) Medical services covered by Parts 3-10 of the Schedule.
- (c) The initial consultation at which pregnancy is diagnosed.
- (d) The first referred consultation by a specialist obstetrician when called in to advise on the pregnancy.
- (e) Treatment of an intercurrent condition not directly related to the pregnancy.

### **Confinement**

134. Benefits for the confinement for which there is a component in Items 194/196, 200/207, 211/213 and 216/217 also cover a low forceps delivery, episiotomy or repair of first or second degree tear when these services are necessary.

135. Mid-cavity forceps or vacuum extraction, breech delivery or management of multiple deliveries attract benefits under Items 208/209.

136. As a rule, 24 weeks would be the period distinguishing a miscarriage from a premature confinement. However, if a live birth has taken place before 24 weeks and the foetus survives for a reasonable period, benefit would be payable under the appropriate confinement item.

137. Where, during the course of a confinement, a general practitioner hands the patient over to a specialist obstetrician, benefits are payable for the appropriate confinement item in addition to Item 198 (i.e. confinement as an independent procedure by a specialist). If, at the time of the confinement but before the general practitioner has undertaken the actual confinement, the specialist is called in for the full management of the confinement, benefits for the general practitioner's services should be assessed under Items 190 or 192 for the antenatal attendances and on a consultation basis for the postnatal attendances.

### **Postnatal Care —**

#### **Schedule Items 194/196, 200/207, 208/209, 211/213, 216/217, 234/241**

138. The Schedule fees and benefits payable for those items in Part 2 (Obstetrics) of the Schedule which include the words, "confinement and postnatal care for nine days," cover all attendances on the mother and the baby during that period by the medical practitioner or practitioners who supervised the confinement.

139. However, where the condition of the mother and/or the baby is such as to require the services of a consultant (e.g. paediatrician, specialist gynaecologist, etc.),

during the nine day period, benefits are payable for the attendance by such consultant.

140. Where medical services are rendered outside those covered by confinement and postnatal care e.g., incision of breast abscess, separate benefits are payable for these services whether they are rendered by the doctor who supervised the confinement, or whether they are rendered by another medical practitioner.

#### **Other Services**

141. Item 242 relates to the treatment of habitual miscarriage by injection of hormones. A case becomes one of habitual miscarriage following two consecutive spontaneous miscarriages or where progesterone deficiency has been proved by hormonal assay of cells obtained from a smear of the lateral vaginal wall.

### **PART 3 – ADMINISTRATION OF ANAESTHETICS**

142. The Health Insurance Act provides that where an anaesthetic is administered to a patient, the premedication of the patient in preparation for anaesthesia is deemed to form part of the administration of the anaesthetic. The administration of an anaesthetic also includes the pre-operative examination of the patient in preparation for that administration except where such examination entails a separate prior attendance on the patient.

143. Each medical service likely to be performed under anaesthesia has been assigned a number of anaesthetic units which reflect the skill and responsibility exercised by the anaesthetist plus the average time taken for each service without regard to the type of anaesthetic agent employed.

144. The Schedule fees for the administration of an anaesthetic in connection with a procedure (when performed by a specialist anaesthetist or by a medical practitioner other than a specialist anaesthetist) have been derived by applying unit values to the number of anaesthetic units assigned to the procedure. Part 3 of the Schedule lists the derived fees and the benefits. The appropriate anaesthetic units and item numbers are also shown below each procedure likely to be performed under anaesthesia.

145. An anaesthetic (other than a dental anaesthetic listed in Division 3 of Part 3) must be administered in connection with another professional service listed in the Schedule (or a prescribed medical service rendered by an approved dentist or dental practitioner) if it is to attract benefit.

146. Except in special circumstances, benefit is not payable for the administration of an anaesthetic listed in Division 1 or 2 of Part 3 of the Schedule unless the anaesthetic is administered by a medical practitioner other than the medical practitioner who renders the medical service in connection with which the anaesthetic is administered.

147. Fees and benefits established for anaesthetic services cover all essential components in the administration of the anaesthetic. Separate benefit may be attracted, however, for complementary services such as central venous pressure and direct arterial pressure reading, estimations of respiratory function by complicated techniques (but not simple techniques covered by Item 921) or intravenous infusion. It should be noted that extra benefit is not payable for electrocardiographic monitoring, provision for which has been made in the value determined for the anaesthetic units.

148. The amount of benefit specified for the administration of an anaesthetic is the benefit payable for that service irrespective of whether one or more than one medical practitioner administers it. However, benefit is provided under Part 5 for the services of one assistant anaesthetist (who must not be either the surgeon or assistant surgeon) where the Schedule fee for the administration of the anaesthetic is not less than \$104.00.

149. Before benefit will be paid for the administration of an anaesthetic, or for the services of an assistant anaesthetist, the item number, the nature of the operation

and the name of the medical practitioner who performed the operation must be shown on the anaesthetist's account.

150. Where a regional nerve block or field block is administered by a medical practitioner other than the practitioner carrying out the operation, the block is assessed as an anaesthetic item according to the advice in paragraph 143. When a block is carried out in cases not associated with a surgical procedure, such as for intractable pain or during labour, the service falls under Part 4.

151. When a regional nerve block or field block covered by an item in Part 4 of the Schedule is administered by a medical practitioner in the course of a surgical procedure undertaken by him, then such a block will attract benefit under the appropriate item in Part 4.

152. It is to be noted that where a procedure is carried out with local infiltration or digital block as the means of anaesthesia, that anaesthesia is considered to be part of the procedure and an additional benefit is therefore not payable.

153. Before an operation is decided on, a surgeon may refer a patient to a specialist anaesthetist for an opinion as to the patient's fitness to undergo anaesthesia. Such an attendance will attract benefit as follows:—

- (i) If, as a result of the consultation, anaesthesia and surgery are proceeded with in the ordinary way, then Item 85 applies;
- (ii) If, as a result of the consultation, surgery is contra-indicated or is postponed for some days or weeks and if the anaesthetist supervises any necessary treatment during the postponement period, such attendances attract benefit either under Item 88, 94, 100 or 103. In such a case, to qualify for the specialist rate of benefit, the patient must present a Notice of Referral by the referring doctor.

154. It may happen that the professional service for which the anaesthetic is administered does not itself attract a benefit because it is part of the after-care of an operation. This does not, however, affect the benefit payable for the anaesthetic. Benefit is payable for the anaesthetic administered in connection with such a surgical procedure (or combination of surgical procedures) even though no benefit is payable for the surgical procedure.

155. Where a general anaesthetic is administered in connection with a confinement, benefit is attracted for the anaesthetic on the basis of 7 anaesthetic units (Item 408 or 514) provided the anaesthetic is administered by a medical practitioner other than the medical practitioner undertaking the confinement.

156. The administration of epidural anaesthesia during labour is covered by Items 748 or 752 in Part 4 of the Schedule whether administered by the medical practitioner undertaking the confinement or by another medical practitioner.

157. As a general rule, where an anaesthetic is administered in connection with a medical service which attracts benefits on a consultation basis, benefit for the administration of the anaesthetic, provided it is administered by a medical practitioner other than the medical practitioner rendering the professional service, is to be determined on the basis of 4 anaesthetic units (Item 405 or 509).

### **Multiple Anaesthetic Rule**

158. The fee for an anaesthetic administered in connection with two or more operations performed on a patient on the one occasion is calculated by the following rule applied to the anaesthetic items for the individual operations:—

- 100% for the item with the greatest anaesthetic fee
- plus 20% for the item with the next greatest anaesthetic fee
- plus 10% for each other item.

The benefit for the anaesthetic is 85% of the amount so calculated or that amount less \$5, whichever is the greater.

Note: (a) Fees and benefits so calculated which result in a sum which is not a multiple of 5 cents are to be taken to the next higher multiple of 5 cents.

- (b) Where the anaesthetic items for two or more operations performed on the one occasion have fees which are equal, one of these amounts shall be treated as being greater than the other or others of those amounts.
- (c) The multiple anaesthetic rule also applies to combinations of items in Division 3 of Part 3 (dental anaesthetics) with items in Divisions 1 and 2.



## PART 7 — PATHOLOGY SERVICES

158.A From 1 August 1977 substantial changes apply to the bases on which Schedule fees (and benefits) are determined in respect of pathology items listed in Part 7 of the Schedule.

158.B The changes include a completely revised Part 7 — Pathology Services of the Schedule, in which the items, Schedule fees and benefits are substantially different to those applicable prior to 1 August 1977.

158.C Pathology items listed in Divisions 1 to 8 of the revised Part 7 apply only where the pathology services are rendered by approved pathology practitioners. The pathology items in Division 9 of Part 7 apply where the services are performed by medical practitioners who are not approved pathology practitioners.

### Recognised Specialist Pathologists

158.D Recognised specialist pathologists (see paragraph 158.E) must become approved pathology practitioners for services in Divisions 1-8 performed and billed in their own right to be eligible for medical benefits.

158.E A recognised specialist in pathology means a medical practitioner recognised for the purposes of the Health Insurance Act as a specialist in pathology (see paragraphs 176 to 181). The principal specialty of pathology includes a number of sectional specialties. Accordingly, a medical practitioner who is recognised as a specialist in a sectional specialty of pathology is recognised as a specialist pathologist for this purpose.

### Approved Pathology Practitioner Scheme

158.F For pathology services in Divisions 1 to 8 of the revised Part 7 of the Schedule, medical benefits are not payable unless these services are performed by an approved pathology practitioner. Medical practitioners, or persons employing medical practitioners, seeking to become approved pathology practitioners will be required to:

- (i) Complete an undertaking to comply with a Code of Conduct (see paragraph 158.J) and the other conditions specified in the undertaking.
- (ii) Pay a fee, currently \$10.

158.G Where a medical practitioner, or a person employing a medical practitioner, completes an undertaking and pays the prescribed fee, the Minister may approve the practitioner, or the person employing a medical practitioner, as an approved pathology practitioner. The application fee is not refundable if the undertaking is not approved.

158.H Forms of undertaking are available from the office of the Commonwealth Director of Health in each State capital city. Enquiries about the Scheme should be directed to the office of the local Commonwealth Director of Health.

158.I The following are eligible to be applicants to give an undertaking:

- (i) A medical practitioner (note that recognised specialists in pathology must become approved pathology practitioners in their own right for their patients to be able to obtain medical benefits).
- (ii) A person employing a medical practitioner to perform pathology services.
- (iii) A State, or an authority established under a State or Territory law, which is so specified by the Commonwealth Minister for Health for this purpose.

158.J In summary, the common form of undertaking requires that —

- (a) there is no sharing of fees or benefits between practitioners ordering tests and an approved practitioner rendering pathology services;
- (b) no approved practitioner provides free services, payments or other considerations as incentives to a practitioner ordering tests;
- (c) the approved practitioner rendering the service should bill the patient direct; he should not bill the practitioner requesting the service;



- (d) the approved practitioner does not enter into any arrangement whereby multiple services rules built into the structure of the Schedule are knowingly avoided; or
- (e) the approved practitioner will not render or request excessive services.

#### **Direct Billing**

158.K Direct billing arrangements (see also paragraphs 86 to 88A) for pathology services will only be available in respect of pathology services provided to eligible pensioners and their dependants and will not be available in respect of other patients. However, the direct billing arrangements are still available for services other than pathology services.

158.L "Pay doctor cheques" are not to be sent by the private health funds or Medibank direct to medical practitioners or to patients at a doctor's address (even if requested by the patient to do so). Pay doctor cheques should be forwarded to the contributor's normal address.

#### **Pathology Services must be necessary**

158.M The Health Insurance Act has been amended so that medical benefits are not payable in respect of a pathology service unless a practitioner has determined that the service is reasonably necessary for the adequate medical care of the patient concerned, whether he performs the service or requests another practitioner to perform the pathology tests.

158.N Matters which may be referred to a Medical Services Committee of Inquiry for consideration include questions of initiation of unnecessary pathology services by referring practitioners, and breaching of undertakings by approved pathology practitioners as well as the rendering of excessive services.

#### **Multiple Services**

158.O The revised Part 7 of the Schedule contains inbuilt multiple service rules in the items, where appropriate. These reduce or limit the fees and benefits for further tests in the one patient episode. Therefore, the rule, introduced from 1 October 1976, whereby benefits for services in excess of three in a patient episode were reduced by 80%, will not apply to services requested on or after 1 August 1977.

#### **Conditions relating to medical benefits**

158.P For the purposes of calculating medical benefits for an item listed in Part 7 which is requested or determined to be necessary on or after 1 August 1977, the following rules apply:

- (1) Divisions 1-8 are applicable only where the service is performed by an approved pathology practitioner.
- (2) Division 9 is applicable only where the service is performed by a medical practitioner who is not an approved pathology practitioner.  
Benefit is payable in respect of a pathology item in Division 9 only where the service is determined as being necessary by the medical practitioner rendering the service, or is rendered in response to a request by a member of a group of practitioners to which that practitioner belongs (providing the member making the request was not himself an approved pathology practitioner).
- (3) The "SP" Schedule fee in Divisions 1-8 applies only where:
  - (a) the service was performed by an approved pathology practitioner, who was a recognised specialist pathologist, or by a recognised specialist pathologist employed by an approved pathology practitioner;
  - (b) the approved pathology practitioner has a request in writing (which conforms to the requirements of the regulations under the Health Insurance Act — see paragraphs 158.T to 158.V) from another medical practitioner or a dental practitioner;
  - (c) the person in respect of whom the service was rendered, was not at the time of the request a private inpatient or in receipt of an outpatient service at a recognised hospital; and

- (d) recognised hospital facilities and/or staff were not used in the performance of the pathology service.
- (4) The "OP" Schedule fee in Divisions 1-8 applies in other circumstances, namely —
- (a) the service was performed by an approved pathology practitioner who is not a recognised specialist pathologist, and he does not employ a recognised specialist pathologist; or
  - (b) the service was performed by an approved pathology practitioner who is, or employs a recognised specialist in pathology but all the conditions of rule 3 above were not met.
- (5) Benefit is not payable in respect of a pathology item in Divisions 1-8 unless the approved pathology practitioner —
- (a) has a request in writing from a medical or dental practitioner for the services requested and records on his account, receipt or direct billing assignment form the following additional details —
    - (i) the name and address\* of the requesting practitioner (the practitioner's surname and initials will be satisfactory unless there is more than one practitioner with the same surname and initials at the same address);
    - (ii) the date on which the request was made; and
    - (iii) where the approved pathology practitioner is not a medical practitioner, but employs a medical practitioner, the surname, initials and provider number of the medical practitioner\* rendering the service.

(\*It would assist if provider numbers are shown — provider numbers may be obtained by enquiry to the Office of the Commonwealth Department of Health in the nearest State capital city. The requesting doctor's provider number is acceptable in lieu of address).

or —

- (b) determined that the service was necessary if he is a medical practitioner, or the need was determined by a medical practitioner who is an employee and records the date the service was determined as being necessary on his account, receipt or direct billing assignment form.
- (6) Benefit is not payable in respect of a pathology item in Division 9 unless the medical practitioner who renders the service includes on his account, receipt or direct billing assignment form in addition to the normal particulars of the patient, the services performed and the fee charged —
- (a) the date on which he determined the service was necessary; or
  - (b)
    - (i) the date on which he was requested to render the service by a partner or another member of a group of practitioners, to which he belongs; and
    - (ii) the surname and initials of that medical practitioner (provided that request is not made by a person who is an approved pathology practitioner).

158.Q For those items where the fee and benefit are related to the number of services performed in relation to the one patient episode, a patient episode is defined as covering:

- (a) services requested by a medical or dental practitioner on the one calendar day although they may be rendered by another approved pathology practitioner on one day or over a number of days; or
- (b) the need for the items is determined on the one calendar day and rendered by the medical practitioner himself on that day or over a number of days.

158.R Exemption may be made to the inbuilt multiple services rule under Section 4B3 of the Health Insurance Act in the case of seriously ill patients whose condition requires a series of pathology investigations at various times throughout the day, provided that these services constitute distinct and separate collections and performances. An exemption may be claimed by the initiating practitioner endorsing the request with the notation "S4B3" and the approved pathology practitioner performing the pathology tests endorsing his account similarly and by indicating the times the services were performed. Approval is not automatic. The practitioner may be asked to verify that the patient was seriously ill, that the serial tests were necessary and that they were requested. Exemptions will not apply to any of tests listed under procedural services (Items 1504-1517).

158.S Exemption may also be made to the requirement that tests requested to be performed at intervals over a period of days or weeks should be supported by separate individual request forms each time they are rendered. An example is regular prothrombin time estimations. The initial request should be endorsed with the notation "S16A1" and the period for which the request is intended to apply should be stated. The approved pathology practitioner's account should show the original date of the request and the endorsement "S16A2" against the relevant items.

### Requests in writing

158.T Approved pathology practitioners must hold a request in writing for all services requested by any other practitioner before billing patients. This includes requests from partners and other members of a group practice. Requests in writing are not required for self-determined tests of for items listed in Division 9 of Part 7. The request in writing must show:

1. in the requesting practitioner's own handwriting —  
"the individual pathology services, or recognised groups of pathology tests of particular organ or physiological function to be rendered";
2. the requesting practitioner's signature;
3. the name and address of the requesting practitioner (the practitioner's surname and initials will be satisfactory unless there is more than one practitioner with the same surname and initials at the same address; it is acceptable that the doctor's provider number be shown in lieu of address — the provider number may be obtained by enquiry to the Office of the Commonwealth Department of Health in the nearest State capital city);
4. the name and address of the patient;
5. the date the pathology services were determined to be necessary;
6. that the patient was a private inpatient or outpatient of a recognised hospital where this is the case at the time of the request; and
7. the name and address of the approved pathology practitioner requested to perform the pathology services.

158.U There is no official "request in writing" form, and the doctor's own stationery, or pre-printed forms supplied by approved pathology practitioners are acceptable (provided there are no check lists or "tick-a-box" lists of individual or groups of pathology services on the forms). Oral requests must be confirmed by a request in writing (conforming with paragraph 158.T above) before an account is issued. A request in writing is required within a partnership or group practice for services in Divisions 1-8 — see also paragraph 158.W below for referrals as between approved pathology practitioners.

158.V Approved pathology practitioners must retain requests in writing for a period of 18 months and must produce any requests specified if so required by a notice in writing by the Minister.

158.W Where an approved pathology practitioner refers some or all services requested to another approved pathology practitioner the following applies —

- (a) where all the services are referred, he forwards the initial request to the second approved pathology practitioner who bills the patient;
- (b) where some of the services are referred, he should issue his own request in writing, which should show in addition to the particulars listed in paragraph 158.T above —
  - (i) name and address of the original requesting practitioner;
  - (ii) date of initial request;
- (c) the patient is billed by each approved pathology practitioner for the services he performs.

**Transitional Arrangements**

158.X The new provisions outlined above do not apply where the pathology service was performed before 1 August 1977. Where the request for the item or the determination of the need for the item was made before 1 August 1977, the new provisions, including the revised Pathology Schedule, do not apply even when the service is performed on or after 1 August 1977.

## PART 8 — RADIOLOGY

159. A "Notice of Referral" is not required in the case of services contained in Part 8 of the Schedule to which higher fees apply when rendered by specialist radiologists.

### PART 8A — RADIOTHERAPY

160. The level of benefits for radiotherapy depends not only on the number of fields irradiated but also on the frequency of irradiation. In the items related to additional fields, it is to be noted that treatment by rotational therapy is considered to be equivalent to the irradiation of three fields (i.e., irradiation of one field plus two additional fields). For example, each attendance for orthovoltage rotational therapy, at the rate of 3 or more treatments per week would attract benefit under Item 2818 plus twice Item 2820.

## PART 9 — ASSISTANCE AT OPERATIONS

161. For an operation (or combination of operations) for which the Schedule fee does not exceed \$128.00 benefits for assistance have been based on a fee of \$25.50. Where the Schedule fee for the operation (or combination of operations) exceeds \$128.00 an assistance fee of one-fifth of the Schedule fee has been determined for benefit purposes.

162. Benefit in respect of assistance at an operation is not payable unless the assistance is rendered by a medical practitioner other than the anaesthetist or assistant anaesthetist.

163. The amount of benefit specified for assistance at an operation is the amount payable whether the assistance is rendered by one or more than one medical practitioner.

## PART 10 — OPERATIONS

### Multiple Operation Formula

164. The fees for two or more operations, other than amputations, performed on a patient on the one occasion (except as provided in paragraph 166) are calculated by the following rule:—

100 per cent for the item with the greatest Schedule fee, plus 50 percent for the item with the next greatest Schedule fee, plus 25 per cent for each other item.

- Note:**
- (a) Fees so calculated which result in a sum which is not a multiple of 5 cents are to be taken to the next higher multiple of 5 cents.
  - (b) Where two or more operations performed on the one occasion have Schedule fees which are equal, one of these amounts shall be treated as being greater than the other or others of those amounts.

165. Where fees have been derived by using this formula, the relevant benefit will be calculated on the basis of 85% of the aggregate fee so determined or an amount which is less by \$5.00 than that fee, whichever is the greater. The rounding rule set out in paragraph 164(a) above applies.

166. This rule does not apply to an operation which is one of two or more operations performed under the one anaesthetic on the same patient if the medical practitioner who performed the operation did not perform or assist at the other operation or any of the other operations, or administer the anaesthetic. In such cases the fees and benefits as specified in the Schedule apply.

167. Where two medical practitioners operate independently and either performs more than one operation, the method of assessment outlined in paragraph 164 would apply in respect of the services performed by each medical practitioner. For these purposes the term "operation" includes all items in Part 10 (other than Division 2 of that Part) and Items 234 and 241 in Part 2 covering Caesarean section.

168. If the operation comprises a combination of procedures which are commonly performed together and for which a specific combined item is provided in the

Schedule, it is regarded as the one item and service in applying the multiple operation rule.

#### After-care

169. As a general rule, the fee specified for each of the operations listed in the Schedule contains a component for the consequential after-care customarily provided, unless otherwise indicated.

170. After-care is deemed to include all post-operative treatment rendered by medical practitioners and need not necessarily be limited to treatment given by the surgeon or to treatment given by any one medical practitioner.

171. The amount and duration of after-care consequent on an operation may vary as between patients for the same operation, as well as between different operations which range from minor procedures performed in the medical practitioner's surgery, to major surgery carried out in hospital. As a guide to interpretation, after-care includes all normal post-operative attendances up to the healing of the wound or normal union of a fracture plus the final check or examination, regardless of whether the attendances are at the hospital, rooms, or the patient's home.

172. Attendances which form part of normal after-care, whether at hospitals, rooms, or at the patient's home, should not be shown on the doctor's account. Only those attendances which do not form part of normal after-care, i.e., those services attracting separate medical benefits, should be itemised. When additional services are itemised, the doctor should show against those services on the account the words "not normal after-care".

173. Subject to the approval of the local Commonwealth Director of Health, benefits may be paid for professional services for the treatment of an intercurrent condition or an unusual complication arising from the operation.

174. Some minor operations are merely stages in the treatment of a particular condition. Attendances subsequent to such operations should not be regarded as after-care but rather as a continuation of the treatment of the original condition and attract benefits. Items to which this policy applies are Items 3371, 3379/3384, 4578/4585, 5162, 6816, 6824, 6940 and 7864.

175. The following table shows the period which has been adopted as reasonable for the after-care of fractures:—

Item No.	Treatment of fracture of	After-care Period
7505	Terminal phalanx of finger or thumb .....	6 weeks
7508/7512	Proximal phalanx of finger or thumb .....	6 "
7516	Middle phalanx of finger .....	6 "
7520/7524	One or more metacarpals not involving base of first carpometacarpal joint .....	6 "
7527/7530	First metacarpal involving carpometacarpal joint (Bennett's fracture) .....	8 "
7533	Carpus (excluding navicular) .....	6 "
7535/7538	Navicular or carpal scaphoid .....	3 months
7540/7544	Colles' fracture of wrist .....	3 "
7547	Distal end of radius or ulna, involving wrist .....	8 weeks
7550/7552	Radius .....	8 "
7559/7563	Ulna .....	8 "
7567/7572	Both shafts of forearm .....	3 months
7578/7584	Humerus .....	3 "
7588/7593	Clavicle or sternum .....	4 weeks
7597	Scapula .....	6 "
7608/7610	Pelvis (excluding symphysis pubis) or sacrum .....	4 months
7615/7619	Symphysis pubis .....	4 "
7624/7627	Femur .....	6 "

Item No.	Treatment of fracture of	After-care Period
7632/7637	Fibula or tarsus (excepting os calcis or os talus).....	8 weeks
7641/7643	Tibia or patella.....	4 months
7647/7652	Both shafts of leg.....	4 "
7657/7662	Ankle (Pott's fracture), with or without dislocation of ankle.....	4 months
7666/7668	Os talus (os calcis omitted).....	4 "
7666/7668	Os calcis (os talus omitted).....	6 "
7673/7677	Metatarsals — one or more.....	6 weeks
7681	Phalanx of toe (other than great toe).....	6 "
7683	More than one phalanx of toe (other than great toe).....	6 "
7687	Distal phalanx of great toe.....	8 "
7691	Proximal phalanx of great toe.....	8 "
7709/7712	Nasal bones, requiring reduction.....	4 "
7715	Nasal bones, requiring reduction and involving osteotomies.....	4 "
7718/7721	Maxilla — not requiring splinting.....	6 "
7727	Maxilla — with wiring of teeth or internal fixation.....	3 months
7734	Maxilla — with external fixation.....	3 "
7739/7743	Mandible — not requiring splinting.....	6 weeks
7749	Mandible — with wiring of teeth or internal fixation.....	3 months
7757	Mandible — skeletal pinning with external fixation.....	3 "
7764/7766	Zygoma.....	6 weeks
7789	Spine (excluding sacrum), transverse process or bone other than vertebral body requiring immobilisation in plaster or traction by skull calipers.....	3 months
7793	Spine (excluding sacrum), vertebral body, without involvement of cord, requiring immobilisation in plaster or traction by skull calipers.....	6 "
7798	Spine (excluding sacrum), vertebral body, with involvement of cord.....	6 "

### RECOGNITION AS A SPECIALIST OR CONSULTANT PHYSICIAN

176. Where a medical practitioner is registered as a specialist or consultant physician under State or Territory law, he is also recognised as such, in the appropriate specialty, for the purposes of the Health Insurance Act.

177. In addition, a medical practitioner who:—

- practises as a specialist or consultant physician in a State or Territory which does not have specialist registration laws; or
- practises as a specialist or consultant physician in a State or Territory which has specialist registration laws but who is not registered under those laws:

may be recognised as a specialist or consultant physician for the purposes of the Health Insurance Act.

178. The Minister for Health may request a Specialist Recognition Advisory Committee to advise him whether a medical practitioner should be recognised as a specialist or consultant physician for the purposes of the Health Insurance Act, having regard to his qualifications, his experience and standing in the medical profession and the nature of his practice.

179. There is provision for appeal to a Specialist Recognition Appeal Committee by medical practitioners who have not been granted recognition as specialists or consultant physicians by the Advisory Committee.

180. Where a medical practitioner has been recognised as a specialist or consultant physician for the purposes of the Health Insurance Act, medical benefits are payable at the appropriate higher rate in respect of certain services rendered by him in the practice of the specialty in which he is so recognised, provided (other than in the case of services by specialist anaesthetists or radiologists — see paragraph 190) the patient has been referred in accordance with paragraphs 182 to 190.

181. All enquiries concerning the recognition of specialists and consultant physicians should be directed to the local Commonwealth Director of Health. (The addresses of State Headquarters and Health Benefits and Services Branches of the Department are contained in Section 4.A).

### **REFERRAL OF PATIENTS TO SPECIALISTS OR CONSULTANT PHYSICIANS**

182. For the purpose of payment of medical benefits at the higher rate, referrals are required to be made as follows:—

- (a) to a recognised consultant physician — by another medical practitioner.
- (b) to a recognised specialist —
  - (i) by another medical practitioner; or
  - (ii) by a registered dental practitioner, where the referral arises out of a dental service; or
  - (iii) by a registered optometrist or a registered optician, where the specialist is an ophthalmologist.

183. Benefits are only payable at the consultant physician rate if the referral is made by a medical practitioner. Where a dentist refers a patient to consult a physician benefits are payable at the specialist referred rate only.

184. The referral system involves the use of special forms known as Notices of Referral.

185. The procedure for use of Notices of Referral when a patient is referred by a doctor to a specialist is as follows:—

- When the doctor refers a patient to a specialist, he will complete one of these Notices and hand it to the patient.
- The patient will produce the Notice when he first consults the specialist.
- The specialist will note on his history card for the patient the serial number shown on the Notice.
- Where the specialist has made arrangements with the patient for the assignment of the benefit for the particular service, the Notice should be retained by the specialist and attached to the appropriate "Claim for Assigned Medical Benefits Form". However, where the specialist prefers to bill the patient, the Notice should be returned to the patient. This would usually be done when the specialist issues his account for the first specialist service. This account should show the name of the referring doctor in the usual manner.
- In cases where the Notice has been returned to the patient it should be produced by him with the account for the first specialist service when a claim is made for medical benefits in respect of that service (see also Part B paragraphs 81 to 85).

186. For medical benefits purposes, a Notice of Referral will be acceptable for subsequent services by a specialist or consultant physician only during the following periods, commencing from the date of the patient's first consultation with the specialist or consultant physician:—



- (a) where the patient was referred for "opinion" or "immediate treatment" — three months, and
- (b) where the patient was referred for "continuing management of present condition" — twelve months.

187. The specialist should quote in his accounts for the initial and subsequent services the name of the referring doctor and the serial number of the original Notice (e.g., "Referred by Dr. J. Jones — Notice of Referral No. E05751-26").

188. The procedure outlined above also applies to the referral of patients by medical practitioners to consultant physicians and to referrals by dental practitioners and optometrists/opticians.

189. Except as described in paragraph 190, a Notice of Referral must have been issued by the referring doctor, dental practitioner or optometrist/optician in respect of all services provided by specialists and consultant physicians in order that patients may be eligible for medical benefits at the higher rate. Unless such a Notice has been issued, the referral requirements will be regarded as not having been satisfied and benefits will be paid at the unREFERRED rate.

190. A Notice of Referral is not required in the case of specialist radiologist or anaesthetist services (including Item 85 — Pre-operative examination of a patient in preparation for the administration of an anaesthetic). The higher rate of benefits in these cases is payable provided the services are rendered by a specialist radiologist or anaesthetist. However for benefits to be payable at the specialist rate for consultations by specialist anaesthetists (other than for a pre-operative examination) a Notice of Referral is required. (See paragraph 153.)

191. A Notice of Referral is not required in the case of a specialist pathologist service in Part 7 of the Schedule. However, for benefits to be payable at the higher rate for such services, the conditions set out in Part 7 of the Schedule must be satisfied and the patient's account must show the name of the practitioner requesting the service(s) and the date on which the request was made. (See paragraphs 158.A et seq).

\* \* \* \*

**Medical Benefits Schedule — Parts 2-10 Excluding Part 7 Items  
Ready Reckoner to convert 1 October 1976 Schedule Fee and Benefit Levels  
to levels of 1 January 1977 Schedule**

(There is no increase in Schedule fees and benefits for Part 7 items.  
This ready reckoner accordingly **does not apply** to items in Part 7)

1/10/76 Schedule Fee	1 January 1977			1/10/76 Schedule Fee	1 January 1977		
	Schedule Fee	Benefit	Gap		Schedule Fee	Benefit	Gap
\$	\$	\$	\$	\$	\$	\$	\$
2.20	2.30	2.00	0.30	13.00	13.80	11.75	2.05
2.70	2.90	2.50	0.40	13.20	14.00	11.90	2.10
3.10	3.30	2.85	0.45	13.40	14.20	12.10	2.10
3.50	3.70	3.15	0.55	13.80	14.60	12.45	2.15
4.00	4.20	3.60	0.60	14.00	14.80	12.60	2.20
4.10	4.30	3.70	0.60	14.20	15.00	12.75	2.25
4.30	4.50	3.85	0.65	14.40	15.20	12.95	2.25
4.80	5.10	4.35	0.75	14.80	15.60	13.30	2.30
4.90	5.20	4.45	0.75	15.00	15.80	13.45	2.35
5.10	5.40	4.60	0.80	15.20	16.00	13.60	2.40
5.30	5.60	4.80	0.80	16.00	16.80	14.30	2.50
5.40	5.70	4.85	0.85	16.20	17.20	14.65	2.55
5.50	5.80	4.95	0.85	16.60	17.60	15.00	2.60
5.90	6.20	5.30	0.90	17.40	18.40	15.65	2.75
6.30	6.70	5.70	1.00	17.60	18.60	15.85	2.75
6.40	6.80	5.80	1.00	18.00	19.00	16.15	2.85
6.60	7.00	5.95	1.05	18.40	19.40	16.50	2.90
6.90	7.30	6.25	1.05	19.00	20.00	17.00	3.00
7.00	7.40	6.30	1.10	19.20	20.50	17.45	3.05
7.10	7.50	6.40	1.10	19.80	21.00	17.85	3.15
7.50	7.90	6.75	1.15	20.00	21.00	17.85	3.15
7.60	8.00	6.80	1.20	20.50	21.50	18.30	3.20
8.00	8.40	7.15	1.25	21.00	22.00	18.70	3.30
8.10	8.60	7.35	1.25	21.50	22.50	19.15	3.35
8.30	8.80	7.50	1.30	22.00	23.00	19.55	3.45
8.60	9.10	7.75	1.35	23.00	24.50	20.85	3.65
8.80	9.30	7.95	1.35	24.00	25.50	21.70	3.80
8.90	9.40	8.00	1.40	24.50	26.00	22.10	3.90
9.20	9.70	8.25	1.45	25.50	27.00	22.95	4.05
9.50	10.00	8.50	1.50	26.00	27.50	23.40	4.10
9.60	10.20	8.70	1.50	26.50	28.00	23.80	4.20
9.90	10.40	8.85	1.55	27.00	28.50	24.25	4.25
10.00	10.60	9.05	1.55	27.50	29.00	24.65	4.35
10.20	10.80	9.20	1.60	28.50	30.00	25.50	4.50
10.40	11.00	9.35	1.65	29.00	30.50	25.95	4.55
11.00	11.60	9.90	1.70	29.50	31.00	26.35	4.65
12.00	12.60	10.75	1.85	30.00	31.50	26.80	4.70
12.20	12.80	10.90	1.90	30.50	32.00	27.20	4.80
12.60	13.40	11.40	2.00	31.50	33.50	28.50	5.00
12.80	13.60	11.60	2.00	32.00	34.00	29.00	5.00

**Medical Benefits Schedule — Parts 2-10 Excluding Part 7 Items  
Ready Reckoner to convert 1 October 1976 Schedule Fee and Benefit Levels  
to levels of 1 January 1977 Schedule**

(There is no increase in Schedule fees and benefits for Part 7 items.  
This ready reckoner accordingly **does not apply** to items in Part 7)

1/10/76 Schedule Fee	1 January 1977 Schedule Fee	1 January 1977 Benefit	Gap	1/10/76 Schedule Fee	1 January 1977 Schedule Fee	1 January 1977 Benefit	Gap
\$	\$	\$	\$	\$	\$	\$	\$
32.50	34.50	29.50	5.00	63.00	67.00	62.00	5.00
33.00	35.00	30.00	5.00	64.00	68.00	63.00	5.00
33.50	35.50	30.50	5.00	65.00	69.00	64.00	5.00
34.50	36.50	31.50	5.00	66.00	70.00	65.00	5.00
35.00	37.00	32.00	5.00	67.00	71.00	66.00	5.00
35.50	37.50	32.50	5.00	69.00	73.00	68.00	5.00
36.00	38.00	33.00	5.00	70.00	74.00	69.00	5.00
37.00	39.00	34.00	5.00	71.00	75.00	70.00	5.00
37.50	39.50	34.50	5.00	72.00	76.00	71.00	5.00
38.00	40.00	35.00	5.00	73.00	77.00	72.00	5.00
38.50	40.50	35.50	5.00	74.00	78.00	73.00	5.00
39.00	41.00	36.00	5.00	75.00	79.00	74.00	5.00
40.00	42.00	37.00	5.00	76.00	80.00	75.00	5.00
40.50	43.00	38.00	5.00	77.00	81.00	76.00	5.00
41.50	44.00	39.00	5.00	78.00	82.00	77.00	5.00
42.00	44.50	39.50	5.00	79.00	83.00	78.00	5.00
43.00	45.50	40.50	5.00	80.00	84.00	79.00	5.00
43.50	46.00	41.00	5.00	81.00	86.00	81.00	5.00
44.00	46.50	41.50	5.00	82.00	87.00	82.00	5.00
44.50	47.00	42.00	5.00	83.00	88.00	83.00	5.00
45.00	47.50	42.50	5.00	84.00	89.00	84.00	5.00
46.50	49.00	44.00	5.00	85.00	90.00	85.00	5.00
47.00	49.50	44.50	5.00	86.00	91.00	86.00	5.00
47.50	50.00	45.00	5.00	87.00	92.00	87.00	5.00
48.00	51.00	46.00	5.00	88.00	93.00	88.00	5.00
49.00	52.00	47.00	5.00	89.00	94.00	89.00	5.00
49.50	52.00	47.00	5.00	90.00	95.00	90.00	5.00
50.00	53.00	48.00	5.00	92.00	97.00	92.00	5.00
51.00	54.00	49.00	5.00	93.00	98.00	93.00	5.00
52.00	55.00	50.00	5.00	94.00	99.00	94.00	5.00
53.00	56.00	51.00	5.00	95.00	100.00	95.00	5.00
54.00	57.00	52.00	5.00	96.00	102.00	97.00	5.00
55.00	58.00	53.00	5.00	98.00	104.00	99.00	5.00
56.00	59.00	54.00	5.00	99.00	104.00	99.00	5.00
57.00	60.00	55.00	5.00	100.00	106.00	101.00	5.00
58.00	61.00	56.00	5.00	102.00	108.00	103.00	5.00
59.00	62.00	57.00	5.00	104.00	110.00	105.00	5.00
60.00	63.00	58.00	5.00	106.00	112.00	107.00	5.00
61.00	64.00	59.00	5.00	108.00	114.00	109.00	5.00
62.00	65.00	60.00	5.00	110.00	116.00	111.00	5.00

**Medical Benefits Schedule — Parts 2-10 Excluding Part 7 Items  
Ready Reckoner to convert 1 October 1976 Schedule Fee and Benefit Levels  
to levels of 1 January 1977 Schedule**

(There is no increase in Schedule fees and benefits for Part 7 items.  
This ready reckoner accordingly **does not apply** to items in Part 7)

1/10/76 Schedule Fee	1 January 1977			1/10/76 Schedule Fee	1 January 1977		
	Schedule Fee	Benefit	Gap		Schedule Fee	Schedule Fee	Benefit
\$	\$	\$	\$	\$	\$	\$	\$
112.00	118.00	113.00	5.00	215.00	225.00	220.00	5.00
114.00	120.00	115.00	5.00	220.00	230.00	225.00	5.00
116.00	122.00	117.00	5.00	225.00	240.00	235.00	5.00
118.00	124.00	119.00	5.00	230.00	245.00	240.00	5.00
120.00	126.00	121.00	5.00	240.00	255.00	250.00	5.00
122.00	128.00	123.00	5.00	245.00	260.00	255.00	5.00
126.00	134.00	129.00	5.00	255.00	270.00	265.00	5.00
128.00	136.00	131.00	5.00	260.00	275.00	270.00	5.00
130.00	138.00	133.00	5.00	265.00	280.00	275.00	5.00
132.00	140.00	135.00	5.00	270.00	285.00	280.00	5.00
134.00	142.00	137.00	5.00	275.00	290.00	285.00	5.00
136.00	144.00	139.00	5.00	285.00	300.00	295.00	5.00
138.00	146.00	141.00	5.00	295.00	310.00	305.00	5.00
140.00	148.00	143.00	5.00	300.00	315.00	310.00	5.00
142.00	150.00	145.00	5.00	305.00	320.00	315.00	5.00
144.00	152.00	147.00	5.00	320.00	340.00	335.00	5.00
148.00	156.00	151.00	5.00	325.00	345.00	340.00	5.00
150.00	158.00	153.00	5.00	330.00	350.00	345.00	5.00
152.00	160.00	155.00	5.00	345.00	365.00	360.00	5.00
154.00	162.00	157.00	5.00	350.00	370.00	365.00	5.00
156.00	164.00	159.00	5.00	355.00	375.00	370.00	5.00
160.00	168.00	163.00	5.00	365.00	385.00	380.00	5.00
162.00	172.00	167.00	5.00	370.00	390.00	385.00	5.00
164.00	174.00	169.00	5.00	375.00	395.00	390.00	5.00
166.00	176.00	171.00	5.00	380.00	400.00	395.00	5.00
168.00	178.00	173.00	5.00	400.00	420.00	415.00	5.00
172.00	182.00	177.00	5.00	405.00	430.00	425.00	5.00
174.00	184.00	179.00	5.00	415.00	440.00	435.00	5.00
176.00	186.00	181.00	5.00	420.00	445.00	440.00	5.00
178.00	188.00	183.00	5.00	435.00	460.00	455.00	5.00
180.00	190.00	185.00	5.00	440.00	465.00	460.00	5.00
184.00	194.00	189.00	5.00	445.00	470.00	465.00	5.00
188.00	198.00	193.00	5.00	450.00	475.00	470.00	5.00
190.00	200.00	195.00	5.00	495.00	525.00	520.00	5.00
192.00	205.00	200.00	5.00	500.00	530.00	525.00	5.00
196.00	205.00	200.00	5.00	520.00	550.00	545.00	5.00
198.00	210.00	205.00	5.00	570.00	600.00	595.00	5.00
200.00	210.00	205.00	5.00	580.00	610.00	605.00	5.00
205.00	215.00	210.00	5.00	650.00	685.00	680.00	5.00
210.00	220.00	215.00	5.00	715.00	755.00	750.00	5.00
				820.00	865.00	860.00	5.00

## SECTION 2

# MEDICAL BENEFITS SCHEDULE FEES

ALL STATES

1 JANUARY, 1977

### NOTE:

The fees shown in Part 1 are effective from 1 January 1977. The Ready Reckoner does not apply to Part 1 fees.

The fees shown in Parts 2 to 6 and Parts 7A to 10 of the 1 October 1976 Schedule should be converted to 1 January 1977 levels by reference to the Ready Reckoner.

The Ready Reckoner does **not** apply to Pathology Services — Part 7. The fees and benefits for Pathology Services shown on the amending Schedule pages are those applicable from 1 August, 1977.

**1 AUGUST 1977**

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## SECTION 2

# MEDICAL BENEFITS SCHEDULE FEES

ALL STATES

1 JANUARY, 1977

### NOTE:

The fees shown in Part 1 are effective from 1 January 1977. The Ready Reckoner does not apply to Part 1 fees.

The fees shown in Parts 2 to 6 and Parts 7A to 10 of the 1 October 1976 Schedule should be converted to 1 January 1977 levels by reference to the Ready Reckoner.

The Ready Reckoner does **not** apply to Pathology Services — Part 7. The fees and benefits for Pathology Services have not been increased.

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Medical Service

**PART 1 — PROFESSIONAL ATTENDANCES NOT COVERED BY  
AN ITEM IN ANY OTHER PART OF THIS SCHEDULE**

**NOTE**

(1) An *IN HOURS* consultation or visit is a reference to an attendance between 8 a.m. and 8 p.m. on a week day not being a public holiday or between 8 a.m. and 1 p.m. on a Saturday.

(2) An *AFTER HOURS* consultation or visit is a reference to an attendance on a public holiday, on a Sunday, before 8 a.m. or after 1 p.m. on a Saturday, or at any time other than between 8 a.m. and 8 p.m. on a week day not being a public holiday.

**GENERAL PRACTITIONER — SURGERY CONSULTATIONS**

Professional attendance at consulting rooms

**BRIEF CONSULTATION** of not more than 5 minutes duration

**— IN HOURS**

			NSW	VIC	QLD	SA	WA	TAS
3	FEE	\$	6.00	5.60	5.60	5.60	5.60	5.60
	BENEFIT	\$	5.10	4.80	4.80	4.80	4.80	4.80

**— AFTER HOURS**

			NSW	VIC	QLD	SA	WA	TAS
4	FEE	\$	10.40	9.90	9.90	9.90	9.90	9.90
	BENEFIT	\$	8.85	8.45	8.45	8.45	8.45	8.45

**STANDARD CONSULTATION** of more than 5 minutes duration but not more than 25 minutes duration

**— IN HOURS**

			NSW	VIC	QLD	SA	WA	TAS
14	FEE	\$	8.20	7.60	7.30	7.30	7.30	7.60
	BENEFIT	\$	7.00	6.50	6.25	6.25	6.25	6.50

**— AFTER HOURS**

			NSW	VIC	QLD	SA	WA	TAS
19	FEE	\$	12.60	11.80	11.60	11.60	11.60	11.80
	BENEFIT	\$	10.75	10.05	9.90	9.90	9.90	10.05

**LONG CONSULTATION** of more than 25 minutes duration but not more than 45 minutes duration

— IN HOURS

		NSW	VIC	QLD	SA	WA	TAS
25	FEE \$	15.60	14.60	14.00	14.00	14.00	14.60
	BENEFIT \$	13.30	12.45	11.90	11.90	11.90	12.45

— AFTER HOURS

		NSW	VIC	QLD	SA	WA	TAS
26	FEE \$	20.00	19.00	18.40	18.40	18.40	19.00
	BENEFIT \$	17.00	16.15	15.65	15.65	15.65	16.15

**PROLONGED CONSULTATION** of more than 45 minutes duration

— IN HOURS

		NSW	VIC	QLD	SA	WA	TAS
33	FEE \$	23.50	22.00	21.00	21.00	21.00	22.00
	BENEFIT \$	20.00	18.70	17.85	17.85	17.85	18.70

— AFTER HOURS

		NSW	VIC	QLD	SA	WA	TAS
35	FEE \$	28.00	26.50	26.00	26.00	26.00	26.50
	BENEFIT \$	23.80	22.55	22.10	22.10	22.10	22.55

**GENERAL PRACTITIONER — HOME VISITS**

Professional attendance at a place other than consulting rooms, hospital or nursing home

**BRIEF HOME VISIT** of not more than 5 minutes duration

— IN HOURS

		NSW	VIC	QLD	SA	WA	TAS
43	FEE \$	9.10	8.40	8.40	8.40	8.40	8.40
	BENEFIT \$	7.75	7.15	7.15	7.15	7.15	7.15

— AFTER HOURS

		NSW	VIC	QLD	SA	WA	TAS
44	FEE \$	13.40	12.80	12.80	12.80	12.80	12.80
	BENEFIT \$	11.40	10.90	10.90	10.90	10.90	10.90

## PART 1

## ATTENDANCES

**STANDARD HOME VISIT** of more than 5 minutes duration but not more than 25 minutes duration

## — IN HOURS

			NSW	VIC	QLD	SA	WA	TAS
51	FEE	\$	12.00	11.20	11.00	11.00	11.00	11.20
	BENEFIT	\$	10.20	9.55	9.35	9.35	9.35	9.55

## — AFTER HOURS

			NSW	VIC	QLD	SA	WA	TAS
53	FEE	\$	16.80	15.60	15.40	15.40	15.40	15.60
	BENEFIT	\$	14.30	13.30	13.10	13.10	13.10	13.30

**LONG HOME VISIT** of more than 25 minutes duration but not more than 45 minutes duration

## — IN HOURS

			NSW	VIC	QLD	SA	WA	TAS
57	FEE	\$	19.80	19.40	19.00	19.00	19.00	19.40
	BENEFIT	\$	16.85	16.50	16.15	16.15	16.15	16.50

## — AFTER HOURS

			NSW	VIC	QLD	SA	WA	TAS
59	FEE	\$	24.00	23.50	23.00	23.00	23.00	23.50
	BENEFIT	\$	20.40	20.00	19.55	19.55	19.55	20.00

**PROLONGED HOME VISIT** of more than 45 minutes duration

## — IN HOURS

			NSW	VIC	QLD	SA	WA	TAS
65	FEE	\$	28.00	26.50	26.50	26.50	26.50	26.50
	BENEFIT	\$	23.80	22.55	22.55	22.55	22.55	22.55

## — AFTER HOURS

			NSW	VIC	QLD	SA	WA	TAS
66	FEE	\$	32.00	31.50	30.00	30.00	30.00	31.50
	BENEFIT	\$	27.20	26.80	25.50	25.50	25.50	26.80

**GENERAL PRACTITIONER — CONSULTATION AT HOSPITAL OR  
NURSING HOME  
(one patient)**

Professional attendance at a **HOSPITAL** or **NURSING HOME** when only one patient is  
seen — **EACH ATTENDANCE**

**— IN HOURS**

69	FEE	\$	NSW 12.00	VIC 11.20	QLD 11.00	SA 11.00	WA 11.00	TAS 11.20
	BENEFIT	\$	10.20	9.55	9.35	9.35	9.35	9.55

**— AFTER HOURS**

71	FEE	\$	NSW 16.80	VIC 15.60	QLD 15.40	SA 15.40	WA 15.40	TAS 15.60
	BENEFIT	\$	14.30	13.30	13.10	13.10	13.10	13.30

**GENERAL PRACTITIONER — CONSULTATION AT HOSPITAL  
(two or more patients)**

Professional attendance on two or more patients in the one **HOSPITAL** on the one  
occasion — **EACH PATIENT**

73	FEE	\$	NSW 8.20	VIC 7.60	QLD 7.30	SA 7.30	WA 7.30	TAS 7.60
	BENEFIT	\$	7.00	6.50	6.25	6.25	6.25	6.50

**GENERAL PRACTITIONER — CONSULTATION AT NURSING HOME  
(two or more patients)**

Professional attendance on two or more patients in the one **NURSING HOME** on the  
one occasion — **EACH PATIENT**

79	FEE	\$	NSW 6.00	VIC 5.60	QLD 5.60	SA 5.60	WA 5.60	TAS 5.60
	BENEFIT	\$	5.10	4.80	4.80	4.80	4.80	4.80

**PRE-OPERATIVE EXAMINATION BY ANAESTHETIST**

PRE-OPERATIVE EXAMINATION OF A PATIENT IN PREPARATION FOR THE ADMINISTRATION OF AN ANAESTHETIC, being an examination carried out at an attendance other than at which the anaesthetic is administered

			NSW	VIC	QLD	SA	WA	TAS
82	G.	FEE	\$ 8.20	7.60	7.30	7.30	7.30	7.60
		BENEFIT	\$ 7.00	6.50	6.25	6.25	6.25	6.50
85	S.	FEE	\$ 12.00	11.40	11.40	11.40	11.40	10.20
		BENEFIT	\$ 10.20	9.70	9.70	9.70	9.70	8.70

**SPECIALIST, REFERRED CONSULTATION — SURGERY, HOSPITAL OR NURSING HOME**

Professional attendance at consulting rooms, hospital or nursing home by a specialist in the practice of his speciality where the patient is referred to him

— **INITIAL** attendance in a single course of treatment

			NSW	VIC	QLD	SA	WA	TAS
88		FEE	\$ 24.00	22.50	22.50	22.50	22.50	20.00
		BENEFIT	\$ 20.40	19.15	19.15	19.15	19.15	17.00

— Each attendance **SUBSEQUENT** to the first in a single course of treatment

			NSW	VIC	QLD	SA	WA	TAS
94		FEE	\$ 12.00	11.40	11.40	11.40	11.40	10.20
		BENEFIT	\$ 10.20	9.70	9.70	9.70	9.70	8.70

**SPECIALIST, REFERRED CONSULTATION — HOME VISITS**

Professional attendance at a place other than consulting rooms, hospital or nursing home by a specialist in the practice of his speciality where the patient is referred to him

— **INITIAL** attendance in a single course of treatment

			NSW	VIC	QLD	SA	WA	TAS
100		FEE	\$ 35.00	33.00	33.00	33.00	33.00	30.00
		BENEFIT	\$ 30.00	28.05	28.05	28.05	28.05	25.50

— Each attendance **SUBSEQUENT** to the first in a single course of treatment

			NSW	VIC	QLD	SA	WA	TAS
103		FEE	\$ 22.50	22.00	22.00	22.00	22.00	20.50
		BENEFIT	\$ 19.15	18.70	18.70	18.70	18.70	17.45

**CONSULTANT PHYSICIAN (OTHER THAN IN PSYCHIATRY),  
REFERRED CONSULTATION – SURGERY, HOSPITAL  
OR NURSING HOME**

Professional attendance at consulting rooms, hospital or nursing home by a consultant physician in the practice of his specialty (other than in psychiatry) where the patient is referred to him by a medical practitioner

– **INITIAL** attendance in a single course of treatment

110			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	42.00	38.50	38.50	38.50	38.50	38.50
	BENEFIT	\$	37.00	33.50	33.50	33.50	33.50	33.50

– Each attendance **SUBSEQUENT** to the first in a single course of treatment

116 ALL STATES: FEE \$21.00 – BENEFIT \$17.85

**CONSULTANT PHYSICIAN (OTHER THAN IN PSYCHIATRY),  
REFERRED CONSULTATION – HOME VISITS**

Professional attendance at a place other than consulting rooms, hospital or nursing home by a consultant physician in the practice of his specialty (other than in psychiatry) where the patient is referred to him by a medical practitioner

– **INITIAL** attendance in a single course of treatment

122			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	52.00	49.00	49.00	49.00	49.00	49.00
	BENEFIT	\$	47.00	44.00	44.00	44.00	44.00	44.00

– Each attendance **SUBSEQUENT** to the first in a single course of treatment

128 ALL STATES: FEE \$31.50 – BENEFIT \$26.80

**CONSULTANT PHYSICIAN IN PSYCHIATRY, REFERRED CONSULTATION  
– SURGERY, HOSPITAL OR NURSING HOME**

Professional attendance at consulting rooms, hospital or nursing home by a consultant physician in the practice of his recognised specialty of PSYCHIATRY where the patient is referred to him by a medical practitioner

– An attendance of not more than 15 minutes duration

134			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	12.00	11.40	11.40	11.40	11.40	10.20
	BENEFIT	\$	10.20	9.70	9.70	9.70	9.70	8.70

## PART 1

## ATTENDANCES

	— An attendance of more than 15 minutes duration but not more than 30 minutes duration							
136	FEE	\$	NSW 24.00	VIC 22.50	QLD 22.50	SA 22.50	WA 22.50	TAS 20.00
	BENEFIT	\$	20.40	19.15	19.15	19.15	19.15	17.00
	— An attendance of more than 30 minutes duration but not more than 45 minutes duration							
138	FEE	\$	NSW 36.50	VIC 33.50	QLD 33.50	SA 33.50	WA 33.50	TAS 30.00
	BENEFIT	\$	31.50	28.50	28.50	28.50	28.50	25.50
	— An attendance of more than 45 minutes duration but not more than 60 minutes duration							
140	FEE	\$	NSW 49.00	VIC 45.50	QLD 45.50	SA 45.50	WA 45.50	TAS 40.50
	BENEFIT	\$	44.00	40.50	40.50	40.50	40.50	35.50
	— An attendance of more than 60 minutes duration							
142	FEE	\$	NSW 60.00	VIC 57.00	QLD 57.00	SA 57.00	WA 57.00	TAS 51.00
	BENEFIT	\$	55.00	52.00	52.00	52.00	52.00	46.00
<b>CONSULTANT PHYSICIAN IN PSYCHIATRY, REFERRED CONSULTATION — HOME VISITS</b>								
Professional attendance by a consultant physician in the practice of his recognised specialty of <b>PSYCHIATRY</b> where the patient is referred to him by a medical practitioner — where that attendance is at a place other than consulting rooms, hospital or nursing home								
— An attendance of not more than 15 minutes duration								
144	FEE	\$	NSW 22.50	VIC 22.00	QLD 22.00	SA 22.00	WA 22.00	TAS 20.50
	BENEFIT	\$	19.15	18.70	18.70	18.70	18.70	17.45
	— An attendance of more than 15 minutes duration but not more than 30 minutes duration							
146	FEE	\$	NSW 35.00	VIC 33.00	QLD 33.00	SA 33.00	WA 33.00	TAS 30.00
	BENEFIT	\$	30.00	28.05	28.05	28.05	28.05	25.50



## PART 1

## ATTENDANCES

	— An attendance of more than 30 minutes duration but not more than 45 minutes duration							
148	FEE	\$	NSW 47.50	VIC 44.50	QLD 44.50	SA 44.50	WA 44.50	TAS 40.50
	BENEFIT	\$	42.50	39.50	39.50	39.50	39.50	35.50

	— An attendance of more than 45 minutes duration but not more than 60 minutes duration							
150	FEE	\$	NSW 59.00	VIC 56.00	QLD 56.00	SA 56.00	WA 56.00	TAS 51.00
	BENEFIT	\$	54.00	51.00	51.00	51.00	51.00	46.00

	— An attendance of more than 60 minutes duration							
152	FEE	\$	NSW 71.00	VIC 67.00	QLD 67.00	SA 67.00	WA 67.00	TAS 60.00
	BENEFIT	\$	66.00	62.00	62.00	62.00	62.00	55.00

### PROLONGED PROFESSIONAL ATTENDANCE

Professional attendance (not covered by any other item in this Part) on a patient in a critical condition that requires constant attention to the exclusion of all other patients

	— For a period of not less than <b>ONE</b> hour but less than <b>TWO</b> hours						
160	ALL STATES: FEE \$33.50 — BENEFIT \$28.50						

	— For a period of not less than <b>TWO</b> hours but less than <b>THREE</b> hours						
161	ALL STATES: FEE \$55.00 — BENEFIT \$50.00						

	— For a period of not less than <b>THREE</b> hours but less than <b>FOUR</b> hours						
162	ALL STATES: FEE \$76.00 — BENEFIT \$71.00						

	— For a period of not less than <b>FOUR</b> hours but less than <b>FIVE</b> hours						
163	ALL STATES: FEE \$97.00 — BENEFIT \$92.00						

	— For a period of <b>FIVE</b> hours or more						
164	ALL STATES: FEE \$118.00 — BENEFIT \$113.00						

Item No.	Medical Service						
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**PART 2 – OBSTETRICS****DIVISION 1 – GENERAL**

ANTENATAL CARE (not including any service or services covered by Item 200 or 207 or by any item in Division 2 of this Part) where the attendances do not exceed ten – each attendance

190			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	7.50	6.90	6.60	6.60	6.60	6.90
	BENEFIT	\$	6.40	5.90	5.65	5.65	5.65	5.90

ANTENATAL CARE (not including any service or services covered by Item 200 or 207 or by any item in Division 2 of this Part) where attendances exceed ten

192			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	75.00	69.00	66.00	66.00	66.00	69.00
	BENEFIT	\$	70.00	64.00	61.00	61.00	61.00	64.00

CONFINEMENT AND POSTNATAL CARE for nine days (not including any service or services covered by Item 200 or 207 or by any item in Division 2 of this Part) where the medical practitioner has not given the antenatal care

194	G.		NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	71.00	64.00	64.00	55.00	55.00	55.00
	BENEFIT	\$	66.00	59.00	59.00	50.00	50.00	50.00
196	S.		NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	104.00	80.00	80.00	71.00	71.00	71.00
	BENEFIT	\$	99.00	75.00	75.00	66.00	66.00	66.00

CONFINEMENT AS AN INDEPENDENT PROCEDURE BY A SPECIALIST in the practice of his specialty, where the patient is referred by another medical practitioner and a separate account is not rendered by the specialist for an attendance under Item 88 in this Schedule

198			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	71.00	64.00	64.00	64.00	64.00	64.00
	BENEFIT	\$	66.00	59.00	59.00	59.00	59.00	59.00

ANTENATAL CARE, CONFINEMENT AND POSTNATAL CARE for nine days (not including any service or services covered by Division 2 of this Part)

200	G.		NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	120.00	110.00	104.00	95.00	95.00	95.00
	BENEFIT	\$	115.00	105.00	99.00	90.00	90.00	90.00
207	S.		NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	160.00	134.00	120.00	134.00	120.00	110.00
	BENEFIT	\$	155.00	129.00	115.00	129.00	115.00	105.00

**PART 2 DIVISION 1 – GENERAL**

**OBSTETRICS**

† ANTENATAL CARE, CONFINEMENT and POSTNATAL CARE for nine days with MID-CAVITY FORCEPS or VACUUM EXTRACTION, BREECH DELIVERY OR MANAGEMENT OF MULTIPLE DELIVERY (not including any service or services covered by Division 2 of this Part other than Items 295, 298 and 360 when performed at time of delivery)

			NSW	VIC	QLD	SA	WA	TAS
208	G.	FEE	\$ 168.00	150.00	140.00	136.00	130.00	128.00
		BENEFIT	\$ 163.00	145.00	135.00	131.00	125.00	123.00
209	S.	FEE	\$ 210.00	174.00	156.00	174.00	156.00	142.00
		BENEFIT	\$ 205.00	169.00	151.00	169.00	151.00	137.00

**DIVISION 2 – SPECIAL SERVICES**

ANTENATAL CARE, CONFINEMENT AND POSTNATAL CARE for nine days WITH SURGICAL INDUCTION OF LABOUR

			NSW	VIC	QLD	SA	WA	TAS
211	G.	FEE	\$ 138.00	130.00	122.00	114.00	114.00	114.00
		BENEFIT	\$ 133.00	125.00	117.00	109.00	109.00	109.00
213	S.	FEE	\$ 178.00	154.00	138.00	154.00	138.00	130.00
		BENEFIT	\$ 173.00	149.00	133.00	149.00	133.00	125.00

ANTENATAL CARE, CONFINEMENT AND POSTNATAL CARE for nine days WITH SURGICAL INDUCTION OF LABOUR REQUIRING MAJOR REGIONAL OR FIELD BLOCK

			NSW	VIC	QLD	SA	WA	TAS
216	G.	FEE	\$ 166.00	156.00	150.00	142.00	142.00	142.00
		BENEFIT	\$ 161.00	151.00	145.00	137.00	137.00	137.00
217	S.	FEE	\$ 205.00	180.00	166.00	180.00	166.00	156.00
		BENEFIT	\$ 200.00	175.00	161.00	175.00	161.00	151.00

CAESAREAN SECTION and postnatal care for nine days

			NSW	VIC	QLD	SA	WA	TAS
234	G.	FEE	\$ 152.00	152.00	142.00	142.00	142.00	134.00
		BENEFIT	\$ 147.00	147.00	137.00	137.00	137.00	129.00
241	S.	FEE	\$ 198.00	176.00	176.00	176.00	176.00	160.00
		BENEFIT	\$ 193.00	171.00	171.00	171.00	171.00	155.00

Anaesthetic 10 units — Item Nos 450G / 521S

TREATMENT OF HABITUAL MISCARRIAGE by injection of hormones - each injection up to a maximum of twelve injections

			NSW	VIC	QLD	SA	WA	TAS
242		FEE	\$ 5.50	5.10	5.10	5.10	5.10	5.10
		BENEFIT	\$ 4.70	4.35	4.35	4.35	4.35	4.35

## PART 2 DIVISION 2 – SPECIAL SERVICES

## OBSTETRICS

	THREATENED ABORTION, THREATENED MISCARRIAGE OR HYPEREMESIS GRAVIDARUM, requiring admission to hospital, treatment of - each attendance							
246	FEE	\$	NSW 5.50	VIC 5.10	QLD 5.10	SA 5.10	WA 5.10	TAS 5.10
	BENEFIT	\$	4.70	4.35	4.35	4.35	4.35	4.35
250	G.	ALL STATES: FEE \$47.50 — BENEFIT \$42.50						
258	S.	ALL STATES: FEE \$64.00 — BENEFIT \$59.00						
		Anaesthetic 6 units — Item Nos 407G / 513S						
267	CERVIX, removal of purse string ligature of, under general anaesthesia							
	ALL STATES: FEE \$18.40 — BENEFIT \$15.65							
	Anaesthetic 5 units — Item Nos 406G / 510S							
273	PRE-ECLAMPSIA, ECLAMPSIA OR ANTEPARTUM HAEMORRHAGE, treatment of - each attendance							
	FEE	\$	NSW 5.50	VIC 5.10	QLD 5.10	SA 5.10	WA 5.10	TAS 5.10
	BENEFIT	\$	4.70	4.35	4.35	4.35	4.35	4.35
†	INDUCTION and MANAGEMENT of SECOND TRIMESTER LABOUR							
274	G.	ALL STATES: FEE \$70.00 — BENEFIT \$65.00						
275	S.	ALL STATES: FEE \$87.00 — BENEFIT \$82.00						
278	AMNIOSCOPY							
	ALL STATES: FEE \$16.60 — BENEFIT \$14.15							
284	AMNIOSCOPY with surgical induction of labour							
	ALL STATES: FEE \$25.50 — BENEFIT \$21.70							
	Anaesthetic 6 units — Item Nos 407G / 513S							
290	AMNIOCENTESIS							
	ALL STATES: FEE \$18.40 — BENEFIT \$15.65							

‡	VERSION, EXTERNAL, under general anaesthesia, not covered by Items 208/209							
295	ALL STATES: FEE \$18.40 — BENEFIT \$15.65 Anaesthetic 6 units — Item Nos 407G / 513S							
‡	VERSION, INTERNAL, under general anaesthesia, not covered by Items 208/209							
298	ALL STATES: FEE \$33.00 — BENEFIT \$28.05 Anaesthetic 6 units — Item Nos 407G / 513S							
	SURGICAL INDUCTION of labour							
354	ALL STATES: FEE \$18.40 — BENEFIT \$15.65 Anaesthetic 5 units — Item Nos 406G / 510S							
‡	DECAPITATION, CRANIOTOMY, GLEIDOTOMY OR EVISCERATION OF FOETUS or any two or more of those services, not covered by Items 208/209							
360	ALL STATES: FEE \$71.00 — BENEFIT \$66.00 Anaesthetic 8 units — Item Nos 409G / 517S							
	EVACUATION by intrauterine manual removal of the PRODUCTS OF CONCEPTION such as retained foetus, placenta, membranes or mole							
362	FEE	\$	NSW 26.50	VIC 20.50	QLD 20.50	SA 20.50	WA 20.50	TAS 20.50
	BENEFIT	\$	22.55	17.45	17.45	17.45	17.45	17.45
	Anaesthetic 7 units — Item Nos 408G / 514S							
	MANIPULATIVE CORRECTION OF ACUTE INVERSION OF UTERUS, by vaginal approach, with or without incision of cervix							
365	ALL STATES: FEE \$80.00 — BENEFIT \$75.00 Anaesthetic 8 units — Item Nos 409G / 517S							
	MANIPULATIVE CORRECTION OF ACUTE INVERSION OF UTERUS, by abdominal approach, with or without incision of cervix							
368	ALL STATES: FEE \$120.00 — BENEFIT \$115.00 Anaesthetic 9 units — Item Nos 443G / 518S							

**PART 2 DIVISION 2 – SPECIAL SERVICES****OBSTETRICS**

374

POSTPARTUM HAEMORRHAGE requiring special procedures such as packing,  
treatment of

ALL STATES: FEE \$18.40 – BENEFIT \$15.65

Anaesthetic 8 units – Item Nos 409G / 517S

383

THIRD DEGREE TEAR, repair of, involving anal sphincter muscles

ALL STATES: FEE \$37.00 – BENEFIT \$32.00

Anaesthetic 7 units – Item Nos 408G / 514S

## Medical Service

## PART 3 — ANAESTHETICS

## NOTE

(1) Where an anaesthetic is administered to a patient the pre-medication of the patient in preparation for anaesthesia is deemed to form part of the administration of the anaesthetic. The administration of an anaesthetic also includes the pre-operative examination of the patient in preparation for that administration except where such examination entails a separate attendance on the patient.

(2) The amount of benefit specified for the administration of an anaesthetic or for assistance in the administration of an anaesthetic is the amount payable whether that service is rendered by one or more than one medical practitioner.

(3) Fees for anaesthetics administered when two or more operations are performed on a patient, on the one occasion are to be calculated by the following rule applied to the listed anaesthetic items for the individual operations:

100 per cent for the item with the greatest anaesthetic fee;  
plus 20 per cent for the item with the next greatest anaesthetic fee;  
plus 10 per cent for each other item.

For convenience in assessing anaesthetic services, items 82 and 85 have been repeated in this Part.

PRE-OPERATIVE EXAMINATION OF A PATIENT IN PREPARATION FOR THE ADMINISTRATION OF AN ANAESTHETIC, being an examination carried out at an attendance other than at which the anaesthetic is administered

			NSW	VIC	QLD	SA	WA	TAS
82	G.	FEE	\$ 7.50	6.90	6.60	6.60	6.60	6.90
		BENEFIT	\$ 6.40	5.90	5.65	5.65	5.65	5.90
85	S.	FEE	\$ 11.00	10.40	10.40	10.40	10.40	9.20
		BENEFIT	\$ 9.35	8.85	8.85	8.85	8.85	7.85

DIVISION 1 — ADMINISTRATION OF AN ANAESTHETIC by a medical practitioner OTHER THAN A SPECIALIST ANAESTHETIST — in connection with a medical service which has been assigned an anaesthetic unit value of

## — ONE UNIT

			NSW	VIC	QLD	SA	WA	TAS
401		FEE	\$ 4.10	4.10	4.10	4.00	4.00	3.50
		BENEFIT	\$ 3.50	3.50	3.50	3.40	3.40	3.00

## — TWO UNITS

			NSW	VIC	QLD	SA	WA	TAS
403		FEE	\$ 8.30	8.10	8.10	8.00	8.00	7.00
		BENEFIT	\$ 7.10	6.90	6.90	6.80	6.80	5.95

## PART 3 DIVISION 1

## ANAESTHETICS — G

		— THREE UNITS						
			NSW	VIC	QLD	SA	WA	TAS
404	FEE	\$	12.20	12.00	12.00	12.00	12.00	10.40
	BENEFIT	\$	10.40	10.20	10.20	10.20	10.20	8.85
		— FOUR UNITS						
			NSW	VIC	QLD	SA	WA	TAS
405	FEE	\$	16.60	16.20	16.20	16.00	16.00	14.00
	BENEFIT	\$	14.15	13.80	13.80	13.60	13.60	11.90
		— FIVE UNITS						
			NSW	VIC	QLD	SA	WA	TAS
406	FEE	\$	20.50	20.00	20.00	19.80	19.80	17.40
	BENEFIT	\$	17.45	17.00	17.00	16.85	16.85	14.80
		— SIX UNITS						
			NSW	VIC	QLD	SA	WA	TAS
407	FEE	\$	24.50	24.00	24.00	24.00	24.00	21.00
	BENEFIT	\$	20.85	20.40	20.40	20.40	20.40	17.85
		— SEVEN UNITS						
			NSW	VIC	QLD	SA	WA	TAS
408	FEE	\$	29.00	28.50	28.50	27.50	27.50	24.50
	BENEFIT	\$	24.65	24.25	24.25	23.40	23.40	20.85
		— EIGHT UNITS						
			NSW	VIC	QLD	SA	WA	TAS
409	FEE	\$	33.00	32.50	32.50	32.00	32.00	27.50
	BENEFIT	\$	28.05	27.65	27.65	27.20	27.20	23.40
		— NINE UNITS						
			NSW	VIC	QLD	SA	WA	TAS
443	FEE	\$	37.50	36.00	36.00	35.50	35.50	31.50
	BENEFIT	\$	32.50	31.00	31.00	30.50	30.50	26.80
		— TEN UNITS						
			NSW	VIC	QLD	SA	WA	TAS
450	FEE	\$	41.50	40.50	40.50	40.00	40.00	35.00
	BENEFIT	\$	36.50	35.50	35.50	35.00	35.00	30.00
		— ELEVEN UNITS						
			NSW	VIC	QLD	SA	WA	TAS
453	FEE	\$	45.00	44.50	44.50	44.00	44.00	38.50
	BENEFIT	\$	40.00	39.50	39.50	39.00	39.00	33.50



## PART 3 DIVISION 1

## ANAESTHETICS — G

## — TWELVE UNITS

454			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	49.50	49.00	49.00	47.50	47.50	42.00
	BENEFIT	\$	44.50	44.00	44.00	42.50	42.50	37.00

## — THIRTEEN UNITS

457			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	54.00	52.00	52.00	52.00	52.00	45.00
	BENEFIT	\$	49.00	47.00	47.00	47.00	47.00	40.00

## — FOURTEEN UNITS

458			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	58.00	57.00	57.00	55.00	55.00	49.00
	BENEFIT	\$	53.00	52.00	52.00	50.00	50.00	44.00

## — FIFTEEN UNITS

459			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	61.00	60.00	60.00	60.00	60.00	52.00
	BENEFIT	\$	56.00	55.00	55.00	55.00	55.00	47.00

## — SIXTEEN UNITS

460			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	66.00	65.00	65.00	64.00	64.00	56.00
	BENEFIT	\$	61.00	60.00	60.00	59.00	59.00	51.00

## — SEVENTEEN UNITS

461			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	70.00	69.00	69.00	67.00	67.00	60.00
	BENEFIT	\$	65.00	64.00	64.00	62.00	62.00	55.00

## — EIGHTEEN UNITS

462			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	75.00	72.00	72.00	71.00	71.00	63.00
	BENEFIT	\$	70.00	67.00	67.00	66.00	66.00	58.00

## — NINETEEN UNITS

463			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	78.00	77.00	77.00	76.00	76.00	66.00
	BENEFIT	\$	73.00	72.00	72.00	71.00	71.00	61.00

## — TWENTY UNITS

464			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	83.00	81.00	81.00	80.00	80.00	70.00
	BENEFIT	\$	78.00	76.00	76.00	75.00	75.00	65.00

<b>— TWENTY-ONE UNITS</b>								
465	FEE	\$	NSW 87.00	VIC 86.00	QLD 86.00	SA 83.00	WA 83.00	TAS 74.00
	BENEFIT	\$	82.00	81.00	81.00	78.00	78.00	69.00
<b>— TWENTY-TWO UNITS</b>								
466	FEE	\$	NSW 90.00	VIC 89.00	QLD 89.00	SA 88.00	WA 88.00	TAS 77.00
	BENEFIT	\$	85.00	84.00	84.00	83.00	83.00	72.00
<b>— TWENTY-THREE UNITS</b>								
467	FEE	\$	NSW 95.00	VIC 93.00	QLD 93.00	SA 92.00	WA 92.00	TAS 81.00
	BENEFIT	\$	90.00	88.00	88.00	87.00	87.00	76.00
<b>— TWENTY-FOUR UNITS</b>								
468	FEE	\$	NSW 99.00	VIC 98.00	QLD 98.00	SA 95.00	WA 95.00	TAS 84.00
	BENEFIT	\$	94.00	93.00	93.00	90.00	90.00	79.00
<b>— TWENTY-FIVE UNITS</b>								
469	FEE	\$	NSW 104.00	VIC 102.00	QLD 102.00	SA 99.00	WA 99.00	TAS 87.00
	BENEFIT	\$	99.00	97.00	97.00	94.00	94.00	82.00
<b>— TWENTY-SIX UNITS</b>								
470	FEE	\$	NSW 108.00	VIC 104.00	QLD 104.00	SA 104.00	WA 104.00	TAS 90.00
	BENEFIT	\$	103.00	99.00	99.00	99.00	99.00	85.00
<b>— TWENTY-SEVEN UNITS</b>								
471	FEE	\$	NSW 112.00	VIC 110.00	QLD 110.00	SA 108.00	WA 108.00	TAS 94.00
	BENEFIT	\$	107.00	105.00	105.00	103.00	103.00	89.00
<b>— TWENTY-EIGHT UNITS</b>								
472	FEE	\$	NSW 116.00	VIC 114.00	QLD 114.00	SA 110.00	WA 110.00	TAS 98.00
	BENEFIT	\$	111.00	109.00	109.00	105.00	105.00	93.00
<b>— TWENTY-NINE UNITS</b>								
473	FEE	\$	NSW 120.00	VIC 116.00	QLD 116.00	SA 116.00	WA 116.00	TAS 102.00
	BENEFIT	\$	115.00	111.00	111.00	111.00	111.00	97.00

## PART 3 DIVISION 1

## ANAESTHETICS — G

## — THIRTY UNITS

			NSW	VIC	QLD	SA	WA	TAS
474	FEE	\$	122.00	120.00	120.00	120.00	120.00	104.00
	BENEFIT	\$	117.00	115.00	115.00	115.00	115.00	99.00

## — THIRTY-TWO UNITS

			NSW	VIC	QLD	SA	WA	TAS
475	FEE	\$	132.00	130.00	130.00	128.00	128.00	112.00
	BENEFIT	\$	127.00	125.00	125.00	123.00	123.00	107.00

## — THIRTY-SIX UNITS

			NSW	VIC	QLD	SA	WA	TAS
476	FEE	\$	150.00	144.00	144.00	142.00	142.00	126.00
	BENEFIT	\$	145.00	139.00	139.00	137.00	137.00	121.00

## — THIRTY-EIGHT UNITS

			NSW	VIC	QLD	SA	WA	TAS
477	FEE	\$	156.00	154.00	154.00	152.00	152.00	132.00
	BENEFIT	\$	151.00	149.00	149.00	147.00	147.00	127.00

## — THIRTY-NINE UNITS

			NSW	VIC	QLD	SA	WA	TAS
478	FEE	\$	162.00	160.00	160.00	154.00	154.00	138.00
	BENEFIT	\$	157.00	155.00	155.00	149.00	149.00	133.00

In connection with electro convulsive therapy  
(based on 2.5 units)

			NSW	VIC	QLD	SA	WA	TAS
479	FEE	\$	10.40	10.20	10.20	10.00	10.00	8.80
	BENEFIT	\$	8.85	8.70	8.70	8.50	8.50	7.50

In connection with radio-therapy  
(based on 6 units)

			NSW	VIC	QLD	SA	WA	TAS
480	FEE	\$	24.50	24.00	24.00	24.00	24.00	21.00
	BENEFIT	\$	20.85	20.40	20.40	20.40	20.40	17.85

In connection with forceps delivery  
(based on 7 units)

			NSW	VIC	QLD	SA	WA	TAS
481	FEE	\$	29.00	28.50	28.50	27.50	27.50	24.50
	BENEFIT	\$	24.65	24.25	24.25	23.40	23.40	20.85

482	<p>In connection with the treatment of a dislocation requiring open operation, being a dislocation referred to in Items 7397 to 7476</p> <p><b>DERIVED FEE</b> — The fee for the administration of the anaesthetic for the treatment of the dislocation plus one-half of that fee. <b>BENEFIT</b> — 85% OF THE DERIVED FEE <b>OR</b> THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.</p>
483	<p>In connection with the treatment of a simple and uncomplicated fracture requiring open operation being a fracture referred to in Items 7505 to 7798</p> <p><b>DERIVED FEE</b> — The fee for the administration of the anaesthetic for the treatment of the fracture plus one-third of that fee. <b>BENEFIT</b> — 85% OF THE DERIVED FEE <b>OR</b> THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.</p>
484	<p>In connection with the treatment of a simple and uncomplicated fracture requiring internal fixation or with the treatment of a compound fracture requiring open operation, being in either case a fracture referred to in Items 7505 to 7798</p> <p><b>DERIVED FEE</b> — The fee for the administration of the anaesthetic for the treatment of the fracture plus one-half of that fee. <b>BENEFIT</b> — 85% OF THE DERIVED FEE <b>OR</b> THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.</p>
485	<p>In connection with the treatment of a complicated fracture involving viscera, blood vessels or nerves and requiring open operation, being a fracture referred to in Items 7505 to 7798</p> <p><b>DERIVED FEE</b> — The fee for the administration of the anaesthetic for the treatment of the fracture plus three-quarters of that fee. <b>BENEFIT</b> — 85% OF THE DERIVED FEE <b>OR</b> THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.</p>

**DIVISION 2 — ADMINISTRATION OF AN ANAESTHETIC BY A SPECIALIST ANAESTHETIST — in connection with a medical service which has been assigned an anaesthetic unit value of**

**— ONE UNIT**

500	FEE	\$	NSW 4.90	VIC 4.90	QLD 4.90	SA 4.80	WA 4.80	TAS 4.30
	BENEFIT	\$	4.20	4.20	4.20	4.10	4.10	3.70

**— TWO UNITS**

505	FEE	\$	NSW 10.00	VIC 9.90	QLD 9.90	SA 9.60	WA 9.60	TAS 8.80
	BENEFIT	\$	8.50	8.45	8.45	8.20	8.20	7.50

**— THREE UNITS**

506	FEE	\$	NSW 15.00	VIC 14.80	QLD 14.80	SA 14.40	WA 14.40	TAS 13.00
	BENEFIT	\$	12.75	12.60	12.60	12.25	12.25	11.05

**— FOUR UNITS**

509	FEE	\$	NSW 20.00	VIC 19.80	QLD 19.80	SA 19.20	WA 19.20	TAS 17.60
	BENEFIT	\$	17.00	16.85	16.85	16.35	16.35	15.00

**— FIVE UNITS**

510	FEE	\$	NSW 24.50	VIC 24.50	QLD 24.50	SA 24.00	WA 24.00	TAS 22.00
	BENEFIT	\$	20.85	20.85	20.85	20.40	20.40	18.70

**— SIX UNITS**

513	FEE	\$	NSW 30.00	VIC 29.50	QLD 29.50	SA 29.00	WA 29.00	TAS 26.50
	BENEFIT	\$	25.50	25.10	25.10	24.65	24.65	22.55

**— SEVEN UNITS**

514	FEE	\$	NSW 35.00	VIC 34.50	QLD 34.50	SA 33.50	WA 33.50	TAS 30.50
	BENEFIT	\$	30.00	29.50	29.50	28.50	28.50	25.95

**— EIGHT UNITS**

517	FEE	\$	NSW 40.00	VIC 39.00	QLD 39.00	SA 38.50	WA 38.50	TAS 35.00
	BENEFIT	\$	35.00	34.00	34.00	33.50	33.50	30.00

## PART 3 DIVISION 2

## ANAESTHETICS — S

		— NINE UNITS						
518	FEE	\$	NSW 45.00	VIC 44.50	QLD 44.50	SA 43.50	WA 43.50	TAS 39.00
	BENEFIT	\$	40.00	39.50	39.50	38.50	38.50	34.00
		— TEN UNITS						
521	FEE	\$	NSW 50.00	VIC 49.50	QLD 49.50	SA 48.00	WA 48.00	TAS 44.00
	BENEFIT	\$	45.00	44.50	44.50	43.00	43.00	39.00
		— ELEVEN UNITS						
522	FEE	\$	NSW 55.00	VIC 54.00	QLD 54.00	SA 53.00	WA 53.00	TAS 48.00
	BENEFIT	\$	50.00	49.00	49.00	48.00	48.00	43.00
		— TWELVE UNITS						
523	FEE	\$	NSW 60.00	VIC 59.00	QLD 59.00	SA 58.00	WA 58.00	TAS 52.00
	BENEFIT	\$	55.00	54.00	54.00	53.00	53.00	47.00
		— THIRTEEN UNITS						
524	FEE	\$	NSW 65.00	VIC 64.00	QLD 64.00	SA 63.00	WA 63.00	TAS 57.00
	BENEFIT	\$	60.00	59.00	59.00	58.00	58.00	52.00
		— FOURTEEN UNITS						
525	FEE	\$	NSW 70.00	VIC 69.00	QLD 69.00	SA 67.00	WA 67.00	TAS 61.00
	BENEFIT	\$	65.00	64.00	64.00	62.00	62.00	56.00
		— FIFTEEN UNITS						
526	FEE	\$	NSW 75.00	VIC 74.00	QLD 74.00	SA 72.00	WA 72.00	TAS 65.00
	BENEFIT	\$	70.00	69.00	69.00	67.00	67.00	60.00
		— SIXTEEN UNITS						
527	FEE	\$	NSW 80.00	VIC 78.00	QLD 78.00	SA 77.00	WA 77.00	TAS 70.00
	BENEFIT	\$	75.00	73.00	73.00	72.00	72.00	65.00
		— SEVENTEEN UNITS						
528	FEE	\$	NSW 86.00	VIC 84.00	QLD 84.00	SA 82.00	WA 82.00	TAS 75.00
	BENEFIT	\$	81.00	79.00	79.00	77.00	77.00	70.00

## PART 3 DIVISION 2

## ANAESTHETICS — S

		— EIGHTEEN UNITS						
		NSW	VIC	QLD	SA	WA	TAS	
529	FEE	\$ 90.00	89.00	89.00	87.00	87.00	78.00	
	BENEFIT	\$ 85.00	84.00	84.00	82.00	82.00	73.00	
		— NINETEEN UNITS						
		NSW	VIC	QLD	SA	WA	TAS	
531	FEE	\$ 95.00	94.00	94.00	92.00	92.00	83.00	
	BENEFIT	\$ 90.00	89.00	89.00	87.00	87.00	78.00	
		— TWENTY UNITS						
		NSW	VIC	QLD	SA	WA	TAS	
533	FEE	\$ 100.00	99.00	99.00	96.00	96.00	88.00	
	BENEFIT	\$ 95.00	94.00	94.00	91.00	91.00	83.00	
		— TWENTY-ONE UNITS						
		NSW	VIC	QLD	SA	WA	TAS	
535	FEE	\$ 104.00	104.00	104.00	102.00	102.00	92.00	
	BENEFIT	\$ 99.00	99.00	99.00	97.00	97.00	87.00	
		— TWENTY-TWO UNITS						
		NSW	VIC	QLD	SA	WA	TAS	
537	FEE	\$ 110.00	108.00	108.00	106.00	106.00	96.00	
	BENEFIT	\$ 105.00	103.00	103.00	101.00	101.00	91.00	
		— TWENTY-THREE UNITS						
		NSW	VIC	QLD	SA	WA	TAS	
538	FEE	\$ 114.00	114.00	114.00	110.00	110.00	100.00	
	BENEFIT	\$ 109.00	109.00	109.00	105.00	105.00	95.00	
		— TWENTY-FOUR UNITS						
		NSW	VIC	QLD	SA	WA	TAS	
539	FEE	\$ 120.00	118.00	118.00	116.00	116.00	104.00	
	BENEFIT	\$ 115.00	113.00	113.00	111.00	111.00	99.00	
		— TWENTY-FIVE UNITS						
		NSW	VIC	QLD	SA	WA	TAS	
540	FEE	\$ 126.00	122.00	122.00	120.00	120.00	110.00	
	BENEFIT	\$ 121.00	117.00	117.00	115.00	115.00	105.00	
		— TWENTY-SIX UNITS						
		NSW	VIC	QLD	SA	WA	TAS	
541	FEE	\$ 130.00	128.00	128.00	126.00	126.00	114.00	
	BENEFIT	\$ 125.00	123.00	123.00	121.00	121.00	109.00	

## PART 3 DIVISION 2

## ANAESTHETICS — S

		— TWENTY-SEVEN UNITS						
		NSW	VIC	QLD	SA	WA	TAS	
542	FEE	\$ 134.00	132.00	132.00	130.00	130.00	118.00	
	BENEFIT	\$ 129.00	127.00	127.00	125.00	125.00	113.00	
		— TWENTY-EIGHT UNITS						
		NSW	VIC	QLD	SA	WA	TAS	
543	FEE	\$ 140.00	138.00	138.00	134.00	134.00	122.00	
	BENEFIT	\$ 135.00	133.00	133.00	129.00	129.00	117.00	
		— TWENTY-NINE UNITS						
		NSW	VIC	QLD	SA	WA	TAS	
544	FEE	\$ 144.00	142.00	142.00	140.00	140.00	128.00	
	BENEFIT	\$ 139.00	137.00	137.00	135.00	135.00	123.00	
		— THIRTY UNITS						
		NSW	VIC	QLD	SA	WA	TAS	
545	FEE	\$ 150.00	148.00	148.00	144.00	144.00	130.00	
	BENEFIT	\$ 145.00	143.00	143.00	139.00	139.00	125.00	
		— THIRTY-TWO UNITS						
		NSW	VIC	QLD	SA	WA	TAS	
546	FEE	\$ 160.00	156.00	156.00	154.00	154.00	140.00	
	BENEFIT	\$ 155.00	151.00	151.00	149.00	149.00	135.00	
		— THIRTY-SIX UNITS						
		NSW	VIC	QLD	SA	WA	TAS	
547	FEE	\$ 180.00	178.00	178.00	174.00	174.00	156.00	
	BENEFIT	\$ 175.00	173.00	173.00	169.00	169.00	151.00	
		— THIRTY-EIGHT UNITS						
		NSW	VIC	QLD	SA	WA	TAS	
548	FEE	\$ 190.00	188.00	188.00	184.00	184.00	166.00	
	BENEFIT	\$ 185.00	183.00	183.00	179.00	179.00	161.00	
		— THIRTY-NINE UNITS						
		NSW	VIC	QLD	SA	WA	TAS	
549	FEE	\$ 196.00	192.00	192.00	188.00	188.00	172.00	
	BENEFIT	\$ 191.00	187.00	187.00	183.00	183.00	167.00	
550	In connection with electroconvulsive therapy (based on 2.5 units)							
	FEE	\$ 12.60	12.20	12.20	12.00	12.00	11.00	
	BENEFIT	\$ 10.75	10.40	10.40	10.20	10.20	9.35	



## PART 3 DIVISION 2

## ANAESTHETICS — S

551	In connection with radio-therapy (based on 6 units)							
	FEE	\$	NSW 30.00	VIC 29.50	QLD 29.50	SA 29.00	WA 29.00	TAS. 26.50
	BENEFIT	\$	25.50	25.10	25.10	24.65	24.65	22.55
552	In connection with forceps delivery (based on 7 units)							
	FEE	\$	NSW 35.00	VIC 34.50	QLD 34.50	SA 33.50	WA 33.50	TAS 30.50
	BENEFIT	\$	30.00	29.50	29.50	28.50	28.50	25.95
553	In connection with the treatment of a dislocation requiring open operation, being a dislocation referred to in Items 7397 to 7476 —							
	<p><b>DERIVED FEE</b> — The fee for the administration of the anaesthetic for the treatment of the dislocation plus one-half of that fee.</p> <p><b>BENEFIT</b> — 85% OF THE DERIVED FEE <b>OR</b> THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.</p>							
554	In connection with the treatment of a simple and uncomplicated fracture requiring open operation being a fracture referred to in Items 7505 to 7798 —							
	<p><b>DERIVED FEE</b> — The fee for the administration of the anaesthetic for the treatment of the fracture plus one-third of that fee.</p> <p><b>BENEFIT</b> — 85% OF THE DERIVED FEE <b>OR</b> THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.</p>							
556	In connection with the treatment of a simple and uncomplicated fracture requiring internal fixation or with the treatment of a compound fracture requiring open operation, being in either case a fracture referred to in Items 7505 to 7798 —							
	<p><b>DERIVED FEE</b> — The fee for the administration of the anaesthetic for the treatment of the fracture plus one-half of that fee.</p> <p><b>BENEFIT</b> — 85% OF THE DERIVED FEE <b>OR</b> THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.</p>							
557	In connection with the treatment of a complicated fracture involving viscera, blood vessels or nerves and requiring open operation, being a fracture referred to in Items 7505 to 7798 —							
	<p><b>DERIVED FEE</b> — The fee for the administration of the anaesthetic for the treatment of the fracture plus three-quarters of that fee.</p> <p><b>BENEFIT</b> — 85% OF THE DERIVED FEE <b>OR</b> THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.</p>							

## DIVISION 3 — DENTAL ANAESTHETICS

(IN CONNECTION WITH A DENTAL SERVICE NOT BEING A MEDICAL SERVICE  
PRESCRIBED FOR THE PAYMENT OF MEDICAL BENEFITS.)ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ANAESTHETIC OTHER  
THAN AN ENDOTRACHEAL ANAESTHETIC in connection with a dental operation

			NSW	VIC	QLD	SA	WA	TAS
566	G. FEE	\$	16.60	16.00	16.00	16.00	16.00	14.00
	BENEFIT	\$	14.15	13.60	13.60	13.60	13.60	11.90
567	S. FEE	\$	19.80	19.80	19.80	19.00	19.00	17.60
	BENEFIT	\$	16.85	16.85	16.85	16.15	16.15	15.00

ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL  
ANAESTHETIC FOR EXTRACTION OF TEETH NOT COVERED BY ITEMS 570 AND  
571 BELOW

#			NSW	VIC	QLD	SA	WA	TAS
568	G. FEE	\$	24.50	24.00	24.00	24.00	24.00	21.00
	BENEFIT	\$	20.85	20.40	20.40	20.40	20.40	17.85
569	S. FEE	\$	30.00	29.50	29.50	29.00	29.00	26.50
	BENEFIT	\$	25.50	25.10	25.10	24.65	24.65	22.55

ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL  
ANAESTHETIC FOR REMOVAL OF TEETH REQUIRING INCISION OF SOFT TISSUE  
AND REMOVAL OF BONE

			NSW	VIC	QLD	SA	WA	TAS
570	G. FEE	\$	33.00	32.00	32.00	32.00	32.00	27.50
	BENEFIT	\$	28.05	27.20	27.20	27.20	27.20	23.40
571	S. FEE	\$	40.00	40.00	40.00	38.00	38.00	35.00
	BENEFIT	\$	35.00	35.00	35.00	33.00	33.00	30.00

ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL  
ANAESTHETIC FOR RESTORATIVE DENTAL WORK OF NOT MORE THAN 30  
MINUTES DURATION

			NSW	VIC	QLD	SA	WA	TAS
572	G. FEE	\$	24.50	24.50	24.50	24.00	24.00	20.50
	BENEFIT	\$	20.85	20.85	20.85	20.40	20.40	17.45
573	S. FEE	\$	30.00	29.50	29.50	29.50	29.50	26.50
	BENEFIT	\$	25.50	25.10	25.10	25.10	25.10	22.55

ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL  
ANAESTHETIC FOR RESTORATIVE DENTAL WORK OF MORE THAN 30 MINUTES  
DURATION

			NSW	VIC	QLD	SA	WA	TAS
574	G. FEE	\$	41.50	41.50	41.50	40.00	40.00	35.00
	BENEFIT	\$	36.50	36.50	36.50	35.00	35.00	30.00
575	S. FEE	\$	51.00	49.50	49.50	49.50	49.50	44.50
	BENEFIT	\$	46.00	44.50	44.50	44.50	44.50	39.50

Medical Service

**PART 4  
REGIONAL NERVE OR FIELD BLOCK**

INITIAL MAJOR REGIONAL OR FIELD BLOCK, including abdominal; brachial plexus; caudal; cervical plexus; epidural (peridural); paravertebral (thoracic or lumbar); pudendal; sacral; spinal

748 ALL STATES: FEE \$27.50 — BENEFIT \$23.40

SUBSEQUENT MAJOR REGIONAL OR FIELD BLOCK, including abdominal; brachial plexus; caudal; cervical plexus; epidural (peridural); paravertebral (thoracic or lumbar); pudendal; sacral; spinal

752 ALL STATES: FEE \$19.80 — BENEFIT \$16.85

INTRAVENOUS REGIONAL ANAESTHESIA OF LIMB BY RETROGRADE PERFUSION

760 G. ALL STATES: FEE \$20.50 — BENEFIT \$17.45

764 S. ALL STATES: FEE \$25.50 — BENEFIT \$21.70

Item  
No.

Medical Service

**PART 5  
ASSISTANCE IN THE ADMINISTRATION OF AN ANAESTHETIC**

Assistance in the administration of an anaesthetic for which the established fee for the administration of the anaesthetic is not less than \$104.00

767

ALL STATES: FEE \$40.00 — BENEFIT \$35.00

## Medical Service

Item  
No.

**PART 6  
MISCELLANEOUS PROCEDURES**

**DIVISION 1**

BLOOD PRESSURE RECORDING by intravascular cannula-

		NSW	VIC	QLD	SA	WA	TAS
770	FEE	\$ 19.80	19.80	19.80	19.00	19.00	17.60
	BENEFIT	\$ 16.85	16.85	16.85	16.15	16.15	15.00

Anaesthetic 4 units — Item Nos 405G / 509S

774 HYPERBARIC OXYGEN THERAPY where the medical practitioner is NOT in the chamber

ALL STATES: FEE \$40.00 — BENEFIT \$35.00

777 HYPERBARIC OXYGEN THERAPY where the medical practitioner is confined to the chamber

ALL STATES: FEE \$64.00 — BENEFIT \$59.00

787 GENERAL ANAESTHESIA (including oxygen administration) during HYPERBARIC THERAPY where the medical practitioner is NOT confined to the chamber

ALL STATES: FEE \$55.00 — BENEFIT \$50.00

790 GENERAL ANAESTHESIA (including oxygen administration) DURING HYPERBARIC THERAPY where the medical practitioner is confined to the chamber.

ALL STATES: FEE \$80.00 — BENEFIT \$75.00

**DIVISION 2**

794 ULTRASONIC ECHOGRAPHY, UNIDIMENSIONAL (including echoencephalography)

ALL STATES: FEE \$24.00 — BENEFIT \$20.40

797 ULTRASONIC CROSS-SECTIONAL ECHOGRAPHY, BIDIMENSIONAL

ALL STATES: FEE \$52.00 — BENEFIT \$47.00

803 ELECTROENCEPHALOGRAPHY not covered by Item 794, 797, 806 or 809 in this Schedule

ALL STATES: FEE \$38.00 — BENEFIT \$33.00

Anaesthetic 6 units — Item Nos 407G / 513S

**PART 6 DIVISION 2****MISCELLANEOUS**

806	ELECTROENCEPHALOGRAPHY, temporosphenoidal ALL STATES: FEE \$47.50 — BENEFIT \$42.50
809	ELECTROCORTICOGRAPHY ALL STATES: FEE \$64.00 — BENEFIT \$59.00
812	ELECTROMYOGRAPHY — involving estimation of nerve conduction times or stimulating response recording, including sampling of muscle activity ALL STATES: FEE \$28.50 — BENEFIT \$24.25
815	ELECTROMYOGRAPHY — involving sampling of muscle activity of one or more muscles — not covered by Item 812 ALL STATES: FEE \$18.00 — BENEFIT \$15.30
816	CORTICAL EVOKED RESPONSES — each study ALL STATES: FEE \$9.60 — BENEFIT \$8.20
<b>DIVISION 3</b>	
818	HAEMODIALYSIS in hospital where prolonged and constant specialist medical supervision of the dialysis is required for the duration of the dialysis ALL STATES: FEE \$110.00 — BENEFIT \$105.00
821	HAEMODIALYSIS in hospital where intermittent specialist medical supervision of the dialysis is required ALL STATES: FEE \$55.00 — BENEFIT \$50.00
824	HAEMODIALYSIS in hospital, stabilised maintenance dialysis for chronic renal failure where a separate account is not rendered for an attendance under Part 1 of this Schedule ALL STATES: FEE \$18.40 — BENEFIT \$15.65
831	† DECLOTTING OF AN ARTERIOVENOUS SHUNT ALL STATES: FEE \$35.00 — BENEFIT \$30.00
833	INDWELLING PERITONEAL CATHETER (Tenckhoff or similar) FOR DIALYSIS — INSERTION AND FIXATION OF ALL STATES: FEE \$64.00 — BENEFIT \$59.00

**PART 6 DIVISION 3**

**MISCELLANEOUS**

‡ PERITONEAL DIALYSIS, establishment of by abdominal puncture and insertion of temporary catheter including associated consultation

836 ALL STATES: FEE \$38.00 — BENEFIT \$33.00

BLADDER WASHOUT TEST for localisation of urinary infection — not including bacterial counts for organisms in specimens

839 ALL STATES: FEE \$21.50 — BENEFIT \$18.30

**DIVISION 4**

TONOGRAPHY — in the investigation or management of glaucoma

		NSW	VIC	QLD	SA	WA	TAS
844	FEE \$	19.80	16.60	19.80	19.80	16.60	16.60
	BENEFIT \$	16.85	14.15	16.85	16.85	14.15	14.15

PROVOCATIVE TEST OR TESTS FOR GLAUCOMA, including water drinking

849 ALL STATES: FEE \$12.00 — BENEFIT \$10.20

ELECTRORETINOGRAPHY

853 ALL STATES: FEE \$32.00 — BENEFIT \$27.20

OPTIC FUNDI, examination of, following intravenous dye injection

856 ALL STATES: FEE \$20.50 — BENEFIT \$17.45

‡ RETINAL PHOTOGRAPHY, multiple exposures of one eye with intravenous dye injection

859 ALL STATES: FEE \$40.00 — BENEFIT \$35.00

† RETINAL PHOTOGRAPHY, multiple exposures of both eyes with intravenous dye injection

860 ALL STATES: FEE \$50.00 — BENEFIT \$45.00

**DIVISION 5**

AUDIOGRAM, air conduction

863 ALL STATES: FEE \$7.60 — BENEFIT \$6.50

865	AUDIOGRAM, air conduction and bone conduction ALL STATES: FEE \$11.00 — BENEFIT \$9.35
870	AUDIOGRAM, air conduction, bone conduction and speech ALL STATES: FEE \$14.80 — BENEFIT \$12.60
874	AUDIOGRAM, air conduction, bone conduction and speech, with other Cochlear tests ALL STATES: FEE \$18.40 — BENEFIT \$15.65
877	IMPEDANCE AUDIOGRAM ALL STATES: FEE \$11.00 — BENEFIT \$9.35
879	IMPEDANCE AUDIOGRAM with either air conduction audiogram or air conduction and bone conduction audiogram ALL STATES: FEE \$16.20 — BENEFIT \$13.80
882	CALORIC TEST OF LABYRINTH OR LABYRINTHS ALL STATES: FEE \$12.80 — BENEFIT \$10.90
884	ELECTRONYSTAGMOGRAPHY ALL STATES: FEE \$12.80 — BENEFIT \$10.90
<b>DIVISION 6</b>	
886	ELECTROCONVULSIVE THERAPY — each attendance at which treatment is given ALL STATES: FEE \$16.00 — BENEFIT \$13.60
887	CONSULTANT PHYSICIAN IN PSYCHIATRY — GROUP PSYCHOTHERAPY Group psychotherapy (including associated consultation) of not less than ONE hour's duration given under the continuous direct supervision of a consultant physician in the practice of his recognised specialty of psychiatry where the patients are referred to him by a medical practitioner § GROUP PSYCHOTHERAPY on a group of 2-9 patients or FAMILY GROUP psychotherapy on a group of more than THREE patients, EACH PATIENT ALL STATES: FEE \$14.20 — BENEFIT \$12.10
888	† FAMILY GROUP PSYCHOTHERAPY on a group of THREE patients, EACH PATIENT ALL STATES: FEE \$18.40 — BENEFIT \$15.65



† FAMILY GROUP PSYCHOTHERAPY on a group of TWO patients, EACH PATIENT  
 889 ALL STATES: FEE \$27.50 — BENEFIT \$23.40

CONSULTANT PHYSICIAN IN PSYCHIATRY — INTERVIEW OF A PERSON OTHER THAN A PATIENT — SURGERY HOSPITAL OR NURSING HOME

Professional attendance by a consultant physician in the practice of his recognised specialty of psychiatry, where the patient is referred to him by a practitioner involving an interview of a person other than the patient of not less than 20 minutes duration but less than 45 minutes duration, in the course of initial diagnostic evaluation of a patient, where that interview is at consulting rooms, hospital or nursing home

890			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	15.20	14.00	14.00	14.00	14.00	12.20
	BENEFIT	\$	12.95	11.90	11.90	11.90	11.90	10.40



**PART 6 DIVISION 6****MISCELLANEOUS**

CONSULTANT PHYSICIAN IN PSYCHIATRY - INTERVIEW OF A PERSON OTHER THAN A PATIENT - SURGERY, HOSPITAL OR NURSING HOME

Professional attendance by a consultant physician in the practice of his recognised specialty of psychiatry where the patient is referred to him by a medical practitioner involving an interview of a person other than the patient of not less than 45 minutes duration, in the course of initial diagnostic evaluation of a patient, where that interview is at consulting rooms, hospital or nursing home

			NSW	VIC	QLD	SA	WA	TAS
893	FEE	\$	33.00	30.50	30.50	30.50	30.50	27.50
	BENEFIT	\$	28.05	25.95	25.95	25.95	25.95	23.40

**DIVISION 7**

UMBILICAL VEIN CATHETERISATION with or without infusion

895 ALL STATES: FEE \$16.00 - BENEFIT \$13.60

UMBILICAL ARTERY CATHETERISATION with or without infusion

897 ALL STATES: FEE \$24.00 - BENEFIT \$20.40

SCALP VEIN CATHETERISATION with or without infusion

899 ALL STATES: FEE \$16.00 - BENEFIT \$13.60

BLOOD TRANSFUSION with venesection and complete replacement of blood, including collection from donor

902 ALL STATES: FEE \$95.00 - BENEFIT \$90.00

BLOOD TRANSFUSION with venesection and complete replacement of blood, using blood already collected

904 ALL STATES: FEE \$80.00 - BENEFIT \$75.00

BLOOD for pathology test, collection of, BY FEMORAL OR EXTERNAL JUGULAR VEIN PUNCTURE IN INFANTS

907 ALL STATES: FEE \$8.00 - BENEFIT \$6.80

**DIVISION 8**

ELECTROCARDIOGRAPHY, tracing and report

908 ALL STATES: FEE \$14.20 - BENEFIT \$12.10

ELECTROCARDIOGRAPHY, tracing only

909 ALL STATES: FEE \$7.10 - BENEFIT \$6.05

## PART 6 DIVISION 8

## MISCELLANEOUS

910	ELECTROCARDIOGRAPHY, report only ALL STATES: FEE \$7.10 — BENEFIT \$6.05
912	PHONOCARDIOGRAPHY ALL STATES: FEE \$21.50 — BENEFIT \$18.30
913	ECHOCARDIOGRAPHY ALL STATES: FEE \$35.50 — BENEFIT \$30.50
914	EXERCISE ELECTROCARDIOGRAPHY, without monitoring (Master's test) — INCLUDING RESTING ELECTROCARDIOGRAPHY ALL STATES: FEE \$35.00 — BENEFIT \$30.00
915	ELECTROCARDIOGRAPHIC MONITORING (continuous) of ambulatory patient INCLUDING RESTING ELECTROCARDIOGRAPHY and the recording of other parameters ALL STATES: FEE \$54.00 — BENEFIT \$49.00
916	ELECTROCARDIOGRAPHIC MONITORING during exercise (bicycle ergometer or treadmill) INCLUDING RESTING ELECTROCARDIOGRAPHY and the recording of other parameters ALL STATES: FEE \$49.50 — BENEFIT \$44.50
917	RESTORATION OF CARDIAC RHYTHM by electrical stimulation (cardioversion), other than in the course of cardiac surgery ALL STATES: FEE \$28.50 — BENEFIT \$24.25 Anaesthetic 4 units — Item Nos 405G / 509S
918	BRONCHOSPIROMETRY, including gas analysis ALL STATES: FEE \$48.00 — BENEFIT \$43.00
920	ESTIMATION OF RESPIRATORY FUNCTION requiring complicated techniques - each attendance at which one or more tests are performed ALL STATES: FEE \$40.00 — BENEFIT \$35.00
§ 921	ESTIMATION OF RESPIRATORY FUNCTION, involving a graphic record, performed before and after inhalation of a bronchodilator, a cholinergic substance or a sensitising agent, or before and after exercise — one or more such tests performed on the one occasion ALL STATES: FEE \$12.00 — BENEFIT \$10.20

## PART 6 DIVISION 8

## MISCELLANEOUS

922	PERFUSION OF LIMB OR ORGAN using heart-lung machine or equivalent ALL STATES: FEE \$128.00 — BENEFIT \$123.00
923	WHOLE BODY PERFUSION, CARDIAC BY-PASS, using heart-lung machine or equivalent ALL STATES: FEE \$184.00 — BENEFIT \$179.00
925	INDUCED CONTROLLED HYPOTHERMIA - total body ALL STATES: FEE \$32.00 — BENEFIT \$27.20
927	FLUIDS, intravenous infusion of - PERCUTANEOUS ALL STATES: FEE \$10.40 — BENEFIT \$8.85
929	FLUIDS, intravenous infusion of - BY OPEN EXPOSURE ALL STATES: FEE \$17.60 — BENEFIT \$15.00
932	INTRAVENOUS INFUSION or INJECTION of a substance incorporating a CYTOTOXIC AGENT ALL STATES: FEE \$17.60 — BENEFIT \$15.00
934	INTRAARTERIAL INFUSION or INJECTION of a substance incorporating a CYTOTOXIC AGENT, PREPARATION FOR ALL STATES: FEE \$24.50 — BENEFIT \$20.85
936	INTRALYMPHATIC INFUSION or INJECTION of a fluid containing a CYTOTOXIC AGENT, with or without the incorporation of an opaque medium ALL STATES: FEE \$38.00 — BENEFIT \$33.00
938	INTRALYMPHATIC INSERTION OF NEEDLE OR CANNULA for the purpose of introduction of radio-active material ALL STATES: FEE \$38.00 — BENEFIT \$33.00
940	BLOOD TRANSFUSION, including collection from donor ALL STATES: FEE \$35.00 — BENEFIT \$30.00
944	BLOOD TRANSFUSION, using blood already collected ALL STATES: FEE \$24.00 — BENEFIT \$20.40
947	INTRAUTERINE FOETAL BLOOD TRANSFUSION using blood already collected, INCLUDING NECESSARY AMNIOCENTESIS ALL STATES: FEE \$66.00 — BENEFIT \$61.00

**PART 6 DIVISION 8****MISCELLANEOUS**

949	BLOOD for purposes of transfusion, COLLECTION OF ALL STATES: FEE \$14.20 — BENEFIT \$12.10
952	BLOOD DYE - DILUTION INDICATOR TEST ALL STATES: FEE \$33.00 — BENEFIT \$28.05
954	VENESECTION, NOT COVERED BY ITEM 902 or 904 in this Schedule - each attendance at which venesection is performed ALL STATES: FEE \$5.30 — BENEFIT \$4.55
956	BLOOD for pathology test, collection of, BY ARTERIAL PUNCTURE ALL STATES: FEE \$6.40 — BENEFIT \$5.45
958	COLLECTION OF SPECIMEN OF SWEAT by iontophoresis ALL STATES: FEE \$10.20 — BENEFIT \$8.70
960	HORMONE OR LIVING TISSUE IMPLANTATION - by incision ALL STATES: FEE \$15.00 — BENEFIT \$12.75
963	HORMONE OR LIVING TISSUE IMPLANTATION - by cannula ALL STATES: FEE \$9.90 — BENEFIT \$8.45
966	OESOPHAGEAL MOTILITY TEST, manometric ALL STATES: FEE \$27.50 — BENEFIT \$23.40
968	GASTRIC HYPOTHERMIA by closed circuit circulation of refrigerant IN THE ABSENCE OF GASTROINTESTINAL HAEMORRHAGE ALL STATES: FEE \$52.00 — BENEFIT \$47.00
970	GASTRIC HYPOTHERMIA by closed circuit circulation of refrigerant FOR UPPER GASTROINTESTINAL HAEMORRHAGE ALL STATES: FEE \$104.00 — BENEFIT \$99.00
974	GASTRIC LAVAGE in the treatment of ingested poison ALL STATES: FEE \$17.60 — BENEFIT \$15.00

† COUNTERPULSATION BY INTRA-AORTIC BALLOON: management on the first day, including initial and subsequent consultations and monitoring of various parameters

976

ALL STATES: FEE \$160.00 — BENEFIT \$155.00

† COUNTERPULSATION BY INTRA-AORTIC BALLOON: management on each subsequent day, including associated consultations and monitoring of various parameters

977

ALL STATES: FEE \$38.00 — BENEFIT \$33.00

**DIVISION 9**

SKIN SENSITIVITY TESTING for allergens, USING ONE TO TWENTY ALLERGENS

987

ALL STATES: FEE \$11.00 — BENEFIT \$9.35

SKIN SENSITIVITY TESTING for allergens, USING MORE THAN TWENTY ALLERGENS

989

ALL STATES: FEE \$16.60 — BENEFIT \$14.15



## PART 7 – PATHOLOGY SERVICES

**NOTE** (This note should be read in conjunction with paragraphs 158.A to 158.X of Section 1 of this Book – Notes for General Guidance of Medical Practitioners)

*For the purposes of calculating medical benefits for an item listed in Part 7 which is requested or determined to be necessary on or after 1 August 1977, the following rules apply:*

- (1) Divisions 1-8 are applicable only where the service is performed by an approved pathology practitioner.
- (2) Division 9 is applicable only where the service is performed by a medical practitioner who is not an approved pathology practitioner. Benefit is payable in respect of a pathology item in Division 9 only where the service is determined as being necessary by the medical practitioner rendering the service, or is rendered in response to a request by a member of a group of practitioners to which that practitioner belongs (providing the member making the request was not himself an approved pathology practitioner).
- (3) The "SP" Schedule fee in Divisions 1-8 applies only where:
  - (a) the service was performed by an approved pathology practitioner, who was a recognised specialist pathologist, or by a recognised specialist pathologist employed by an approved pathology practitioner;
  - (b) the approved pathology practitioner has a request in writing (which conforms to the requirements of the regulations under the Health Insurance Act – see paragraph 158.T to 158.V) from another medical practitioner or a dental practitioner;
  - (c) the person in respect of whom the service was rendered, was not at the time of the request a private inpatient or in receipt of an outpatient service at a recognised hospital; and
  - (d) recognised hospital facilities and/or staff were not used in the performance of the pathology service.
- (4) The "OP" Schedule fee in Divisions 1-8 applies in other circumstances, namely –
  - (a) the service was performed by an approved pathology practitioner who is not a recognised specialist pathologist, and he does not employ a recognised specialist pathologist; or
  - (b) the service was performed by an approved pathology practitioner who is, or employs a recognised specialist in pathology but all the conditions of rule 3 above were not met.
- (5) Benefit is not payable in respect of a pathology item in Divisions 1-8 unless the approved pathology practitioner –
  - (a) has a request in writing from a medical or dental practitioner for the services requested (including requests by a member of a group of practitioners to which the practitioners belong) and records on his account, receipt or direct billing assignment form the following additional details –
    - (i) the name and address\* of the requesting practitioner (the practitioner's initials will be satisfactory unless there is more than one practitioner with the same surname and initials at the same address);

- (ii) the date on which the request was made; and
- (iii) where the approved pathology practitioner is not a medical practitioner, but employs a medical practitioner, the surname, initials and provider number of the medical practitioner\* rendering the service.

(\* It would assist if provider numbers are shown — provider numbers may be obtained by enquiry to the Office of the Commonwealth Department of Health in the nearest State capital city. The requesting doctor's provider number is acceptable in lieu of address).

or —

- (b) determined that the service was necessary if he is a medical practitioner, or the need was determined by a medical practitioner, who is an employee and records the date the service was determined as being necessary on his account, receipt or direct billing assignment form.
- (6) Benefit is not payable in respect of a pathology item in Division 9 unless the medical practitioner who renders the service includes on his account, receipt or direct billing assignment form in addition to the normal particulars of the patient, the services performed and the fee charged —
- (a) the date on which he determined the service was necessary; or
  - (b)
    - (i) the date on which he was requested to render the service by a partner or another member of a group of practitioners, to which he belongs; and
    - (ii) the surname and initials of that medical practitioner (provided that request is not made by a person who is an approved pathology practitioner).

For those items where the fee and benefit are related to the number of services performed in relation to the one patient episode, a patient episode is defined as covering:

- (a) services requested by a medical or dental practitioner on the one calendar day although they may be rendered by another approved pathology practitioner on one day or over a number of days; or
- (b) the need for the items is determined on the one calendar day and rendered by the medical practitioner himself on that day or over a number of days.

*It should be noted that, while the above rules apply specifically in relation to items listed in Part 7 of the Schedule, payment of medical benefits in respect of such services is also subject to the general rules governing the circumstances in which medical benefits are not payable as set out in Section 1 of this Book.*

#### **Transitional Arrangements**

The new provisions outlined above do not apply where the pathology service was performed before 1 August 1977. Where the request for the item or the determination of the need for the item was made before 1 August 1977, the new provisions, including the revised Pathology Schedule, do not apply even where the service is performed on or after 1 August 1977.

## Medical Service

Item  
No.

## PART 7 — PATHOLOGY

## DIVISION 1 — HAEMATOLOGY

Blood count consisting of — Erythrocyte count; Erythrocyte sedimentation rate; Haematocrit estimation; Haemoglobin estimation; Platelet count; or Leucocyte count

One procedure (excluding haemoglobin estimation or erythrocyte sedimentation rate when not referred by another medical practitioner)

				NSW	VIC	QLD	SA	WA	TAS
1006	SP.	FEE	\$	3.10	3.10	2.90	2.60	2.60	2.60
		BENEFIT	\$	2.65	2.65	2.50	2.25	2.25	2.25
1007	OP.	FEE	\$	2.35	2.35	2.20	1.95	1.95	1.95
		BENEFIT	\$	2.00	2.00	1.90	1.70	1.70	1.70

Two procedures to which Item 1006 or 1007 applies

				NSW	VIC	QLD	SA	WA	TAS
1008	SP.	FEE	\$	5.00	5.00	4.60	4.20	4.20	4.20
		BENEFIT	\$	4.25	4.25	3.95	3.60	3.60	3.60
1009	OP.	FEE	\$	3.75	3.75	3.45	3.15	3.15	3.15
		BENEFIT	\$	3.20	3.20	2.95	2.70	2.70	2.70

Three or more procedures to which Item 1006 or 1007 applies including calculation of erythrocyte indices

				NSW	VIC	QLD	SA	WA	TAS
1010	SP.	FEE	\$	7.50	7.50	6.90	6.30	6.30	6.30
		BENEFIT	\$	6.40	6.40	5.90	5.40	5.40	5.40
1011	OP.	FEE	\$	5.65	5.65	5.20	4.75	4.75	4.75
		BENEFIT	\$	4.85	4.85	4.45	4.05	4.05	4.05

Blood film, examination of - including erythrocyte morphology, differential count by one or more methods and the qualitative estimation of platelets

				NSW	VIC	QLD	SA	WA	TAS
1014	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1015	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

## PART 7 — PATHOLOGY

## DIVISION 1 — HAEMATOLOGY

Blood film, examination by special stains to demonstrate the presence of — Basophilic stippling; Eosinophils (wet preparation or film); Haemoglobin H; Reticulocytes; or similar conditions, cells or substances

One procedure

				NSW	VIC	QLD	SA	WA	TAS
1019	SP.	FEE	\$	2.50	2.50	2.30	2.10	2.10	2.10
		BENEFIT	\$	2.15	2.15	2.00	1.80	1.80	1.80
1020	OP.	FEE	\$	1.90	1.90	1.75	1.60	1.60	1.60
		BENEFIT	\$	1.65	1.65	1.50	1.40	1.40	1.40

Two or more procedures to which Item 1019 or 1020 applies

				NSW	VIC	QLD	SA	WA	TAS
1021	SP.	FEE	\$	3.70	3.70	3.40	3.10	3.10	3.10
		BENEFIT	\$	3.15	3.15	2.90	2.65	2.65	2.65
1022	OP.	FEE	\$	2.80	2.80	2.55	2.35	2.35	2.35
		BENEFIT	\$	2.40	2.40	2.20	2.00	2.00	2.00

Blood film, examination by special stains to demonstrate the presence of — Foetal haemoglobin; Heinz bodies; Iron; Malarial or other parasites; Neutrophil alkaline phosphatase; PAS; Sudan black positive granules; Sick cells; or similar cells, substances or parasites

One procedure

				NSW	VIC	QLD	SA	WA	TAS
1028	SP.	FEE	\$	3.70	3.70	3.40	3.10	3.10	3.10
		BENEFIT	\$	3.15	3.15	2.90	2.65	2.65	2.65
1029	OP.	FEE	\$	2.80	2.80	2.55	2.35	2.35	2.35
		BENEFIT	\$	2.40	2.40	2.20	2.00	2.00	2.00

Two or more procedures to which Item 1028 or 1029 applies

				NSW	VIC	QLD	SA	WA	TAS
1030	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1032	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

Erythrocytes, qualitative assessment of metabolism or haemolysis by —  
Erythrocyte autohaemolysis test; Erythrocyte fragility test (mechanical);  
Glucose-6-phosphate dehydrogenase estimation; Glutathione deficiencies test;  
Pyruvate kinase estimation; Sugar water test (or similar) for paroxysmal nocturnal  
haemoglobinuria

One procedure

				NSW	VIC	QLD	SA	WA	TAS
1036	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1037	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

Two or more procedures to which Item 1036 or 1037 applies

				NSW	VIC	QLD	SA	WA	TAS
1038	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95
1040	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75

Erythrocytes, quantitative assessment of metabolism or haemolysis by —  
Acid haemolysis test (or similar) for paroxysmal nocturnal haemoglobinuria;  
Erythrocyte fragility to hypotonic saline test without incubation; Erythrocyte fragility to  
hypotonic saline test after incubation; Glutathione stability test; Glucose-6-phosphate  
dehydrogenase estimation; Pyruvate kinase estimation

One procedure

				NSW	VIC	QLD	SA	WA	TAS
1044	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95
1045	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75

Two or more procedures to which Item 1044 or 1045 applies

				NSW	VIC	QLD	SA	WA	TAS
1048	SP.	FEE	\$	25.00	25.00	23.00	21.00	21.00	21.00
		BENEFIT	\$	21.25	21.25	19.55	17.85	17.85	17.85
1049	OP.	FEE	\$	18.75	18.75	17.25	15.75	15.75	15.75
		BENEFIT	\$	15.95	15.95	14.70	13.40	13.40	13.40

**BONE MARROW EXAMINATION**  
(Excluding Collection Fee)

Bone marrow examination, (including use of special stains where indicated), of —  
Bone marrow aspirate; Clot section; Trephine section

One procedure

				NSW	VIC	QLD	SA	WA	TAS
1062	SP.	FEE	\$	37.50	37.50	34.50	31.50	31.50	31.50
		BENEFIT	\$	32.50	32.50	29.50	26.80	26.80	26.80
1063	OP.	FEE	\$	28.15	28.15	25.90	23.65	23.65	23.65
		BENEFIT	\$	23.95	23.95	22.05	20.15	20.15	20.15

Two or more procedures to which Item 1062 or 1063 applies

				NSW	VIC	QLD	SA	WA	TAS
1064	SP.	FEE	\$	62.00	62.00	57.00	52.00	52.00	52.00
		BENEFIT	\$	57.00	57.00	52.00	47.00	47.00	47.00
1065	OP.	FEE	\$	46.50	46.50	42.75	39.00	39.00	39.00
		BENEFIT	\$	41.50	41.50	37.75	34.00	34.00	34.00

**BLOOD TRANSFUSION PROCEDURES**

Blood grouping (including back grouping when performed) — ABO and Rh (D antigen)  
not covered by Item 1089 or 1090

				NSW	VIC	QLD	SA	WA	TAS
1080	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1081	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

Blood grouping (including back grouping when performed) — ABO and Rh (D antigen)  
when performed in association with compatibility testing covered by Item 1112, 1113,  
1114 or 1116

				NSW	VIC	QLD	SA	WA	TAS
1089	SP.	FEE	\$	11.20	11.20	10.40	9.40	9.40	9.40
		BENEFIT	\$	9.55	9.55	8.85	8.00	8.00	8.00
1090	OP.	FEE	\$	8.40	8.40	7.80	7.05	7.05	7.05
		BENEFIT	\$	7.15	7.15	6.65	6.00	6.00	6.00

## PART 7 — PATHOLOGY

## DIVISION 1 — HAEMATOLOGY

Blood grouping — Rh phenotypes; Kell system; Duffy system; or any other blood group system

One procedure

			NSW	VIC	QLD	SA	WA	TAS
1101	SP.	FEE	\$ 12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$ 10.65	10.65	9.80	8.95	8.95	8.95
1102	OP.	FEE	\$ 9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.40	6.75	6.75	6.75

Two procedures to which Item 1101 or 1102 applies

			NSW	VIC	QLD	SA	WA	TAS
1104	SP.	FEE	\$ 25.00	25.00	23.00	21.00	21.00	21.00
		BENEFIT	\$ 21.25	21.25	19.55	17.85	17.85	17.85
1105	OP.	FEE	\$ 18.75	18.75	17.25	15.75	15.75	15.75
		BENEFIT	\$ 15.95	15.95	14.70	13.40	13.40	13.40

Each procedure to which Item 1101 or 1102 applies in excess of two

			NSW	VIC	QLD	SA	WA	TAS
1106	SP.	FEE	\$ 6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$ 5.30	5.30	4.85	4.45	4.45	4.45
1108	OP.	FEE	\$ 4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$ 4.00	4.00	3.70	3.35	3.35	3.35

Compatibility testing (by saline, papain, albumin or indirect Coombs techniques), including auto-cross match and donor group check where performed —

Testing involving one or two units of blood

			NSW	VIC	QLD	SA	WA	TAS
1112	SP.	FEE	\$ 25.00	25.00	23.00	21.00	21.00	21.00
		BENEFIT	\$ 21.25	21.25	19.55	17.85	17.85	17.85
1113	OP.	FEE	\$ 18.75	18.75	17.25	15.75	15.75	15.75
		BENEFIT	\$ 15.95	15.95	14.70	13.40	13.40	13.40

Compatibility testing (by saline, papain, albumin or indirect Coombs techniques), including auto-cross match and donor group check where performed —

Each unit of blood tested in excess of two

			NSW	VIC	QLD	SA	WA	TAS
1114	SP.	FEE	\$ 9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.35	6.75	6.75	6.75
1116	OP.	FEE	\$ 7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$ 6.00	6.00	5.50	5.10	5.10	5.10

## PART 7 — PATHOLOGY

## DIVISION 1 — HAEMATOLOGY

Examination of serum for Rh and/or other blood group antibodies —									
Screening test, (including all indicated techniques)									
1121	SP.	FEE	\$	NSW 9.40	VIC 9.40	QLD 8.60	SA 7.90	WA 7.90	TAS 7.90
		BENEFIT	\$	8.00	8.00	7.35	6.75	6.75	6.75
1122	OP.	FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$	6.00	6.00	5.50	5.10	5.10	5.10
Examination of serum for Rh and/or other blood group antibodies —									
Screening test, (including all indicated techniques) and quantitative estimation of first antibody									
1124	SP.	FEE	\$	NSW 25.00	VIC 25.00	QLD 23.00	SA 21.00	WA 21.00	TAS 21.00
		BENEFIT	\$	21.25	21.25	19.55	17.85	17.85	17.85
1125	OP.	FEE	\$	18.75	18.75	17.25	15.75	15.75	15.75
		BENEFIT	\$	15.95	15.95	14.70	13.40	13.40	13.40
Examination of serum for Rh and/or other blood group antibodies —									
Quantitative estimation — one antibody									
1126	SP.	FEE	\$	NSW 18.80	VIC 18.80	QLD 17.20	SA 15.80	WA 15.80	TAS 15.80
		BENEFIT	\$	16.00	16.00	14.65	13.45	13.45	13.45
1128	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$	12.00	12.00	11.00	10.10	10.10	10.10
Examination of serum for Rh and/or other blood group antibodies —									
Quantitative estimation — each antibody in excess of one									
1129	SP.	FEE	\$	NSW 12.50	VIC 12.50	QLD 11.50	SA 10.50	WA 10.50	TAS 10.50
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95
1130	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75
Coombs test, direct									
1136	SP.	FEE	\$	NSW 6.20	VIC 6.20	QLD 5.70	SA 5.20	WA 5.20	TAS 5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1137	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35



## PART 7 — PATHOLOGY

## DIVISION 1 — HAEMATOLOGY

Coombs test, indirect (not associated with Item 1112, 1113, 1114, 1116, 1121, 1122, 1124, 1125, 1126, 1128, 1129 and 1130 except where part of neo-natal screening or in investigation of haemolytic anaemia)

				NSW	VIC	QLD	SA	WA	TAS
1144	SP.	FEE	\$	9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.35	6.75	6.75	6.75
1145	OP.	FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$	6.00	6.00	5.50	5.10	5.10	5.10

Examination of serum for blood group haemolysins

				NSW	VIC	QLD	SA	WA	TAS
1152	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95
1153	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75

Leucocyte agglutinins, detection of

				NSW	VIC	QLD	SA	WA	TAS
1159	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95
1160	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75

Platelet agglutinins, detection of

				NSW	VIC	QLD	SA	WA	TAS
1166	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95
1167	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75

## MISCELLANEOUS

Heterophile antibodies, qualitative estimation of (test for infectious mononucleosis)

				NSW	VIC	QLD	SA	WA	TAS
1190	SP.	FEE	\$	5.00	5.00	4.60	4.20	4.20	4.20
		BENEFIT	\$	4.25	4.25	3.95	3.60	3.60	3.60
1191	OP.	FEE	\$	3.75	3.75	3.45	3.15	3.15	3.15
		BENEFIT	\$	3.20	3.20	2.95	2.70	2.70	2.70

## PART 7 - PATHOLOGY

## DIVISION 1 - HAEMATOLOGY

				Heterophile antibodies quantitative estimation by serial dilutions with specific absorption (including qualitative estimation covered by Item 1190 or 1191)					
				NSW	VIC	QLD	SA	WA	TAS
1194	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95
1195	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75
				Cold agglutinins, qualitative estimation of					
				NSW	VIC	QLD	SA	WA	TAS
1202	SP.	FEE	\$	5.00	5.00	4.60	4.20	4.20	4.20
		BENEFIT	\$	4.25	4.25	3.95	3.60	3.60	3.60
1203	OP.	FEE	\$	3.75	3.75	3.45	3.15	3.15	3.15
		BENEFIT	\$	3.20	3.20	2.95	2.70	2.70	2.70
				Cold agglutinins quantitative estimation by serial dilutions (including qualitative estimation covered by Item 1202 or 1203 where performed)					
				NSW	VIC	QLD	SA	WA	TAS
1206	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95
1207	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75
				Blood volume, estimation of by dye method					
				NSW	VIC	QLD	SA	WA	TAS
1211	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1212	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35
				Blood, spectroscopic examination of					
				NSW	VIC	QLD	SA	WA	TAS
1215	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1216	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

## HAEMOSTASIS

Bleeding time; Coagulation time, (including clot retraction); Prothrombin time (one stage); Thromboplastin time (partial) with or without kaolin and/or Kaolin clotting time

One procedure

				NSW	VIC	QLD	SA	WA	TAS
1234	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1235	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

Two procedures to which Item 1234 or 1235 applies

				NSW	VIC	QLD	SA	WA	TAS
1236	SP.	FEE	\$	9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.35	6.75	6.75	6.75
1237	OP.	FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$	6.00	6.00	5.50	5.10	5.10	5.10

Three or more procedures to which Item 1234 or 1235 applies

				NSW	VIC	QLD	SA	WA	TAS
1238	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95
1239	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75

Platelet aggregation, qualitative test for

				NSW	VIC	QLD	SA	WA	TAS
1242	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1243	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

Estimation of — Thrombin time (including test for presence of an inhibitor and serial test for fibrinogenolysis); or recalcified plasma clotting time,— each procedure

				NSW	VIC	QLD	SA	WA	TAS
1244	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1246	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

## PART 7 — PATHOLOGY

## DIVISION 1 — HAEMATOLOGY

			Fibrinogen titre, determination of					
			NSW	VIC	QLD	SA	WA	TAS
1247	SP.	FEE	\$ 6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$ 5.30	5.30	4.85	4.45	4.45	4.45
1248	OP.	FEE	\$ 4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$ 4.00	4.00	3.70	3.35	3.35	3.35
			Factor 13, test for presence of					
			NSW	VIC	QLD	SA	WA	TAS
1251	SP.	FEE	\$ 9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.35	6.75	6.75	6.75
1252	OP.	FEE	\$ 7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$ 6.00	6.00	5.50	5.10	5.10	5.10
			Thromboplastin generation screening test					
			NSW	VIC	QLD	SA	WA	TAS
1255	SP.	FEE	\$ 9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.35	6.75	6.75	6.75
1256	OP.	FEE	\$ 7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$ 6.00	6.00	5.50	5.10	5.10	5.10
			Prothrombin time, estimation of (two stage)					
			NSW	VIC	QLD	SA	WA	TAS
1259	SP.	FEE	\$ 9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.35	6.75	6.75	6.75
1260	OP.	FEE	\$ 7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$ 6.00	6.00	5.50	5.10	5.10	5.10
			Quantitative estimation of — Fibrin degeneration products; Platelet adhesion; Prothrombin consumption; or Protamine sulphate — each procedure					
			NSW	VIC	QLD	SA	WA	TAS
1263	SP.	FEE	\$ 9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.35	6.75	6.75	6.75
1264	OP.	FEE	\$ 7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$ 6.00	6.00	5.50	5.10	5.10	5.10
			Euglobulin lysis time, estimation of					
			NSW	VIC	QLD	SA	WA	TAS
1267	SP.	FEE	\$ 18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$ 16.00	16.00	14.65	13.45	13.45	13.45
1268	OP.	FEE	\$ 14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$ 12.00	12.00	11.00	10.10	10.10	10.10

## PART 7 — PATHOLOGY

## DIVISION 1 — HAEMATOLOGY

Quantitative estimation of — Platelet antibodies (by one or more techniques); Platelet Factor III availability; or one or more blood coagulation factors (including antihæmophilic globulin) — each procedure

				NSW	VIC	QLD	SA	WA	TAS
1271	SP.	FEE	\$	18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$	16.00	16.00	14.65	13.45	13.45	13.45
1272	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$	12.00	12.00	11.00	10.10	10.10	10.10

Platelet aggregation test using — ADP; Collagen; 5HT; Ristocetin; or similar substance

One procedure

				NSW	VIC	QLD	SA	WA	TAS
1277	SP.	FEE	\$	18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$	16.00	16.00	14.65	13.45	13.45	13.45
1278	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$	12.00	12.00	11.00	10.10	10.10	10.10

Two or more procedures to which Item 1277 or 1278 applies

				NSW	VIC	QLD	SA	WA	TAS
1279	SP.	FEE	\$	37.50	37.50	34.50	31.50	31.50	31.50
		BENEFIT	\$	32.50	32.50	29.50	26.80	26.80	26.80
1280	OP.	FEE	\$	28.15	28.15	25.90	23.65	23.65	23.65
		BENEFIT	\$	23.95	23.95	22.05	20.15	20.15	20.15

## DIVISION 2 - CHEMISTRY OF BODY FLUIDS AND TISSUES

## NOTE:

(i) The estimation of any substance specified in any item in this Division performed on a multichannel analyser system must be itemised under Items 1301-1310.

(ii) Items 1301-1310 refer to estimations performed by any means, i.e. on a multichannel analyser system or by any other method. If, in the one episode, some tests are performed on a multichannel analyser and some by other methods, the total number of tests undertaken, irrespective of method, is the relevant factor in allotting the appropriate item.

Estimation BY ANY METHOD of - Albumin; Alkaline phosphatase; ALT; AST; Bicarbonate; Bilirubin (direct); Bilirubin (indirect); Calcium; Chloride; Cholesterol; CK; Creatinine; GGTP; Globulin; Glucose; HBD; LD; Phosphate; Potassium; Protein (total); Sodium; Triglycerides; Urate; Urea

Estimation of a substance referred to in any other item in this Division where the estimation is performed on a multichannel analyser

One estimation —

			NSW	VIC	QLD	SA	WA	TAS
1301	SP.	FEE	\$ 9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.35	6.75	6.75	6.75
1302	OP.	FEE	\$ 7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$ 6.00	6.00	5.50	5.10	5.10	5.10

Two estimations — of a kind specified in Item 1301 or 1302 —

			NSW	VIC	QLD	SA	WA	TAS
1304	SP.	FEE	\$ 12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$ 10.65	10.65	9.80	8.95	8.95	8.95
1305	OP.	FEE	\$ 9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.40	6.75	6.75	6.75

Three to five estimations — of a kind specified in Item 1301 or 1302 —

			NSW	VIC	QLD	SA	WA	TAS
1306	SP.	FEE	\$ 15.60	15.60	14.40	13.20	13.20	13.20
		BENEFIT	\$ 13.30	13.30	12.25	11.25	11.25	11.25
1307	OP.	FEE	\$ 11.70	11.70	10.80	9.90	9.90	9.90
		BENEFIT	\$ 9.95	9.95	9.20	8.45	8.45	8.45

## PART 7 — PATHOLOGY

## DIVISION 2 — BODY FLUIDS AND TISSUES

Six or more estimations — of a kind specified in Item 1301 or 1302 —

			NSW	VIC	QLD	SA	WA	TAS
1309	SP.	FEE	\$ 18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$ 16.00	16.00	14.65	13.45	13.45	13.45
1310	OP.	FEE	\$ 14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$ 12.00	12.00	11.00	10.10	10.10	10.10

Qualitative estimation of — Acidity (by pH meter or titration); Blood in faeces (occult blood); Cryoglobulins; Cryoproteins; Euglobins; Macroglobulins (Sia test); PBG; UBG or Any other substance not specified in any other item in this Division —

One estimation

			NSW	VIC	QLD	SA	WA	TAS
1319	SP.	FEE	\$ 3.10	3.10	2.90	2.60	2.60	2.60
		BENEFIT	\$ 2.65	2.65	2.50	2.25	2.25	2.25
1320	OP.	FEE	\$ 2.35	2.35	2.20	1.95	1.95	1.95
		BENEFIT	\$ 2.00	2.00	1.90	1.70	1.70	1.70

Two or more estimations to which Item 1319 or 1320 applies

			NSW	VIC	QLD	SA	WA	TAS
1322	SP.	FEE	\$ 6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$ 5.30	5.30	4.85	4.45	4.45	4.45
1323	OP.	FEE	\$ 4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$ 4.00	4.00	3.70	3.35	3.35	3.35

Qualitative estimation of — Foetoprotein; Gastric acidity (by dye method); or Porphyrins

Each estimation

			NSW	VIC	QLD	SA	WA	TAS
1327	SP.	FEE	\$ 12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$ 10.65	10.65	9.80	8.95	8.95	8.95
1328	OP.	FEE	\$ 9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.40	6.75	6.75	6.75

Chromatography, qualitative estimation of a substance not specified in any other item in this Division

			NSW	VIC	QLD	SA	WA	TAS
1330	SP.	FEE	\$ 12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$ 10.65	10.65	9.80	8.95	8.95	8.95
1331	OP.	FEE	\$ 9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.40	6.75	6.75	6.75

## PART 7 — PATHOLOGY

## DIVISION 2 — BODY FLUIDS AND TISSUES

Electrophoresis, qualitative				NSW	VIC	QLD	SA	WA	TAS
1333	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
		<i>BENEFIT</i>	\$	10.65	10.65	9.80	8.95	8.95	8.95
1334	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		<i>BENEFIT</i>	\$	8.00	8.00	7.40	6.75	6.75	6.75
Australia antigen or similar antigen, detection of by any method including radioimmunoassay									
				NSW	VIC	QLD	SA	WA	TAS
1336	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
		<i>BENEFIT</i>	\$	10.65	10.65	9.80	8.95	8.95	8.95
1337	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		<i>BENEFIT</i>	\$	8.00	8.00	7.40	6.75	6.75	6.75
Osmolality, estimation of, in serum or urine									
				NSW	VIC	QLD	SA	WA	TAS
1339	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
		<i>BENEFIT</i>	\$	10.65	10.65	9.80	8.95	8.95	8.95
1340	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		<i>BENEFIT</i>	\$	8.00	8.00	7.40	6.75	6.75	6.75
Quantitative estimation of — Acid phosphatase; Aldolase; Lipase; Amylase and Lipase; Bromide; BSP; Caeruloplasmin; Carotene; Complement fraction; Any other specific protein (excluding immunoglobulins) (where estimated by immunodiffusion, nephelometry, Laurell rocket or similar technique); Creatine; Hexosamine; Lactate; Lithium; Magnesium; Pyruvate; Salicylate; or Xylose —									
Each estimation									
				NSW	VIC	QLD	SA	WA	TAS
1342	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
		<i>BENEFIT</i>	\$	10.65	10.65	9.80	8.95	8.95	8.95
1343	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		<i>BENEFIT</i>	\$	8.00	8.00	7.40	6.75	6.75	6.75



Quantitative estimation of — Arsenic; Copper; Gold; Lead; Mercury; Strontium; Zinc; Any other element not specified elsewhere in this Division; Folic acid; Vitamin B12; Any other vitamin not specified elsewhere in this Division; Alcohol; Ammonia; Neo-natal bilirubin (direct and indirect); Cholinesterase; Coproporphyrin; Uroporphyrin; Other porphyrin factor; Delta ALA; 5HIAA; Iron (including iron-binding capacity); Oxalate; Oxosteroids; Oxogenic steroids; PBG; Urine oestriol; Transketolase; Any other substance not specified in any other item in this Division —

Each estimation

				NSW	VIC	QLD	SA	WA	TAS
1345	SP.	FEE	\$	18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$	16.00	16.00	14.65	13.45	13.45	13.45
1346	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$	12.00	12.00	11.00	10.10	10.10	10.10

Dibucaine number or similar, determination of

				NSW	VIC	QLD	SA	WA	TAS
1348	SP.	FEE	\$	18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$	16.00	16.00	14.65	13.45	13.45	13.45
1349	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$	12.00	12.00	11.00	10.10	10.10	10.10

Indican, qualitative test for

				NSW	VIC	QLD	SA	WA	TAS
1351	SP.	FEE	\$	18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$	16.00	16.00	14.65	13.45	13.45	13.45
1352	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$	12.00	12.00	11.00	10.10	10.10	10.10

Calculus, analysis of

				NSW	VIC	QLD	SA	WA	TAS
1354	SP.	FEE	\$	18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$	16.00	16.00	14.65	13.45	13.45	13.45
1355	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$	12.00	12.00	11.00	10.10	10.10	10.10

Amniotic fluid, spectrophotometric analysis of

				NSW	VIC	QLD	SA	WA	TAS
1357	SP.	FEE	\$	18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$	16.00	16.00	14.65	13.45	13.45	13.45
1358	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$	12.00	12.00	11.00	10.10	10.10	10.10

Electrophoresis, quantitative (including qualitative test)				NSW	VIC	QLD	SA	WA	TAS
1360	SP.	FEE	\$	18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$	16.00	16.00	14.65	13.45	13.45	13.45
1362	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$	12.00	12.00	11.00	10.10	10.10	10.10
Quantitative estimation of — Catecholamines (each component); Faecal fat; HMMA; Hydroxyproline; Blood gases (including pO <sub>2</sub> , oxygen saturation; pCO <sub>2</sub> and estimation of bicarbonate and pH); Non-pregnancy oestrogens; Pregnanediol; Pregnanetriol; Any other steroid fraction (where not estimated in the same process as another steroid fraction); or Multiple steroid fractions estimated in the same process —									
Each estimation									
1364	SP.	FEE	\$	25.00	25.00	23.00	21.00	21.00	21.00
		BENEFIT	\$	21.25	21.25	19.55	17.85	17.85	17.85
1366	OP.	FEE	\$	18.75	18.75	17.25	15.75	15.75	15.75
		BENEFIT	\$	15.95	15.95	14.70	13.40	13.40	13.40
Chromatography, quantitative estimation (including qualitative test) of any substance not specified in any other item in this Division									
1368	SP.	FEE	\$	25.00	25.00	23.00	21.00	21.00	21.00
		BENEFIT	\$	21.25	21.25	19.55	17.85	17.85	17.85
1370	OP.	FEE	\$	18.75	18.75	17.25	15.75	15.75	15.75
		BENEFIT	\$	15.95	15.95	14.70	13.40	13.40	13.40
Lechithin/sphingomyelin ratio of amniotic fluid, determination of									
1372	SP.	FEE	\$	25.00	25.00	23.00	21.00	21.00	21.00
		BENEFIT	\$	21.25	21.25	19.55	17.85	17.85	17.85
1374	OP.	FEE	\$	18.75	18.75	17.25	15.75	15.75	15.75
		BENEFIT	\$	15.95	15.95	14.70	13.40	13.40	13.40
Drug assays - qualitative estimations or screening procedures									
One or more estimations or procedures on each specimen									
1376	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1378	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

## PART 7 — PATHOLOGY

## DIVISION 2 — BODY FLUIDS AND TISSUES

Barbiturates; Carbamazepine; Digoxin; Phenytoin; - assay by radioimmunoassay, enzyme linked immunoassay, gas liquid chromatography or any other methods

Estimation of one substance using one or more of the methods specified

			NSW	VIC	QLD	SA	WA	TAS
1380	SP.	FEE	\$ 15.60	15.60	14.40	13.20	13.20	13.20
		<i>BENEFIT</i>	\$ 13.30	13.30	12.25	11.25	11.25	11.25
1381	OP.	FEE	\$ 11.70	11.70	10.80	9.90	9.90	9.90
		<i>BENEFIT</i>	\$ 9.95	9.95	9.20	8.45	8.45	8.45

Estimation of two substances referred to in Item 1380 or 1381 using one or more of the methods specified in those items —

			NSW	VIC	QLD	SA	WA	TAS
1382	SP.	FEE	\$ 25.00	25.00	23.00	21.00	21.00	21.00
		<i>BENEFIT</i>	\$ 21.25	21.25	19.55	17.85	17.85	17.85
1384	OP.	FEE	\$ 18.75	18.75	17.25	15.75	15.75	15.75
		<i>BENEFIT</i>	\$ 15.95	15.95	14.70	13.40	13.40	13.40

Estimation of three or more substances referred to in Item 1380 or 1381 using one or more of the methods specified in those items —

			NSW	VIC	QLD	SA	WA	TAS
1385	SP.	FEE	\$ 31.00	31.00	28.50	26.00	26.00	26.00
		<i>BENEFIT</i>	\$ 26.35	26.35	24.25	22.10	22.10	22.10
1387	OP.	FEE	\$ 23.25	23.25	21.40	19.50	19.50	19.50
		<i>BENEFIT</i>	\$ 19.80	19.80	18.20	16.60	16.60	16.60

Diazepam; Ethosuximide; Methotrexate; Morphine; Procainamide; Quinidine; or similar substances not covered by any other item in this Division — assay by radioimmunoassay, enzyme linked immunoassay, gas liquid chromatography or any other method

Estimation of one substance using one or more of the methods specified

			NSW	VIC	QLD	SA	WA	TAS
1392	SP.	FEE	\$ 18.80	18.80	17.20	15.80	15.80	15.80
		<i>BENEFIT</i>	\$ 16.00	16.00	14.65	13.45	13.45	13.45
1393	OP.	FEE	\$ 14.10	14.10	12.90	11.85	11.85	11.85
		<i>BENEFIT</i>	\$ 12.00	12.00	11.00	10.10	10.10	10.10

Estimation of two substances referred to in Item 1392 or 1393 using one or more of the methods specified in those items —

			NSW	VIC	QLD	SA	WA	TAS
1394	SP.	FEE	\$ 31.00	31.00	28.50	26.00	26.00	26.00
		<i>BENEFIT</i>	\$ 26.35	26.35	24.25	22.10	22.10	22.10
1395	OP.	FEE	\$ 23.25	23.25	21.40	19.50	19.50	19.50
		<i>BENEFIT</i>	\$ 19.80	19.80	18.20	16.60	16.60	16.60

## PART 7 — PATHOLOGY

## DIVISION 2 — BODY FLUIDS AND TISSUES

	Estimation of three or more substances referred to in Item 1392 or 1393 using one or more of the methods specified in those items								
1397	SP.	FEE	\$	NSW 37.50	VIC 37.50	QLD 34.50	SA 31.50	WA 31.50	TAS 31.50
		BENEFIT	\$	32.50	32.50	29.50	26.80	26.80	26.80
1398	OP.	FEE	\$	28.15	28.15	25.90	23.65	23.65	23.65
		BENEFIT	\$	23.95	23.95	22.05	20.15	20.15	20.15
<b>HORMONE ASSAYS</b>									
(not covered by any other item in this Division)									
Thyroxine (T4) <b>OR</b> T3 resin uptake — assay of, (or equivalent function test) — using any technique									
1419	SP.	FEE	\$	NSW 9.40	VIC 9.40	QLD 8.60	SA 7.90	WA 7.90	TAS 7.90
		BENEFIT	\$	8.00	8.00	7.35	6.75	6.75	6.75
1420	OP.	FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$	6.00	6.00	5.50	5.10	5.10	5.10
Thyroxine (T4) <b>AND</b> T3 resin uptake — assay of, (or equivalent function test) — using any technique									
1427	SP.	FEE	\$	NSW 15.60	VIC 15.60	QLD 14.40	SA 13.20	WA 13.20	TAS 13.20
		BENEFIT	\$	13.30	13.30	12.25	11.25	11.25	11.25
1428	OP.	FEE	\$	11.70	11.70	10.80	9.90	9.90	9.90
		BENEFIT	\$	9.95	9.95	9.20	8.45	8.45	8.45
Normalised thyroxine (Effective thyroxine ratio or similar assay) when not associated with Item 1419, 1420, 1427 or 1428 — assay using any technique									
1434	SP.	FEE	\$	NSW 12.50	VIC 12.50	QLD 11.50	SA 10.50	WA 10.50	TAS 10.50
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95
1435	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75
Thyroxine (T4) and T3 resin uptake (or equivalent function test) and Normalised thyroxine (Effective thyroxine ratio or similar assay) performed by a different procedure — assay using any technique									
1441	SP.	FEE	\$	NSW 22.00	VIC 22.00	QLD 20.00	SA 18.40	WA 18.40	TAS 18.40
		BENEFIT	\$	18.70	18.70	17.00	15.65	15.65	15.65
1442	OP.	FEE	\$	16.50	16.50	15.00	13.80	13.80	13.80
		BENEFIT	\$	14.05	14.05	12.75	11.75	11.75	11.75

## PART 7 — PATHOLOGY

## DIVISION 2 — BODY FLUIDS AND TISSUES

Hormone assays using gamma emitting labels or any other unspecified technique (excluding thyroid hormones covered by Item 1419, 1420, 1427, 1428, 1434, 1435, 1441 or 1442)

One estimation of any one hormone

				NSW	VIC	QLD	SA	WA	TAS
1452	SP.	FEE	\$	18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$	16.00	16.00	14.65	13.45	13.45	13.45
1453	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$	12.00	12.00	11.00	10.10	10.10	10.10

Two estimations of any one hormone using any technique referred to in Item 1452 or 1453

				NSW	VIC	QLD	SA	WA	TAS
1455	SP.	FEE	\$	28.00	28.00	26.00	23.50	23.50	23.50
		BENEFIT	\$	23.80	23.80	22.10	20.00	20.00	20.00
1456	OP.	FEE	\$	21.00	21.00	19.50	17.65	17.65	17.65
		BENEFIT	\$	17.85	17.85	16.60	15.05	15.05	15.05

Three estimations of any one hormone using any technique referred to in Item 1452 or 1453

				NSW	VIC	QLD	SA	WA	TAS
1458	SP.	FEE	\$	37.50	37.50	34.50	31.50	31.50	31.50
		BENEFIT	\$	32.50	32.50	29.50	26.80	26.80	26.80
1459	OP.	FEE	\$	28.15	28.15	25.90	23.65	23.65	23.65
		BENEFIT	\$	23.95	23.95	22.05	20.15	20.15	20.15

Each estimation of any one hormone in excess of three using any technique referred to in Item 1452 or 1453

				NSW	VIC	QLD	SA	WA	TAS
1461	SP.	FEE	\$	3.70	3.70	3.40	3.10	3.10	3.10
		BENEFIT	\$	3.15	3.15	2.90	2.65	2.65	2.65
1462	OP.	FEE	\$	2.80	2.80	2.55	2.35	2.35	2.35
		BENEFIT	\$	2.40	2.40	2.20	2.00	2.00	2.00

Hormone assays using beta emitting labels or by bioassay

One estimation of any one hormone

				NSW	VIC	QLD	SA	WA	TAS
1475	SP.	FEE	\$	31.00	31.00	28.50	26.00	26.00	26.00
		BENEFIT	\$	26.35	26.35	24.25	22.10	22.10	22.10
1476	OP.	FEE	\$	23.25	23.25	21.40	19.50	19.50	19.50
		BENEFIT	\$	19.80	19.80	18.20	16.60	16.60	16.60

## PART 7 — PATHOLOGY

## DIVISION 2 — BODY FLUIDS AND TISSUES

				Two estimations of any one hormone using a technique referred to in Item 1475 or 1476					
				NSW	VIC	QLD	SA	WA	TAS
1478	SP.	FEE	\$	50.00	50.00	46.00	42.00	42.00	42.00
		BENEFIT	\$	45.00	45.00	41.00	37.00	37.00	37.00
1479	OP.	FEE	\$	37.50	37.50	34.50	31.50	31.50	31.50
		BENEFIT	\$	32.50	32.50	29.50	26.80	26.80	26.80
				Three estimations of any one hormone using a technique referred to in Item 1475 or 1476					
				NSW	VIC	QLD	SA	WA	TAS
1481	SP.	FEE	\$	62.00	62.00	57.00	52.00	52.00	52.00
		BENEFIT	\$	57.00	57.00	52.00	47.00	47.00	47.00
1482	OP.	FEE	\$	46.50	46.50	42.75	39.00	39.00	39.00
		BENEFIT	\$	41.50	41.50	37.75	34.00	34.00	34.00
				Each estimation of any one hormone in excess of three using a technique referred to in Item 1475 or 1476					
				NSW	VIC	QLD	SA	WA	TAS
1484	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1485	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

## PROCEDURAL SERVICES

## NOTE:

(i) Benefit is not payable for a procedural service (Items 1504/1505, 1511/1512 and 1516/1517) in addition to benefit for an attendance under Part 1 of Schedule on the same calendar day

(ii) Benefit is not payable for a procedural service in respect of a person who is a patient in a recognised hospital or when performed using recognised hospital facilities

(iii) Where a procedural service is itemised, the investigation undertaken as well as the individual services performed should be specified

ACTH stimulation test; Adrenaline tolerance test; Arginine infusion test; Bromsulphthalein test; Carbohydrate tolerance test; Creatinine clearance test; Gastric function test requiring intubation; Glucagon tolerance test; Histidine loaded Figlu test; L-dopa stimulation test; Phenolsulphthalein excretion test; TSH stimulation test; Urea clearance test; Urea concentration test; Vasopressin stimulation test; Xylose absorption test; or similar test

Procedural service associated with any one of these tests

			NSW	VIC	QLD	SA	WA	TAS
1504	SP.	FEE	\$ 6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$ 5.30	5.30	4.85	4.45	4.45	4.45
1505	OP.	FEE	\$ 4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$ 4.00	4.00	3.70	3.35	3.35	3.35

Tolbutamide test; Insulin hypoglycaemia stimulation test; Gonadotrophin releasing hormone stimulation test; Thyrotrophin releasing hormone stimulation test; Urine acidification test; or similar test

Procedural service associated with any one of these tests

			NSW	VIC	QLD	SA	WA	TAS
1511	SP.	FEE	\$ 18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$ 16.00	16.00	14.65	13.45	13.45	13.45
1512	OP.	FEE	\$ 14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$ 12.00	12.00	11.00	10.10	10.10	10.10

Thyrotrophin releasing hormone; Gonadotrophin releasing hormone; Thyroid stimulating hormone - administration of

Procedural service associated with the administration of any one of these drugs

			NSW	VIC	QLD	SA	WA	TAS
1516	SP.	FEE	\$ 15.60	15.60	14.40	13.20	13.20	13.20
		BENEFIT	\$ 13.30	13.30	12.25	11.25	11.25	11.25
1517	OP.	FEE	\$ 11.70	11.70	10.80	9.90	9.90	9.90
		BENEFIT	\$ 9.95	9.95	9.20	8.45	8.45	8.45

DIVISION 3 — MICROBIOLOGY									
Microscopical examination — wet film, other than urine									
1529	SP.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		<i>BENEFIT</i>	\$	3.70	3.70	3.40	3.10	3.10	3.10
				3.15	3.15	2.90	2.65	2.65	2.65
1530	OP.	FEE	\$	2.80	2.80	2.55	2.35	2.35	2.35
		<i>BENEFIT</i>	\$	2.40	2.40	2.20	2.00	2.00	2.00
Microscopical examination of urine (where the patient is referred by another medical practitioner) and examination for one or more of pH, specific gravity, blood, albumin, urobilinogen, sugar, acetone and bile pigments									
1536	SP.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		<i>BENEFIT</i>	\$	5.00	5.00	4.60	4.20	4.20	4.20
				4.25	4.25	3.95	3.60	3.60	3.60
1537	OP.	FEE	\$	3.75	3.75	3.45	3.15	3.15	3.15
		<i>BENEFIT</i>	\$	3.20	3.20	2.95	2.70	2.70	2.70
Microscopical examination using Gram stain or similar stain (e.g. Loeffler, methylene blue, Giemsa)									
One stain									
1545	SP.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		<i>BENEFIT</i>	\$	5.00	5.00	4.60	4.20	4.20	4.20
				4.25	4.25	3.95	3.60	3.60	3.60
1546	OP.	FEE	\$	3.75	3.75	3.45	3.15	3.15	3.15
		<i>BENEFIT</i>	\$	3.20	3.20	2.95	2.70	2.70	2.70
Microscopical examination using stains referred to in Item 1545 or 1546 —									
Two or more stains									
1548	SP.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		<i>BENEFIT</i>	\$	6.20	6.20	5.70	5.20	5.20	5.20
				5.30	5.30	4.85	4.45	4.45	4.45
1549	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		<i>BENEFIT</i>	\$	4.00	4.00	3.70	3.35	3.35	3.35
Microscopical examination using special stain, (e.g. Ziehl-Neelsen or similar stain) —									
One stain									
1556	SP.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		<i>BENEFIT</i>	\$	6.20	6.20	5.70	5.20	5.20	5.20
				5.30	5.30	4.85	4.45	4.45	4.45
1557	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		<i>BENEFIT</i>	\$	4.00	4.00	3.70	3.35	3.35	3.35



**PART 7 — PATHOLOGY**

**DIVISION 3 — MICROBIOLOGY**

Microscopical examination using two or more stains one or more of which is a special stain referred to in Item 1556 or 1557

1566	SP.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		BENEFIT	\$	9.40	9.40	8.60	7.90	7.90	7.90
1567	OP.	FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$	8.00	8.00	7.35	6.75	6.75	6.75

Microscopical examination for dermatophytes

Examination of material from one site

1586	SP.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		BENEFIT	\$	6.20	6.20	5.70	5.20	5.20	5.20
1587	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45

Microscopical examination referred to in Item 1586 or 1587 —

Examination of material from two or more sites

1588	SP.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		BENEFIT	\$	12.50	12.50	11.50	10.50	10.50	10.50
1589	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95

Microscopical examination of exudate by dark ground illumination for *Treponema pallidum*

1604	SP.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		BENEFIT	\$	15.60	15.60	14.40	13.20	13.20	13.20
1606	OP.	FEE	\$	11.70	11.70	10.80	9.90	9.90	9.90
		BENEFIT	\$	13.30	13.30	12.25	11.25	11.25	11.25

Cultural examination of a specimen other than urine for aerobic micro-organisms (including fungi) with, where indicated — the use of relevant stains, and/or use of selective media and sensitivity testing

1609	SP.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		BENEFIT	\$	12.50	12.50	11.50	10.50	10.50	10.50
1610	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95

## PART 7 - PATHOLOGY

## DIVISION 3 - MICROBIOLOGY

				Cultural examination of a specimen other than blood or urine for aerobic and anaerobic micro-organisms, using an anaerobic atmosphere for the culture of anaerobes with, where indicated the use of relevant stains and/or use of selective media and/or sensitivity testing						
				NSW	VIC	QLD	SA	WA	TAS	
1615	SP.	FEE	\$	18.80	18.80	17.20	15.80	15.80	15.80	
		BENEFIT	\$	16.00	16.00	14.65	13.45	13.45	13.45	
1616	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85	
		BENEFIT	\$	12.00	12.00	11.00	10.10	10.10	10.10	
				Cultural examination for mycobacteria - each specimen						
				NSW	VIC	QLD	SA	WA	TAS	
1622	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50	
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95	
1623	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90	
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75	
				Blood culture, including sub-culture, using both aerobic and anaerobic media, with, where indicated the use of relevant stains and/or sensitivity testing but not involving organism identification						
				Each set of cultures to a maximum of three sets						
				NSW	VIC	QLD	SA	WA	TAS	
1633	SP.	FEE	\$	18.80	18.80	17.20	15.80	15.80	15.80	
		BENEFIT	\$	16.00	16.00	14.65	13.45	13.45	13.45	
1634	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85	
		BENEFIT	\$	12.00	12.00	11.00	10.10	10.10	10.10	
				Identification of pathogenic micro-organisms using biochemical tests and/or other special techniques involving sub-culture						
				Identification of one organism						
				NSW	VIC	QLD	SA	WA	TAS	
1644	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20	
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45	
1645	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90	
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35	
				Identification of two or more organisms by the method referred to in Item 1644 or 1645						
				NSW	VIC	QLD	SA	WA	TAS	
1647	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50	
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95	
1648	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90	
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75	

## PART 7 — PATHOLOGY

## DIVISION 3 — MICROBIOLOGY

Identification of pathogenic micro-organisms using specific serological techniques, (including immunofluorescent and immunoenzymic methods)

One procedure

			NSW	VIC	QLD	SA	WA	TAS
1661	SP.	FEE	\$ 6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$ 5.30	5.30	4.85	4.45	4.45	4.45
1662	OP.	FEE	\$ 4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$ 4.00	4.00	3.70	3.35	3.35	3.35

Two or more of any procedures of a kind referred to in Item 1661 or 1662

			NSW	VIC	QLD	SA	WA	TAS
1664	SP.	FEE	\$ 9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.35	6.75	6.75	6.75
1665	OP.	FEE	\$ 7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$ 6.00	6.00	5.50	5.10	5.10	5.10

Microscopical examination of urine, with cell count, relevant stains (if indicated), cultural examination and colony count of micro-organisms (other than by simple microscopy and simple culture, e.g., dip slide and microbiological kit tests, covered by Item 1682 or 1683), with sensitivity testing where indicated and with general examination for one or more of the following —

pH, specific gravity, blood, albumin, urobilinogen, sugar, acetone and bile pigments

			NSW	VIC	QLD	SA	WA	TAS
1673	SP.	FEE	\$ 17.40	17.40	16.00	14.60	14.60	14.60
		BENEFIT	\$ 14.80	14.80	13.60	12.45	12.45	12.45
1674	OP.	FEE	\$ 13.05	13.05	12.00	10.95	10.95	10.95
		BENEFIT	\$ 11.10	11.10	10.20	9.35	9.35	9.35

Microscopical examination of urine and simple culture by means of dip slide or microbiological kit tests (where the patient is referred by another medical practitioner)

			NSW	VIC	QLD	SA	WA	TAS
1682	SP.	FEE	\$ 6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$ 5.30	5.30	4.85	4.45	4.45	4.45
1683	OP.	FEE	\$ 4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$ 4.00	4.00	3.70	3.35	3.35	3.35

Microscopical examination of faeces or body fluids for parasites, cysts or ova, with or without simple stains and concentration techniques

			NSW	VIC	QLD	SA	WA	TAS
1687	SP.	FEE	\$ 9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.35	6.75	6.75	6.75
1688	OP.	FEE	\$ 7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$ 6.00	6.00	5.50	5.10	5.10	5.10

## PART 7 — PATHOLOGY

## DIVISION 3 — MICROBIOLOGY

Identification of helminths				NSW	VIC	QLD	SA	WA	TAS	
1693	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20	
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45	
1694	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90	
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35	
Cultural examination for parasites other than trichomonas										
Culture of one parasite										
				NSW	VIC	QLD	SA	WA	TAS	
1702	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50	
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95	
1703	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90	
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75	
Cultural examination for parasites referred to in Item 1702 or 1703 —										
Culture of two or more parasites										
				NSW	VIC	QLD	SA	WA	TAS	
1705	SP.	FEE	\$	22.00	22.00	20.00	18.40	18.40	18.40	
		BENEFIT	\$	18.70	18.70	17.00	15.65	15.65	15.65	
1706	OP.	FEE	\$	16.50	16.50	15.00	13.80	13.80	13.80	
		BENEFIT	\$	14.05	14.05	12.75	11.75	11.75	11.75	
Examination by animal inoculation										
				NSW	VIC	QLD	SA	WA	TAS	
1712	SP.	FEE	\$	25.00	25.00	23.00	21.00	21.00	21.00	
		BENEFIT	\$	21.25	21.25	19.55	17.85	17.85	17.85	
1713	OP.	FEE	\$	18.75	18.75	17.25	15.75	15.75	15.75	
		BENEFIT	\$	15.95	15.95	14.70	13.40	13.40	13.40	
Determination of the minimum inhibitory concentration of an antibiotic or chemotherapeutic agent by tube technique										
One organism										
				NSW	VIC	QLD	SA	WA	TAS	
1721	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50	
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95	
1722	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90	
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75	

Determination referred to in Item 1721 or 1722 —

Two or more organisms

				NSW	VIC	QLD	SA	WA	TAS
1724	SP.	FEE	\$	15.60	15.60	14.40	13.20	13.20	13.20
		BENEFIT	\$	13.30	13.30	12.25	11.25	11.25	11.25
1725	OP.	FEE	\$	11.70	11.70	10.80	9.90	9.90	9.90
		BENEFIT	\$	9.95	9.95	9.20	8.45	8.45	8.45

Detection of substances inhibitory to micro-organisms in a body fluid (including urine)

				NSW	VIC	QLD	SA	WA	TAS
1732	SP.	FEE	\$	3.10	3.10	2.90	2.60	2.60	2.60
		BENEFIT	\$	2.65	2.65	2.50	2.25	2.25	2.25
1733	OP.	FEE	\$	2.35	2.35	2.20	1.95	1.95	1.95
		BENEFIT	\$	2.00	2.00	1.90	1.70	1.70	1.70

Quantitative assay of an antibiotic or chemotherapeutic agent in a body fluid (including urine)

				NSW	VIC	QLD	SA	WA	TAS
1743	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95
1744	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75

Agglutination tests (quantitative), including those for enteric fever and brucellosis

One antigen

				NSW	VIC	QLD	SA	WA	TAS
1760	SP.	FEE	\$	9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.35	6.75	6.75	6.75
1761	OP.	FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$	6.00	6.00	5.50	5.10	5.10	5.10

Agglutination tests (quantitative) referred to in Item 1760 or 1761 —

Second to sixth antigen — each antigen

				NSW	VIC	QLD	SA	WA	TAS
1763	SP.	FEE	\$	5.00	5.00	4.60	4.20	4.20	4.20
		BENEFIT	\$	4.25	4.25	3.95	3.60	3.60	3.60
1764	OP.	FEE	\$	3.75	3.75	3.45	3.15	3.15	3.15
		BENEFIT	\$	3.20	3.20	2.95	2.70	2.70	2.70

## PART 7 — PATHOLOGY

## DIVISION 3 — MICROBIOLOGY

				Agglutination tests (quantitative) referred to in Item 1760 or 1761 —					
				Each antigen in excess of six					
				NSW	VIC	QLD	SA	WA	TAS
1766	SP.	FEE	\$	2.50	2.50	2.30	2.10	2.10	2.10
		BENEFIT	\$	2.15	2.15	2.00	1.80	1.80	1.80
1767	OP.	FEE	\$	1.90	1.90	1.75	1.60	1.60	1.60
		BENEFIT	\$	1.65	1.65	1.50	1.40	1.40	1.40
				Flocculation tests, including V.D.R.L., Kahn, Kline or similar tests					
				One test					
				NSW	VIC	QLD	SA	WA	TAS
1772	SP.	FEE	\$	3.10	3.10	2.90	2.60	2.60	2.60
		BENEFIT	\$	2.65	2.65	2.50	2.25	2.25	2.25
1773	OP.	FEE	\$	2.35	2.35	2.20	1.95	1.95	1.95
		BENEFIT	\$	2.00	2.00	1.90	1.70	1.70	1.70
				Flocculation tests referred to in Item 1772 or 1773 —					
				Two or more tests					
				NSW	VIC	QLD	SA	WA	TAS
1775	SP.	FEE	\$	3.70	3.70	3.40	3.10	3.10	3.10
		BENEFIT	\$	3.15	3.15	2.90	2.65	2.65	2.65
1776	OP.	FEE	\$	2.80	2.80	2.55	2.35	2.35	2.35
		BENEFIT	\$	2.40	2.40	2.20	2.00	2.00	2.00
				Complement fixation tests					
				One test					
				NSW	VIC	QLD	SA	WA	TAS
1781	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95
1782	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75
				Each test referred to in Item 1781 or 1782 in excess of one					
				NSW	VIC	QLD	SA	WA	TAS
1784	SP.	FEE	\$	3.10	3.10	2.90	2.60	2.60	2.60
		BENEFIT	\$	2.65	2.65	2.50	2.25	2.25	2.25
1785	OP.	FEE	\$	2.35	2.35	2.20	1.95	1.95	1.95
		BENEFIT	\$	2.00	2.00	1.90	1.70	1.70	1.70

## PART 7 — PATHOLOGY

## DIVISION 3 — MICROBIOLOGY

Fluorescent serum antibody test (FTA test, FTA — absorbed test or similar)

One test

			NSW	VIC	QLD	SA	WA	TAS
1793	SP.	FEE	\$ 9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.35	6.75	6.75	6.75
1794	OP.	FEE	\$ 7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$ 6.00	6.00	5.50	5.10	5.10	5.10

Each test referred to in Item 1793 or 1794 in excess of one

			NSW	VIC	QLD	SA	WA	TAS
1796	SP.	FEE	\$ 5.00	5.00	4.60	4.20	4.20	4.20
		BENEFIT	\$ 4.25	4.25	3.95	3.60	3.60	3.60
1797	OP.	FEE	\$ 3.75	3.75	3.45	3.15	3.15	3.15
		BENEFIT	\$ 3.20	3.20	2.95	2.70	2.70	2.70

Haemagglutination tests —

One test

			NSW	VIC	QLD	SA	WA	TAS
1805	SP.	FEE	\$ 6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$ 5.30	5.30	4.85	4.45	4.45	4.45
1806	OP.	FEE	\$ 4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$ 4.00	4.00	3.70	3.35	3.35	3.35

Each test referred to in Item 1805 or 1806 in excess of one

			NSW	VIC	QLD	SA	WA	TAS
1808	SP.	FEE	\$ 3.10	3.10	2.90	2.60	2.60	2.60
		BENEFIT	\$ 2.65	2.65	2.50	2.25	2.25	2.25
1809	OP.	FEE	\$ 2.35	2.35	2.20	1.95	1.95	1.95
		BENEFIT	\$ 2.00	2.00	1.90	1.70	1.70	1.70

Haemagglutination inhibition tests —

One test

			NSW	VIC	QLD	SA	WA	TAS
1823	SP.	FEE	\$ 6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$ 5.30	5.30	4.85	4.45	4.45	4.45
1824	OP.	FEE	\$ 4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$ 4.00	4.00	3.70	3.35	3.35	3.35

## PART 7 — PATHOLOGY

## DIVISION 3 — MICROBIOLOGY

Each test referred to in Item 1823 or 1824 in excess of one

				NSW	VIC	QLD	SA	WA	TAS
1826	SP.	FEE	\$	3.10	3.10	2.90	2.60	2.60	2.60
		BENEFIT	\$	2.65	2.65	2.50	2.25	2.25	2.25
1827	OP.	FEE	\$	2.35	2.35	2.20	1.95	1.95	1.95
		BENEFIT	\$	2.00	2.00	1.90	1.70	1.70	1.70

Antistreptolysin O titre test

				NSW	VIC	QLD	SA	WA	TAS
1843	SP.	FEE	\$	9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.35	6.75	6.75	6.75
1844	OP.	FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$	6.00	6.00	5.50	5.10	5.10	5.10

Total and differential cell count on any body fluid other than urine

				NSW	VIC	QLD	SA	WA	TAS
1851	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1852	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

Autogenous vaccine, preparation of — each organism

				NSW	VIC	QLD	SA	WA	TAS
1858	SP.	FEE	\$	25.00	25.00	23.00	21.00	21.00	21.00
		BENEFIT	\$	21.25	21.25	19.55	17.85	17.85	17.85
1859	OP.	FEE	\$	18.75	18.75	17.25	15.75	15.75	15.75
		BENEFIT	\$	15.95	15.95	14.70	13.40	13.40	13.40

## DIVISION 4 — IMMUNOLOGY

Immuno-electrophoresis using polyvalent antisera

				NSW	VIC	QLD	SA	WA	TAS
1877	SP.	FEE	\$	18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$	16.00	16.00	14.65	13.45	13.45	13.45
1878	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$	12.00	12.00	11.00	10.10	10.10	10.10



## PART 7 — PATHOLOGY

## DIVISION 4 — IMMUNOLOGY

Immunoelectrophoresis using monovalent antiserum — each antiserum

			NSW	VIC	QLD	SA	WA	TAS
1884	SP.	FEE	\$ 3.10	3.10	2.90	2.60	2.60	2.60
		BENEFIT	\$ 2.65	2.65	2.50	2.25	2.25	2.25
1885	OP.	FEE	\$ 2.35	2.35	2.20	1.95	1.95	1.95
		BENEFIT	\$ 2.00	2.00	1.90	1.70	1.70	1.70

Immunoglobulins G, A, M or D, quantitative estimation of, by immunodiffusion or any other method

Estimation of one immunoglobulin

			NSW	VIC	QLD	SA	WA	TAS
1888	SP.	FEE	\$ 12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$ 10.65	10.65	9.80	8.95	8.95	8.95
1889	OP.	FEE	\$ 9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.40	6.75	6.75	6.75

Estimation of each immunoglobulin referred to in Item 1888 or 1889 in excess of one

			NSW	VIC	QLD	SA	WA	TAS
1891	SP.	FEE	\$ 6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$ 5.30	5.30	4.85	4.45	4.45	4.45
1892	OP.	FEE	\$ 4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$ 4.00	4.00	3.70	3.35	3.35	3.35

Immunoglobulin E, quantitative estimation of

			NSW	VIC	QLD	SA	WA	TAS
1897	SP.	FEE	\$ 18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$ 16.00	16.00	14.65	13.45	13.45	13.45
1898	OP.	FEE	\$ 14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$ 12.00	12.00	11.00	10.10	10.10	10.10

Radioallergosorbent tests for allergen identification

Identification of one to four allergens — each allergen

			NSW	VIC	QLD	SA	WA	TAS
1903	SP.	FEE	\$ 6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$ 5.30	5.30	4.85	4.45	4.45	4.45
1904	OP.	FEE	\$ 4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$ 4.00	4.00	3.70	3.35	3.35	3.35

## PART 7 — PATHOLOGY

## DIVISION 4 — IMMUNOLOGY

				Identification of each allergen referred to in Item 1903 or 1904 in excess of four						
				NSW	VIC	QLD	SA	WA	TAS	
1905	SP.	FEE	\$	3.10	3.10	2.90	2.60	2.60	2.60	
		BENEFIT	\$	2.65	2.65	2.50	2.25	2.25	2.25	
1906	OP.	FEE	\$	2.35	2.35	2.20	1.95	1.95	1.95	
		BENEFIT	\$	2.00	2.00	1.90	1.70	1.70	1.70	
Immunofluorescent detection of tissue antibodies — qualitative not associated with the service specified in Item 1918 or 1919										
Detection of one antibody										
1911	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50	
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95	
1912	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90	
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75	
Detection of each antibody referred to in Item 1911 or 1912 in excess of one — each antibody										
1913	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20	
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45	
1914	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90	
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35	
Immunofluorescent detection of tissue antibodies — qualitative and quantitative —										
Detection and estimation of each antibody										
1918	SP.	FEE	\$	15.60	15.60	14.40	13.20	13.20	13.20	
		BENEFIT	\$	13.30	13.30	12.25	11.25	11.25	11.25	
1919	OP.	FEE	\$	11.70	11.70	10.80	9.90	9.90	9.90	
		BENEFIT	\$	9.95	9.95	9.20	8.45	8.45	8.45	
Complement fixation tests on human tissue antibody —										
One antibody										
1924	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50	
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95	
1925	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90	
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75	

## PART 7 — PATHOLOGY

## DIVISION 4 — IMMUNOLOGY

Each antibody referred to in Item 1924 or 1925 in excess of one

			NSW	VIC	QLD	SA	WA	TAS
1926	SP. FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
	BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1927	OP. FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
	BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

Latex flocculation test — qualitative and/or quantitative

			NSW	VIC	QLD	SA	WA	TAS
1935	SP. FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
	BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1936	OP. FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
	BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

Rose Waaler test, quantitative, using sheep cells

			NSW	VIC	QLD	SA	WA	TAS
1941	SP. FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
	BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95
1942	OP. FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
	BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75

Lupus erythematosus cells, preparation and examination of film for

			NSW	VIC	QLD	SA	WA	TAS
1948	SP. FEE	\$	9.40	9.40	8.60	7.90	7.90	7.90
	BENEFIT	\$	8.00	8.00	7.35	6.75	6.75	6.75
1949	OP. FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
	BENEFIT	\$	6.00	6.00	5.50	5.10	5.10	5.10

Tanned erythrocyte haemagglutination test for tissue antibodies —

One antibody

			NSW	VIC	QLD	SA	WA	TAS
1955	SP. FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
	BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95
1956	OP. FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
	BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75

Each antibody referred to in Item 1955 or 1956 in excess of one

			NSW	VIC	QLD	SA	WA	TAS
1957	SP. FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
	BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
1958	OP. FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
	BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

## PART 7 – PATHOLOGY

## DIVISION 4 – IMMUNOLOGY

				Leucocyte fractionation as preliminary test to specific tests of leucocyte function (by density gradient centrifugation or other method) –					
				NSW	VIC	QLD	SA	WA	TAS
1965	SP.	FEE	\$	18.80	18.80	17.20	15.80	15.80	15.80
		<i>BENEFIT</i>	\$	16.00	16.00	14.65	13.45	13.45	13.45
1966	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85
		<i>BENEFIT</i>	\$	12.00	12.00	11.00	10.10	10.10	10.10
				Neutrophil function tests for phagocytic activity –					
				Visual techniques					
				NSW	VIC	QLD	SA	WA	TAS
1971	SP.	FEE	\$	18.80	18.80	17.20	15.80	15.80	15.80
		<i>BENEFIT</i>	\$	16.00	16.00	14.65	13.45	13.45	13.45
1972	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85
		<i>BENEFIT</i>	\$	12.00	12.00	11.00	10.10	10.10	10.10
				Neutrophil function tests for phagocytic activity –					
				Radioactive techniques					
				NSW	VIC	QLD	SA	WA	TAS
1973	SP.	FEE	\$	31.00	31.00	28.50	26.00	26.00	26.00
		<i>BENEFIT</i>	\$	26.35	26.35	24.25	22.10	22.10	22.10
1974	OP.	FEE	\$	23.25	23.25	21.40	19.50	19.50	19.50
		<i>BENEFIT</i>	\$	19.80	19.80	18.20	16.60	16.60	16.60
				Lymphocyte cell count – E. rosette technique or similar					
				NSW	VIC	QLD	SA	WA	TAS
1981	SP.	FEE	\$	25.00	25.00	23.00	21.00	21.00	21.00
		<i>BENEFIT</i>	\$	21.25	21.25	19.55	17.85	17.85	17.85
1982	OP.	FEE	\$	18.75	18.75	17.25	15.75	15.75	15.75
		<i>BENEFIT</i>	\$	15.95	15.95	14.70	13.40	13.40	13.40
				B lymphocyte cell count – by immunofluorescence or immunoperoxidase					
				NSW	VIC	QLD	SA	WA	TAS
1987	SP.	FEE	\$	25.00	25.00	23.00	21.00	21.00	21.00
		<i>BENEFIT</i>	\$	21.25	21.25	19.55	17.85	17.85	17.85
1988	OP.	FEE	\$	18.75	18.75	17.25	15.75	15.75	15.75
		<i>BENEFIT</i>	\$	15.95	15.95	14.70	13.40	13.40	13.40

## PART 7 — PATHOLOGY

## DIVISION 4 — IMMUNOLOGY

## Lymphocyte function tests

## Visual transformation

				NSW	VIC	QLD	SA	WA	TAS
1995	SP.	FEE	\$	25.00	25.00	23.00	21.00	21.00	21.00
		<i>BENEFIT</i>	\$	21.25	21.25	19.55	17.85	17.85	17.85
1996	OP.	FEE	\$	18.75	18.75	17.25	15.75	15.75	15.75
		<i>BENEFIT</i>	\$	15.95	15.95	14.70	13.40	13.40	13.40

## Radioactive techniques

				NSW	VIC	QLD	SA	WA	TAS
1997	SP.	FEE	\$	37.50	37.50	34.50	31.50	31.50	31.50
		<i>BENEFIT</i>	\$	32.50	32.50	29.50	26.80	26.80	26.80
1998	OP.	FEE	\$	28.15	28.15	25.90	23.65	23.65	23.65
		<i>BENEFIT</i>	\$	23.95	23.95	22.05	20.15	20.15	20.15

## Tissue group typing (HLA phenotypes)

				NSW	VIC	QLD	SA	WA	TAS
2006	SP.	FEE	\$	31.00	31.00	28.50	26.00	26.00	26.00
		<i>BENEFIT</i>	\$	26.35	26.35	24.25	22.10	22.10	22.10
2007	OP.	FEE	\$	23.25	23.25	21.40	19.50	19.50	19.50
		<i>BENEFIT</i>	\$	19.80	19.80	18.20	16.60	16.60	16.60

## Skin sensitivity testing (Mantoux, Schick, Casoni test or similar test) — each test

				NSW	VIC	QLD	SA	WA	TAS
2013	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		<i>BENEFIT</i>	\$	5.30	5.30	4.85	4.45	4.45	4.45
2014	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		<i>BENEFIT</i>	\$	4.00	4.00	3.70	3.35	3.35	3.35

## Skin sensitivity — induction and detection of sensitivity to chemical antigens

				NSW	VIC	QLD	SA	WA	TAS
2022	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
		<i>BENEFIT</i>	\$	10.65	10.65	9.80	8.95	8.95	8.95
2023	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		<i>BENEFIT</i>	\$	8.00	8.00	7.40	6.75	6.75	6.75

## DIVISION 5 — HISTOPATHOLOGY

## NOTE:

*The words "biopsy material" cover all the tissue forwarded to the pathologist from any operation or group of operations performed on a patient at the one time*

Histopathology examination of biopsy material — processing of one or more paraffin blocks with all appropriate stains and provision of professional opinion

				NSW	VIC	QLD	SA	WA	TAS
2041	SP.	FEE	\$	43.50	43.50	40.00	36.50	36.50	36.50
		BENEFIT	\$	38.50	38.50	35.00	31.50	31.50	31.50
2042	OP.	FEE	\$	32.65	32.65	30.00	27.40	27.40	27.40
		BENEFIT	\$	27.80	27.80	25.50	23.30	23.30	23.30

Immediate frozen section diagnosis of biopsy material performed at the pathologist's laboratory and confirmatory histopathology examination on this material after the frozen section using all appropriate stains

				NSW	VIC	QLD	SA	WA	TAS
2048	SP.	FEE	\$	56.00	56.00	52.00	47.00	47.00	47.00
		BENEFIT	\$	51.00	51.00	47.00	42.00	42.00	42.00
2049	OP.	FEE	\$	42.00	42.00	39.00	35.25	35.25	35.25
		BENEFIT	\$	37.00	37.00	34.00	30.25	30.25	30.25

Immediate frozen section diagnosis of biopsy material performed at a distance of one or more kilometres from the pathologist's laboratory and confirmatory histopathology examination on this material after the frozen section using all appropriate stains

				NSW	VIC	QLD	SA	WA	TAS
2056	SP.	FEE	\$	81.00	81.00	75.00	68.00	68.00	68.00
		BENEFIT	\$	76.00	76.00	70.00	63.00	63.00	63.00
2057	OP.	FEE	\$	60.75	60.75	56.25	51.00	51.00	51.00
		BENEFIT	\$	55.75	55.75	51.25	46.00	46.00	46.00

## DIVISION 6 — CYTOLOGY

Cytological examination for pathological change of smears from — Cervix and vagina; Skin; or Mucous membrane —

Each examination

				NSW	VIC	QLD	SA	WA	TAS
2081	SP.	FEE	\$	9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.35	6.75	6.75	6.75
2082	OP.	FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$	6.00	6.00	5.50	5.10	5.10	5.10

## PART 7 - PATHOLOGY

## DIVISION 6 - CYTOLOGY

Cytological examination for malignant cells - examination of - Sputum; Urine; Bronchial secretion; Cerebrospinal fluid; Peritoneal fluid; or similar fluid -

Each examination

				NSW	VIC	QLD	SA	WA	TAS
2091	SP.	FEE	\$	18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$	16.00	16.00	14.65	13.45	13.45	13.45
2092	OP.	FEE	\$	14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$	12.00	12.00	11.00	10.10	10.10	10.10

Cytological examination for malignant cells - examination of - Gastric washings; Duodenal washings; Oesophageal washings; Colonic washings

Each examination

				NSW	VIC	QLD	SA	WA	TAS
2096	SP.	FEE	\$	25.00	25.00	23.00	21.00	21.00	21.00
		BENEFIT	\$	21.25	21.25	19.55	17.85	17.85	17.85
2097	OP.	FEE	\$	18.75	18.75	17.25	15.75	15.75	15.75
		BENEFIT	\$	15.95	15.95	14.70	13.40	13.40	13.40

Hormonal assessment by cytological examination of vaginal epithelium involving cell count and/or index

				NSW	VIC	QLD	SA	WA	TAS
2104	SP.	FEE	\$	9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.35	6.75	6.75	6.75
2105	OP.	FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$	6.00	6.00	5.50	5.10	5.10	5.10

Cytological examination for pathological change of smears from cervix and vagina with hormonal assessment by cytological examination of vaginal epithelium involving cell count and/or index

				NSW	VIC	QLD	SA	WA	TAS
2111	SP.	FEE	\$	15.60	15.60	14.40	13.20	13.20	13.20
		BENEFIT	\$	13.30	13.30	12.25	11.25	11.25	11.25
2112	OP.	FEE	\$	11.70	11.70	10.80	9.90	9.90	9.90
		BENEFIT	\$	9.95	9.95	9.20	8.45	8.45	8.45

## DIVISION 7 — CYTOGENETICS

Cytological sex determination from blood film

				NSW	VIC	QLD	SA	WA	TAS
2131	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
2132	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

Cytological sex chromatin studies (Barr or Y bodies) — other than from blood film —

Each tissue examined

				NSW	VIC	QLD	SA	WA	TAS
2141	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
2142	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

Chromosome studies, including preparation, count and karyotyping of amniotic fluid

				NSW	VIC	QLD	SA	WA	TAS
2148	SP.	FEE	\$	94.00	94.00	86.00	79.00	79.00	79.00
		BENEFIT	\$	89.00	89.00	81.00	74.00	74.00	74.00
2149	OP.	FEE	\$	70.50	70.50	64.50	59.25	59.25	59.25
		BENEFIT	\$	65.50	65.50	59.50	54.25	54.25	54.25

Chromosome studies, including preparation, count and karyotyping of bone marrow

				NSW	VIC	QLD	SA	WA	TAS
2155	SP.	FEE	\$	62.00	62.00	57.00	52.00	52.00	52.00
		BENEFIT	\$	57.00	57.00	52.00	47.00	47.00	47.00
2156	OP.	FEE	\$	46.50	46.50	42.75	39.00	39.00	39.00
		BENEFIT	\$	41.50	41.50	37.75	34.00	34.00	34.00

Chromosome studies, including preparation, count and karyotyping of blood, skin or any other tissue or fluid referred to in Item 2148, 2149, 2155 or 2156 —

Each study

				NSW	VIC	QLD	SA	WA	TAS
2161	SP.	FEE	\$	75.00	75.00	69.00	63.00	63.00	63.00
		BENEFIT	\$	70.00	70.00	64.00	58.00	58.00	58.00
2162	OP.	FEE	\$	56.25	56.25	51.75	47.25	47.25	47.25
		BENEFIT	\$	51.25	51.25	46.75	42.25	42.25	42.25



## PART 7 — PATHOLOGY

## DIVISION 7 — CYTOGENETICS

Chromosome identification by banding techniques (using fluorescein, Giemsa or centromeres staining) —

One method

			NSW	VIC	QLD	SA	WA	TAS
2170	SP.	FEE	\$ 62.00	62.00	57.00	52.00	52.00	52.00
		BENEFIT	\$ 57.00	57.00	52.00	47.00	47.00	47.00
2171	OP.	FEE	\$ 46.50	46.50	42.75	39.00	39.00	39.00
		BENEFIT	\$ 41.50	41.50	37.75	34.00	34.00	34.00

Two or more methods referred to in Item 2170 or 2171

			NSW	VIC	QLD	SA	WA	TAS
2173	SP.	FEE	\$ 94.00	94.00	86.00	79.00	79.00	79.00
		BENEFIT	\$ 89.00	89.00	81.00	74.00	74.00	74.00
2174	OP.	FEE	\$ 70.50	70.50	64.50	59.25	59.25	59.25
		BENEFIT	\$ 65.50	65.50	59.50	54.25	54.25	54.25

## DIVISION 8 — INFERTILITY AND PREGNANCY TESTS

Semen examination for presence of spermatozoa

			NSW	VIC	QLD	SA	WA	TAS
2201	SP.	FEE	\$ 3.70	3.70	3.40	3.10	3.10	3.10
		BENEFIT	\$ 3.15	3.15	2.90	2.65	2.65	2.65
2202	OP.	FEE	\$ 2.80	2.80	2.55	2.35	2.35	2.35
		BENEFIT	\$ 2.40	2.40	2.20	2.00	2.00	2.00

Huhner's Test (Post-coital test) — collection of sample and examination of wet preparation

			NSW	VIC	QLD	SA	WA	TAS
2211	SP.	FEE	\$ 12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$ 10.65	10.65	9.80	8.95	8.95	8.95
2212	OP.	FEE	\$ 9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$ 8.00	8.00	7.40	6.75	6.75	6.75

Semen examination — involving measurement of volume, sperm count, motility (including duration) and/or viability, Gram stain or similar, morphology by differential count

			NSW	VIC	QLD	SA	WA	TAS
2215	SP.	FEE	\$ 18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$ 16.00	16.00	14.65	13.45	13.45	13.45
2216	OP.	FEE	\$ 14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$ 12.00	12.00	11.00	10.10	10.10	10.10

## PART 7 — PATHOLOGY

## DIVISION 8 — INFERTILITY AND PREGNANCY TESTS

Semen analysis, chemical —									
Analysis of one substance									
				NSW	VIC	QLD	SA	WA	TAS
2225	SP.	FEE	\$	9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.35	6.75	6.75	6.75
2226	OP.	FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$	6.00	6.00	5.50	5.10	5.10	5.10
Analysis of two or more substances referred to in Item 2225 or 2226									
2227	SP.	FEE	\$	15.60	15.60	14.40	13.20	13.20	13.20
		BENEFIT	\$	13.30	13.30	12.25	11.25	11.25	11.25
2228	OP.	FEE	\$	11.70	11.70	10.80	9.90	9.90	9.90
		BENEFIT	\$	9.95	9.95	9.20	8.45	8.45	8.45
Spermagglutinating and immobilising antibodies, tests for —									
One test									
2247	SP.	FEE	\$	9.40	9.40	8.60	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.35	6.75	6.75	6.75
2248	OP.	FEE	\$	7.05	7.05	6.45	5.95	5.95	5.95
		BENEFIT	\$	6.00	6.00	5.50	5.10	5.10	5.10
Two or more tests referred to in Item 2247 or 2248									
2249	SP.	FEE	\$	12.50	12.50	11.50	10.50	10.50	10.50
		BENEFIT	\$	10.65	10.65	9.80	8.95	8.95	8.95
2250	OP.	FEE	\$	9.40	9.40	8.65	7.90	7.90	7.90
		BENEFIT	\$	8.00	8.00	7.40	6.75	6.75	6.75
Sperm penetrability, one or more tests for									
2264	SP.	FEE	\$	6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$	5.30	5.30	4.85	4.45	4.45	4.45
2265	OP.	FEE	\$	4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

## PART 7 — PATHOLOGY

## DIVISION 8 — INFERTILITY AND PREGNANCY TESTS

Chorionic gonadotrophin, qualitative estimation of, for diagnosis of pregnancy or hormone-producing neoplasm by one or more methods

			NSW	VIC	QLD	SA	WA	TAS
2272	SP.	FEE	\$ 6.20	6.20	5.70	5.20	5.20	5.20
		BENEFIT	\$ 5.30	5.30	4.85	4.45	4.45	4.45
2273	OP.	FEE	\$ 4.65	4.65	4.30	3.90	3.90	3.90
		BENEFIT	\$ 4.00	4.00	3.70	3.35	3.35	3.35

Chorionic gonadotrophin, quantitative estimation of, by serial dilution, for assessment of hormone-producing neoplasm, one or more methods (not associated with Item 2272 or 2273) —

			NSW	VIC	QLD	SA	WA	TAS
2285	SP.	FEE	\$ 18.80	18.80	17.20	15.80	15.80	15.80
		BENEFIT	\$ 16.00	16.00	14.65	13.45	13.45	13.45
2286	OP.	FEE	\$ 14.10	14.10	12.90	11.85	11.85	11.85
		BENEFIT	\$ 12.00	12.00	11.00	10.10	10.10	10.10

## DIVISION 9 — 17 SPECIFIED SIMPLE BASIC PATHOLOGY TESTS

## INTRODUCTION

*The following items cover the 17 specified simple basic pathology tests a practitioner may perform in respect of patients of his own practice, including patients of his partners or other members of a group, if the practitioner is not an approved pathology provider. The Schedule fees in most cases correspond to the "O.P." rates in the preceding eight Divisions, except that the items for haemoglobin estimation, determinations of erythrocyte sedimentation rate and microscopical examination of urine concentrate do not require referral by another medical practitioner for the services to be eligible for medical benefits, and the Schedule fees for the items are based on lower relative value units. The items below for the basic blood tests are differently structured in respect of multiple tests to the corresponding items in Division 1*

Haemoglobin estimation and/or haematocrit and/or erythrocyte count; leucocyte count; erythrocyte sedimentation rate; examination of blood film and/or differential leucocyte count —

One procedure

2334	FEE	\$	NSW 1.90	VIC 1.90	QLD 1.75	SA 1.60	WA 1.60	TAS 1.60
	BENEFIT	\$	1.65	1.65	1.50	1.40	1.40	1.40

Two procedures to which Item 2334 applies

2335	FEE	\$	NSW 2.80	VIC 2.80	QLD 2.55	SA 2.35	WA 2.35	TAS 2.35
	BENEFIT	\$	2.40	2.40	2.20	2.00	2.00	2.00

Three or more procedures to which Item 2335 applies

2336	FEE	\$	NSW 3.75	VIC 3.75	QLD 3.45	SA 3.15	WA 3.15	TAS 3.15
	BENEFIT	\$	3.20	3.20	2.95	2.70	2.70	2.70

Microscopical examination of urine

2342	FEE	\$	NSW 1.90	VIC 1.90	QLD 1.75	SA 1.60	WA 1.60	TAS 1.60
	BENEFIT	\$	1.65	1.65	1.50	1.40	1.40	1.40

Pregnancy test by one or more immunochemical methods

2346	FEE	\$	NSW 4.65	VIC 4.65	QLD 4.30	SA 3.90	WA 3.90	TAS 3.90
	BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

## PART 7 — PATHOLOGY

## DIVISION 9 — 17 SPECIFIED BASIC TESTS

## Microscopical examination of wet film other than urine

2352	FEE	\$	NSW 2.80	VIC 2.80	QLD 2.55	SA 2.35	WA 2.35	TAS 2.35
	BENEFIT	\$	2.40	2.40	2.20	2.00	2.00	2.00

## Microscopical examination of Gram stained film

2357	FEE	\$	NSW 3.75	VIC 3.75	QLD 3.45	SA 3.15	WA 3.15	TAS 3.15
	BENEFIT	\$	3.20	3.20	2.95	2.70	2.70	2.70

## Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar

2362	FEE	\$	NSW .90	VIC .90	QLD .85	SA .75	WA .75	TAS .75
	BENEFIT	\$	.80	.80	.75	.65	.65	.65

## Microscopical examination screening for fungi in skin, hair, nails - one or more sites

2369	FEE	\$	NSW 2.80	VIC 2.80	QLD 2.55	SA 2.35	WA 2.35	TAS 2.35
	BENEFIT	\$	2.40	2.40	2.20	2.00	2.00	2.00

## Mantoux test

2374	FEE	\$	NSW 4.65	VIC 4.65	QLD 4.30	SA 3.90	WA 3.90	TAS 3.90
	BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

## Casoni test for hydatid disease

2382	FEE	\$	NSW 4.65	VIC 4.65	QLD 4.30	SA 3.90	WA 3.90	TAS 3.90
	BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

## Schick test

2388	FEE	\$	NSW 4.65	VIC 4.65	QLD 4.30	SA 3.90	WA 3.90	TAS 3.90
	BENEFIT	\$	4.00	4.00	3.70	3.35	3.35	3.35

## Seminal examination for presence of spermatozoa

2392	FEE	\$	NSW 2.80	VIC 2.80	QLD 2.55	SA 2.35	WA 2.35	TAS 2.35
	BENEFIT	\$	2.40	2.40	2.20	2.00	2.00	2.00

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**PART 7 — PATHOLOGY**

**DIVISION 3 — BODY FLUIDS**

		Rh OR SIMILAR BLOOD GROUP ANTIBODIES, QUALITATIVE examination for						
			NSW	VIC	QLD	SA	WA	TAS
1872	FEE	\$	7.60	6.90	6.90	6.30	6.30	6.30
	BENEFIT	\$	6.50	5.90	5.90	5.40	5.40	5.40
75%	FEE	\$	5.70	5.20	5.20	4.75	4.75	4.75
	BENEFIT	\$	4.85	4.45	4.45	4.05	4.05	4.05
		Rh OR SIMILAR BLOOD GROUP ANTIBODIES, screening and quantitative examination for						
			NSW	VIC	QLD	SA	WA	TAS
1876	FEE	\$	13.80	12.60	12.60	12.60	12.60	12.60
	BENEFIT	\$	11.75	10.75	10.75	10.75	10.75	10.75
75%	FEE	\$	10.35	9.45	9.45	9.45	9.45	9.45
	BENEFIT	\$	8.80	8.05	8.05	8.05	8.05	8.05
		FLOCCULATION TESTS FOR SYPHILIS, RHEUMATOID FACTOR or similar						
			NSW	VIC	QLD	SA	WA	TAS
1880	FEE	\$	6.30	5.50	4.10	3.50	3.50	3.50
	BENEFIT	\$	5.40	4.70	3.50	3.00	3.00	3.00
75%	FEE	\$	4.75	4.15	3.10	2.65	2.65	2.65
	BENEFIT	\$	4.05	3.55	2.65	2.30	2.30	2.30
		SYPHILIS, complement fixation tests for						
			NSW	VIC	QLD	SA	WA	TAS
1883	FEE	\$	9.60	9.60	7.60	6.90	6.90	6.90
	BENEFIT	\$	8.20	8.20	6.50	5.90	5.90	5.90
75%	FEE	\$	7.20	7.20	5.70	5.20	5.20	5.20
	BENEFIT	\$	6.15	6.15	4.85	4.45	4.45	4.45
		COMPLEMENT, estimation of						
1886			ALL STATES: FEE \$9.60 — BENEFIT \$8.20					
75%			ALL STATES: FEE \$7.20 — BENEFIT \$6.15					
<b>BODY FLUIDS — CHEMISTRY</b>								
QUANTITATIVE CHEMICAL estimation of ONE SUBSTANCE								
			NSW	VIC	QLD	SA	WA	TAS
1890	FEE	\$	9.60	9.60	7.60	6.90	6.90	6.90
	BENEFIT	\$	8.20	8.20	6.50	5.90	5.90	5.90
75%	FEE	\$	7.20	7.20	5.70	5.20	5.20	5.20
	BENEFIT	\$	6.15	6.15	4.85	4.45	4.45	4.45

## PART 7 — PATHOLOGY

## DIVISION 3 — BODY FLUIDS

		QUANTITATIVE CHEMICAL estimation of TWO SUBSTANCES						
		NSW	VIC	QLD	SA	WA	TAS	
1894	FEE	\$ 16.60	16.60	14.40	13.80	13.80	13.80	
	BENEFIT	\$ 14.15	14.15	12.25	11.75	11.75	11.75	
75%	FEE	\$ 12.45	12.45	10.80	10.35	10.35	10.35	
	BENEFIT	\$ 10.60	10.60	9.20	8.80	8.80	8.80	
		QUANTITATIVE CHEMICAL estimation of THREE SUBSTANCES						
		NSW	VIC	QLD	SA	WA	TAS	
1930	FEE	\$ 22.00	22.00	20.00	19.20	19.20	19.20	
	BENEFIT	\$ 18.70	18.70	17.00	16.35	16.35	16.35	
75%	FEE	\$ 16.50	16.50	15.00	14.40	14.40	14.40	
	BENEFIT	\$ 14.05	14.05	12.75	12.25	12.25	12.25	
		QUANTITATIVE CHEMICAL estimation of FOUR OR MORE SUBSTANCES						
		NSW	VIC	QLD	SA	WA	TAS	
1934	FEE	\$ 27.50	27.50	26.00	24.50	24.50	24.50	
	BENEFIT	\$ 23.40	23.40	22.10	20.85	20.85	20.85	
75%	FEE	\$ 20.65	20.65	19.50	18.40	18.40	18.40	
	BENEFIT	\$ 17.60	17.60	16.60	15.65	15.65	15.65	
		LARGE COLLOIDAL GOLD REACTION						
		NSW	VIC	QLD	SA	WA	TAS	
1938	FEE	\$ 9.00	9.00	7.60	6.90	6.90	6.90	
	BENEFIT	\$ 7.65	7.65	6.50	5.90	5.90	5.90	
75%	FEE	\$ 6.75	6.75	5.70	5.20	5.20	5.20	
	BENEFIT	\$ 5.75	5.75	4.85	4.45	4.45	4.45	
1944		ALL STATES: FEE \$11.80 — BENEFIT \$10.05						
	75%	ALL STATES: FEE \$8.85 — BENEFIT \$7.55						
1947		ALL STATES: FEE \$27.50 — BENEFIT \$23.40						
	75%	ALL STATES: FEE \$20.65 — BENEFIT \$17.60						



**PART 7 — PATHOLOGY**

**DIVISION 3 — BODY FLUIDS**

**ELECTROPHORESIS OF PROTEIN OR ENZYME, QUALITATIVE**

			NSW	VIC	QLD	SA	WA	TAS
2001	FEE	\$	12.60	12.60	11.00	11.00	11.00	11.00
	BENEFIT	\$	10.75	10.75	9.35	9.35	9.35	9.35
75%	FEE	\$	9.45	9.45	8.25	8.25	8.25	8.25
	BENEFIT	\$	8.05	8.05	7.05	7.05	7.05	7.05

**BODY FLUIDS — CYTOLOGY**

**CYTOLOGICAL EXAMINATION for malignancy**

			NSW	VIC	QLD	SA	WA	TAS
2005	FEE	\$	13.80	13.80	12.60	12.60	12.60	12.60
	BENEFIT	\$	11.75	11.75	10.75	10.75	10.75	10.75
75%	FEE	\$	10.35	10.35	9.45	9.45	9.45	9.45
	BENEFIT	\$	8.80	8.80	8.05	8.05	8.05	8.05

**BODY FLUIDS — MISCELLANEOUS**

**CELL COUNT AND DIFFERENTIAL**

			NSW	VIC	QLD	SA	WA	TAS
2008	FEE	\$	4.10	4.10	3.50	3.50	3.50	3.50
	BENEFIT	\$	3.50	3.50	3.00	3.00	3.00	3.00
75%	FEE	\$	3.10	3.10	2.65	2.65	2.65	2.65
	BENEFIT	\$	2.65	2.65	2.30	2.30	2.30	2.30

**MICROSCOPICAL EXAMINATION OF WET FILM**

			NSW	VIC	QLD	SA	WA	TAS
2012	FEE	\$	3.50	3.50	3.50	2.80	2.80	2.80
	BENEFIT	\$	3.00	3.00	3.00	2.40	2.40	2.40
75%	FEE	\$	2.65	2.65	2.65	2.10	2.10	2.10
	BENEFIT	\$	2.30	2.30	2.30	1.80	1.80	1.80

**ASSAY OF CONCENTRATION OF ANTIBIOTIC OR CHEMOTHERAPEUTIC AGENT**

			NSW	VIC	QLD	SA	WA	TAS
2017	FEE	\$	8.30	8.30	7.60	6.90	6.30	6.30
	BENEFIT	\$	7.10	7.10	6.50	5.90	5.40	5.40
75%	FEE	\$	6.25	6.25	5.70	5.20	4.75	4.75
	BENEFIT	\$	5.35	5.35	4.85	4.45	4.05	4.05

**PART 7 – PATHOLOGY**

**DIVISION 3 – BODY FLUIDS**

SWEAT PLATE TEST																									
2021	ALL STATES: FEE \$4.80 — BENEFIT \$4.10																								
75%	ALL STATES: FEE \$3.60 — BENEFIT \$3.10																								
HUHNER'S TEST																									
2026	ALL STATES: FEE \$9.60 — BENEFIT \$8.20																								
75%	ALL STATES: FEE \$7.20 — BENEFIT \$6.15																								
MILK, HUMAN, chemical analysis of																									
2032	ALL STATES: FEE \$8.30 — BENEFIT \$7.10																								
75%	ALL STATES: FEE \$6.25 — BENEFIT \$5.35																								
CALCULI (gall stones, urinary calculi and other body concretions), chemical examination of																									
2036	<table border="0"> <tr> <td></td> <td></td> <td>NSW</td> <td>VIC</td> <td>QLD</td> <td>SA</td> <td>WA</td> <td>TAS</td> </tr> <tr> <td>FEE</td> <td>\$</td> <td>6.90</td> <td>6.90</td> <td>6.30</td> <td>6.30</td> <td>6.30</td> <td>6.30</td> </tr> <tr> <td>BENEFIT</td> <td>\$</td> <td>5.90</td> <td>5.90</td> <td>5.40</td> <td>5.40</td> <td>5.40</td> <td>5.40</td> </tr> </table>			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	6.90	6.90	6.30	6.30	6.30	6.30	BENEFIT	\$	5.90	5.90	5.40	5.40	5.40	5.40
			NSW	VIC	QLD	SA	WA	TAS																	
FEE	\$	6.90	6.90	6.30	6.30	6.30	6.30																		
BENEFIT	\$	5.90	5.90	5.40	5.40	5.40	5.40																		
75%	<table border="0"> <tr> <td>FEE</td> <td>\$</td> <td>5.20</td> <td>5.20</td> <td>4.75</td> <td>4.75</td> <td>4.75</td> <td>4.75</td> </tr> <tr> <td>BENEFIT</td> <td>\$</td> <td>4.45</td> <td>4.45</td> <td>4.05</td> <td>4.05</td> <td>4.05</td> <td>4.05</td> </tr> </table>	FEE	\$	5.20	5.20	4.75	4.75	4.75	4.75	BENEFIT	\$	4.45	4.45	4.05	4.05	4.05	4.05								
FEE	\$	5.20	5.20	4.75	4.75	4.75	4.75																		
BENEFIT	\$	4.45	4.45	4.05	4.05	4.05	4.05																		
<b>DIVISION 4 – IMMUNOLOGY</b>																									
IMMUNOELECTROPHORESIS of serum, cerebrospinal fluid, urine or other body fluids - QUALITATIVE																									
2040	ALL STATES: FEE \$19.20 — BENEFIT \$16.35																								
75%	ALL STATES: FEE \$14.40 — BENEFIT \$12.25																								
IMMUNODIFFUSION FOR THE DETECTION OF PROTEINS in serum, cerebrospinal fluid, urine or other body fluids — QUANTITATIVE — EACH PROTEIN																									
2047	ALL STATES: FEE \$10.40 — BENEFIT \$8.85																								
75%	ALL STATES: FEE \$7.80 — BENEFIT \$6.65																								
RADIO-IMMUNODIFFUSION DETERMINATION OF PROTEIN in serum, cerebrospinal fluid, urine or other body fluids — QUANTITATIVE — EACH PROTEIN																									
2051	ALL STATES: FEE \$10.40 — BENEFIT \$8.85																								
75%	ALL STATES: FEE \$7.80 — BENEFIT \$6.65																								

RADIO-IMMUNE PRECIPITATION OF GLOBULINS								
2055	ALL STATES: FEE \$34.50 — BENEFIT \$29.50							
75%	ALL STATES: FEE \$25.90 — BENEFIT \$22.05							
LYMPHOCYTE (function studies) RESPONSE TO PHYTOHAEMAGGLUTININ OR ANTIGEN, visual transformation								
2059	ALL STATES: FEE \$24.50 — BENEFIT \$20.85							
75%	ALL STATES: FEE \$18.40 — BENEFIT \$15.65							
LYMPHOCYTE (function studies) RESPONSE TO PHYTOHAEMAGGLUTININ OR ANTIGEN - using radio-active techniques, estimation of								
2064	ALL STATES: FEE \$34.50 — BENEFIT \$29.50							
75%	ALL STATES: FEE \$25.90 — BENEFIT \$22.05							
SKIN SENSITIVITY - induction and detection of sensitivity to chemical antigens								
2068	ALL STATES: FEE \$13.80 — BENEFIT \$11.75							
75%	ALL STATES: FEE \$10.35 — BENEFIT \$8.80							
<b>IMMUNOLOGY — TISSUE ANTIBODY DETECTION</b>								
FLOCCULATION TESTS, e.g. latex - each antibody								
2072		NSW	VIC	QLD	SA	WA	TAS	
	FEE	\$	6.30	4.80	4.10	3.50	3.50	3.50
	BENEFIT	\$	5.40	4.10	3.50	3.00	3.00	3.00
75%	FEE	\$	4.75	3.60	3.10	2.65	2.65	2.65
	BENEFIT	\$	4.05	3.10	2.65	2.30	2.30	2.30
AGGLUTINATION IMMOBILISATION TEST								
2078	ALL STATES: FEE \$20.50 — BENEFIT \$17.45							
75%	ALL STATES: FEE \$15.40 — BENEFIT \$13.10							
TANNED ERYTHROCYTE HAEMAGGLUTINATION TECHNIQUE - each antibody								
2083		NSW	VIC	QLD	SA	WA	TAS	
	FEE	\$	9.60	9.60	6.90	6.90	6.90	6.90
	BENEFIT	\$	8.20	8.20	5.90	5.90	5.90	
75%	FEE	\$	7.20	7.20	5.20	5.20	5.20	5.20
	BENEFIT	\$	6.15	6.15	4.45	4.45	4.45	4.45

**PART 7 – PATHOLOGY**

**DIVISION 4 – IMMUNOLOGY**

2087	COMPLEMENT FIXATION TESTS involving human tissue antibody - each antibody						
	ALL STATES: FEE \$9.60 — BENEFIT \$8.20						
75%	ALL STATES: FEE \$7.20 — BENEFIT \$6.15						

2089	IMMUNOFLUORESCENT DETECTION OF TISSUE ANTIBODY - each antibody						
	ALL STATES: FEE \$12.60 — BENEFIT \$10.75						
75%	ALL STATES: FEE \$9.45 — BENEFIT \$8.05						

**DIVISION 5 – FAECES**

**FAECES – BACTERIOLOGY AND PARASITOLOGY**

MICROSCOPICAL EXAMINATION of wet preparation

2094			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	3.50	4.80	3.50	2.80	2.80	2.80
	BENEFIT	\$	3.00	4.10	3.00	2.40	2.40	2.40
75%	FEE	\$	2.65	3.60	2.65	2.10	2.10	2.10
	BENEFIT	\$	2.30	3.10	2.30	1.80	1.80	1.80

MICROSCOPICAL EXAMINATION with simple staining

2098			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	4.10	4.10	3.50	2.80	2.80	2.80
	BENEFIT	\$	3.50	3.50	3.00	2.40	2.40	2.40
75%	FEE	\$	3.10	3.10	2.65	2.10	2.10	2.10
	BENEFIT	\$	2.65	2.65	2.30	1.80	1.80	1.80

MICROSCOPICAL EXAMINATION with special staining (iron haematoxylin, trichrome or similar)

2106			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	4.10	4.10	3.50	3.50	3.50	3.50
	BENEFIT	\$	3.50	3.50	3.00	3.00	3.00	3.00
75%	FEE	\$	3.10	3.10	2.65	2.65	2.65	2.65
	BENEFIT	\$	2.65	2.65	2.30	2.30	2.30	2.30

MICROSCOPICAL EXAMINATION for parasites or ova after concentration techniques

2110	ALL STATES: FEE \$4.80 — BENEFIT \$4.10						
	75% ALL STATES: FEE \$3.60 — BENEFIT \$3.10						

		IDENTIFICATION OF HELMINTHS							
2115		ALL STATES: FEE \$6.90 - BENEFIT \$5.90							
	75%	ALL STATES: FEE \$5.20 - BENEFIT \$4.45							
		CULTURAL EXAMINATION for parasites							
2121		ALL STATES: FEE \$6.90 - BENEFIT \$5.90							
	75%	ALL STATES: FEE \$5.20 - BENEFIT \$4.45							
		CULTURAL EXAMINATION for isolation of micro-organisms, using selective media							
2127		FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		BENEFIT	\$	8.30	6.90	6.30	6.30	6.90	6.90
				7.10	5.90	5.40	5.40	5.90	5.90
	75%	FEE	\$	6.25	5.20	4.75	4.75	5.20	5.20
		BENEFIT	\$	5.35	4.45	4.05	4.05	4.45	4.45
		MICROSCOPICAL EXAMINATION of wet preparation; AND CULTURAL EXAMINATION FOR ISOLATION OF MICRO-ORGANISMS, using selective media							
2133		FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		BENEFIT	\$	11.80	11.60	9.80	9.00	9.60	9.60
				10.05	9.90	8.35	7.65	8.20	8.20
	75%	FEE	\$	8.85	8.70	7.35	6.75	7.20	7.20
		BENEFIT	\$	7.55	7.40	6.25	5.75	6.15	6.15
		MICROSCOPICAL EXAMINATION of wet preparation; MICROSCOPICAL EXAMINATION FOR PARASITES OR OVA after concentration techniques; AND CULTURAL EXAMINATION FOR ISOLATION OF MICRO-ORGANISMS, using selective media							
2139		FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		BENEFIT	\$	16.60	16.60	14.60	13.80	14.40	14.40
				14.15	14.15	12.45	11.75	12.25	12.25
	75%	FEE	\$	12.45	12.45	10.95	10.35	10.80	10.80
		BENEFIT	\$	10.60	10.60	9.35	8.80	9.20	9.20
		SPECIAL CULTURAL EXAMINATION for identification of intestinal pathogenic micro-organisms, USING BIOCHEMICAL REACTIONS							
2144		ALL STATES: FEE \$6.90 - BENEFIT \$5.90							
	75%	ALL STATES: FEE \$5.20 - BENEFIT \$4.45							

**PART 7 – PATHOLOGY**

**DIVISION 5 – FAECES**

		MICROSCOPICAL EXAMINATION of wet preparation; MICROSCOPICAL EXAMINATION FOR PARASITES OR OVA after concentration techniques; AND CULTURAL EXAMINATION FOR ISOLATION OF MICRO-ORGANISMS; using selective media, AND SPECIAL CULTURAL EXAMINATION for identification of intestinal pathogenic micro-organisms USING BIOCHEMICAL REACTIONS						
2150			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	23.50	23.50	21.50	20.50	21.50	21.50
	BENEFIT	\$	20.00	20.00	18.30	17.45	18.30	18.30
75%	FEE	\$	17.65	17.65	16.15	15.40	16.15	16.15
	BENEFIT	\$	15.05	15.05	13.75	13.10	13.75	13.75
		IDENTIFICATION OF INTESTINAL PATHOGENIC MICRO-ORGANISMS by specific serological techniques						
2154		ALL STATES: FEE \$6.90 — BENEFIT \$5.90						
75%		ALL STATES: FEE \$5.20 — BENEFIT \$4.45						
		SENSITIVITY TESTING (each organism) USING UP TO EIGHT ANTIBIOTICS						
2158			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	6.90	6.90	6.90	6.30	6.30	6.30
	BENEFIT	\$	5.90	5.90	5.90	5.40	5.40	5.40
75%	FEE	\$	5.20	5.20	5.20	4.75	4.75	4.75
	BENEFIT	\$	4.45	4.45	4.45	4.05	4.05	4.05
		SENSITIVITY TESTING (each organism) USING NINE OR MORE ANTIBIOTICS						
2168			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	11.00	11.00	11.00	10.40	10.40	10.40
	BENEFIT	\$	9.35	9.35	9.35	8.85	8.85	8.85
75%	FEE	\$	8.25	8.25	8.25	7.80	7.80	7.80
	BENEFIT	\$	7.05	7.05	7.05	6.65	6.65	6.65
		<b>FAECES – CHEMISTRY</b>						
		BILIRUBIN, QUALITATIVE TEST, OTHER THAN BY REAGENT STICK, STRIP, TABLET OR SIMILAR						
2172		ALL STATES: FEE \$3.50 — BENEFIT \$3.00						
75%		ALL STATES: FEE \$2.65 — BENEFIT \$2.30						

**PART 7 — PATHOLOGY**

**DIVISION 5 — FAECES**

CHLORIDE, estimation of

2176	FEE	\$	NSW 9.60	VIC 9.60	QLD 8.30	SA 6.90	WA 6.30	TAS 6.90
	BENEFIT	\$	8.20	8.20	7.10	5.90	5.40	5.90
75%	FEE	\$	7.20	7.20	6.25	5.20	4.75	5.20
	BENEFIT	\$	6.15	6.15	5.35	4.45	4.05	4.45

CALCIUM, estimation of

2180	FEE	\$	NSW 9.60	VIC 9.60	QLD 8.30	SA 6.90	WA 6.30	TAS 6.90
	BENEFIT	\$	8.20	8.20	7.10	5.90	5.40	5.90
75%	FEE	\$	7.20	7.20	6.25	5.20	4.75	5.20
	BENEFIT	\$	6.15	6.15	5.35	4.45	4.05	4.45

ENZYME ASSAY for amylase, trypsin, mucinase or similar enzyme, QUALITATIVE, EACH SUBSTANCE

2184	ALL STATES: FEE \$4.10 — BENEFIT \$3.50							
75%	ALL STATES: FEE \$3.10 — BENEFIT \$2.65							

FAT, TOTAL, QUANTITATIVE estimation of, ONE ESTIMATION

2188	FEE	\$	NSW 12.60	VIC 12.60	QLD 10.40	SA 10.40	WA 10.40	TAS 10.40
	BENEFIT	\$	10.75	10.75	8.85	8.85	8.85	8.85
75%	FEE	\$	9.45	9.45	7.80	7.80	7.80	7.80
	BENEFIT	\$	8.05	8.05	6.65	6.65	6.65	6.65

FAT, TOTAL, QUANTITATIVE estimation of, TWO ESTIMATIONS

2190	FEE	\$	NSW 24.50	VIC 24.50	QLD 20.50	SA 20.50	WA 20.50	TAS 20.50
	BENEFIT	\$	20.85	20.85	17.45	17.45	17.45	17.45
75%	FEE	\$	18.40	18.40	15.40	15.40	15.40	15.40
	BENEFIT	\$	15.65	15.65	13.10	13.10	13.10	13.10

FAT, TOTAL, QUANTITATIVE estimation of, THREE OR MORE ESTIMATIONS

2192	FEE	\$	NSW 37.50	VIC 37.50	QLD 31.50	SA 31.50	WA 31.50	TAS 31.50
	BENEFIT	\$	32.50	32.50	26.80	26.80	26.80	26.80
75%	FEE	\$	28.15	28.15	23.65	23.65	23.65	23.65
	BENEFIT	\$	23.95	23.95	20.15	20.15	20.15	20.15

**PART 7 – PATHOLOGY**

**DIVISION 5 – FAECES**

<p>2194</p> <p>75%</p>	<p>FAT, DIFFERENTIAL, QUANTITATIVE estimation of, ONE ESTIMATION</p> <p>ALL STATES: FEE \$6.90 — BENEFIT \$5.90</p> <p>ALL STATES: FEE \$5.20 — BENEFIT \$4.45</p>																																															
<p>2196</p> <p>75%</p>	<p>FAT, DIFFERENTIAL, QUANTITATIVE estimation of, TWO ESTIMATIONS</p> <p>ALL STATES: FEE \$13.80 — BENEFIT \$11.75</p> <p>ALL STATES: FEE \$10.35 — BENEFIT \$8.80</p>																																															
<p>2197</p> <p>75%</p>	<p>FAT, DIFFERENTIAL, QUANTITATIVE estimation of, THREE OR MORE ESTIMATIONS</p> <p>ALL STATES: FEE \$20.50 — BENEFIT \$17.45</p> <p>ALL STATES: FEE \$15.40 — BENEFIT \$13.10</p>																																															
<p>2198</p> <p>75%</p>	<p>NITROGEN, TOTAL, estimation of</p> <p>ALL STATES: FEE \$13.80 — BENEFIT \$11.75</p> <p>ALL STATES: FEE \$10.35 — BENEFIT \$8.80</p>																																															
<p>2200</p> <p>75%</p>	<p>OCCULT BLOOD, CHEMICAL TESTS FOR, OTHER THAN BY REAGENT STICK, STRIP, TABLET OR SIMILAR</p> <table border="1" data-bbox="197 1002 1118 1161"> <thead> <tr> <th></th> <th></th> <th>NSW</th> <th>VIC</th> <th>QLD</th> <th>SA</th> <th>WA</th> <th>TAS</th> </tr> </thead> <tbody> <tr> <td>FEE</td> <td>\$</td> <td>4.10</td> <td>3.50</td> <td>2.80</td> <td>2.80</td> <td>2.80</td> <td>2.80</td> </tr> <tr> <td>BENEFIT</td> <td>\$</td> <td>3.50</td> <td>3.00</td> <td>2.40</td> <td>2.40</td> <td>2.40</td> <td>2.40</td> </tr> <tr> <td>FEE</td> <td>\$</td> <td>3.10</td> <td>2.65</td> <td>2.10</td> <td>2.10</td> <td>2.10</td> <td>2.10</td> </tr> <tr> <td>BENEFIT</td> <td>\$</td> <td>2.65</td> <td>2.30</td> <td>1.80</td> <td>1.80</td> <td>1.80</td> <td>1.80</td> </tr> </tbody> </table>										NSW	VIC	QLD	SA	WA	TAS	FEE	\$	4.10	3.50	2.80	2.80	2.80	2.80	BENEFIT	\$	3.50	3.00	2.40	2.40	2.40	2.40	FEE	\$	3.10	2.65	2.10	2.10	2.10	2.10	BENEFIT	\$	2.65	2.30	1.80	1.80	1.80	1.80
		NSW	VIC	QLD	SA	WA	TAS																																									
FEE	\$	4.10	3.50	2.80	2.80	2.80	2.80																																									
BENEFIT	\$	3.50	3.00	2.40	2.40	2.40	2.40																																									
FEE	\$	3.10	2.65	2.10	2.10	2.10	2.10																																									
BENEFIT	\$	2.65	2.30	1.80	1.80	1.80	1.80																																									
<p>2207</p> <p>75%</p>	<p>PORPHYRINS, QUALITATIVE estimation of, OTHER THAN BY REAGENT STICK, STRIP, TABLET OR SIMILAR</p> <table border="1" data-bbox="197 1306 1118 1465"> <thead> <tr> <th></th> <th></th> <th>NSW</th> <th>VIC</th> <th>QLD</th> <th>SA</th> <th>WA</th> <th>TAS</th> </tr> </thead> <tbody> <tr> <td>FEE</td> <td>\$</td> <td>6.90</td> <td>6.90</td> <td>3.50</td> <td>3.50</td> <td>3.50</td> <td>3.50</td> </tr> <tr> <td>BENEFIT</td> <td>\$</td> <td>5.90</td> <td>5.90</td> <td>3.00</td> <td>3.00</td> <td>3.00</td> <td>3.00</td> </tr> <tr> <td>FEE</td> <td>\$</td> <td>5.20</td> <td>5.20</td> <td>2.65</td> <td>2.65</td> <td>2.65</td> <td>2.65</td> </tr> <tr> <td>BENEFIT</td> <td>\$</td> <td>4.45</td> <td>4.45</td> <td>2.30</td> <td>2.30</td> <td>2.30</td> <td>2.30</td> </tr> </tbody> </table>										NSW	VIC	QLD	SA	WA	TAS	FEE	\$	6.90	6.90	3.50	3.50	3.50	3.50	BENEFIT	\$	5.90	5.90	3.00	3.00	3.00	3.00	FEE	\$	5.20	5.20	2.65	2.65	2.65	2.65	BENEFIT	\$	4.45	4.45	2.30	2.30	2.30	2.30
		NSW	VIC	QLD	SA	WA	TAS																																									
FEE	\$	6.90	6.90	3.50	3.50	3.50	3.50																																									
BENEFIT	\$	5.90	5.90	3.00	3.00	3.00	3.00																																									
FEE	\$	5.20	5.20	2.65	2.65	2.65	2.65																																									
BENEFIT	\$	4.45	4.45	2.30	2.30	2.30	2.30																																									
<p>2209</p> <p>75%</p>	<p>PORPHYRINS, QUANTITATIVE estimation of (each substance)</p> <p>ALL STATES: FEE \$27.50 — BENEFIT \$23.40</p> <p>ALL STATES: FEE \$20.65 — BENEFIT \$17.60</p>																																															



**PART 7 — PATHOLOGY**

**DIVISION 5 — FAECES**

REDUCING SUBSTANCES, QUALITATIVE TEST OTHER THAN BY REAGENT STICK, STRIP, TABLET OR SIMILAR

2214 ALL STATES: FEE \$4.10 — BENEFIT \$3.50  
75% ALL STATES: FEE \$3.10 — BENEFIT \$2.65

PHOSPHORUS, estimation of

2218	FEE	\$	NSW 9.60	VIC 9.60	QLD 7.60	SA 6.90	WA 6.90	TAS 6.90
	BENEFIT	\$	8.20	8.20	6.50	5.90	5.90	5.90
75%	FEE	\$	7.20	7.20	5.70	5.20	5.20	5.20
	BENEFIT	\$	6.15	6.15	4.85	4.45	4.45	4.45

UROBILIN, UROBILINOGEN, QUALITATIVE estimation of, OTHER THAN BY REAGENT STICK, STRIP, TABLET OR SIMILAR

2224 ALL STATES: FEE \$4.10 — BENEFIT \$3.50  
75% ALL STATES: FEE \$3.10 — BENEFIT \$2.65

UROBILINOGEN, QUANTITATIVE estimation of, OTHER THAN BY REAGENT STICK, STRIP, TABLET OR SIMILAR

2229	FEE	\$	NSW 9.60	VIC 9.60	QLD 7.60	SA 6.90	WA 6.90	TAS 6.90
	BENEFIT	\$	8.20	8.20	6.50	5.90	5.90	5.90
75%	FEE	\$	7.20	7.20	5.70	5.20	5.20	5.20
	BENEFIT	\$	6.15	6.15	4.85	4.45	4.45	4.45

CHEMICAL ESTIMATION, QUANTITATIVE, of any one substance not specified elsewhere, OTHER THAN BY REAGENT STICK, STRIP, TABLET OR SIMILAR

2233	FEE	\$	NSW 9.60	VIC 9.60	QLD 7.60	SA 6.90	WA 6.90	TAS 6.90
	BENEFIT	\$	8.20	8.20	6.50	5.90	5.90	5.90
75%	FEE	\$	7.20	7.20	5.70	5.20	5.20	5.20
	BENEFIT	\$	6.15	6.15	4.85	4.45	4.45	4.45

**DIVISION 6 — SKIN, HAIR, NAILS**

MICROSCOPICAL EXAMINATION FOR FUNGI AND PARASITES

2237	FEE	\$	NSW 5.50	VIC 5.50	QLD 5.50	SA 4.80	WA 4.80	TAS 4.80
	BENEFIT	\$	4.70	4.70	4.70	4.10	4.10	4.10
75%	FEE	\$	4.15	4.15	4.15	3.60	3.60	3.60
	BENEFIT	\$	3.55	3.55	3.55	3.10	3.10	3.10

## PART 7 — PATHOLOGY

## DIVISION 6 — SKIN, HAIR, NAILS

		MICROSCOPICAL AND CULTURAL EXAMINATION FOR FUNGI						
		NSW	VIC	QLD	SA	WA	TAS	
2242	FEE	\$ 9.60	9.60	9.60	8.30	8.30	8.30	
	BENEFIT	\$ 8.20	8.20	8.20	7.10	7.10	7.10	
75%	FEE	\$ 7.20	7.20	7.20	6.25	6.25	6.25	
	BENEFIT	\$ 6.15	6.15	6.15	5.35	5.35	5.35	
CHEMICAL EXAMINATION (QUALITATIVE) - EACH SUBSTANCE								
2246		ALL STATES: FEE \$4.10 — BENEFIT \$3.50						
75%		ALL STATES: FEE \$3.10 — BENEFIT \$2.65						
CHEMICAL EXAMINATION (QUANTITATIVE) - EACH SUBSTANCE								
		NSW	VIC	QLD	SA	WA	TAS	
2251	FEE	\$ 9.60	9.60	8.30	6.90	6.90	6.90	
	BENEFIT	\$ 8.20	8.20	7.10	5.90	5.90	5.90	
75%	FEE	\$ 7.20	7.20	6.25	5.20	5.20	5.20	
	BENEFIT	\$ 6.15	6.15	5.35	4.45	4.45	4.45	
SKIN SENSITIVITY TESTING for hydatid disease (Casoni test)								
		NSW	VIC	QLD	SA	WA	TAS	
2260	FEE	\$ 6.30	5.50	3.50	3.50	3.50	3.50	
	BENEFIT	\$ 5.40	4.70	3.00	3.00	3.00	3.00	
75%	FEE	\$ 4.75	4.15	2.65	2.65	2.65	2.65	
	BENEFIT	\$ 4.05	3.55	2.30	2.30	2.30	2.30	
SKIN SENSITIVITY TESTING for mycobacterial infection (Mantoux, Von Pirquet, Vollmer or similar test)								
		NSW	VIC	QLD	SA	WA	TAS	
2261	FEE	\$ 6.30	5.50	3.50	3.50	3.50	3.50	
	BENEFIT	\$ 5.40	4.70	3.00	3.00	3.00	3.00	
75%	FEE	\$ 4.75	4.15	2.65	2.65	2.65	2.65	
	BENEFIT	\$ 4.05	3.55	2.30	2.30	2.30	2.30	
SKIN SENSITIVITY TESTING for diagnosis of disease not otherwise listed (Schick test, Frei test, Schultz-Charlton test, etc.)								
		NSW	VIC	QLD	SA	WA	TAS	
2263	FEE	\$ 6.30	5.50	3.50	3.50	3.50	3.50	
	BENEFIT	\$ 5.40	4.70	3.00	3.00	3.00	3.00	
75%	FEE	\$ 4.75	4.15	2.65	2.65	2.65	2.65	
	BENEFIT	\$ 4.05	3.55	2.30	2.30	2.30	2.30	

## DIVISION 7 — GASTRIC AND DUODENAL CONTENTS

## GASTRIC AND DUODENAL CONTENTS — BACTERIOLOGY

MICROSCOPICAL EXAMINATION for mycobacteria including collection of gastric contents

2266 ALL STATES: FEE \$6.90 — BENEFIT \$5.90  
75% ALL STATES: FEE \$5.20 — BENEFIT \$4.45

CULTURAL EXAMINATION for mycobacteria

			NSW	VIC	QLD	SA	WA	TAS
2271	FEE	\$	6.90	6.90	6.90	6.30	6.30	6.30
	BENEFIT	\$	5.90	5.90	5.90	5.40	5.40	5.40
75%	FEE	\$	5.20	5.20	5.20	4.75	4.75	4.75
	BENEFIT	\$	4.45	4.45	4.45	4.05	4.05	4.05

MICROSCOPICAL EXAMINATION for mycobacteria including collection of gastric contents AND CULTURAL EXAMINATION for mycobacteria

			NSW	VIC	QLD	SA	WA	TAS
2276	FEE	\$	13.80	13.80	13.80	13.20	13.20	13.20
	BENEFIT	\$	11.75	11.75	11.75	11.25	11.25	11.25
75%	FEE	\$	10.35	10.35	10.35	9.90	9.90	9.90
	BENEFIT	\$	8.80	8.80	8.80	8.45	8.45	8.45

ANIMAL INOCULATION

2280 ALL STATES: FEE \$13.80 — BENEFIT \$11.75  
75% ALL STATES: FEE \$10.35 — BENEFIT \$8.80

SENSITIVITY TESTING for mycobacteria - each antibiotic

2284 ALL STATES: FEE \$6.90 — BENEFIT \$5.90  
75% ALL STATES: FEE \$5.20 — BENEFIT \$4.45

## GASTRIC AND DUODENAL CONTENTS — CHEMISTRY

QUALITATIVE TESTS for barbiturate, blood, alcohol, metallic poison or similar substances - each substance

2288 ALL STATES: FEE \$4.80 — BENEFIT \$4.10  
75% ALL STATES: FEE \$3.60 — BENEFIT \$3.10

## PART 7 - PATHOLOGY

## DIVISION 7 - GASTRIC CONTENTS

QUANTITATIVE DETERMINATION OF ACIDITY, single or multiple specimens, including collection (fractional test meal)

		NSW	VIC	QLD	SA	WA	TAS
2290	FEE	\$ 14.40	14.40	13.80	11.00	12.60	11.00
	BENEFIT	\$ 12.25	12.25	11.75	9.35	10.75	9.35
75%	FEE	\$ 10.80	10.80	10.35	8.25	9.45	8.25
	BENEFIT	\$ 9.20	9.20	8.80	7.05	8.05	7.05

COLLECTION OF GASTRIC JUICE SPECIMENS after stimulation by histamine, synthetic gastrin, alcohol or similar substance and QUANTITATIVE DETERMINATION OF ACIDITY

		NSW	VIC	QLD	SA	WA	TAS
2293	FEE	\$ 20.50	20.50	20.00	17.40	18.80	17.40
	BENEFIT	\$ 17.45	17.45	17.00	14.80	16.00	14.80
75%	FEE	\$ 15.40	15.40	15.00	13.05	14.10	13.05
	BENEFIT	\$ 13.10	13.10	12.75	11.10	12.00	11.10

QUANTITATIVE DETERMINATION of bicarbonate - SINGLE DETERMINATION

		NSW	VIC	QLD	SA	WA	TAS
2297	FEE	\$ 9.60	9.60	9.60	6.90	6.30	6.30
	BENEFIT	\$ 8.20	8.20	8.20	5.90	5.40	5.40
75%	FEE	\$ 7.20	7.20	7.20	5.20	4.75	4.75
	BENEFIT	\$ 6.15	6.15	6.15	4.45	4.05	4.05

QUANTITATIVE DETERMINATIONS of bicarbonate - MORE THAN ONE DETERMINATION

		NSW	VIC	QLD	SA	WA	TAS
2301	FEE	\$ 20.50	20.50	20.50	15.20	13.80	13.80
	BENEFIT	\$ 17.45	17.45	17.45	12.95	11.75	11.75
75%	FEE	\$ 15.40	15.40	15.40	11.40	10.35	10.35
	BENEFIT	\$ 13.10	13.10	13.10	9.70	8.80	8.80

QUANTITATIVE DETERMINATION of other substances - EACH SUBSTANCE

		NSW	VIC	QLD	SA	WA	TAS
2305	FEE	\$ 9.60	9.60	9.60	6.90	6.30	6.30
	BENEFIT	\$ 8.20	8.20	8.20	5.90	5.40	5.40
75%	FEE	\$ 7.20	7.20	7.20	5.20	4.75	4.75
	BENEFIT	\$ 6.15	6.15	6.15	4.45	4.05	4.05

## PART 7 — PATHOLOGY

## DIVISION 7 — GASTRIC CONTENTS

STOMACH ACID SECRETION TEST by ingestion of dye

			NSW	VIC	QLD	SA	WA	TAS
2309	FEE	\$	9.60	9.60	6.90	6.30	6.30	6.30
	BENEFIT	\$	8.20	8.20	5.90	5.40	5.40	5.40
75%	FEE	\$	7.20	7.20	5.20	4.75	4.75	4.75
	BENEFIT	\$	6.15	6.15	4.45	4.05	4.05	4.05

## DIVISION 8 — MORBID ANATOMY

HISTOPATHOLOGICAL EXAMINATION of biopsy material WHEN ONE OR TWO PIECES OF TISSUE are separately identified, processed and examined

			NSW	VIC	QLD	SA	WA	TAS
2313	FEE	\$	16.60	16.60	13.80	13.80	13.80	13.80
	BENEFIT	\$	14.15	14.15	11.75	11.75	11.75	11.75
75%	FEE	\$	12.45	12.45	10.35	10.35	10.35	10.35
	BENEFIT	\$	10.60	10.60	8.80	8.80	8.80	8.80

HISTOPATHOLOGICAL EXAMINATION of biopsy material WHEN THREE OR FOUR PIECES OF TISSUE are separately identified, processed and examined

			NSW	VIC	QLD	SA	WA	TAS
2317	FEE	\$	24.50	24.50	22.00	22.00	22.00	22.00
	BENEFIT	\$	20.85	20.85	18.70	18.70	18.70	18.70
75%	FEE	\$	18.40	18.40	16.50	16.50	16.50	16.50
	BENEFIT	\$	15.65	15.65	14.05	14.05	14.05	14.05

HISTOPATHOLOGICAL EXAMINATION of biopsy material WHEN FIVE OR MORE PIECES OF TISSUE are separately identified, processed and examined

			NSW	VIC	QLD	SA	WA	TAS
2321	FEE	\$	33.00	33.00	30.50	30.50	30.50	30.50
	BENEFIT	\$	28.05	28.05	25.95	25.95	25.95	25.95
75%	FEE	\$	24.75	24.75	22.90	22.90	22.90	22.90
	BENEFIT	\$	21.05	21.05	19.50	19.50	19.50	19.50

IMMEDIATE FROZEN SECTION DIAGNOSIS AND HISTOPATHOLOGICAL EXAMINATION of biopsy material WHEN ONE OR TWO PIECES OF TISSUE are separately identified, processed and examined

			NSW	VIC	QLD	SA	WA	TAS
2325	FEE	\$	33.00	33.00	27.50	27.50	27.50	27.50
	BENEFIT	\$	28.05	28.05	23.40	23.40	23.40	23.40
75%	FEE	\$	24.75	24.75	20.65	20.65	20.65	20.65
	BENEFIT	\$	21.05	21.05	17.60	17.60	17.60	17.60

## PART 7 — PATHOLOGY

## DIVISION 8 — MORBID ANATOMY

IMMEDIATE FROZEN SECTION DIAGNOSIS AND HISTOPATHOLOGICAL EXAMINATION of biopsy material WHEN THREE OR MORE PIECES OF TISSUE are separately identified, processed and examined

			NSW	VIC	QLD	SA	WA	TAS
2329	FEE	\$	41.50	41.50	36.00	36.00	36.00	36.00
	BENEFIT	\$	36.50	36.50	31.00	31.00	31.00	31.00
75%	FEE	\$	31.15	31.15	27.00	27.00	27.00	27.00
	BENEFIT	\$	26.50	26.50	22.95	22.95	22.95	22.95

**DIVISION 9 — SPECIAL INVESTIGATIONS  
(INCLUDES COLLECTION OF SPECIMENS, ADMINISTRATION OF DRUGS AND ALL  
RELEVANT CHEMICAL DETERMINATIONS)**

ACTH STIMULATION PROCEDURE (including synacthen) using multiple plasma steroid estimation

2333		ALL STATES: FEE \$48.00 — BENEFIT \$43.00
75%		ALL STATES: FEE \$36.00 — BENEFIT \$31.00

ACTH STIMULATION PROCEDURE (including synacthen) using multiple urine steroid estimation

2337		ALL STATES: FEE \$63.00 — BENEFIT \$58.00
75%		ALL STATES: FEE \$47.25 — BENEFIT \$42.25

**ADRENALINE TOLERANCE TEST**

			NSW	VIC	QLD	SA	WA	TAS
2341	FEE	\$	19.20	19.20	17.40	16.00	16.00	16.00
	BENEFIT	\$	16.35	16.35	14.80	13.60	13.60	13.60
75%	FEE	\$	14.40	14.40	13.05	12.00	12.00	12.00
	BENEFIT	\$	12.25	12.25	11.10	10.20	10.20	10.20

**ARGININE INFUSION TEST**

2345		ALL STATES: FEE \$13.80 — BENEFIT \$11.75
75%		ALL STATES: FEE \$10.35 — BENEFIT \$8.80

**BASAL METABOLIC RATE ESTIMATION**

			NSW	VIC	QLD	SA	WA	TAS
2349	FEE	\$	13.80	13.80	11.00	11.00	11.00	11.00
	BENEFIT	\$	11.75	11.75	9.35	9.35	9.35	9.35
75%	FEE	\$	10.35	10.35	8.25	8.25	8.25	8.25
	BENEFIT	\$	8.80	8.80	7.05	7.05	7.05	7.05

## PART 7 — PATHOLOGY

## DIVISION 9 — SPECIAL INVESTIGATIONS

		BROMSULPHTHALEIN RETENTION TEST						
			NSW	VIC	QLD	SA	WA	TAS
2353	FEE	\$	16.60	16.60	15.20	13.80	13.80	13.80
	BENEFIT	\$	14.15	14.15	12.95	11.75	11.75	11.75
75%	FEE	\$	12.45	12.45	11.40	10.35	10.35	10.35
	BENEFIT	\$	10.60	10.60	9.70	8.80	8.80	8.80
CARBOHYDRATE TOLERANCE TEST (e.g. glucose, fructose, galactose, lactose, sucrose, or similar) NOT EXCEEDING TWO HOURS								
			NSW	VIC	QLD	SA	WA	TAS
2356	FEE	\$	16.60	16.60	15.20	13.80	13.80	13.80
	BENEFIT	\$	14.15	14.15	12.95	11.75	11.75	11.75
75%	FEE	\$	12.45	12.45	11.40	10.35	10.35	10.35
	BENEFIT	\$	10.60	10.60	9.70	8.80	8.80	8.80
BROMSULPHTHALEIN INFUSION TEST OF LIVER FUNCTION								
2358	ALL STATES: FEE \$27.50 — BENEFIT \$23.40							
75%	ALL STATES: FEE \$20.65 — BENEFIT \$17.60							
CARBOHYDRATE TOLERANCE TEST (e.g. glucose, fructose, galactose, lactose, sucrose, or similar) EXCEEDING TWO HOURS BUT NOT EXCEEDING THREE HOURS								
			NSW	VIC	QLD	SA	WA	TAS
2361	FEE	\$	20.50	20.50	19.20	18.00	18.00	18.00
	BENEFIT	\$	17.45	17.45	16.35	15.30	15.30	15.30
75%	FEE	\$	15.40	15.40	14.40	13.50	13.50	13.50
	BENEFIT	\$	13.10	13.10	12.25	11.50	11.50	11.50
CARBOHYDRATE TOLERANCE TEST (e.g. glucose, fructose, galactose, lactose, sucrose, or similar) EXCEEDING THREE HOURS								
			NSW	VIC	QLD	SA	WA	TAS
2364	FEE	\$	24.50	24.50	23.50	22.00	22.00	22.00
	BENEFIT	\$	20.85	20.85	20.00	18.70	18.70	18.70
75%	FEE	\$	18.40	18.40	17.65	16.50	16.50	16.50
	BENEFIT	\$	15.65	15.65	15.05	14.05	14.05	14.05
CONGO RED TEST								
			NSW	VIC	QLD	SA	WA	TAS
2368	FEE	\$	18.00	18.00	16.60	15.20	13.80	14.40
	BENEFIT	\$	15.30	15.30	14.15	12.95	11.75	12.25
75%	FEE	\$	13.50	13.50	12.45	11.40	10.35	10.80
	BENEFIT	\$	11.50	11.50	10.60	9.70	8.80	9.20

**PART 7 – PATHOLOGY**

**DIVISION 9 – SPECIAL INVESTIGATIONS**

<p>2370</p> <p>75%</p>	<p>CREATININE CLEARANCE TEST</p> <p>ALL STATES: FEE \$20.50 — BENEFIT \$17.45</p> <p>ALL STATES: FEE \$15.40 — BENEFIT \$13.10</p>																																															
<p>2373</p> <p>75%</p>	<p>DEXAMETHAZONE SUPPRESSION TEST</p> <p>ALL STATES: FEE \$55.00 — BENEFIT \$50.00</p> <p>ALL STATES: FEE \$41.25 — BENEFIT \$36.25</p>																																															
<p>2375</p> <p>75%</p>	<p>GLUCAGON TOLERANCE TEST</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th></th> <th>NSW</th> <th>VIC</th> <th>QLD</th> <th>SA</th> <th>WA</th> <th>TAS</th> </tr> </thead> <tbody> <tr> <td>FEE</td> <td>\$</td> <td>19.20</td> <td>19.20</td> <td>17.40</td> <td>16.00</td> <td>16.00</td> <td>16.00</td> </tr> <tr> <td>BENEFIT</td> <td>\$</td> <td>16.35</td> <td>16.35</td> <td>14.80</td> <td>13.60</td> <td>13.60</td> <td>13.60</td> </tr> <tr> <td>75% FEE</td> <td>\$</td> <td>14.40</td> <td>14.40</td> <td>13.05</td> <td>12.00</td> <td>12.00</td> <td>12.00</td> </tr> <tr> <td>75% BENEFIT</td> <td>\$</td> <td>12.25</td> <td>12.25</td> <td>11.10</td> <td>10.20</td> <td>10.20</td> <td>10.20</td> </tr> </tbody> </table>										NSW	VIC	QLD	SA	WA	TAS	FEE	\$	19.20	19.20	17.40	16.00	16.00	16.00	BENEFIT	\$	16.35	16.35	14.80	13.60	13.60	13.60	75% FEE	\$	14.40	14.40	13.05	12.00	12.00	12.00	75% BENEFIT	\$	12.25	12.25	11.10	10.20	10.20	10.20
		NSW	VIC	QLD	SA	WA	TAS																																									
FEE	\$	19.20	19.20	17.40	16.00	16.00	16.00																																									
BENEFIT	\$	16.35	16.35	14.80	13.60	13.60	13.60																																									
75% FEE	\$	14.40	14.40	13.05	12.00	12.00	12.00																																									
75% BENEFIT	\$	12.25	12.25	11.10	10.20	10.20	10.20																																									
<p>2377</p> <p>75%</p>	<p>HISTIDINE LOADED FIGLU TEST</p> <p>ALL STATES: FEE \$16.60 — BENEFIT \$14.15</p> <p>ALL STATES: FEE \$12.45 — BENEFIT \$10.60</p>																																															
<p>2379</p> <p>75%</p>	<p>INULIN CLEARANCE TEST</p> <p>ALL STATES: FEE \$27.50 — BENEFIT \$23.40</p> <p>ALL STATES: FEE \$20.65 — BENEFIT \$17.60</p>																																															
<p>2381</p> <p>75%</p>	<p>METYROPONE SUPPRESSION TEST</p> <p>ALL STATES: FEE \$55.00 — BENEFIT \$50.00</p> <p>ALL STATES: FEE \$41.25 — BENEFIT \$36.25</p>																																															
<p>2383</p> <p>75%</p>	<p>PARA AMINO HIPURIC CLEARANCE TEST</p> <p>ALL STATES: FEE \$20.50 — BENEFIT \$17.45</p> <p>ALL STATES: FEE \$15.40 — BENEFIT \$13.10</p>																																															
<p>2385</p> <p>75%</p>	<p>PHENOLSULPHONPHTHALEIN EXCRETION TEST</p> <p>ALL STATES: FEE \$20.50 — BENEFIT \$17.45</p> <p>ALL STATES: FEE \$15.40 — BENEFIT \$13.10</p>																																															



## PART 7 — PATHOLOGY

## DIVISION 9 — SPECIAL INVESTIGATIONS

		TOLBUTAMIDE TOLERANCE TEST							
			NSW	VIC	QLD	SA	WA	TAS	
2387	FEE	\$	19.20	19.20	17.40	16.00	16.00	16.00	
	BENEFIT	\$	16.35	16.35	14.80	13.60	13.60	13.60	
75%	FEE	\$	14.40	14.40	13.05	12.00	12.00	12.00	
	BENEFIT	\$	12.25	12.25	11.10	10.20	10.20	10.20	
		UREA CLEARANCE TEST							
			NSW	VIC	QLD	SA	WA	TAS	
2389	FEE	\$	16.00	16.00	13.20	11.80	11.80	11.80	
	BENEFIT	\$	13.60	13.60	11.25	10.05	10.05	10.05	
75%	FEE	\$	12.00	12.00	9.90	8.85	8.85	8.85	
	BENEFIT	\$	10.20	10.20	8.45	7.55	7.55	7.55	
		UREA CONCENTRATION TEST							
			NSW	VIC	QLD	SA	WA	TAS	
2391	FEE	\$	13.80	13.80	11.00	9.60	9.60	9.60	
	BENEFIT	\$	11.75	11.75	9.35	8.20	8.20	8.20	
75%	FEE	\$	10.35	10.35	8.25	7.20	7.20	7.20	
	BENEFIT	\$	8.80	8.80	7.05	6.15	6.15	6.15	
2393	URINE ACIDIFICATION TEST (ammonium chloride or similar)								
			ALL STATES: FEE \$13.80 — BENEFIT \$11.75						
75%			ALL STATES: FEE \$10.35 — BENEFIT \$8.80						
2395	VASOPRESSIN STIMULATION TEST								
			ALL STATES: FEE \$48.00 — BENEFIT \$43.00						
75%			ALL STATES: FEE \$36.00 — BENEFIT \$31.00						
		WATER ELIMINATION OR MOSENTHAL KIDNEY FUNCTION TEST							
			NSW	VIC	QLD	SA	WA	TAS	
2397	FEE	\$	6.90	6.90	6.90	6.30	6.30	6.30	
	BENEFIT	\$	5.90	5.90	5.90	5.40	5.40	5.40	
75%	FEE	\$	5.20	5.20	5.20	4.75	4.75	4.75	
	BENEFIT	\$	4.45	4.45	4.45	4.05	4.05	4.05	

## PART 7 — PATHOLOGY

## DIVISION 9 — SPECIAL INVESTIGATIONS

## XYLOSE ABSORPTION TEST

			NSW	VIC	QLD	SA	WA	TAS
2399	FEE	\$	15.20	15.20	14.40	13.80	13.80	13.80
	BENEFIT	\$	12.95	12.95	12.25	11.75	11.75	11.75
75%	FEE	\$	11.40	11.40	10.80	10.35	10.35	10.35
	BENEFIT	\$	9.70	9.70	9.20	8.80	8.80	8.80

MAXIMUM URINE CONCENTRATION TEST (OSMOLALITY) — not less than three estimates; free water clearance test; urate clearance test; acid load test; each procedure . . .

2402	ALL STATES: FEE \$20.50 — BENEFIT \$17.45							
75%	ALL STATES: FEE \$15.40 — BENEFIT \$13.10							

## DIVISION 10 — CYTOLOGY

CYTOLOGICAL EXAMINATION OF SMEARS from cervix and vagina, skin or mucous membrane for pathological change

			NSW	VIC	QLD	SA	WA	TAS
2404	FEE	\$	9.60	9.60	8.30	8.30	8.30	8.30
	BENEFIT	\$	8.20	8.20	7.10	7.10	7.10	7.10
75%	FEE	\$	7.20	7.20	6.25	6.25	6.25	6.25
	BENEFIT	\$	6.15	6.15	5.35	5.35	5.35	5.35

EXAMINATION OF SPUTUM, URINE OR BODY FLUIDS including bronchial, cerebrospinal, pericardial, peritoneal, or similar FOR MALIGNANT CELL

			NSW	VIC	QLD	SA	WA	TAS
2406	FEE	\$	13.80	13.80	12.60	12.60	12.60	12.60
	BENEFIT	\$	11.75	11.75	10.75	10.75	10.75	10.75
75%	FEE	\$	10.35	10.35	9.45	9.45	9.45	9.45
	BENEFIT	\$	8.80	8.80	8.05	8.05	8.05	8.05

EXAMINATION OF COLONIC OR DUODENAL WASHINGS FOR MALIGNANT CELLS

			NSW	VIC	QLD	SA	WA	TAS
2408	FEE	\$	13.80	13.80	12.60	12.60	12.60	12.60
	BENEFIT	\$	11.75	11.75	10.75	10.75	10.75	10.75
75%	FEE	\$	10.35	10.35	9.45	9.45	9.45	9.45
	BENEFIT	\$	8.80	8.80	8.05	8.05	8.05	8.05

## PART 7 - PATHOLOGY

## DIVISION 10 - CYTOLOGY

		EXAMINATION OF BLOOD FOR CIRCULATING MALIGNANT CELLS						
			NSW	VIC	QLD	SA	WA	TAS
2411	FEE	\$	20.50	20.50	19.20	19.20	19.20	19.20
	BENEFIT	\$	17.45	17.45	16.35	16.35	16.35	16.35
75%	FEE	\$	15.40	15.40	14.40	14.40	14.40	14.40
	BENEFIT	\$	13.10	13.10	12.25	12.25	12.25	12.25
		OESOPHAGEAL CYTOLOGY including collection of specimen						
			NSW	VIC	QLD	SA	WA	TAS
2413	FEE	\$	17.40	17.40	16.00	16.00	16.00	16.00
	BENEFIT	\$	14.80	14.80	13.60	13.60	13.60	13.60
75%	FEE	\$	13.05	13.05	12.00	12.00	12.00	12.00
	BENEFIT	\$	11.10	11.10	10.20	10.20	10.20	10.20
		GASTRIC CYTOLOGY including collection of specimen						
			NSW	VIC	QLD	SA	WA	TAS
2415	FEE	\$	24.50	24.50	23.50	23.50	23.50	23.50
	BENEFIT	\$	20.85	20.85	20.00	20.00	20.00	20.00
75%	FEE	\$	18.40	18.40	17.65	17.65	17.65	17.65
	BENEFIT	\$	15.65	15.65	15.05	15.05	15.05	15.05
		HORMONAL ASSESSMENT by cytological examination of vaginal epithelium						
			NSW	VIC	QLD	SA	WA	TAS
2417	FEE	\$	8.30	8.30	6.90	6.90	6.90	6.90
	BENEFIT	\$	7.10	7.10	5.90	5.90	5.90	5.90
75%	FEE	\$	6.25	6.25	5.20	5.20	5.20	5.20
	BENEFIT	\$	5.35	5.35	4.45	4.45	4.45	4.45
		CYTOLOGICAL SEX CHROMATIN STUDIES other than from blood film						
			NSW	VIC	QLD	SA	WA	TAS
2419	FEE	\$	9.00	9.00	7.60	7.60	7.60	7.60
	BENEFIT	\$	7.65	7.65	6.50	6.50	6.50	6.50
75%	FEE	\$	6.75	6.75	5.70	5.70	5.70	5.70
	BENEFIT	\$	5.75	5.75	4.85	4.85	4.85	4.85

**DIVISION 11 — CHROMOSOME STUDIES**

CHROMOSOME STUDIES - including preparation, count and karyotyping OF BLOOD

2422 ALL STATES: FEE \$24.50 — BENEFIT \$20.85

75% ALL STATES: FEE \$18.40 — BENEFIT \$15.65

CHROMOSOME STUDIES - including preparation, count and karyotyping of MARROW OR OTHER TISSUE

2424 ALL STATES: FEE \$29.00 — BENEFIT \$24.65

75% ALL STATES: FEE \$21.75 — BENEFIT \$18.50

CHROMOSOME STUDIES - including preparation, count and karyotyping of skin

2427 ALL STATES: FEE \$33.00 — BENEFIT \$28.05

75% ALL STATES: FEE \$24.75 — BENEFIT \$21.05

## Medical Service

## PART 7A — NUCLEAR MEDICINE

**Note:** In order for the medical services in this Part to qualify for benefit, the medical practitioner performing the service must estimate the dosage, supervise the administration of the dose and in addition, provide the final report.

## ERYTHROCYTE RADIOACTIVE UPTAKE SURVIVAL TIME

2430 ALL STATES: FEE \$40.00 — BENEFIT \$35.00

## BLOOD VOLUME Cr51

			NSW	VIC	QLD	SA	WA	TAS
2432	FEE	\$	16.00	16.00	16.00	16.00	14.20	16.00
	BENEFIT	\$	13.60	13.60	13.60	13.60	12.10	13.60

## RADIOIODINE THYROID UPTAKE

			NSW	VIC	QLD	SA	WA	TAS
2434	FEE	\$	16.00	16.00	16.00	16.00	14.20	14.20
	BENEFIT	\$	13.60	13.60	13.60	13.60	12.10	12.10

## GASTROINTESTINAL BLOOD LOSS ESTIMATION with radioactive chromium involving serial examinations of stool specimens

2438 ALL STATES: FEE \$32.00 — BENEFIT \$27.20

## RADIOIODINE, URINARY ESTIMATION

2441 ALL STATES: FEE \$11.00 — BENEFIT \$9.35

## PROTEIN BOUND RADIOACTIVE IODINE TEST

2443 ALL STATES: FEE \$16.00 — BENEFIT \$13.60

## RADIOACTIVE B12 ABSORPTION TEST (Schilling test)

2448 ALL STATES: FEE \$17.60 — BENEFIT \$15.00

## BRAIN SCAN

2451 ALL STATES: FEE \$47.50 — BENEFIT \$42.50

## CISTERNAL SCAN

2454 ALL STATES: FEE \$75.00 — BENEFIT \$70.00

## SPINAL CORD SCAN

2457 ALL STATES: FEE \$32.00 — BENEFIT \$27.20

## PART 7A

## NUCLEAR MEDICINE

2462	PARATHYROID SCAN ALL STATES: FEE \$27.00 — BENEFIT \$22.95
2470	THYROID SCAN ALL STATES: FEE \$20.50 — BENEFIT \$17.45
2473	MEDIASTINAL SCAN ALL STATES: FEE \$25.50 — BENEFIT \$21.70
2474	SCAN OF LUNG OR LUNGS ALL STATES: FEE \$49.50 — BENEFIT \$44.50
2476	SCAN OF HEART AND LIVER ALL STATES: FEE \$47.50 — BENEFIT \$42.50
2477	HEART SCAN ALL STATES: FEE \$25.50 — BENEFIT \$21.70
2479	SCAN OF LIVER AND LUNGS ALL STATES: FEE \$84.00 — BENEFIT \$79.00
2480	LIVER SCAN ALL STATES: FEE \$38.00 — BENEFIT \$33.00
2481	PANCREAS SCAN ALL STATES: FEE \$47.50 — BENEFIT \$42.50
2483	SPLEEN SCAN ALL STATES: FEE \$27.00 — BENEFIT \$22.95
2484	RENAL SCAN ALL STATES: FEE \$32.00 — BENEFIT \$27.20
2486	SCAN OF LIVER AND SPLEEN ALL STATES: FEE \$49.50 — BENEFIT \$44.50
2487	DIFFERENTIAL RENAL SCAN ALL STATES: FEE \$19.00 — BENEFIT \$16.15

## PART 7A

## NUCLEAR MEDICINE

2489	RENAL SCAN AND DIFFERENTIAL RENAL SCAN ALL STATES: FEE \$51.00 — BENEFIT \$46.00
2491	PLACENTAL SCAN ALL STATES: FEE \$47.50 — BENEFIT \$42.50
2493	SCAN OF SKULL ALL STATES: FEE \$32.00 — BENEFIT \$27.20
2495	SCAN OF VERTEBRAL COLUMN AND SACRUM ALL STATES: FEE \$47.50 — BENEFIT \$42.50
2496	SCAN OF PELVIS ALL STATES: FEE \$47.50 — BENEFIT \$42.50
2498	SCAN OF JOINT OR LONG BONE ALL STATES: FEE \$32.00 — BENEFIT \$27.20
2499	SCAN OF BONE OR BONES NOT COVERED by any other item in this Part ALL STATES: FEE \$32.00 — BENEFIT \$27.20
2500	SCAN OF REGION OR ORGAN NOT COVERED by any other item in this Part ALL STATES: FEE \$27.00 — BENEFIT \$22.95





## Medical Service

## PART 8 - RADIOLOGICAL SERVICES

Note: In this Part 'S.' denotes a service rendered by a specialist radiologist.

**DIVISION 1 - RADIOGRAPHIC EXAMINATION OF EXTREMITIES AND REPORT  
(WITH OR WITHOUT FLUOROSCOPY)**

DIGITS OR PHALANGES - all or any of either hand or either foot

			NSW	VIC	QLD	SA	WA	TAS
2502	G.	FEE	\$ 15.20	15.20	12.00	12.00	12.00	12.00
		BENEFIT	\$ 12.95	12.95	10.20	10.20	10.20	10.20
2505	S.	FEE	\$ 17.60	17.60	14.20	14.20	14.20	14.20
		BENEFIT	\$ 15.00	15.00	12.10	12.10	12.10	12.10

HAND, WRIST, FOREARM, ELBOW OR ARM (elbow to shoulder)

			NSW	VIC	QLD	SA	WA	TAS
2508	G.	FEE	\$ 15.20	15.20	12.00	12.00	12.00	12.00
		BENEFIT	\$ 12.95	12.95	10.20	10.20	10.20	10.20
2512	S.	FEE	\$ 17.60	17.60	14.20	14.20	14.20	14.20
		BENEFIT	\$ 15.00	15.00	12.10	12.10	12.10	12.10

HAND WRIST AND LOWER FOREARM; UPPER FOREARM AND ELBOW; OR ELBOW AND ARM (elbow to shoulder)

			NSW	VIC	QLD	SA	WA	TAS
2516	G.	FEE	\$ 20.50	20.50	17.60	17.60	17.60	17.60
		BENEFIT	\$ 17.45	17.45	15.00	15.00	15.00	15.00
2520	S.	FEE	\$ 23.00	23.00	19.80	19.80	19.80	19.80
		BENEFIT	\$ 19.55	19.55	16.85	16.85	16.85	16.85

FOOT, ANKLE, LOWER LEG, UPPER LEG, KNEE OR THIGH (femur)

			NSW	VIC	QLD	SA	WA	TAS
2524	G.	FEE	\$ 15.20	15.20	13.40	13.40	13.40	13.40
		BENEFIT	\$ 12.95	12.95	11.40	11.40	11.40	11.40
2528	S.	FEE	\$ 19.00	19.00	16.00	16.00	16.00	16.00
		BENEFIT	\$ 16.15	16.15	13.60	13.60	13.60	13.60

## PART 8 — RADIOLOGY

## DIVISION 1 — EXTREMITIES

## FOOT, ANKLE AND LOWER LEG; OR UPPER LEG AND KNEE

			NSW	VIC	QLD	SA	WA	TAS
2532	G.	FEE	\$ 22.00	22.00	19.00	19.00	19.00	19.00
		BENEFIT	\$ 18.70	18.70	16.15	16.15	16.15	16.15
2537	S.	FEE	\$ 28.50	28.50	22.00	22.00	22.00	22.00
		BENEFIT	\$ 24.25	24.25	18.70	18.70	18.70	18.70

## DIVISION 2 — RADIOGRAPHIC EXAMINATION OF SHOULDER OR HIP JOINT AND REPORT

## SHOULDER OR SCAPULA

			NSW	VIC	QLD	SA	WA	TAS
2539	G.	FEE	\$ 20.50	20.50	17.60	17.60	17.60	17.60
		BENEFIT	\$ 17.45	17.45	15.00	15.00	15.00	15.00
2541	S.	FEE	\$ 23.00	23.00	19.80	19.80	19.80	19.80
		BENEFIT	\$ 19.55	19.55	16.85	16.85	16.85	16.85

## CLAVICLE

			NSW	VIC	QLD	SA	WA	TAS
2543	G.	FEE	\$ 16.60	16.60	13.40	13.40	13.40	13.40
		BENEFIT	\$ 14.15	14.15	11.40	11.40	11.40	11.40
2545	S.	FEE	\$ 19.00	19.00	16.00	16.00	16.00	16.00
		BENEFIT	\$ 16.15	16.15	13.60	13.60	13.60	13.60

## HIP JOINT

			NSW	VIC	QLD	SA	WA	TAS
2548		FEE	\$ 20.50	20.50	17.60	17.60	17.60	17.60
		BENEFIT	\$ 17.45	17.45	15.00	15.00	15.00	15.00

## PELVIC GIRDLE

			NSW	VIC	QLD	SA	WA	TAS
2551		FEE	\$ 26.50	26.50	18.40	18.40	18.40	18.40
		BENEFIT	\$ 22.55	22.55	15.65	15.65	15.65	15.65

## SACRO-ILIAC JOINTS

			NSW	VIC	QLD	SA	WA	TAS
2554		FEE	\$ 26.50	26.50	18.40	18.40	18.40	18.40
		BENEFIT	\$ 22.55	22.55	15.65	15.65	15.65	15.65

## SMITH-PETERSEN NAIL - insertion or similar procedure

2557	ALL STATES: FEE \$43.00 — BENEFIT \$38.00							
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## DIVISION 3 - RADIOGRAPHIC EXAMINATION OF HEAD AND REPORT

## SKULL (calvarium)

			NSW	VIC	QLD	SA	WA	TAS
2560	FEE	\$	26.50	27.50	22.00	22.00	22.00	22.00
	BENEFIT	\$	22.55	23.40	18.70	18.70	18.70	18.70

## SINUSES

			NSW	VIC	QLD	SA	WA	TAS
2563	FEE	\$	20.50	20.50	18.40	18.40	18.40	18.40
	BENEFIT	\$	17.45	17.45	15.65	15.65	15.65	15.65

## MASTOIDS

			NSW	VIC	QLD	SA	WA	TAS
2566	FEE	\$	26.50	27.50	22.00	22.00	22.00	22.00
	BENEFIT	\$	22.55	23.40	18.70	18.70	18.70	18.70

## PETROUS TEMPORAL BONES

			NSW	VIC	QLD	SA	WA	TAS
2569	FEE	\$	26.50	27.50	22.00	22.00	22.00	22.00
	BENEFIT	\$	22.55	23.40	18.70	18.70	18.70	18.70

## FACIAL BONES - orbit, maxilla or malar, any or all

			NSW	VIC	QLD	SA	WA	TAS
2573	FEE	\$	20.50	20.50	18.40	18.40	18.40	18.40
	BENEFIT	\$	17.45	17.45	15.65	15.65	15.65	15.65

## MANDIBLE

			NSW	VIC	QLD	SA	WA	TAS
2576	FEE	\$	20.50	20.50	18.40	20.50	18.40	18.40
	BENEFIT	\$	17.45	17.45	15.65	17.45	15.65	15.65

## SALIVARY CALCULUS

			NSW	VIC	QLD	SA	WA	TAS
2579	FEE	\$	20.50	20.50	18.40	20.50	18.40	18.40
	BENEFIT	\$	17.45	17.45	15.65	17.45	15.65	15.65

## NOSE

			NSW	VIC	QLD	SA	WA	TAS
2581	FEE	\$	17.60	20.50	16.00	16.00	16.00	16.00
	BENEFIT	\$	15.00	17.45	13.60	13.60	13.60	13.60

## PART 8 — RADIOLOGY

## DIVISION 3 — HEAD

	EYE							
2583	FEE	\$	NSW 17.60	VIC 20.50	QLD 16.00	SA 16.00	WA 16.00	TAS 16.00
	BENEFIT	\$	15.00	17.45	13.60	13.60	13.60	13.60
	TEMPORO-MANDIBULAR JOINTS							
2585	FEE	\$	NSW 22.00	VIC 22.00	QLD 19.80	SA 22.00	WA 19.80	TAS 19.80
	BENEFIT	\$	18.70	18.70	16.85	18.70	16.85	16.85
	TEETH - SINGLE AREA							
2587	FEE	\$	NSW 14.20	VIC 14.20	QLD 12.80	SA 14.20	WA 12.80	TAS 12.80
	BENEFIT	\$	12.10	12.10	10.90	12.10	10.90	10.90
	TEETH - FULL MOUTH							
2589	FEE	\$	NSW 35.00	VIC 35.00	QLD 33.00	SA 35.00	WA 33.00	TAS 33.00
	BENEFIT	\$	30.00	30.00	28.05	30.00	28.05	28.05
2591	PALATO-PHARYNGEAL STUDIES with fluoroscopic screening ALL STATES: FEE \$27.50 — BENEFIT \$23.40							
2593	PALATO-PHARYNGEAL STUDIES without fluoroscopic screening. ALL STATES: FEE \$22.00 — BENEFIT \$18.70							
	LARYNX							
2595	FEE	\$	NSW 19.00	VIC 19.00	QLD 16.00	SA 16.00	WA 16.60	TAS 16.00
	BENEFIT	\$	16.15	16.15	13.60	13.60	14.15	13.60
	<b>DIVISION 4 — RADIOGRAPHIC EXAMINATION OF SPINE AND REPORT</b>							
	SPINE - CERVICAL							
2597	FEE	\$	NSW 27.50	VIC 27.50	QLD 23.00	SA 23.00	WA 23.00	TAS 23.00
	BENEFIT	\$	23.40	23.40	19.55	19.55	19.55	19.55
	SPINE - THORACIC							
2599	FEE	\$	NSW 24.00	VIC 24.00	QLD 19.80	SA 19.80	WA 19.80	TAS 19.80
	BENEFIT	\$	20.40	20.40	16.85	16.85	16.85	16.85

## PART 8 — RADIOLOGY

## DIVISION 4 — SPINE

		SPINE — LUMBO-SACRAL						
		NSW	VIC	QLD	SA	WA	TAS	
2601	FEE	\$ 33.00	33.00	27.00	27.00	27.00	27.00	
	BENEFIT	\$ 28.05	28.05	22.95	22.95	22.95	22.95	
		SPINE — SACRO-COCCYGEAL						
		NSW	VIC	QLD	SA	WA	TAS	
2604	FEE	\$ 19.80	19.80	16.60	16.60	16.60	16.60	
	BENEFIT	\$ 16.85	16.85	14.15	14.15	14.15	14.15	
		SPINE — TWO REGIONS						
		NSW	VIC	QLD	SA	WA	TAS	
2607	FEE	\$ 42.00	42.00	35.50	35.50	35.50	35.50	
	BENEFIT	\$ 37.00	37.00	30.50	30.50	30.50	30.50	
		SPINE — THREE OR MORE REGIONS						
		NSW	VIC	QLD	SA	WA	TAS	
2609	FEE	\$ 57.00	57.00	47.00	47.00	47.00	47.00	
	BENEFIT	\$ 52.00	52.00	42.00	42.00	42.00	42.00	
		SPINE — FUNCTIONAL VIEWS OF ONE AREA						
2611	ALL STATES: FEE \$8.80 — BENEFIT \$7.50							
		DIVISION 5 — BONE AGE STUDY AND SKELETAL SURVEYS						
		BONE AGE STUDY, WRIST AND KNEE						
2614	ALL STATES: FEE \$20.50 — BENEFIT \$17.45							
		BONE AGE STUDY, WRIST						
		NSW	VIC	QLD	SA	WA	TAS	
2617	FEE	\$ 17.60	17.60	14.20	14.20	14.20	14.20	
	BENEFIT	\$ 15.00	15.00	12.10	12.10	12.10	12.10	
		SKELETAL SURVEY INVOLVING FOUR OR MORE REGIONS						
2621	ALL STATES: FEE \$38.00 — BENEFIT \$33.00							

## DIVISION 6 — RADIOGRAPHIC EXAMINATION OF THORACIC REGION AND REPORT

## CHEST (lung fields) by direct radiography

			NSW	VIC	QLD	SA	WA	TAS
2625	G.	FEE	\$ 16.60	18.40	15.20	15.20	15.20	15.20
		BENEFIT	\$ 14.15	15.65	12.95	12.95	12.95	12.95
2627	S.	FEE	\$ 19.00	20.50	17.60	17.60	17.60	17.60
		BENEFIT	\$ 16.15	17.45	15.00	15.00	15.00	15.00

## CHEST (lung fields) by direct radiography WITH FLUOROSCOPIC SCREENING

			NSW	VIC	QLD	SA	WA	TAS
2630		FEE	\$ 26.50	26.50	21.50	21.50	21.50	21.50
		BENEFIT	\$ 22.55	22.55	18.30	18.30	18.30	18.30

## THORACIC INLET OR TRACHEA

			NSW	VIC	QLD	SA	WA	TAS
2634		FEE	\$ 17.60	17.60	16.00	17.60	17.60	16.60
		BENEFIT	\$ 15.00	15.00	13.60	15.00	15.00	14.15

## CHEST, BY MINIATURE RADIOGRAPHY

			NSW	VIC	QLD	SA	WA	TAS
2638		FEE	\$ 9.50	9.50	8.80	8.80	8.80	8.80
		BENEFIT	\$ 8.10	8.10	7.50	7.50	7.50	7.50

## CARDIAC EXAMINATION (including barium swallow)

			NSW	VIC	QLD	SA	WA	TAS
2642	G.	FEE	\$ 22.00	22.00	19.00	19.00	19.00	19.00
		BENEFIT	\$ 18.70	18.70	16.15	16.15	16.15	16.15
2646	S.	FEE	\$ 26.50	26.50	23.00	23.00	23.00	23.00
		BENEFIT	\$ 22.55	22.55	19.55	19.55	19.55	19.55

## STERNUM OR ONE OR MORE RIBS OF ANY ONE SIDE

			NSW	VIC	QLD	SA	WA	TAS
2650	G.	FEE	\$ 16.60	18.40	15.20	15.20	15.20	15.20
		BENEFIT	\$ 14.15	15.65	12.95	12.95	12.95	12.95
2654	S.	FEE	\$ 19.00	20.50	17.60	17.60	17.60	17.60
		BENEFIT	\$ 16.15	17.45	15.00	15.00	15.00	15.00

## PART 8 - RADIOLOGY

## DIVISION 6 - THORACIC REGION

## ONE OR MORE RIBS OF BOTH SIDES

			NSW	VIC	QLD	SA	WA	TAS
2659	G.	FEE	\$ 20.50	22.00	19.00	19.00	19.00	19.00
		BENEFIT	\$ 17.45	18.70	16.15	16.15	16.15	16.15
2662	S	FEE	\$ 24.50	26.50	23.00	23.00	23.00	23.00
		BENEFIT	\$ 20.85	22.55	19.55	19.55	19.55	19.55

## DIVISION 7 - RADIOGRAPHIC EXAMINATION OF URINARY TRACT AND REPORT

## PLAIN RENAL ONLY

			NSW	VIC	QLD	SA	WA	TAS
2665		FEE	\$ 19.00	20.50	17.60	17.60	17.60	17.60
		BENEFIT	\$ 16.15	17.45	15.00	15.00	15.00	15.00

## DRIP-INFUSION PYELOGRAPHY

2672 ALL STATES: FEE \$57.00 - BENEFIT \$52.00

## INTRAVENOUS PYELOGRAPHY, including preliminary plain film

			NSW	VIC	QLD	SA	WA	TAS
2676		FEE	\$ 52.00	52.00	49.50	49.50	49.50	49.50
		BENEFIT	\$ 47.00	47.00	44.50	44.50	44.50	44.50

## INTRAVENOUS PYELOGRAPHY, including preliminary plain film with delayed examination for the CYSTO-URETERIC REFLEX

			NSW	VIC	QLD	SA	WA	TAS
2681		FEE	\$ 66.00	66.00	61.00	61.00	61.00	61.00
		BENEFIT	\$ 61.00	61.00	56.00	56.00	56.00	56.00

## RETROGRADE PYELOGRAPHY - including preliminary plain film

			NSW	VIC	QLD	SA	WA	TAS
2687		FEE	\$ 43.00	43.00	41.50	41.50	41.50	41.50
		BENEFIT	\$ 38.00	38.00	36.50	36.50	36.50	36.50

## RETROGRADE CYSTOGRAPHY OR RETROGRADE URETHROGRAPHY

			NSW	VIC	QLD	SA	WA	TAS
2690		FEE	\$ 28.50	28.50	27.50	27.50	27.50	27.50
		BENEFIT	\$ 24.25	24.25	23.40	23.40	23.40	23.40

## RETROGRADE MICTURATING CYSTO-URETHROGRAPHY

2694 ALL STATES: FEE \$35.00 - BENEFIT \$30.00

## PART 8 — RADIOLOGY

## DIVISION 7 — URINARY TRACT

		RETRO-PERITONEAL PNEUMOGRAM						
		NSW	VIC	QLD	SA	WA	TAS	
2697	FEE	\$ 20.50	22.00	19.00	19.00	19.00	18.40	
	BENEFIT	\$ 17.45	18.70	16.15	16.15	16.15	15.65	

**DIVISION 8 — RADIOGRAPHIC EXAMINATION OF ALIMENTARY TRACT AND BILIARY SYSTEM (WITH OR WITHOUT FLUOROSCOPY) AND REPORT**

## PLAIN ABDOMINAL ONLY

		NSW	VIC	QLD	SA	WA	TAS
2699	G. FEE	\$ 16.60	18.40	15.20	15.20	15.20	15.20
	BENEFIT	\$ 14.15	15.65	12.95	12.95	12.95	12.95
2703	S. FEE	\$ 19.00	20.50	17.60	17.60	17.60	17.60
	BENEFIT	\$ 16.15	17.45	15.00	15.00	15.00	15.00

## OESOPHAGUS, with or without examination for foreign body or barium swallow

		NSW	VIC	QLD	SA	WA	TAS
2706	FEE	\$ 29.50	29.50	26.50	26.50	26.50	26.50
	BENEFIT	\$ 25.10	25.10	22.55	22.55	22.55	22.55

## BARIUM or other opaque meal OF OESOPHAGUS, STOMACH AND DUODENUM, with or without screening of chest

		NSW	VIC	QLD	SA	WA	TAS
2709	FEE	\$ 38.00	40.00	35.00	35.00	35.00	35.00
	BENEFIT	\$ 33.00	35.00	30.00	30.00	30.00	30.00

## BARIUM or other opaque meal OF OESOPHAGUS, STOMACH, DUODENUM AND FOLLOW THROUGH TO COLON, with or without screening of chest

		NSW	VIC	QLD	SA	WA	TAS
2711	FEE	\$ 46.50	47.50	41.50	41.50	41.50	41.50
	BENEFIT	\$ 41.50	42.50	36.50	36.50	36.50	36.50

## BARIUM or other opaque meal, SMALL BOWEL SERIES ONLY

2714 ALL STATES: FEE \$35.00 — BENEFIT \$30.00

## OPAQUE ENEMA

		NSW	VIC	QLD	SA	WA	TAS
2716	FEE	\$ 38.00	40.00	35.00	35.00	35.00	35.00
	BENEFIT	\$ 33.00	35.00	30.00	30.00	30.00	30.00

## OPAQUE ENEMA, INCLUDING AIR CONTRAST STUDY (two stages)

		NSW	VIC	QLD	SA	WA	TAS
2718	FEE	\$ 46.50	47.50	43.00	43.00	43.00	43.00
	BENEFIT	\$ 41.50	42.50	38.00	38.00	38.00	38.00



## PART 8 — RADIOLOGY

## DIVISION 8 — ALIMENTARY TRACT

	GRAHAM'S TEST (cholecystography)							
2720	FEE	\$	NSW 30.00	VIC 35.00	QLD 28.50	SA 28.50	WA 28.50	TAS 28.50
	BENEFIT	\$	25.50	30.00	24.25	24.25	24.25	24.25
	CHOLEGRAPHY DIRECT - operative or post operative							
2722	FEE	\$	NSW 30.50	VIC 33.00	QLD 29.50	SA 29.50	WA 27.50	TAS 27.50
	BENEFIT	\$	25.95	28.05	25.10	25.10	23.40	23.40
	CHOLEGRAPHY - intravenous							
2724	FEE	\$	NSW 46.50	VIC 47.50	QLD 43.00	SA 43.00	WA 43.00	TAS 43.00
	BENEFIT	\$	41.50	42.50	38.00	38.00	38.00	38.00
	CHOLEGRAPHY - percutaneous transhepatic							
2726	FEE	\$	NSW 33.00	VIC 38.00	QLD 30.50	SA 30.50	WA 30.50	TAS 30.50
	BENEFIT	\$	28.05	33.00	25.95	25.95	25.95	25.95
	CHOLEGRAPHY - drip infusion							
2728	FEE	\$	NSW 55.00	VIC 64.00	QLD 52.00	SA 52.00	WA 52.00	TAS 52.00
	BENEFIT	\$	50.00	59.00	47.00	47.00	47.00	47.00
	<b>DIVISION 9 — RADIOGRAPHIC EXAMINATION FOR LOCALISATION OF FOREIGN BODIES AND REPORT</b>							
	FOREIGN BODY IN EYE (special method, Sweet's or other)							
2730	ALL STATES: FEE \$28.50 — BENEFIT \$24.25							
	FOREIGN BODY, LOCALISATION OF AND REPORT, not covered by any other item in this Part							
2732	<b>DERIVED FEE</b> — The fee for the radiographic examination of the area and report plus an amount of \$8.80. <b>BENEFIT</b> — 85% OF THE DERIVED FEE OR THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.							
	<b>DIVISION 10 — RADIOGRAPHIC EXAMINATION OF BREASTS AND REPORT</b>							
	RADIOGRAPHIC EXAMINATION OF BOTH BREASTS AND REPORT							
2734	ALL STATES: FEE \$35.00 — BENEFIT \$30.00							

## PART 8 — RADIOLOGY

## DIVISION 10 — BREASTS

2736 RADIOGRAPHIC EXAMINATION OF ONE BREAST AND REPORT  
ALL STATES: FEE \$20.50 — BENEFIT \$17.45

**DIVISION 11 — RADIOGRAPHIC EXAMINATION IN CONNECTION WITH PREGNANCY AND REPORT**

PREGNANT UTERUS

			NSW	VIC	QLD	SA	WA	TAS
2738	FEE	\$	19.00	21.50	17.60	17.60	17.60	17.60
	BENEFIT	\$	16.15	18.30	15.00	15.00	15.00	15.00

**PELVIMETRY OR PLACENTOGRAPHY**

			NSW	VIC	QLD	SA	WA	TAS
2740	FEE	\$	38.00	38.00	28.50	28.50	28.50	28.50
	BENEFIT	\$	33.00	33.00	24.25	24.25	24.25	24.25

**CONTROL X-RAYS ASSOCIATED WITH INTRAUTERINE FOETAL BLOOD TRANSFUSION**

2742 ALL STATES: FEE \$28.50 — BENEFIT \$24.25

**DIVISION 12 — RADIOGRAPHIC EXAMINATION WITH OPAQUE OR CONTRAST MEDIA, AND REPORT**

SERIAL ANGIOCARDIOGRAPHY (rapid cassette changing) - each series

2744 ALL STATES: FEE \$35.00 — BENEFIT \$30.00

Anaesthetic 8 units — Item Nos 409G / 517S

SERIAL ANGIOCARDIOGRAPHY (SINGLE PLANE - direct roll-film method) - each series

2746 ALL STATES: FEE \$47.50 — BENEFIT \$42.50

Anaesthetic 8 units — Item Nos 409G / 517S

SERIAL ANGIOCARDIOGRAPHY (BI-PLANE - direct roll — film method) - each series

2748 ALL STATES: FEE \$47.50 — BENEFIT \$42.50

Anaesthetic 8 units — Item Nos 409G / 517S

SERIAL ANGIOCARDIOGRAPHY (INDIRECT ROLL-FILM METHOD) - each series

2750 ALL STATES: FEE \$47.50 — BENEFIT \$42.50

Anaesthetic 8 units — Item Nos 409G / 517S

## PART 8 - RADIOLOGY

## DIVISION 12 - CONTRAST MEDIA

	SELECTIVE CORONARY ATERIOGRAPHY							
2751	ALL STATES: FEE \$128.00 - BENEFIT \$123.00							
	DISCOGRAPHY - one disc							
2752	FEE	\$	NSW 28.50	VIC 30.50	QLD 26.50	SA 26.50	WA 30.50	TAS 28.50
	BENEFIT	\$	24.25	25.95	22.55	22.55	25.95	24.25
	DACRYOCYSTOGRAPHY - one side							
2754	ALL STATES: FEE \$20.50 - BENEFIT \$17.45							
	ENCEPHALOGRAPHY							
2756	ALL STATES: FEE \$44.50 - BENEFIT \$39.50							
	CEREBRAL ANGIOGRAPHY - one side							
2758	ALL STATES: FEE \$35.00 - BENEFIT \$30.00							
	CEREBRAL VENTRICULOGRAPHY							
2760	ALL STATES: FEE \$38.00 - BENEFIT \$33.00							
	HYSTEROSALPINGOGRAPHY							
2762	FEE	\$	NSW 29.50	VIC 29.50	QLD 23.00	SA 26.50	WA 23.00	TAS 23.00
	BENEFIT	\$	25.10	25.10	19.55	22.55	19.55	19.55
	BRONCHOGRAPHY - one side.							
2764	FEE	\$	NSW 43.00	VIC 43.00	QLD 35.00	SA 35.00	WA 35.00	TAS 35.00
	BENEFIT	\$	38.00	38.00	30.00	30.00	30.00	30.00
	ARTERIOGRAPHY, PERIPHERAL - one side.							
2766	FEE	\$	NSW 43.00	VIC 43.00	QLD 35.00	SA 35.00	WA 35.00	TAS 35.00
	BENEFIT	\$	38.00	38.00	30.00	30.00	30.00	30.00
	PHLEBOGRAPHY - one side.							
2768	FEE	\$	NSW 43.00	VIC 43.00	QLD 35.00	SA 35.00	WA 35.00	TAS 35.00
	BENEFIT	\$	38.00	38.00	30.00	30.00	30.00	30.00

## PART 8 — RADIOLOGY

## DIVISION 12 — CONTRAST MEDIA

## AORTOGRAPHY

2770	FEE	\$	NSW 43.00	VIC 43.00	QLD 35.00	SA 35.00	WA 35.00	TAS 35.00
	BENEFIT	\$	38.00	38.00	30.00	30.00	30.00	30.00

## SPLENOGRAPHY

2772	FEE	\$	NSW 43.00	VIC 43.00	QLD 35.00	SA 35.00	WA 35.00	TAS 35.00
	BENEFIT	\$	38.00	38.00	30.00	30.00	30.00	30.00

## MYELOGRAPHY, one region

2773 ALL STATES: FEE \$52.00 — BENEFIT \$47.00

## MYELOGRAPHY, two regions

2774 ALL STATES: FEE \$86.00 — BENEFIT \$81.00

## MYELOGRAPHY, three regions

2775 ALL STATES: FEE \$120.00 — BENEFIT \$115.00

## SELECTIVE ARTERIOGRAPHY - per injection and film run.

2776	FEE	\$	NSW 43.00	VIC 43.00	QLD 35.00	SA 35.00	WA 35.00	TAS 35.00
	BENEFIT	\$	38.00	38.00	30.00	30.00	30.00	30.00

## SIALOGRAPHY - one gland

2778 ALL STATES: FEE \$29.50 — BENEFIT \$25.10

## VASOEPIDIDYMOGRAPHY - one side

2780 ALL STATES: FEE \$29.50 — BENEFIT \$25.10

## SINUSES AND FISTULAE

2782 **DERIVED FEE** — The fee for the radiographic examination of the area and report plus an amount of \$9.50.  
**BENEFIT** — 85% OF THE DERIVED FEE **OR** THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.

## LARYNGOGRAPHY with contrast media.

2784 ALL STATES: FEE \$22.00 — BENEFIT \$18.70

## PNEUMARTHROGRAPHY

2786 ALL STATES: FEE \$18.40 — BENEFIT \$15.65

**PART 8 — RADIOLOGY**

**DIVISION 12 — CONTRAST MEDIA**

2788	ARTHROGRAPHY - contrast ALL STATES: FEE \$22.00 — BENEFIT \$18.70																								
2790	ARTHROGRAPHY - double contrast ALL STATES: FEE \$37.00 — BENEFIT \$32.00																								
2792	LYMPHANGIOGRAPHY, including follow up radiography ALL STATES: FEE \$28.50 — BENEFIT \$24.25																								
2794	PNEUMOMEDIASTINUM <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 5%;"></td> <td style="width: 5%; text-align: center;">NSW</td> <td style="width: 5%; text-align: center;">VIC</td> <td style="width: 5%; text-align: center;">QLD</td> <td style="width: 5%; text-align: center;">SA</td> <td style="width: 5%; text-align: center;">WA</td> <td style="width: 5%; text-align: center;">TAS</td> </tr> <tr> <td>FEE</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">26.50</td> <td style="text-align: center;">26.50</td> <td style="text-align: center;">24.00</td> <td style="text-align: center;">24.00</td> <td style="text-align: center;">24.00</td> <td style="text-align: center;">23.00</td> </tr> <tr> <td>BENEFIT</td> <td style="text-align: center;">\$</td> <td style="text-align: center;">22.55</td> <td style="text-align: center;">22.55</td> <td style="text-align: center;">20.40</td> <td style="text-align: center;">20.40</td> <td style="text-align: center;">20.40</td> <td style="text-align: center;">19.55</td> </tr> </table>			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	26.50	26.50	24.00	24.00	24.00	23.00	BENEFIT	\$	22.55	22.55	20.40	20.40	20.40	19.55
		NSW	VIC	QLD	SA	WA	TAS																		
FEE	\$	26.50	26.50	24.00	24.00	24.00	23.00																		
BENEFIT	\$	22.55	22.55	20.40	20.40	20.40	19.55																		

**DIVISION 13 — TOMOGRAPHY AND REPORT**

TOMOGRAPHY OF ANY PART AND REPORT

2796	ALL STATES: FEE \$26.50 — BENEFIT \$22.55
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**DIVISION 14 — STEREOSCOPIC EXAMINATION AND REPORT**

STEREOSCOPIC EXAMINATION AND REPORT

2798	<p><b>DERIVED FEE</b> — The fee for the radiographic examination of the area and report plus an amount of \$5.50.  <b>BENEFIT</b> — 85% OF THE DERIVED FEE <b>OR</b> THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.</p>
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**DIVISION 15 — FLUOROSCOPIC EXAMINATION AND REPORT**

*(Fluoroscopic examination and report not covered by any other item in this Part — where radiograph is not taken)*

EXAMINATION WITH GENERAL ANAESTHESIA

2800	ALL STATES: FEE \$19.00 — BENEFIT \$16.15  Anaesthetic 7 units — Item Nos 408G / 514S
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EXAMINATION WITHOUT GENERAL ANAESTHESIA

2802	ALL STATES: FEE \$12.80 — BENEFIT \$10.90
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**NOTE**

For details of former Division 16 — RADIOTHERAPY (Items 2804-2878) see PART 8A at pages 126 to 130

**DIVISION 17 — PREPARATION FOR RADIOLOGICAL PROCEDURE, BEING  
THE INJECTION OF OPAQUE OR CONTRAST MEDIA OR THE REMOVAL  
OF FLUID AND ITS REPLACEMENT BY AIR, OXYGEN OR OTHER  
CONTRAST MEDIA OR OTHER SIMILAR PREPARATION**

ENCEPHALOGRAPHY

2880	FEE	\$	NSW 61.00	VIC 78.00	QLD 61.00	SA 61.00	WA 61.00	TAS 61.00
	BENEFIT	\$	56.00	73.00	56.00	56.00	56.00	56.00

Anaesthetic 10 units — Item Nos 450G / 521S

CEREBRAL ANGIOGRAPHY, percutaneous - one side

2882 ALL STATES: FEE \$52.00 — BENEFIT \$47.00

Anaesthetic 9 units — Item Nos 443G / 518S

CEREBRAL ANGIOGRAPHY, catheter or open exposure - one side

2884 ALL STATES: FEE \$52.00 — BENEFIT \$47.00

Anaesthetic 10 units — Item Nos 450G / 521S

CEREBRAL VENTRICULOGRAPHY

2886	FEE	\$	NSW 71.00	VIC 64.00	QLD 64.00	SA 64.00	WA 64.00	TAS 64.00
	BENEFIT	\$	66.00	59.00	59.00	59.00	59.00	59.00

Anaesthetic 10 units — Item Nos 450G / 521S

DACRYOCYSTOGRAPHY — ONE SIDE

2888 ALL STATES: FEE \$17.60 — BENEFIT \$15.00

BRONCHOGRAPHY - one or both sides

2890 ALL STATES: FEE \$26.50 — BENEFIT \$22.55

Anaesthetic 8 units — Item Nos 409G / 517S

AORTOGRAPHY

2892 ALL STATES: FEE \$26.50 — BENEFIT \$22.55

Anaesthetic 8 units — Item Nos 409G / 517S

## PART 8 — RADIOLOGY

## DIVISION 17 — PREPARATION

2894	ARTERIOGRAPHY peripheral - one artery  ALL STATES: FEE \$20.50 — BENEFIT \$17.45  Anaesthetic 6 units — Item Nos 407G / 513S
2896	PHLEBOGRAPHY - one vein  ALL STATES: FEE \$20.50 — BENEFIT \$17.45  Anaesthetic 6 units — Item Nos 407G / 513S
2898	SPLENOGRAPHY  ALL STATES: FEE \$16.60 — BENEFIT \$14.15  Anaesthetic 6 units — Item Nos 407G / 513S
2900	RETROPERITONEAL PNEUMOGRAM  ALL STATES: FEE \$20.50 — BENEFIT \$17.45
2903	SELECTIVE PHLEBOGRAM  ALL STATES: FEE \$16.60 — BENEFIT \$14.15  Anaesthetic 5 units — Item Nos 406G / 510S
2906	SELECTIVE ARTERIOGRAM.  ALL STATES: FEE \$16.60 — BENEFIT \$14.15  Anaesthetic 6 units — Item Nos 407G / 513S
2909	RENAL CYST, aspiration with injection of radio-opaque material  ALL STATES: FEE \$26.50 — BENEFIT \$22.55
2912	PNEUMARTHROGRAPHY  ALL STATES: FEE \$21.50 — BENEFIT \$18.30
2916	PNEUMOPERITONEUM  ALL STATES: FEE \$21.50 — BENEFIT \$18.30
2918	DRIP-INFUSION PYELOGRAPHY OR CHOLEGRAPHY  ALL STATES: FEE \$13.40 — BENEFIT \$11.40

**PART 8 -- RADIOLOGY****DIVISION 17 -- PREPARATION**

2920	RETROGRADE MICTURATING CYSTOURETHROGRAPHY ALL STATES: FEE \$30.00 — BENEFIT \$25.50
2921	HYSTEROSALPINGOGRAPHY ALL STATES: FEE \$26.50 — BENEFIT \$22.55 Anaesthetic 6 units — Item Nos 407G / 513S
2923	DISCOGRAPHY - one disc ALL STATES: FEE \$17.60 — BENEFIT \$15.00 Anaesthetic 5 units — Item Nos 406G / 510S
2925	INTRAOSSEOUS VENOGRAPHY ALL STATES: FEE \$17.60 — BENEFIT \$15.00
2927	MYELOGRAPHY ALL STATES: FEE \$52.00 — BENEFIT \$47.00 Anaesthetic 11 units — Item Nos 453G / 522S
2930	CISTERNAL PUNCTURE ALL STATES: FEE \$35.00 — BENEFIT \$30.00
2932	SINUS OR FISTULA, INJECTION INTO ALL STATES: FEE \$8.80 — BENEFIT \$7.50
2934	LYMPHANGIOGRAPHY - one side ALL STATES: FEE \$52.00 — BENEFIT \$47.00
2936	LARYNGOGRAPHY ALL STATES: FEE \$26.50 — BENEFIT \$22.55
2938	PNEUMOMEDIASTINUM ALL STATES: FEE \$35.00 — BENEFIT \$30.00
2940	CHOLEGRAM (CHOLANGIOGRAM)- percutaneous transhepatic ALL STATES: FEE \$52.00 — BENEFIT \$47.00



## PART 8A

## RADIOTHERAPY

Item No.	Medical Service
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## PART 8A — RADIOTHERAPY

*(Benefits for administration of general anaesthetic for radiotherapy are payable under Items 480/551)*

RADIOTHERAPY, SUPERFICIAL, (including treatment with x-rays, radium rays or other radioactive substances) not covered by any other item in this Part. Each attendance at which fractionated treatment is given at 3 or more treatments per week

— one field

2804 ALL STATES: FEE \$11.00 — BENEFIT \$9.35

— two or more fields up to a maximum of five additional fields

2806 **DERIVED FEE** — The fee for Item 2804 plus for each fee in excess of one an amount of \$2.20.  
**BENEFIT** — 85% OF THE DERIVED FEE **OR** THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.

RADIOTHERAPY, SUPERFICIAL, each attendance at which fractionated treatment is given at 2 treatments per week or less frequently  
— one field

2808 ALL STATES: FEE \$13.40 — BENEFIT \$11.40

— two or more fields up to a maximum of five additional fields

2810 **DERIVED FEE** — The fee for Item 2808 plus for each field in excess of one an amount of \$2.70.  
**BENEFIT** — 85% OF THE DERIVED FEE **OR** THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.

RADIOTHERAPY, SUPERFICIAL, attendance at which single dose technique is applied

— one field

2812 ALL STATES: FEE \$27.00 — BENEFIT \$22.95

— two or more fields up to a maximum of five additional fields

2814 **DERIVED FEE** — The fee for Item 2812 plus for each field in excess of one an amount of \$5.40.  
**BENEFIT** — 85% OF THE DERIVED FEE **OR** THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.

## PART 8A

## RADIOTHERAPY

2816	<p>RADIOTHERAPY, SUPERFICIAL - Each attendance at which treatment is given to the eye</p> <p>ALL STATES: FEE \$15.20 — BENEFIT \$12.95</p>
2818	<p>RADIOTHERAPY, DEEP OR ORTHOVOLTAGE - each attendance at which fractionated treatment is given at 3 or more treatments per week</p> <p>— one field</p> <p>ALL STATES: FEE \$13.40 — BENEFIT \$11.40</p>
2820	<p>— two or more fields up to a maximum of five additional fields (rotational therapy being three fields)</p> <p><b>DERIVED FEE</b> — The fee for Item 2818 plus for each field in excess of one an amount of \$2.70.</p> <p><b>BENEFIT</b> — 85% OF THE DERIVED FEE <b>OR</b> THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.</p>
2822	<p>RADIOTHERAPY, DEEP OR ORTHOVOLTAGE - each attendance at which fractionated treatment is given at 2 treatments per week or less frequently</p> <p>— one field</p> <p>ALL STATES: FEE \$16.00 — BENEFIT \$13.60</p>
2824	<p>— two or more fields up to a maximum of five additional fields (rotational therapy being three fields)</p> <p><b>DERIVED FEE</b> — The fee for Item 2822 plus for each field in excess of one an amount of \$3.10.</p> <p><b>BENEFIT</b> — 85% OF THE DERIVED FEE <b>OR</b> THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.</p>
2826	<p>RADIOTHERAPY, DEEP OR ORTHOVOLTAGE - attendance at which single dose technique is applied</p> <p>— one field</p> <p>ALL STATES: FEE \$35.00 — BENEFIT \$30.00</p>
2828	<p>— two or more fields up to a maximum of five additional fields (rotational therapy being three fields)</p> <p><b>DERIVED FEE</b> — The fee for Item 2826 plus for each field in excess of one an amount of \$7.00.</p> <p><b>BENEFIT</b> — 85% OF THE DERIVED FEE <b>OR</b> THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.</p>

## PART 8A

## RADIOTHERAPY

2830	<p>RADIOTHERAPY, MEGAVOLTAGE OR TELETHERAPY - each attendance at which fractionated treatment is given at 3 or more treatments per week</p> <p>— one field</p> <p>ALL STATES: FEE \$20.50 — BENEFIT \$17.45</p>
2832	<p>— two or more fields up to a maximum of five additional fields (rotational therapy being three fields)</p> <p><b>DERIVED FEE</b> — The fee for Item 2830 plus for each field in excess of one an amount of \$4.10.  <b>BENEFIT</b> — 85% OF THE DERIVED FEE <b>OR</b> THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.</p>
2834	<p>RADIOTHERAPY, MEGAVOLTAGE OR TELETHERAPY - each attendance at which fractionated treatment is given at 2 treatments per week or less frequently</p> <p>— one field</p> <p>ALL STATES: FEE \$27.50 — BENEFIT \$23.40</p>
2836	<p>— two or more fields up to a maximum of five additional fields (rotational therapy being three fields)</p> <p><b>DERIVED FEE</b> — The fee for Item 2834 plus for each field in excess of one an amount of \$5.50.  <b>BENEFIT</b> — 85% OF THE DERIVED FEE <b>OR</b> THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.</p>
2838	<p>RADIOTHERAPY MEGAVOLTAGE OR TELETHERAPY - attendance at which single dose technique is applied</p> <p>— one field</p> <p>ALL STATES: FEE \$47.50 — BENEFIT \$42.50</p>
2840	<p>— two or more fields up to a maximum of five additional fields (rotational therapy being three fields)</p> <p><b>DERIVED FEE</b> — The fee for Item 2838 plus for each field in excess of one an amount of \$9.50.  <b>BENEFIT</b> — 85% OF THE DERIVED FEE <b>OR</b> THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.</p>
2842	<p style="text-align: center;"><b>SEALED RADIOACTIVE SOURCES</b></p> <p>INTRAUTERINE INSERTION ALONE</p> <p>ALL STATES: FEE \$80.00 — BENEFIT \$75.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>

2844	<p>INTRAVAGINAL INSERTION ALONE</p> <p>ALL STATES: FEE \$55.00 — BENEFIT \$50.00</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>
2846	<p>COMBINED INTRAUTERINE AND INTRAVAGINAL INSERTION</p> <p>ALL STATES: FEE \$110.00 — BENEFIT \$105.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
2848	<p>IMPLANTATION OF A REGION necessitating a major anaesthetic and surgical exposure, including the eye, intra-abdominal organs, bladder or prostate</p> <p>ALL STATES: FEE \$166.00 — BENEFIT \$161.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
2850	<p>COMPLEX IMPLANTATION OF A SITE not requiring separate surgical exposure, but necessitating a major anaesthetic, including mouth, tongue, salivary gland, neck, axilla or groin or other subcutaneous region</p> <p>ALL STATES: FEE \$128.00 — BENEFIT \$123.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
2852	<p>SIMPLE IMPLANTATION OF A SITE not requiring separate surgical exposure, but necessitating a major anaesthetic</p> <p>ALL STATES: FEE \$80.00 — BENEFIT \$75.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
2854	<p>IMPLANTATION OF A SITE not requiring separate surgical exposure or a major anaesthetic, including skin or lip</p> <p>ALL STATES: FEE \$33.00 — BENEFIT \$28.05</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>
2856	<p>PREPARATION AND SUPERVISION (but not insertion) of sources for gynaecological irradiation</p> <p>ALL STATES: FEE \$51.00 — BENEFIT \$46.00</p>
2858	<p>REMOVAL OF SEALED RADIOACTIVE SOURCES under a major anaesthetic</p> <p>ALL STATES: FEE \$22.00 — BENEFIT \$18.70</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>

2860	REMOVAL OF SEALED RADIOACTIVE SOURCES without major anaesthetic ALL STATES: FEE \$16.60 — BENEFIT \$14.15
2862	CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD to intracavity, intraoral or intranasal site ALL STATES: FEE \$54.00 — BENEFIT \$49.00
2864	SUBSEQUENT APPLICATIONS OF RADIO-ACTIVE MOULD referred to in Item 2862 - each attendance ALL STATES: FEE \$16.60 — BENEFIT \$14.15
2866	CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD not exceeding 5 cm. diameter to an external surface ALL STATES: FEE \$33.00 — BENEFIT \$28.05
2868	CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD 5 cm. or more in diameter to an external surface. ALL STATES: FEE \$40.00 — BENEFIT \$35.00
2870	SUBSEQUENT APPLICATIONS OF RADIOACTIVE MOULD referred to in Item 2866 or 2868 - each attendance ALL STATES: FEE \$11.00 — BENEFIT \$9.35
<b>UNSEALED RADIOACTIVE SOURCES</b>	
2872	ORAL ADMINISTRATION of a therapeutic dose of a radioisotope - not covered by Item 2874 ALL STATES: FEE \$12.00 — BENEFIT \$10.20
2874	ORAL ADMINISTRATION of a therapeutic dose of radio-iodine for hyperthyroidism or thyroid cancer by single dose technique ALL STATES: FEE \$47.50 — BENEFIT \$42.50
2876	INTRAVENOUS ADMINISTRATION of a therapeutic dose of a radioisotope ALL STATES: FEE \$19.80 — BENEFIT \$16.85
2878	INTER-CAVITARY ADMINISTRATION OF A THERAPEUTIC DOSE OF A RADIOISOTOPE (NOT INCLUDING PRELIMINARY PARACENTESIS) ALL STATES: FEE \$19.80 — BENEFIT \$16.85 Anaesthetic 5 units — Item Nos 406G / 510S

Item  
No.

Medical Service

**PART 9 — ASSISTANCE AT OPERATIONS**

**Note:** *Benefit in respect of assistance at an operation is not payable unless the assistance is rendered by a medical practitioner other than the anaesthetist or assistant anaesthetist. The amount specified is the amount payable whether the assistance is rendered by one or more than one medical practitioner.*

Assistance at any operation or series or combination of operations for which the established fee does not exceed \$128.00

2950

ALL STATES: FEE \$25.50 — BENEFIT \$21.70

Assistance at any operation or series or combination of operations for which the established fee exceeds \$128.00

2955

**DERIVED FEE** — One-fifth of the established fee for the operation or operations.

**BENEFIT** — 85% OF THE DERIVED FEE **OR** THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.

Medical Service

Item  
No.

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

**Note:** 'Extensive' in relation to burns means more than 20% of the total body surface.

DRESSING OF LOCALISED BURNS (not involving grafting) - each attendance at which the procedure is performed

			NSW	VIC	QLD	SA	WA	TAS
3006	FEE	\$	7.50	6.90	6.60	6.60	6.60	6.90
	BENEFIT	\$	6.40	5.90	5.65	5.65	5.65	5.90

DRESSING OF BURNS, EXTENSIVE, without anaesthesia (not involving grafting) - each attendance at which the procedure is performed

3012 ALL STATES: FEE \$13.40 — BENEFIT \$11.40

DRESSING OF LOCALISED BURNS UNDER GENERAL ANAESTHESIA (not involving grafting) - each attendance at which the procedure is performed

3016 G. ALL STATES: FEE \$18.40 — BENEFIT \$15.65

3022 S. ALL STATES: FEE \$22.00 — BENEFIT \$18.70

Anaesthetic 7 units — Item Nos 408G / 514S

DRESSING OF BURNS, EXTENSIVE, UNDER GENERAL ANAESTHESIA (not involving grafting) - each attendance at which the procedure is performed

3027 G. ALL STATES: FEE \$38.00 — BENEFIT \$33.00

3033 S. ALL STATES: FEE \$46.50 — BENEFIT \$41.50

Anaesthetic 10 units — Item Nos 450G / 521S

**PART 10 – OPERATIONS**

**DIVISION 1 – GENERAL SURGICAL**

3038 EXCISION, under general anaesthesia, OF BURNS involving not more than 10% of body surface, not associated with grafting of the area

ALL STATES: FEE \$95.00 — BENEFIT \$90.00

Anaesthetic 10 units — Item Nos 450G / 521S

3039 EXCISION, under general anaesthesia, OF BURNS involving more than 10% of body surface, not associated with grafting of the area

ALL STATES: FEE \$190.00 — BENEFIT \$185.00

Anaesthetic 15 units — Item Nos 459G / 526S

3041 DEBRIDEMENT, under general anaesthesia, of deep or extensive contaminated wound of soft tissue

ALL STATES: FEE \$95.00 — BENEFIT \$90.00

Anaesthetic 10 units — Item Nos 450G / 521S

3046 SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, other than on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), superficial, not covered by Part 2 of this Schedule

ALL STATES: FEE \$16.00 — BENEFIT \$13.60

Anaesthetic 5 units — Item Nos 406G / 510S

3050 SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, other than on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), involving deeper tissue, not covered by Part 2 of this Schedule

		NSW	VIC	QLD	SA	WA	TAS
FEE	\$	26.50	22.00	23.00	22.00	22.00	21.50
BENEFIT	\$	22.55	18.70	19.55	18.70	18.70	18.30

Anaesthetic 6 units — Item Nos 407G / 513S



SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), superficial

		NSW	VIC	QLD	SA	WA	TAS
3058	FEE	\$ 24.00	19.00	19.00	19.00	19.00	19.00
	BENEFIT	\$ 20.40	16.15	16.15	16.15	16.15	16.15

Anaesthetic 7 units — Item Nos 408G / 514S

SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), involving deeper tissue

3063 ALL STATES: FEE \$35.00 — BENEFIT \$30.00

Anaesthetic 7 units — Item Nos 408G / 514S

SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, other than on face or neck, large (MORE THAN 7 CENTIMETRES LONG), superficial, not covered by Part 2 of this Schedule

		NSW	VIC	QLD	SA	WA	TAS
3073	FEE	\$ 26.50	24.00	22.00	22.00	22.00	22.00
	BENEFIT	\$ 22.55	20.40	18.70	18.70	18.70	18.70

Anaesthetic 6 units — Item Nos 407G / 513S

SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, other than on face or neck, large (MORE THAN 7 CENTIMETRES LONG), involving deeper tissue, not covered by Part 2 of this Schedule

3082 G. ALL STATES: FEE \$43.00 — BENEFIT \$38.00

3087 S. ALL STATES: FEE \$54.00 — BENEFIT \$49.00

Anaesthetic 7 units — Item Nos 408G / 514S

SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, large (MORE THAN 7 CENTIMETRES LONG), superficial

3092 ALL STATES: FEE \$35.00 — BENEFIT \$30.00

Anaesthetic 7 units — Item Nos 408G / 514S

**PART 10 — OPERATIONS**

**DIVISION 1 — GENERAL SURGICAL**

<p>3098 3101</p>	<p>SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, large (MORE THAN 7 CENTIMETRES LONG), involving deeper tissue</p> <p>G. ALL STATES: FEE \$44.50 — BENEFIT \$39.50</p> <p>S. ALL STATES: FEE \$55.00 — BENEFIT \$50.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>																																													
<p>† 3104</p>	<p>REPAIR OF FULL THICKNESS LACERATION OF NOSE, EAR OR EYELID with accurate apposition of each layer</p> <p>ALL STATES: FEE \$75.00 — BENEFIT \$70.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>																																													
<p>3106</p>	<p>DRESSING AND REMOVAL OF SUTURES requiring a general anaesthetic</p> <p>ALL STATES: FEE \$22.00 — BENEFIT \$18.70</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>																																													
<p>3113</p>	<p>SUPERFICIAL FOREIGN BODY, REMOVAL OF, not covered by any other item in this Part</p> <table border="0" style="width: 100%;"> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">NSW</td> <td style="text-align: center;">VIC</td> <td style="text-align: center;">QLD</td> <td style="text-align: center;">SA</td> <td style="text-align: center;">WA</td> <td style="text-align: center;">TAS</td> </tr> <tr> <td>FEE</td> <td>\$</td> <td></td> <td style="text-align: center;">7.00</td> <td style="text-align: center;">6.40</td> <td style="text-align: center;">5.90</td> <td style="text-align: center;">5.90</td> <td style="text-align: center;">5.90</td> <td style="text-align: center;">5.90</td> </tr> <tr> <td>BENEFIT</td> <td>\$</td> <td></td> <td style="text-align: center;">5.95</td> <td style="text-align: center;">5.45</td> <td style="text-align: center;">5.05</td> <td style="text-align: center;">5.05</td> <td style="text-align: center;">5.05</td> <td style="text-align: center;">5.05</td> </tr> </table> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>				NSW	VIC	QLD	SA	WA	TAS	FEE	\$		7.00	6.40	5.90	5.90	5.90	5.90	BENEFIT	\$		5.95	5.45	5.05	5.05	5.05	5.05																		
			NSW	VIC	QLD	SA	WA	TAS																																						
FEE	\$		7.00	6.40	5.90	5.90	5.90	5.90																																						
BENEFIT	\$		5.95	5.45	5.05	5.05	5.05	5.05																																						
<p>3116</p>	<p>SUBCUTANEOUS FOREIGN BODY, REMOVAL OF, not covered by any other item in this Part</p> <p>ALL STATES: FEE \$32.00 — BENEFIT \$27.20</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>																																													
<p>3120 3124</p>	<p>FOREIGN BODY IN MUSCLE, TENDON OR OTHER DEEP TISSUE, removal of, not covered by any other item in this Part</p> <table border="0" style="width: 100%;"> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">NSW</td> <td style="text-align: center;">VIC</td> <td style="text-align: center;">QLD</td> <td style="text-align: center;">SA</td> <td style="text-align: center;">WA</td> <td style="text-align: center;">TAS</td> </tr> <tr> <td>G. FEE</td> <td>\$</td> <td></td> <td style="text-align: center;">65.00</td> <td style="text-align: center;">65.00</td> <td style="text-align: center;">65.00</td> <td style="text-align: center;">59.00</td> <td style="text-align: center;">59.00</td> <td style="text-align: center;">59.00</td> </tr> <tr> <td>BENEFIT</td> <td>\$</td> <td></td> <td style="text-align: center;">60.00</td> <td style="text-align: center;">60.00</td> <td style="text-align: center;">60.00</td> <td style="text-align: center;">54.00</td> <td style="text-align: center;">54.00</td> <td style="text-align: center;">54.00</td> </tr> <tr> <td>S. FEE</td> <td>\$</td> <td></td> <td style="text-align: center;">81.00</td> <td style="text-align: center;">81.00</td> <td style="text-align: center;">81.00</td> <td style="text-align: center;">75.00</td> <td style="text-align: center;">75.00</td> <td style="text-align: center;">75.00</td> </tr> <tr> <td>BENEFIT</td> <td>\$</td> <td></td> <td style="text-align: center;">76.00</td> <td style="text-align: center;">76.00</td> <td style="text-align: center;">76.00</td> <td style="text-align: center;">70.00</td> <td style="text-align: center;">70.00</td> <td style="text-align: center;">70.00</td> </tr> </table> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>				NSW	VIC	QLD	SA	WA	TAS	G. FEE	\$		65.00	65.00	65.00	59.00	59.00	59.00	BENEFIT	\$		60.00	60.00	60.00	54.00	54.00	54.00	S. FEE	\$		81.00	81.00	81.00	75.00	75.00	75.00	BENEFIT	\$		76.00	76.00	76.00	70.00	70.00	70.00
			NSW	VIC	QLD	SA	WA	TAS																																						
G. FEE	\$		65.00	65.00	65.00	59.00	59.00	59.00																																						
BENEFIT	\$		60.00	60.00	60.00	54.00	54.00	54.00																																						
S. FEE	\$		81.00	81.00	81.00	75.00	75.00	75.00																																						
BENEFIT	\$		76.00	76.00	76.00	70.00	70.00	70.00																																						

**PART 10 – OPERATIONS**

**DIVISION 1 – GENERAL SURGICAL**

BIOPSY OF SKIN OR MUCOUS MEMBRANE, as an independent procedure

			NSW	VIC	QLD	SA	WA	TAS
3130	FEE	\$	16.00	15.00	16.00	15.00	15.00	15.00
	BENEFIT	\$	13.60	12.75	13.60	12.75	12.75	12.75

Anaesthetic 5 units — Item Nos 406G / 510S

BIOPSY OF LYMPH GLAND, MUSCLE OR OTHER DEEP TISSUE OR ORGAN, as an independent procedure

			NSW	VIC	QLD	SA	WA	TAS
3135	G. FEE	\$	35.00	33.00	33.00	33.00	33.00	33.00
	BENEFIT	\$	30.00	28.05	28.05	28.05	28.05	28.05

			NSW	VIC	QLD	SA	WA	TAS
3142	S. FEE	\$	44.50	41.50	41.50	41.50	41.50	41.50
	BENEFIT	\$	39.50	36.50	36.50	36.50	36.50	36.50

Anaesthetic 6 units — Item Nos 407G / 513S

ASPIRATION BIOPSY OF LYMPH GLAND, DEEP TISSUE OR ORGAN, as an independent procedure

3148 ALL STATES: FEE \$14.20 — BENEFIT \$12.10

Anaesthetic 5 units — Item Nos 406G / 510S

‡ BIOPSY OF BONE MARROW by trephine using open approach

3157 ALL STATES: FEE \$32.00 — BENEFIT \$27.20

Anaesthetic 5 units — Item Nos 406G / 510S

† BIOPSY OF BONE MARROW by trephine using percutaneous approach (e.g. Jamshidi needle)

3158 ALL STATES: FEE \$17.60 — BENEFIT \$15.00

BIOPSY OF BONE MARROW by aspiration

3160 ALL STATES: FEE \$8.80 — BENEFIT \$7.50

Anaesthetic 5 units — Item Nos 406G / 510S

PUNCH BIOPSY OF SYNOVIAL MEMBRANE OR PLEURA

3163 ALL STATES: FEE \$8.80 — BENEFIT \$7.50

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

3168	SCALENE NODE BIOPSY							
	ALL STATES: FEE \$54.00 — BENEFIT \$49.00							
	Anaesthetic 5 units — Item Nos 406G / 510S							
3173	SINUS, excision of, involving superficial tissue only							
	ALL STATES: FEE \$26.50 — BENEFIT \$22.55							
	Anaesthetic 6 units — Item Nos 407G / 513S							
3178	SINUS, excision of, involving muscle and deep tissue							
G.	ALL STATES: FEE \$44.50 — BENEFIT \$39.50							
3183	S.	ALL STATES: FEE \$54.00 — BENEFIT \$49.00						
	Anaesthetic 7 units — Item Nos 408G / 514S							
3189	BURSA, incision of							
	ALL STATES: FEE \$10.40 — BENEFIT \$8.85							
	Anaesthetic 5 units — Item Nos 406G / 510S							
3194	GANGLION OR SMALL BURSA, excision of							
			NSW	VIC	QLD	SA	WA	TAS
	G.	FEE	\$ 46.50	46.50	46.50	46.50	37.00	37.00
		BENEFIT	\$ 41.50	41.50	41.50	41.50	32.00	32.00
3199	S.	FEE	\$ 64.00	64.00	54.00	54.00	47.50	47.50
		BENEFIT	\$ 59.00	59.00	49.00	49.00	42.50	42.50
	Anaesthetic 6 units — Item Nos 407G / 513S							
3208	BURSA (LARGE), INCLUDING OLECRANON, CALCANEUM OR PATELLA, excision of							
			NSW	VIC	QLD	SA	WA	TAS
	G.	FEE	\$ 83.00	65.00	65.00	65.00	65.00	65.00
		BENEFIT	\$ 78.00	60.00	60.00	60.00	60.00	60.00
3213	S.	FEE	\$ 110.00	81.00	81.00	81.00	81.00	81.00
		BENEFIT	\$ 105.00	76.00	76.00	76.00	76.00	76.00
	Anaesthetic 6 units — Item Nos 407G / 513S							

## PART 10 – OPERATIONS

## DIVISION 1 – GENERAL SURGICAL

3217	<p>BURSA, SEMIMEMBRANOSUS, (or Baker's cyst), excision of</p> <p>ALL STATES: FEE \$110.00 — BENEFIT \$105.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
§ +	<p>TUMOUR, CYST, ULCER OR SCAR, removal of cutaneous, subcutaneous or in mucous membrane, up to 3 centimetres in diameter not covered by Items 3221/3222, 3223/3224, 3225 or 3226</p>
3219	<p>G. ALL STATES: FEE \$28.50 — BENEFIT \$24.25</p>
3220	<p>S. ALL STATES: FEE \$37.50 — BENEFIT \$32.50</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
†	<p>TUMOUR, CYST, ULCER OR SCAR, removal of cutaneous, subcutaneous or in mucous membrane, up to 3 centimetres in diameter — MORE THAN 3 BUT NOT MORE THAN 10 LESIONS</p>
3221	<p>G. ALL STATES: FEE \$75.00 — BENEFIT \$70.00</p>
3222	<p>S. ALL STATES: FEE \$95.00 — BENEFIT \$90.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
†	<p>TUMOUR, CYST, ULCER OR SCAR, removal of cutaneous, subcutaneous or in mucous membrane, up to 3 centimetres in diameter — MORE THAN 10 BUT NOT MORE THAN 20 LESIONS</p>
3223	<p>G. ALL STATES: FEE \$100.00 — BENEFIT \$95.00</p>
3224	<p>S. ALL STATES: FEE \$120.00 — BENEFIT \$115.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
†	<p>TUMOUR, CYST, ULCER OR SCAR, removal of cutaneous, subcutaneous or in mucous membrane, up to 3 centimetres in diameter — MORE THAN 20 BUT NOT MORE THAN 50 LESIONS</p>
3225	<p>ALL STATES: FEE \$150.00 — BENEFIT \$145.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>

**PART 10 — OPERATIONS**

**DIVISION 1 — GENERAL SURGICAL**

†	TUMOUR, CYST, ULCER OR SCAR, removal of cutaneous, subcutaneous or in mucous membrane, up to 3 centimetres in diameter — MORE THAN 50 LESIONS								
3226	ALL STATES: FEE \$200.00 — BENEFIT \$195.00								
	Anaesthetic 17 units — Item Nos 461G / 528S								
TUMOUR, CYST, ULCER OR SCAR, removal of cutaneous, subcutaneous or in mucous membrane, more than 3 centimetres in diameter									
3233	G.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		BENEFIT	\$	41.50	41.50	38.00	38.00	38.00	38.00
				36.50	36.50	33.00	33.00	33.00	33.00
3237	S.	FEE	\$	51.00	51.00	46.50	46.50	46.50	46.50
		BENEFIT	\$	46.00	46.00	41.50	41.50	41.50	41.50
	Anaesthetic 6 units — Item Nos 407G / 513S								
TUMOUR, CYST, ULCER OR SCAR, removal of, not covered by any other item in this Part, involving muscle, bone or other deep tissue									
3247	G.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		BENEFIT	\$	59.00	59.00	52.00	52.00	52.00	52.00
				54.00	54.00	47.00	47.00	47.00	47.00
3253	S.	FEE	\$	74.00	74.00	66.00	66.00	66.00	66.00
		BENEFIT	\$	69.00	69.00	61.00	61.00	61.00	61.00
	Anaesthetic 8 units — Item Nos 409G / 517S								
TUMOUR OR DEEP CYST, removal of, not covered by any other item in this Part, requiring wide excision									
3261	G.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		BENEFIT	\$	80.00	95.00	80.00	80.00	80.00	70.00
				75.00	90.00	75.00	75.00	75.00	65.00
3265	S.	FEE	\$	95.00	110.00	95.00	95.00	95.00	88.00
		BENEFIT	\$	90.00	105.00	90.00	90.00	90.00	83.00
	Anaesthetic 8 units — Item Nos 409G / 517S								
SKIN, malignant tumours requiring wide deep excision									
3271	ALL STATES: FEE \$118.00 — BENEFIT \$113.00								
	Anaesthetic 8 units — Item Nos 409G / 517S								

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

3276	<p>SKIN, malignant tumours requiring wide deep excision with immediate block dissection of lymph glands</p> <p>ALL STATES: FEE \$245.00 — BENEFIT \$240.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
3281	<p>SOFT TISSUE TUMOURS, INCLUDING MUSCLE, FASCIA AND CONNECTIVE TISSUE, EXTENSIVE EXCISION OF WITHOUT SKIN GRAFT</p> <p>ALL STATES: FEE \$150.00 — BENEFIT \$145.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
3289	<p>SOFT TISSUE TUMOURS, INCLUDING MUSCLE, FASCIA AND CONNECTIVE TISSUE, EXTENSIVE EXCISION OF WITH SKIN GRAFT</p> <p>ALL STATES: FEE \$176.00 — BENEFIT \$171.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
3295	<p>MISCELLANEOUS MALIGNANT TUMOUR IN ANY REGION — RADICAL OPERATION</p> <p>ALL STATES: FEE \$245.00 — BENEFIT \$240.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
3301	<p>MISCELLANEOUS MALIGNANT TUMOUR IN ANY REGION — LIMITED OPERATION</p> <p>ALL STATES: FEE \$118.00 — BENEFIT \$113.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
3309	<p>† LIPECTOMY — transverse wedge excision of abdominal apron; <u>or</u> LIPECTOMY with wedge excision of skin elsewhere in body</p> <p>ALL STATES: FEE \$132.00 — BENEFIT \$127.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
3310	<p>† LIPECTOMY — subumbilical excision with undermining of skin edges and strengthening of musculo-aponeurotic wall</p> <p>ALL STATES: FEE \$198.00 — BENEFIT \$193.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>

**PART 10 – OPERATIONS**

**DIVISION 1 – GENERAL SURGICAL**

<p>†  3311</p>	<p>LIPECTOMY – radical abdominoplasty (Pitanguy type or similar) with excision of skin and subcutaneous tissue, repair of musculo-aponeurotic layer and transposition of umbilicus</p> <p>ALL STATES: FEE \$295.00 – BENEFIT \$290.00</p> <p>Anaesthetic 18 units – Item Nos 462G / 529S</p>																																		
<p>3314</p>	<p>AXILLARY HYPERIDROSIS, wedge excision for</p> <p>ALL STATES: FEE \$40.00 – BENEFIT \$35.00</p> <p>Anaesthetic 7 units – Item Nos 408G / 514S</p>																																		
<p>3320</p>	<p>PLANTAR WART, removal of</p> <table border="0" data-bbox="209 735 1124 815"> <tr> <td></td> <td></td> <td></td> <td>NSW</td> <td>VIC</td> <td>QLD</td> <td>SA</td> <td>WA</td> <td>TAS</td> </tr> <tr> <td>FEE</td> <td>\$</td> <td></td> <td>14.00</td> <td>12.80</td> <td>12.80</td> <td>12.80</td> <td>12.80</td> <td>12.80</td> </tr> <tr> <td>BENEFIT</td> <td>\$</td> <td></td> <td>11.90</td> <td>10.90</td> <td>10.90</td> <td>10.90</td> <td>10.90</td> <td>10.90</td> </tr> </table> <p>Anaesthetic 5 units – Item Nos 406G / 510S</p>											NSW	VIC	QLD	SA	WA	TAS	FEE	\$		14.00	12.80	12.80	12.80	12.80	12.80	BENEFIT	\$		11.90	10.90	10.90	10.90	10.90	10.90
			NSW	VIC	QLD	SA	WA	TAS																											
FEE	\$		14.00	12.80	12.80	12.80	12.80	12.80																											
BENEFIT	\$		11.90	10.90	10.90	10.90	10.90	10.90																											
<p>‡  3330</p>	<p>KERATOSES, WARTS OR SIMILAR LESIONS, treatment of by electrosurgical destruction, chemotherapy or surgical removal – each attendance at which the procedure is performed ON NOT MORE THAN FIVE LESIONS</p> <table border="0" data-bbox="209 1117 1124 1197"> <tr> <td></td> <td></td> <td></td> <td>NSW</td> <td>VIC</td> <td>QLD</td> <td>SA</td> <td>WA</td> <td>TAS</td> </tr> <tr> <td>FEE</td> <td>\$</td> <td></td> <td>16.00</td> <td>19.00</td> <td>14.20</td> <td>14.20</td> <td>14.20</td> <td>14.20</td> </tr> <tr> <td>BENEFIT</td> <td>\$</td> <td></td> <td>13.60</td> <td>16.15</td> <td>12.10</td> <td>12.10</td> <td>12.10</td> <td>12.10</td> </tr> </table> <p>Anaesthetic 4 units – Item Nos 405G / 509S</p>											NSW	VIC	QLD	SA	WA	TAS	FEE	\$		16.00	19.00	14.20	14.20	14.20	14.20	BENEFIT	\$		13.60	16.15	12.10	12.10	12.10	12.10
			NSW	VIC	QLD	SA	WA	TAS																											
FEE	\$		16.00	19.00	14.20	14.20	14.20	14.20																											
BENEFIT	\$		13.60	16.15	12.10	12.10	12.10	12.10																											
<p>‡  3332</p>	<p>KERATOSES, WARTS OR SIMILAR LESIONS, treatment of by electrosurgical destruction, chemotherapy or surgical removal – each attendance at which the procedure is performed ON MORE THAN FIVE BUT NOT MORE THAN TEN LESIONS</p> <table border="0" data-bbox="209 1499 1124 1579"> <tr> <td></td> <td></td> <td></td> <td>NSW</td> <td>VIC</td> <td>QLD</td> <td>SA</td> <td>WA</td> <td>TAS</td> </tr> <tr> <td>FEE</td> <td>\$</td> <td></td> <td>20.50</td> <td>20.50</td> <td>16.00</td> <td>16.00</td> <td>16.00</td> <td>16.00</td> </tr> <tr> <td>BENEFIT</td> <td>\$</td> <td></td> <td>17.45</td> <td>17.45</td> <td>13.60</td> <td>13.60</td> <td>13.60</td> <td>13.60</td> </tr> </table> <p>Anaesthetic 5 units – Item Nos 406G / 510S</p>											NSW	VIC	QLD	SA	WA	TAS	FEE	\$		20.50	20.50	16.00	16.00	16.00	16.00	BENEFIT	\$		17.45	17.45	13.60	13.60	13.60	13.60
			NSW	VIC	QLD	SA	WA	TAS																											
FEE	\$		20.50	20.50	16.00	16.00	16.00	16.00																											
BENEFIT	\$		17.45	17.45	13.60	13.60	13.60	13.60																											



## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

‡ KERATOSES, WARTS OR SIMILAR LESIONS, treatment of by electrosurgical destruction, chemotherapy or surgical removal — each attendance at which the procedure is performed ON MORE THAN TEN BUT NOT MORE THAN FIFTEEN LESIONS

3338			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	25.50	24.00	24.00	24.00	24.00	24.00
	BENEFIT	\$	21.70	20.40	20.40	20.40	20.40	20.40

Anaesthetic 6 units — Item Nos 407G / 513S

‡ KERATOSES, WARTS OR SIMILAR LESIONS, treatment of by electrosurgical destruction, chemotherapy or surgical removal — each attendance at which the procedure is performed ON MORE THAN FIFTEEN BUT NOT MORE THAN TWENTY LESIONS

3342			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	27.50	25.50	25.50	25.50	25.50	25.50
	BENEFIT	\$	23.40	21.70	21.70	21.70	21.70	21.70

Anaesthetic 7 units — Item Nos 408G / 514S

‡ KERATOSES, WARTS OR SIMILAR LESIONS, treatment of by electrosurgical destruction, chemotherapy or surgical removal — each attendance at which procedure is performed ON MORE THAN TWENTY LESIONS

3346			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	32.00	28.50	28.50	28.50	28.50	28.50
	BENEFIT	\$	27.20	24.25	24.25	24.25	24.25	24.25

Anaesthetic 8 units — Item Nos 409G / 517S

3356 SKIN LESIONS, multiple injections with hydrocortisone or similar preparations

ALL STATES: FEE \$12.80 — BENEFIT \$10.90

3363 KELOID, EXTENSIVE, MULTIPLE INJECTIONS OF HYDROCORTISONE or similar preparation under general anaesthesia

ALL STATES: FEE \$47.50 — BENEFIT \$42.50

Anaesthetic 5 units — Item Nos 406G / 510S

3366 HAEMATOMA, aspiration of

3366			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	7.00	8.00	5.50	5.50	5.40	5.50
	BENEFIT	\$	5.95	6.80	4.70	4.70	4.60	4.70

Anaesthetic 4 units — Item Nos 405G / 509S

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

		HAEMATOMA, FURUNCLE, SMALL ABSCESS OR SIMILAR LESION not requiring a general anaesthetic, INCISION WITH DRAINAGE OF (excluding after-care)						
			NSW	VIC	QLD	SA	WA	TAS
3371	FEE	\$	7.00	8.00	6.90	6.90	6.90	6.90
	BENEFIT	\$	5.95	6.80	5.90	5.90	5.90	5.90
		LARGE HAEMATOMA, ABSCESS, CARBUNCLE, CELLULITIS or similar lesion requiring a general anaesthetic, INCISION WITH DRAINAGE OF (excluding after-care)						
			NSW	VIC	QLD	SA	WA	TAS
3379	G. FEE	\$	35.00	35.00	29.50	29.50	29.50	29.50
	BENEFIT	\$	30.00	30.00	25.10	25.10	25.10	25.10
3384	S. FEE	\$	47.50	47.50	40.00	37.00	37.00	37.00
	BENEFIT	\$	42.50	42.50	35.00	32.00	32.00	32.00
		Anaesthetic 5 units — Item Nos 406G / 510S						
		MUSCLE, excision of (LIMITED)						
3389	G.	ALL STATES: FEE \$37.00 — BENEFIT \$32.00						
3391	S.	ALL STATES: FEE \$44.50 — BENEFIT \$39.50						
		Anaesthetic 6 units — Item Nos 407G / 513S						
		MUSCLE, excision of (EXTENSIVE)						
3395	G.	ALL STATES: FEE \$64.00 — BENEFIT \$59.00						
3399	S.	ALL STATES: FEE \$80.00 — BENEFIT \$75.00						
		Anaesthetic 7 units — Item Nos 408G / 514S						
		MUSCLE, RUPTURED, repair of (limited), not associated with external wound						
3401	G.	ALL STATES: FEE \$52.00 — BENEFIT \$47.00						
3404	S.	ALL STATES: FEE \$65.00 — BENEFIT \$60.00						
		Anaesthetic 7 units — Item Nos 408G / 514S						

**PART 10 — OPERATIONS**

**DIVISION 1 — GENERAL SURGICAL**

3407	<p>MUSCLE, RUPTURED, repair of (extensive), not associated with external wound</p> <p>ALL STATES: FEE \$88.00 — BENEFIT \$83.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>																								
3411	<p>FASCIA, DEEP, repair of, FOR HERNIATED MUSCLE</p> <p>G. ALL STATES: FEE \$37.00 — BENEFIT \$32.00</p>																								
3417	<p>S. ALL STATES: FEE \$44.50 — BENEFIT \$39.50</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>																								
3425	<p>BONE TUMOUR, INNOCENT, excision of, not covered by any other item in this Part</p> <p>ALL STATES: FEE \$104.00 — BENEFIT \$99.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>																								
3431	<p>STYLOID PROCESS OF TEMPORAL BONE, removal of</p> <p>ALL STATES: FEE \$104.00 — BENEFIT \$99.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>																								
3437	<p>PAROTID GLAND, total extirpation of</p> <p>ALL STATES: FEE \$220.00 — BENEFIT \$215.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>																								
3444	<p>PAROTID GLAND, total extirpation of, with preservation of facial nerve</p> <p>ALL STATES: FEE \$370.00 — BENEFIT \$365.00</p> <p>Anaesthetic 18 units — Item Nos 462G / 529S</p>																								
3450	<p>PAROTID GLAND, SUPERFICIAL LOBECTOMY OR REMOVAL OF TUMOUR FROM, with exposure of facial nerve</p> <p>ALL STATES: FEE \$245.00 — BENEFIT \$240.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>																								
3455	<p>SUBMANDIBULAR GLAND, extirpation of</p> <table border="0" data-bbox="170 1537 1087 1619"> <tr> <td></td> <td></td> <td>NSW</td> <td>VIC</td> <td>QLD</td> <td>SA</td> <td>WA</td> <td>TAS</td> </tr> <tr> <td>FEE</td> <td>\$</td> <td>104.00</td> <td>128.00</td> <td>104.00</td> <td>104.00</td> <td>104.00</td> <td>104.00</td> </tr> <tr> <td>BENEFIT</td> <td>\$</td> <td>99.00</td> <td>123.00</td> <td>99.00</td> <td>99.00</td> <td>99.00</td> <td>99.00</td> </tr> </table> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	104.00	128.00	104.00	104.00	104.00	104.00	BENEFIT	\$	99.00	123.00	99.00	99.00	99.00	99.00
		NSW	VIC	QLD	SA	WA	TAS																		
FEE	\$	104.00	128.00	104.00	104.00	104.00	104.00																		
BENEFIT	\$	99.00	123.00	99.00	99.00	99.00	99.00																		

## PART 10 – OPERATIONS

## DIVISION 1 – GENERAL SURGICAL

3459	<p>SUBLINGUAL GLAND, extirpation of</p> <p>ALL STATES: FEE \$59.00 – BENEFIT \$54.00</p> <p>Anaesthetic 7 units – Item Nos 408G / 514S</p>
3465	<p>SALIVARY GLAND, DILATATION OR DIATHERMY of duct</p> <p>ALL STATES: FEE \$17.60 – BENEFIT \$15.00</p> <p>Anaesthetic 6 units – Item Nos 407G / 513S</p>
3468	<p>SALIVARY GLAND, removal of CALCULUS from duct</p> <p>G. ALL STATES: FEE \$35.00 – BENEFIT \$30.00</p>
3472	<p>S. ALL STATES: FEE \$44.50 – BENEFIT \$39.50</p> <p>Anaesthetic 7 units – Item Nos 408G / 514S</p>
3477	<p>SALIVARY GLAND, repair of CUTANEOUS FISTULA OF</p> <p>ALL STATES: FEE \$44.50 – BENEFIT \$39.50</p> <p>Anaesthetic 7 units – Item Nos 408G / 514S</p>
3480	<p>TONGUE, partial excision of</p> <p>ALL STATES: FEE \$88.00 – BENEFIT \$83.00</p> <p>Anaesthetic 7 units – Item Nos 408G / 514S</p>
3490	<p>TONGUE, total excision of</p> <p>ALL STATES: FEE \$205.00 – BENEFIT \$200.00</p> <p>Anaesthetic 14 units – Item Nos 458G / 525S</p>
3495	<p>RADICAL EXCISION OF INTRA-ORAL TUMOUR INVOLVING RESECTION OF MANDIBLE AND LYMPH GLANDS OF NECK (commando-type operation)</p> <p>ALL STATES: FEE \$520.00 – BENEFIT \$515.00</p> <p>Anaesthetic 18 units – Item Nos 462G / 529S</p>
3496	<p>TONGUE TIE, repair of</p> <p>ALL STATES: FEE \$13.40 – BENEFIT \$11.40</p> <p>Anaesthetic 6 units – Item Nos 407G / 513S</p>

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

3505	TONGUE TIE OR MAXILLARY FRENULUM, repair of, in a person aged not less than two years, under general anaesthesia	ALL STATES: FEE \$35.50 — BENEFIT \$30.50
		Anaesthetic 6 units — Item Nos 407G / 513S
3509	RANULA OR MUCOUS CYST OF MOUTH, removal of	ALL STATES: FEE \$47.00 — BENEFIT \$42.00
3516	S.	ALL STATES: FEE \$61.00 — BENEFIT \$56.00
		Anaesthetic 9 units — Item Nos 443G / 518S
3526	BRANCHIAL CYST, removal of	ALL STATES: FEE \$118.00 — BENEFIT \$113.00
		Anaesthetic 9 units — Item Nos 443G / 518S
3530	BRANCHIAL FISTULA, removal of	ALL STATES: FEE \$150.00 — BENEFIT \$145.00
		Anaesthetic 9 units — Item Nos 443G / 518S
3532	CYSTIC HYGROMA, removal of	ALL STATES: FEE \$176.00 — BENEFIT \$171.00
		Anaesthetic 11 units — Item Nos 453G / 522S
3542	THYROIDECTOMY, total	ALL STATES: FEE \$295.00 — BENEFIT \$290.00
		Anaesthetic 14 units — Item Nos 458G / 525S
3547	PARATHYROID TUMOUR, removal of	ALL STATES: FEE \$325.00 — BENEFIT \$320.00
		Anaesthetic 13 units — Item Nos 457G / 524S
3555	PARATHYROID GLANDS, removal of, other than for tumour	ALL STATES: FEE \$370.00 — BENEFIT \$365.00
		Anaesthetic 16 units — Item Nos 460G / 527S

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

	THYROIDECTOMY, SUB - TOTAL						
3563		NSW	VIC	QLD	SA	WA	TAS
	FEE	\$ 205.00	220.00	205.00	205.00	205.00	205.00
	BENEFIT	\$ 200.00	215.00	200.00	200.00	200.00	200.00
	Anaesthetic 12 units — Item Nos 454G / 523S						
	HEMITHYROIDECTOMY AND EXPOSURE OF RECURRENT LARYNGEAL NERVE						
3569		NSW	VIC	QLD	SA	WA	TAS
	FEE	\$ 215.00	220.00	215.00	215.00	215.00	215.00
	BENEFIT	\$ 210.00	215.00	210.00	210.00	210.00	210.00
	Anaesthetic 11 units — Item Nos 453G / 522S						
	THYROID, excision of localised tumour of						
3576		NSW	VIC	QLD	SA	WA	TAS
	FEE	\$ 150.00	160.00	150.00	150.00	150.00	150.00
	BENEFIT	\$ 145.00	155.00	145.00	145.00	145.00	145.00
	Anaesthetic 10 units — Item Nos 450G / 521S						
	THYROGLOSSAL CYST, removal of						
3581	ALL STATES: FEE \$116.00 — BENEFIT \$111.00						
	Anaesthetic 10 units — Item Nos 450G / 521S						
	THYROGLOSSAL FISTULA, removal of						
3591	ALL STATES: FEE \$150.00 — BENEFIT \$145.00						
	Anaesthetic 10 units — Item Nos 450G / 521S						
	CERVICAL OESOPHAGOSTOMY						
3597	ALL STATES: FEE \$130.00 — BENEFIT \$125.00						
	Anaesthetic 13 units — Item Nos 457G / 524S						
	CERVICAL OESOPHAGOSTOMY, CLOSURE OR PLASTIC REPAIR OF						
3603	ALL STATES: FEE \$102.00 — BENEFIT \$97.00						
	Anaesthetic 10 units — Item Nos 450G / 521S						

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

3616	<p>CERVICAL OESOPHAGECTOMY with tracheostomy and oesophagostomy, with or without plastic reconstruction; or LARYNGOPHARYNGECTOMY with tracheostomy and plastic reconstruction.</p> <p>ALL STATES: FEE \$520.00 — BENEFIT \$515.00</p> <p>Anaesthetic 22 units — Item Nos 466G / 537S</p>
3618	<p>LYMPH GLANDS OF NECK, limited excision of</p> <p>ALL STATES: FEE \$110.00 — BENEFIT \$105.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
3622	<p>LYMPH GLANDS OF NECK, radical excision of</p> <p>ALL STATES: FEE \$295.00 — BENEFIT \$290.00</p> <p>Anaesthetic 20 units — Item Nos 464G / 533S</p>
3634	<p>LYMPH GLANDS OF GROIN OR AXILLA, limited excision of</p> <p>ALL STATES: FEE \$74.00 — BENEFIT \$69.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
3638	<p>LYMPH GLANDS OF GROIN OR AXILLA, radical excision of</p> <p>ALL STATES: FEE \$215.00 — BENEFIT \$210.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
3643	<p>OPERATION FOR LYMPHOEDEMA by extended indwelling subcutaneous tube or tubes</p> <p>ALL STATES: FEE \$60.00 — BENEFIT \$55.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
3647	<p>SIMPLE MASTECTOMY with or without frozen section biopsy</p> <p>G. ALL STATES: FEE \$95.00 — BENEFIT \$90.00</p>
3652	<p>S. ALL STATES: FEE \$128.00 — BENEFIT \$123.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

		BREAST, excision of CYST, fibro adenoma or other local lesion or segmental resection for any other reason						
			NSW	VIC	QLD	SA	WA	TAS
3654	G.	FEE	\$ 59.00	64.00	51.00	49.50	49.50	49.50
		BENEFIT	\$ 54.00	59.00	46.00	44.50	44.50	44.50
3664	S.	FEE	\$ 80.00	80.00	71.00	60.00	60.00	60.00
		BENEFIT	\$ 75.00	75.00	66.00	55.00	55.00	55.00
Anaesthetic 7 units — Item Nos 408G / 514S								
		BREAST, excision of CYST, fibro adenoma or other local lesion or segmental resection for any other reason, where frozen section is performed						
3668	G.	ALL STATES: FEE \$76.00 — BENEFIT \$71.00						
3673	S.	ALL STATES: FEE \$95.00 — BENEFIT \$90.00						
Anaesthetic 8 units — Item Nos 409G / 517S								
		PARTIAL MASTECTOMY, involving more than one quarter of the breast tissue with or without frozen section biopsy						
3678	G.	ALL STATES: FEE \$76.00 — BENEFIT \$71.00						
3683	S.	ALL STATES: FEE \$95.00 — BENEFIT \$90.00						
Anaesthetic 8 units — Item Nos 409G / 517S								
		BREAST, extended simple mastectomy with or without frozen section biopsy						
3698		ALL STATES: FEE \$176.00 — BENEFIT \$171.00						
Anaesthetic 12 units — Item Nos 454G / 523S								
		BREAST, radical or modified radical mastectomy with or without frozen section biopsy						
3702		ALL STATES: FEE \$255.00 — BENEFIT \$250.00						
Anaesthetic 16 units — Item Nos 460G / 527S								
		NIPPLE, INVERTED, surgical eversion of						
3707		ALL STATES: FEE \$44.50 — BENEFIT \$39.50						
Anaesthetic 7 units — Item Nos 408G / 514S								



**PART 10 – OPERATIONS**

**DIVISION 1 – GENERAL SURGICAL**

LAPAROTOMY (EXPLORATORY) where no other procedure is performed

3713	G.	ALL STATES: FEE \$104.00 — BENEFIT \$99.00						
3718	S.	FEE	\$ 130.00	142.00	130.00	130.00	130.00	130.00
		BENEFIT	\$ 125.00	137.00	125.00	125.00	125.00	125.00
		Anaesthetic 9 units — Item Nos 443G / 518S						

LAPAROTOMY, EXPLORATORY, followed by ENTEROSTOMY OR COLOSTOMY

3724	G.	ALL STATES: FEE \$130.00 — BENEFIT \$125.00	
3733	S.	ALL STATES: FEE \$176.00 — BENEFIT \$171.00	
		Anaesthetic 12 units — Item Nos 454G / 523S	

OPERATION ON ABDOMINAL VISCERA INVOLVING LAPAROTOMY not covered by any other item in this Part

3739	G.	ALL STATES: FEE \$152.00 — BENEFIT \$147.00	
3745	S.	ALL STATES: FEE \$190.00 — BENEFIT \$185.00	
		Anaesthetic 12 units — Item Nos 454G / 523S	

SUBPHRENIC ABSCESS, drainage of

3750	ALL STATES: FEE \$160.00 — BENEFIT \$155.00	
	Anaesthetic 10 units — Item Nos 450G / 521S	

LIVER BIOPSY, percutaneous

3752	ALL STATES: FEE \$51.00 — BENEFIT \$46.00	
	Anaesthetic 6 units — Item Nos 407G / 513S	

LIVER TUMOUR, removal of other than by biopsy

3754	ALL STATES: FEE \$176.00 — BENEFIT \$171.00	
	Anaesthetic 13 units — Item Nos 457G / 524S	

LIVER, MASSIVE RESECTION OF, or LOBECTOMY

3759	ALL STATES: FEE \$445.00 — BENEFIT \$440.00	
	Anaesthetic 18 units — Item Nos 462G / 529S	

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

3764	LIVER ABSCESS, ABDOMINAL drainage of							
	ALL STATES: FEE \$160.00 — BENEFIT \$155.00							
	Anaesthetic 11 units — Item Nos 453G / 522S							
3777	LIVER ABSCESS, TRANSPLEURAL drainage of							
	ALL STATES: FEE \$176.00 — BENEFIT \$171.00							
	Anaesthetic 13 units — Item Nos 457G / 524S							
3783	HYDATID CYST OF LIVER, PERITONEUM OR VISCUS, drainage procedure for							
	ALL STATES: FEE \$176.00 — BENEFIT \$171.00							
	Anaesthetic 11 units — Item Nos 453G / 522S							
3789	OPERATIVE CHOLEGRAM OR PANCREATOGRAM OR CHOLEDOCHOSCOPY							
	ALL STATES: FEE \$37.00 — BENEFIT \$32.00							
	Anaesthetic 10 units — Item Nos 450G / 521S							
	CHOLECYSTECTOMY							
3793	G. FEE	\$	NSW 176.00	VIC 166.00	QLD 166.00	SA 160.00	WA 152.00	TAS 152.00
	BENEFIT	\$	171.00	161.00	161.00	155.00	147.00	147.00
3798	S. FEE	\$	220.00	220.00	220.00	190.00	198.00	190.00
	BENEFIT	\$	215.00	215.00	215.00	185.00	193.00	185.00
	Anaesthetic 11 units — Item Nos 453G / 522S							
3802	G.	ALL STATES: FEE \$130.00 — BENEFIT \$125.00						
3809	S.	ALL STATES: FEE \$160.00 — BENEFIT \$155.00						
	Anaesthetic 10 units — Item Nos 450G / 521S							
3815	CHOLEDOCHOTOMY AFTER PREVIOUS CHOLECYSTECTOMY							
	ALL STATES: FEE \$265.00 — BENEFIT \$260.00							
	Anaesthetic 14 units — Item Nos 458G / 525S							

## PART 10 - OPERATIONS

## DIVISION 1 - GENERAL SURGICAL

CHOLEDOCHOTOMY (WITH OR WITHOUT CHOLECYSTECTOMY) not covered by Item 3815

		NSW	VIC	QLD	SA	WA	TAS
3820	FEE	\$ 255.00	255.00	255.00	240.00	240.00	240.00
	BENEFIT	\$ 250.00	250.00	250.00	235.00	235.00	235.00

Anaesthetic 13 units - Item Nos 457G / 524S

SPHINCTER OF ODDI - DIRECT OPERATION ON INCLUDING DILATATION, REMOVAL OF CALCULUS, SPHINCTEROTOMY AND PLASTIC REPAIR

3825 ALL STATES: FEE \$184.00 - BENEFIT \$179.00

Anaesthetic 15 units - Item Nos 459G / 526S

OPERATIONS ON THE BILIARY SYSTEM INCLUDING CHOLECYSTODUODENOSTOMY CHOLECYSTOGASTROSTOMY OR CHOLECYSTOENTEROSTOMY

3831 ALL STATES: FEE \$285.00 - BENEFIT \$280.00

Anaesthetic 15 units - Item Nos 459G / 526S

OPERATIONS ON AND/OR RECONSTRUCTION OF HEPATIC DUCT OR COMMON BILE DUCT WITH OR WITHOUT ANASTOMOSIS TO GALLBLADDER, STOMACH OR INTESTINE

3834 ALL STATES: FEE \$440.00 - BENEFIT \$435.00

Anaesthetic 19 units - Item Nos 463G / 531S

GALLBLADDER AND/OR BILE DUCTS RADICAL EXCISION AND RECONSTRUCTION FOR CARCINOMA

3841 ALL STATES: FEE \$440.00 - BENEFIT \$435.00

Anaesthetic 19 units - Item Nos 463G / 531S

GASTROSCOPY or DUODENOSCOPY

3846 ALL STATES: FEE \$55.00 - BENEFIT \$50.00

Anaesthetic 6 units - Item Nos 407G / 513S

GASTROSCOPY or DUODENOSCOPY with biopsy

3855 ALL STATES: FEE \$71.00 - BENEFIT \$66.00

Anaesthetic 7 units - Item Nos 408G / 514S

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

3857	<p>PANENDOSCOPY</p> <p>ALL STATES: FEE \$80.00 — BENEFIT \$75.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
3858	<p>PANENDOSCOPY with biopsy</p> <p>ALL STATES: FEE \$95.00 — BENEFIT, \$90.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
3860	<p>ENDOSCOPIC PANCREATOCHOLANGIOGRAPHY</p> <p>ALL STATES: FEE \$110.00 — BENEFIT \$105.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
3864	<p>GASTROSTOMY</p> <p>ALL STATES: FEE \$160.00 — BENEFIT \$155.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
3870	<p>GASTROSTOMY — for fixation of indwelling OESOPHAGEAL TUBE, FOR REMOVAL OF FOREIGN BODY OR FOR EXCISION OF BENIGN LESION</p> <p>ALL STATES: FEE \$166.00 — BENEFIT \$161.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
3875	<p>VAGOTOMY — TRUNKAL</p> <p>ALL STATES: FEE \$176.00 — BENEFIT \$171.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
3882	<p>VAGOTOMY — SELECTIVE</p> <p>ALL STATES: FEE \$205.00 — BENEFIT \$200.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
3889	<p>VAGOTOMY — HIGHLY SELECTIVE; <u>or</u> VAGOTOMY — TRUNKAL OR SELECTIVE, with pyloroplasty or gastro-enterostomy</p> <p>ALL STATES: FEE \$245.00 — BENEFIT \$240.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>

†  
3891 VAGOTOMY – HIGHLY SELECTIVE with pyloroplasty or gastro-enterostomy  
ALL STATES: FEE \$295.00 – BENEFIT \$290.00  
Anaesthetic 13 units – Item Nos 457G / 524S



## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

## GASTRO-ENTEROSTOMY (GASTRO-DUODENOSTOMY) OR ENTERO-COLOSTOMY OR ENTERO-ENTEROSTOMY

3894 G. ALL STATES: FEE \$160.00 — BENEFIT \$155.00

3898 S. ALL STATES: FEE \$205.00 — BENEFIT \$200.00  
Anaesthetic 12 units — Item Nos 454G / 523S

## GASTRO-ENTEROSTOMY or GASTRO-DUODENOSTOMY, reconstruction of

3900 ALL STATES: FEE \$260.00 — BENEFIT \$255.00  
Anaesthetic 14 units — Item Nos 458G / 525S

## PANCREATIC CYST — ANASTOMOSIS TO STOMACH OR DUODENUM

3902 ALL STATES: FEE \$205.00 — BENEFIT \$200.00  
Anaesthetic 13 units — Item Nos 457G / 524S

## PERFORATED PEPTIC ULCER, suture of

3910 G. ALL STATES: FEE \$130.00 — BENEFIT \$125.00

3916 S. ALL STATES: FEE \$160.00 — BENEFIT \$155.00  
Anaesthetic 10 units — Item Nos 450G / 521S

## PARTIAL GASTRECTOMY, with or without gastro-jejunostomy

3922 ALL STATES: FEE \$295.00 — BENEFIT \$290.00  
Anaesthetic 15 units — Item Nos 459G / 526S

## GASTRECTOMY, TOTAL, FOR BENIGN DISEASE

3930 ALL STATES: FEE \$370.00 — BENEFIT \$365.00  
Anaesthetic 19 units — Item Nos 463G / 531S

## GASTRECTOMY, TOTAL RADICAL, for carcinoma

3938 ALL STATES: FEE \$440.00 — BENEFIT \$435.00  
Anaesthetic 21 units — Item Nos 465G / 535S

## PYLOROPLASTY, adult

3946 ALL STATES: FEE \$160.00 — BENEFIT \$155.00  
Anaesthetic 11 units — Item Nos 453G / 522S

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

3952	PYLOROPLASTY, INFANT, OR PYLOROMYOTOMY (RAMSTEDT'S)  ALL STATES: FEE \$130.00 — BENEFIT \$125.00  Anaesthetic 9 units — Item Nos 443G / 518S
3958 3962	LAPAROTOMY AND DIVISION OF PERITONEAL ADHESIONS where no other listed intra-abdominal procedure is performed  G. ALL STATES: FEE \$130.00 — BENEFIT \$125.00  S. ALL STATES: FEE \$160.00 — BENEFIT \$155.00  Anaesthetic 11 units — Item Nos 453G / 522S
3965	LAPAROTOMY AND DIVISION OF EXTENSIVE PERITONEAL ADHESIONS with or without intestinal plication Noble type  ALL STATES: FEE \$205.00 — BENEFIT \$200.00  Anaesthetic 11 units — Item Nos 453G / 522S
3968 3970	ENTEROSTOMY or COLOSTOMY, as an independent procedure  G. ALL STATES: FEE \$130.00 — BENEFIT \$125.00  S. ALL STATES: FEE \$160.00 — BENEFIT \$155.00  Anaesthetic 11 units — Item Nos 453G / 522S
3976 3981	ENTEROSTOMY or COLOSTOMY, extra-peritoneal closure of  G. ALL STATES: FEE \$90.00 — BENEFIT \$85.00  S. ALL STATES: FEE \$114.00 — BENEFIT \$109.00  Anaesthetic 11 units — Item Nos 453G / 522S
3986	ENTEROSTOMY OR COLOSTOMY, INTRA-PERITONEAL CLOSURE, not involving resection  ALL STATES: FEE \$160.00 — BENEFIT \$155.00  Anaesthetic 11 units — Item Nos 453G / 522S
3990	ENTEROTOMY OR COLOTOMY  ALL STATES: FEE \$160.00 — BENEFIT \$155.00  Anaesthetic 12 units — Item Nos 454G / 523S



**PART 10 — OPERATIONS**

**DIVISION 1 — GENERAL SURGICAL**

CAECOSTOMY

3996 G. ALL STATES: FEE \$106.00 — BENEFIT \$101.00  
 4000 S. ALL STATES: FEE \$132.00 — BENEFIT \$127.00  
 Anaesthetic 12 units — Item Nos 454G / 523S

INTUSSUSCEPTION, reduction of, by fluid

4003 ALL STATES: FEE \$70.00 — BENEFIT \$65.00

INTUSSUSCEPTION, LAPAROTOMY and reduction of

4009 ALL STATES: FEE \$150.00 — BENEFIT \$145.00  
 Anaesthetic 11 units — Item Nos 453G / 522S

INTUSSUSCEPTION, LAPAROTOMY and resection of

4012			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	255.00	285.00	255.00	255.00	255.00	255.00
	BENEFIT	\$	250.00	280.00	250.00	250.00	250.00	250.00

Anaesthetic 14 units — Item Nos 458G / 525S

TRANSVERSE OR SIGMOID COLECTOMY WITH OR WITHOUT ANASTOMOSIS

4018 ALL STATES: FEE \$265.00 — BENEFIT \$260.00  
 Anaesthetic 15 units — Item Nos 459G / 526S

LAPAROTOMY with reduction of volvulus

4020 G. ALL STATES: FEE \$130.00 — BENEFIT \$125.00  
 4021 S. ALL STATES: FEE \$160.00 — BENEFIT \$155.00  
 Anaesthetic 11 units — Item Nos 453G / 522S

MECKEL'S DIVERTICULUM, removal of

4027 G. ALL STATES: FEE \$130.00 — BENEFIT \$125.00  
 4032 S. ALL STATES: FEE \$160.00 — BENEFIT \$155.00  
 Anaesthetic 10 units — Item Nos 450G / 521S

## PART 10 – OPERATIONS

## DIVISION 1 – GENERAL SURGICAL

BOWEL, SEGMENTAL RESECTION OF, WITH OR WITHOUT ANASTOMOSIS, NOT COVERED BY ANY OTHER ITEM IN THIS PART

			NSW	VIC	QLD	SA	WA	TAS
4039	G. FEE	\$	198.00	215.00	198.00	198.00	198.00	198.00
	BENEFIT	\$	193.00	210.00	193.00	193.00	193.00	193.00

4043	S. FEE	\$	255.00	285.00	255.00	255.00	255.00	255.00
	BENEFIT	\$	250.00	280.00	250.00	250.00	250.00	250.00

Anaesthetic 15 units — Item Nos 459G / 526S

HEMICOLECTOMY, right or left

4046 ALL STATES: FEE \$295.00 — BENEFIT \$290.00

Anaesthetic 15 units — Item Nos 459G / 526S

TOTAL COLECTOMY WITH ILEO-RECTAL ANASTOMOSIS OR ILEOSTOMY

4048 ALL STATES: FEE \$370.00 — BENEFIT \$365.00

Anaesthetic 20 units — Item Nos 464G / 533S

TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY — one surgeon

4052 ALL STATES: FEE \$435.00 — BENEFIT \$430.00

Anaesthetic 20 units — Item Nos 464G / 533S

TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY, SYNCHRONOUS COMBINED: ABDOMINAL RESECTION (including after care)

# 4054 ALL STATES: FEE \$375.00 — BENEFIT \$370.00

TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY, SYNCHRONOUS COMBINED: PERINEAL RESECTION

4059 ALL STATES: FEE \$128.00 — BENEFIT \$123.00

Anaesthetic 17 units — Item Nos 461G / 528S

RECTUM, RESTORATIVE ANTERIOR RESECTION OF, WITH RECTOSIGMOIDECTOMY

4068 ALL STATES: FEE \$370.00 — BENEFIT \$365.00

Anaesthetic 16 units — Item Nos 460G / 527S

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

APPENDICECTOMY, not covered by Item 4084 in this part

			NSW	VIC	QLD	SA	WA	TAS
4074	G.	FEE	\$ 104.00	95.00	95.00	95.00	95.00	88.00
		BENEFIT	\$ 99.00	90.00	90.00	90.00	90.00	83.00
4080	S.	FEE	\$ 120.00	128.00	128.00	110.00	120.00	104.00
		BENEFIT	\$ 115.00	123.00	123.00	105.00	115.00	99.00

Anaesthetic 8 units — Item Nos 409G / 517S

**Note:** Multiple Operation and Multiple Anaesthetic rules apply to this Item

APPENDICECTOMY, when performed in conjunction with any other intra-abdominal procedure (other than covered by Items 3996 and 4000) through the same incision

4084 ALL STATES: FEE \$37.00 — BENEFIT \$32.00

Anaesthetic 4 units — Item Nos 405G / 509S

DRAINAGE OF APPENDICEAL ABSCESS, or for ruptured appendix or for peritonitis with or without appendicectomy

4087 G. ALL STATES: FEE \$118.00 — BENEFIT \$113.00

4093 S. ALL STATES: FEE \$148.00 — BENEFIT \$143.00

Anaesthetic 10 units — Item Nos 450G / 521S

SMALL BOWEL INTUBATION with biopsy

4099 ALL STATES: FEE \$52.00 — BENEFIT \$47.00

SMALL BOWEL INTUBATION — as an independent procedure

4104 ALL STATES: FEE \$26.50 — BENEFIT \$22.55

PANCREATECTOMY, PARTIAL

4109 ALL STATES: FEE \$350.00 — BENEFIT \$345.00

Anaesthetic 15 units — Item Nos 459G / 526S

PANCREATICO-DUODENECTOMY, WHIPPLE'S OPERATION

4115 ALL STATES: FEE \$520.00 — BENEFIT \$515.00

Anaesthetic 30 units — Item Nos 474G / 545S

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

4118	PANCREATECTOMY, TOTAL, including surrounding viscera							
	ALL STATES: FEE \$580.00 — BENEFIT \$575.00							
	Anaesthetic 32 units — Item Nos 475G / 546S							
4124	PANCREAS, drainage of							
	G.	ALL STATES: FEE \$122.00 — BENEFIT \$117.00						
4130	S.	ALL STATES: FEE \$152.00 — BENEFIT \$147.00						
	Anaesthetic 11 units — Item Nos 453G / 522S							
4133	ANASTOMOSIS OF PANCREATIC DUCT TO BOWEL							
	ALL STATES: FEE \$370.00 — BENEFIT \$365.00							
	Anaesthetic 18 units — Item Nos 462G / 529S							
4138	SPLENECTOMY FOR TRAUMA							
	G.	FEE	NSW	VIC	QLD	SA	WA	TAS
		\$	160.00	162.00	160.00	160.00	160.00	160.00
		BENEFIT	\$ 155.00	157.00	155.00	155.00	155.00	155.00
4141	S.	FEE	\$ 205.00	215.00	205.00	205.00	205.00	205.00
		BENEFIT	\$ 200.00	210.00	200.00	200.00	200.00	200.00
	Anaesthetic 13 units — Item Nos 457G / 524S							
4144	SPLENECTOMY, OTHER THAN FOR TRAUMA							
	ALL STATES: FEE \$220.00 — BENEFIT \$215.00							
	Anaesthetic 13 units — Item Nos 457G / 524S							
4149	RUPTURED VISCUS (INCLUDING LIVER, KIDNEY OR HOLLOW VISCUS) simple repair of							
	G.	ALL STATES: FEE \$140.00 — BENEFIT \$135.00						
4158	S.	ALL STATES: FEE \$176.00 — BENEFIT \$171.00						
	Anaesthetic 14 units — Item Nos 458G / 525S							
4165	MULTIPLE RUPTURED VISCERA (INCLUDING LIVER, KIDNEY, SPLEEN OR HOLLOW VISCUS) major repair or removal of							
	ALL STATES: FEE \$325.00 — BENEFIT \$320.00							
	Anaesthetic 18 units — Item Nos 462G / 529S							

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

4173	RETROPERITONEAL TUMOUR, removal of  ALL STATES: FEE \$255.00 — BENEFIT \$250.00  Anaesthetic 15 units — Item Nos 459G / 526S
4179	SACROCOCCYGEAL AND PRESACRAL TUMOUR — excision of  ALL STATES: FEE \$255.00 — BENEFIT \$250.00  Anaesthetic 13 units — Item Nos 457G / 524S
4185	RETROPERITONEAL ABSCESS, drainage of, not involving laparotomy  ALL STATES: FEE \$134.00 — BENEFIT \$129.00  Anaesthetic 9 units — Item Nos 443G / 518S
4191	PERITONEOSCOPY  ALL STATES: FEE \$44.50 — BENEFIT \$39.50  Anaesthetic 6 units — Item Nos 407G / 513S
4197	PARACENTESIS ABDOMINIS  ALL STATES: FEE \$16.00 — BENEFIT \$13.60
4202	RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF — one surgeon  ALL STATES: FEE \$365.00 — BENEFIT \$360.00  Anaesthetic 17 units — Item Nos 461G / 528S
4209	RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF, SYNCHRONOUS COMBINED — abdominal resection (including after care)  ALL STATES: FEE \$300.00 — BENEFIT \$295.00
4214	RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF, SYNCHRONOUS COMBINED — perineal resection  ALL STATES: FEE \$128.00 — BENEFIT \$123.00  Anaesthetic 16 units — Item Nos 460G / 527S
4216	RECTUM AND ANUS — PERINEAL excision of  ALL STATES: FEE \$184.00 — BENEFIT \$179.00  Anaesthetic 13 units — Item Nos 457G / 524S

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

	FEMORAL OR INGUINAL HERNIA OR INFANTILE HYDROCELE, repair of not covered by Items 4233 or 4258/4262									
4222	G.	FEE	\$	NSW 104.00	VIC 104.00	QLD 100.00	SA 100.00	WA 100.00	TAS 89.00	
		BENEFIT	\$	99.00	99.00	95.00	95.00	95.00	84.00	
4227	S.	FEE	\$	128.00	128.00	128.00	122.00	134.00	110.00	
		BENEFIT	\$	123.00	123.00	123.00	117.00	129.00	105.00	
				Anaesthetic 8 units — Item Nos 409G / 517S						
4233	STRANGULATED, INCARCERATED OR OBSTRUCTED HERNIA, repair of, without bowel resection									
	ALL STATES: FEE \$160.00 — BENEFIT \$155.00									
	Anaesthetic 10 units — Item Nos 450G / 521S									
4238	DIAPHRAGMATIC HERNIA, TRAUMATIC, repair of									
	ALL STATES: FEE \$230.00 — BENEFIT \$225.00									
	Anaesthetic 17 units — Item Nos 461G / 528S									
4241	DIAPHRAGMATIC HERNIA, OTHER THAN TRAUMATIC, repair of (abdominal approach)									
		FEE	\$	NSW 285.00	VIC 265.00	QLD 265.00	SA 265.00	WA 265.00	TAS 265.00	
		BENEFIT	\$	280.00	260.00	260.00	260.00	260.00	260.00	
				Anaesthetic 14 units — Item Nos 458G / 525S						
4246	G.	UMBILICAL, EPIGASTRIC OR LINEA ALBA HERNIA, repair of, in a person under ten years of age								
		ALL STATES: FEE \$78.00 — BENEFIT \$73.00								
4249	S.	ALL STATES: FEE \$104.00 — BENEFIT \$99.00								
		Anaesthetic 8 units — Item Nos 409G / 517S								
4251	G.	UMBILICAL, EPIGASTRIC OR LINEA ALBA HERNIA, repair of, in a person ten years of age or over								
		ALL STATES: FEE \$90.00 — BENEFIT \$85.00								
4254	S.	ALL STATES: FEE \$120.00 — BENEFIT \$115.00								
		Anaesthetic 8 units — Item Nos 409G / 517S								

**PART 10 – OPERATIONS**

**DIVISION 1 – GENERAL SURGICAL**

VENTRAL, INCISIONAL, LUMBAR OR RECURRENT HERNIA, repair of

- 4258 G. ALL STATES: FEE \$130.00 — BENEFIT \$125.00
- 4262 S. ALL STATES: FEE \$160.00 — BENEFIT \$155.00  
 Anaesthetic 10 units — Item Nos 450G / 521S

HYDROCELE, tapping of

- 4265 ALL STATES: FEE \$10.40 — BENEFIT \$8.85

HYDROCELE, removal of

- |      |    |         |          |       |       |       |       |       |
|------|----|---------|----------|-------|-------|-------|-------|-------|
|      |    |         | NSW      | VIC   | QLD   | SA    | WA    | TAS   |
| 4269 | G. | FEE     | \$ 64.00 | 80.00 | 71.00 | 64.00 | 64.00 | 64.00 |
|      |    | BENEFIT | \$ 59.00 | 75.00 | 66.00 | 59.00 | 59.00 | 59.00 |
| 4273 | S. | FEE     | \$ 80.00 | 95.00 | 95.00 | 80.00 | 80.00 | 80.00 |
|      |    | BENEFIT | \$ 75.00 | 90.00 | 90.00 | 75.00 | 75.00 | 75.00 |
- Anaesthetic 7 units — Item Nos 408G / 514S

VARICOCELE, removal of

- 4282 G. ALL STATES: FEE \$70.00 — BENEFIT \$65.00
- 4285 S. ALL STATES: FEE \$88.00 — BENEFIT \$83.00  
 Anaesthetic 7 units — Item Nos 408G / 514S

ORCHIDECTOMY (simple)

- 4288 G. ALL STATES: FEE \$90.00 — BENEFIT \$85.00
- 4293 S. ALL STATES: FEE \$120.00 — BENEFIT \$115.00  
 Anaesthetic 7 units — Item Nos 408G / 514S

ORCHIDECTOMY AND COMPLETE EXCISION OF SPERMATIC CORD

- 4296 ALL STATES: FEE \$160.00 — BENEFIT \$155.00  
 Anaesthetic 8 units — Item Nos 409G / 517S

ORCHIDECTOMY AND RADICAL DISSECTION OF ILIAC LYMPH GLANDS

- 4299 ALL STATES: FEE \$245.00 — BENEFIT \$240.00  
 Anaesthetic 13 units — Item Nos 457G / 524S

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

	UNDESCENDED TESTIS, orchidopexy or transplantation of, with or without associated hernial repair							
4307	FEE	\$	NSW 160.00	VIC 160.00	QLD 150.00	SA 150.00	WA 150.00	TAS 150.00
	BENEFIT	\$	155.00	155.00	145.00	145.00	145.00	145.00
	Anaesthetic 8 units — Item Nos 409G / 517S							
4313	SECONDARY DETACHMENT OF TESTIS FROM THIGH							
	ALL STATES: FEE \$33.00 — BENEFIT \$28.05							
	Anaesthetic 6 units — Item Nos 407G / 513S							
#	CIRCUMCISION of person UNDER FOUR WEEKS of age							
4319	ALL STATES: FEE \$13.40 — BENEFIT \$11.40							
	Anaesthetic 6 units — Item Nos 407G / 513S							
4327	CIRCUMCISION of person UNDER TEN YEARS of age but not less than four weeks of age							
	FEE	\$	NSW 32.00	VIC 32.00	QLD 29.50	SA 29.50	WA 29.50	TAS 29.50
	BENEFIT	\$	27.20	27.20	25.10	25.10	25.10	25.10
	Anaesthetic 6 units — Item Nos 407G / 513S							
4338	CIRCUMCISION of person TEN YEARS OF AGE OR OVER							
	G.	ALL STATES: FEE \$44.50 — BENEFIT \$39.50						
4345	S.	ALL STATES: FEE \$55.00 — BENEFIT \$50.00						
	Anaesthetic 6 units — Item Nos 407G / 513S							
4351	PARAPHIMOSIS, reduction of, under anaesthesia, with or without dorsal incision							
	ALL STATES: FEE \$14.00 — BENEFIT \$11.90							
	Anaesthetic 5 units — Item Nos 406G / 510S							
4354	SIGMOIDOSCOPIC EXAMINATION							
	ALL STATES: FEE \$16.00 — BENEFIT \$13.60							
4355	SIGMOIDOSCOPIC EXAMINATION, with biopsy							
	ALL STATES: FEE \$18.00 — BENEFIT \$15.30							



**PART 10 — OPERATIONS**

**DIVISION 1 — GENERAL SURGICAL**

4362	<p>SIGMOIDOSCOPIC EXAMINATION under general anaesthesia</p> <p>ALL STATES: FEE \$24.00 — BENEFIT \$20.40</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>								
4363	<p>SIGMOIDOSCOPIC EXAMINATION, under general anaesthesia, with biopsy</p> <p>ALL STATES: FEE \$26.00 — BENEFIT \$22.10</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>								
4365	<p>SIGMOIDOSCOPY with diathermy or resection OF RECTAL TUMOUR or tumours</p> <p>ALL STATES: FEE \$59.00 — BENEFIT \$54.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>								
4370	G.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		BENEFIT	\$	96.00	104.00	87.00	73.00	73.00	73.00
				91.00	99.00	82.00	68.00	68.00	68.00
4375	S.	FEE	\$	118.00	142.00	104.00	89.00	89.00	89.00
		BENEFIT	\$	113.00	137.00	99.00	84.00	84.00	84.00
				<p>Anaesthetic 8 units — Item Nos 409G / 517S</p>					
4380	<p>FULL OR PARTIAL THICKNESS RECTAL BIOPSY under general anaesthesia</p> <p>ALL STATES: FEE \$47.50 — BENEFIT \$42.50</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>								
4383	<p>FIBROPTIC COLONOSCOPY — EXAMINATION OF COLON UP TO SPLENIC FLEXURE (short colonoscopy)</p> <p>ALL STATES: FEE \$55.00 — BENEFIT \$50.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>								
4385	<p>FIBROPTIC COLONOSCOPY — EXAMINATION OF COLON UP TO SPLENIC FLEXURE (short colonoscopy) with biopsy</p> <p>ALL STATES: FEE \$71.00 — BENEFIT \$66.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>								

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

4388	<p>FIBROPTIC COLONOSCOPY — EXAMINATION OF COLON UP TO AND BEYOND SPLENIC FLEXURE (long colonoscopy)</p> <p>ALL STATES: FEE \$110.00 — BENEFIT \$105.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
4389	<p>FIBROPTIC COLONOSCOPY — EXAMINATION OF COLON UP TO AND BEYOND SPLENIC FLEXURE (long colonoscopy) with biopsy</p> <p>ALL STATES: FEE \$128.00 — BENEFIT \$123.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
4394	<p>FIBROPTIC COLONOSCOPY with removal of one or more polyps</p> <p>ALL STATES: FEE \$160.00 — BENEFIT \$155.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
4397	<p>VILLOUS TUMOUR OF RECTUM, greater than 3 centimetres, local excision</p> <p>ALL STATES: FEE \$118.00 — BENEFIT \$113.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
4407	<p>RECTUM, RADICAL OPERATION FOR PROLAPSE OF, PERINEAL APPROACH, (RECTOSIGMOIDECTOMY)</p> <p>ALL STATES: FEE \$176.00 — BENEFIT \$171.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
4413	<p>RECTUM, RADICAL OPERATION FOR PROLAPSE OF, involving laparotomy</p> <p>ALL STATES: FEE \$275.00 — BENEFIT \$270.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
4427	<p>RECTUM, prolapse, injection into</p> <p>ALL STATES: FEE \$10.40 — BENEFIT \$8.85</p>
4434	<p>RECTAL POLYP, removal of</p> <p>G. ALL STATES: FEE \$42.00 — BENEFIT \$37.00</p> <p>4442 S. ALL STATES: FEE \$55.00 — BENEFIT \$50.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

4455	ANUS, DILATATION OF, as an independent procedure							
	ALL STATES: FEE \$11.00 — BENEFIT \$9.35							
	Anaesthetic 4 units — Item Nos 405G / 509S							
4461	ANUS, MASSIVE DILATATION OF, UNDER ANAESTHESIA (Lord's procedure) with or without modified haemorrhoidectomy							
	ALL STATES: FEE \$44.50 — BENEFIT \$39.50							
	Anaesthetic 5 units — Item Nos 406G / 510S							
4467	ANAL PROLAPSE — CIRCUM-ANAL SUTURE							
	ALL STATES: FEE \$35.00 — BENEFIT \$30.00							
	Anaesthetic 6 units — Item Nos 407G / 513S							
4473	ANAL PROLAPSE, submucosal injection for, under general anaesthesia							
	ALL STATES: FEE \$24.50 — BENEFIT \$20.85							
	Anaesthetic 5 units — Item Nos 406G / 510S							
4482	ANAL STRICTURE, repair of							
	ALL STATES: FEE \$114.00 — BENEFIT \$109.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
4490	ANAL SPHINCTEROTOMY as an independent procedure							
	ALL STATES: FEE \$40.00 — BENEFIT \$35.00							
	Anaesthetic 6 units — Item Nos 407G / 513S							
4497	HAEMORRHOIDS, INJECTION INTO — each attendance at which the procedure is performed							
		NSW	VIC	QLD	SA	WA	TAS	
	FEE	\$ 8.00	8.00	6.40	6.40	5.90	6.40	
	BENEFIT	\$ 6.80	6.80	5.45	5.45	5.05	5.45	
4509	HAEMORRHOIDS, incision of							
		NSW	VIC	QLD	SA	WA	TAS	
	FEE	\$ 17.60	16.00	16.60	16.00	16.00	16.00	
	BENEFIT	\$ 15.00	13.60	14.15	13.60	13.60	13.60	
	Anaesthetic 5 units — Item Nos 406G / 510S							

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

#	HAEMORRHOIDS, rubber band ligation of								
4521	ALL STATES: FEE \$16.00 — BENEFIT \$13.60 Anaesthetic 5 units — Item Nos 406G / 510S								
HAEMORRHOIDECTOMY, RADICAL									
4523	G.	FEE	\$	NSW 88.00	VIC 95.00	QLD 80.00	SA 65.00	WA 65.00	TAS 65.00
		BENEFIT	\$	83.00	90.00	75.00	60.00	60.00	60.00
4527	S.	FEE	\$	110.00	134.00	95.00	81.00	81.00	81.00
		BENEFIT	\$	105.00	129.00	90.00	76.00	76.00	76.00
	Anaesthetic 7 units — Item Nos 408G / 514S								
HAEMORRHOIDS, EXTERNAL, OR ANAL TAGS, one or more, REMOVAL OF, under general anaesthesia									
4534	ALL STATES: FEE \$30.00 — BENEFIT \$25.50 Anaesthetic 5 units — Item Nos 406G / 510S								
FISSURE IN ANO, excision of									
4537	G.	FEE	\$	NSW 65.00	VIC 65.00	QLD 65.00	SA 54.00	WA 54.00	TAS 54.00
		BENEFIT	\$	60.00	60.00	60.00	49.00	49.00	49.00
4544	S.	FEE	\$	81.00	95.00	81.00	69.00	69.00	69.00
		BENEFIT	\$	76.00	90.00	76.00	64.00	64.00	64.00
	Anaesthetic 6 units — Item Nos 407G / 513S								
FISTULA IN ANO, SUBCUTANEOUS, excision of									
4552	G.	ALL STATES: FEE \$66.00 — BENEFIT \$61.00							
4557	S.	ALL STATES: FEE \$88.00 — BENEFIT \$83.00 Anaesthetic 7 units — Item Nos 408G / 514S							
FISTULA IN ANO, excision of (involving incision of external sphincter)									
4568	G.	ALL STATES: FEE \$95.00 — BENEFIT \$90.00							
4573	S.	ALL STATES: FEE \$118.00 — BENEFIT \$113.00 Anaesthetic 7 units — Item Nos 408G / 514S							

**PART 10 — OPERATIONS**

**DIVISION 1 — GENERAL SURGICAL**

		ISCHIO-RECTAL ABSCESS, incision of (excluding after-care)						
4578	G.	ALL STATES: FEE \$35.00 — BENEFIT \$30.00						
4585	S.	ALL STATES: FEE \$44.50 — BENEFIT \$39.50						
		Anaesthetic 6 units — Item Nos 407G / 513S						
		FAECAL FISTULA, repair of						
4590		ALL STATES: FEE \$205.00 — BENEFIT \$200.00						
		Anaesthetic 12 units — Item Nos 454G / 523S						
		PUBO-RECTALIS MUSCLE, division of						
4594		ALL STATES: FEE \$95.00 — BENEFIT \$90.00						
		Anaesthetic 6 units — Item Nos 407G / 513S						
		DISIMPACTION OF FAECES under anaesthesia						
4602		ALL STATES: FEE \$20.50 — BENEFIT \$17.45						
		Anaesthetic 7 units — Item Nos 408G / 514S						
		COCCYX, excision of						
4606			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	104.00	128.00	104.00	104.00	104.00	104.00
	BENEFIT	\$	99.00	123.00	99.00	99.00	99.00	99.00
		Anaesthetic 8 units — Item Nos 409G / 517S						
		PILONIDAL CYST OR SINUS, excision of						
4611	G.		NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	89.00	89.00	84.00	84.00	84.00	84.00
	BENEFIT	\$	84.00	84.00	79.00	79.00	79.00	79.00
4617	S.		NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	114.00	114.00	104.00	104.00	104.00	104.00
	BENEFIT	\$	109.00	109.00	99.00	99.00	99.00	99.00
		Anaesthetic 8 units — Item Nos 409G / 517S						
		PILONIDAL SINUS, injection of sclerosant fluid under anaesthesia						
4622			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	28.50	27.00	27.00	27.00	27.00	27.00
	BENEFIT	\$	24.25	22.95	22.95	22.95	22.95	22.95
		Anaesthetic 6 units — Item Nos 407G / 513S						

## VASCULAR SURGERY

4629	<p>VARICOSE VEINS, injection into — each attendance at which the procedure is performed</p> <p>ALL STATES: FEE \$10.40 — BENEFIT \$8.85</p>
4633	<p>VARICOSE VEINS, multiple simultaneous injections by continuous compression techniques (excluding after-care)</p> <p>ALL STATES: FEE \$30.00 — BENEFIT \$25.50</p>
4637	<p>VARICOSE VEINS multiple ligations, with or without local stripping or excision not covered by any other item in this Part</p> <p>ALL STATES: FEE \$59.00 — BENEFIT \$54.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
4640	<p>VARICOSE VEINS, high ligation and complete stripping or excision of long saphenous vein</p> <p>ALL STATES: FEE \$148.00 — BENEFIT \$143.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
4643	<p>VARICOSE VEINS, high ligation and complete stripping or excision of short saphenous vein</p> <p>ALL STATES: FEE \$108.00 — BENEFIT \$103.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
4649	<p>VARICOSE VEINS, high ligation and complete stripping or excision of both long and short saphenous systems</p> <p>ALL STATES: FEE \$200.00 — BENEFIT \$195.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
4651	<p>VARICOSE VEINS, high ligation of long saphenous vein at sapheno-femoral junction</p> <p>ALL STATES: FEE \$95.00 — BENEFIT \$90.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
4655	<p>VARICOSE VEINS, high ligation of short saphenous vein at sapheno-popliteal junction</p> <p>ALL STATES: FEE \$75.00 — BENEFIT \$70.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

4658	<p>VARICOSE VEINS, sub-fascial ligation of single deep perforation</p> <p>ALL STATES: FEE \$60.00 — BENEFIT \$55.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
4662	<p>VARICOSE VEINS, sub-fascial ligation of multiple deep perforating veins (Cockett's operation)</p> <p>ALL STATES: FEE \$150.00 — BENEFIT \$145.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
4665	<p>CROSS LEG BY-PASS GRAFT — saphenous to femoral vein</p> <p>ALL STATES: FEE \$240.00 — BENEFIT \$235.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
4670	<p>INTRA-ARTERIAL oxygen injection</p> <p>ALL STATES: FEE \$15.00 — BENEFIT \$12.75</p>
4676	<p>MEDIUM ARTERY AND/OR VEIN, LIGATION OF, by elective operation</p> <p>ALL STATES: FEE \$75.00 — BENEFIT \$70.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
4678	<p>LARGE ARTERY AND/OR VEIN, LIGATION OF, by elective operation</p> <p>ALL STATES: FEE \$102.00 — BENEFIT \$97.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
4690	<p>GREAT VESSEL, ARTERY OR VEIN (including jugular, sub-clavian, axillary, iliac, femoral or popliteal) ligation of</p> <p>ALL STATES: FEE \$150.00 — BENEFIT \$145.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
4693	<p>‡ MAJOR ARTERY OR VEIN OF NECK OR EXTREMITY, repair of wound of, with restoration of continuity</p> <p>ALL STATES: FEE \$215.00 — BENEFIT \$210.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

†  4695	<p>MICROVASCULAR REPAIR USING OPERATING MICROSCOPE with restoration of continuity of artery or vein of distal extremity or digit</p> <p>ALL STATES: FEE \$320.00 — BENEFIT \$315.00</p> <p>Anaesthetic 14 units — Item Nos 458G/525S</p>
4696	<p>MAJOR ARTERY OR VEIN OF ABDOMEN INCLUDING AORTA AND VENA CAVA, repair of wound of, with restoration of continuity</p> <p>ALL STATES: FEE \$295.00 — BENEFIT \$290.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 527S</p>
4699	<p>ARTERIO-VEINUS FISTULA, dissection and repair of, with restoration of continuity</p> <p>ALL STATES: FEE \$350.00 — BENEFIT \$345.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
4702	<p>ARTERIO-VEINUS FISTULA, dissection and ligation of</p> <p>ALL STATES: FEE \$215.00 — BENEFIT \$210.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
4705	<p>INNOMINATE, SUBCLAVIAN, OR ANY INTRA-ABDOMINAL ARTERY, endarterectomy of</p> <p>ALL STATES: FEE \$350.00 — BENEFIT \$345.00</p> <p>Anaesthetic 19 units — Item Nos 463G / 531S</p>
4709	<p>ARTERY OF NECK OR EXTREMITIES, endarterectomy of</p> <p>ALL STATES: FEE \$320.00 — BENEFIT \$315.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
4715	<p>GREAT VESSEL, ARTERY OR VEIN (including carotid, jugular, sub-clavian, axillary, iliac, femoral or popliteal) ligation of involving gradual occlusion by mechanical device</p> <p>ALL STATES: FEE \$160.00 — BENEFIT \$155.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>



## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

4721	INFERIOR VENA CAVA, plication or ligation of	ALL STATES: FEE \$205.00 — BENEFIT \$200.00	Anaesthetic 12 units — Item Nos 454G / 523S
4733	INTERNAL CAROTID ARTERY, repositioning of	ALL STATES: FEE \$176.00 — BENEFIT \$171.00	Anaesthetic 13 units — Item Nos 457G / 524S
4738	ARTERIAL PATCH GRAFT	ALL STATES: FEE \$215.00 — BENEFIT \$210.00	Anaesthetic 12 units — Item Nos 454G / 523S
4744	AORTO-ILIAC OR AORTO-FEMORAL BIFURCATE GRAFT	ALL STATES: FEE \$400.00 — BENEFIT \$395.00	Anaesthetic 19 units — Item Nos 463G / 531S
4749	AXILLARY OR SUBCLAVIAN TO FEMORAL BY-PASS GRAFT	ALL STATES: FEE \$380.00 — BENEFIT \$375.00	Anaesthetic 16 units — Item Nos 460G / 527S
4754	ARTERIAL OR VENOUS GRAFT OR BY-PASS	ALL STATES: FEE \$400.00 — BENEFIT \$395.00	Anaesthetic 20 units — Item Nos 464G / 533S
4756	† MICRO-ARTERIAL OR MICRO-VENOUS GRAFT using operating microscope	ALL STATES: FEE \$600.00 — BENEFIT \$595.00	Anaesthetic 22 units — Item Nos 466G/537S
4762	ARTERIAL ANASTOMOSIS	ALL STATES: FEE \$350.00 — BENEFIT \$345.00	Anaesthetic 16 units — Item Nos 460G / 527S

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

†  4764	MICROVASCULAR ANASTOMOSIS OF ARTERY OR VEIN using operating microscope for reimplantation of limb or digit or free transfer of tissue  ALL STATES: FEE \$525.00 — BENEFIT \$520.00  Anaesthetic 38 units — Item Nos 477G/548S
4766	PORTAL HYPERTENSION, vascular anastomosis for  ALL STATES: FEE \$350.00 — BENEFIT \$345.00  Anaesthetic 21 units — Item Nos 465G / 535S
4778	EMBOLUS, removal of, FROM ARTERY OF NECK OR EXTREMITIES  ALL STATES: FEE \$205.00 — BENEFIT \$200.00  Anaesthetic 12 units — Item Nos 454G / 523S
4784	EMBOLUS, removal of, FROM ARTERY OF TRUNK  ALL STATES: FEE \$265.00 — BENEFIT \$260.00  Anaesthetic 15 units — Item Nos 459G / 526S
4789	THROMBUS, removal of, FROM FEMORAL, ILIAC OR OTHER SIMILAR LARGE VEIN  ALL STATES: FEE \$190.00 — BENEFIT \$185.00  Anaesthetic 12 units — Item Nos 454G / 523S
4791	ABDOMINAL AORTIC ANEURYSM, excision of and insertion of graft  ALL STATES: FEE \$440.00 — BENEFIT \$435.00  Anaesthetic 26 units — Item Nos 470G / 541S
4794	RUPTURED ABDOMINAL AORTIC ANEURYSM, excision of and insertion of graft  ALL STATES: FEE \$520.00 — BENEFIT \$515.00  Anaesthetic 26 units — Item Nos 470G / 541S
4798	ANEURYSM OF MAJOR ARTERY, excision of with insertion of graft  ALL STATES: FEE \$370.00 — BENEFIT \$365.00  Anaesthetic 18 units — Item Nos 462G / 529S

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

4801	<p>TRANSLUMINAL ANGIOPLASTY including associated radiological services and preparation</p> <p>ALL STATES: FEE \$128.00 — BENEFIT \$123.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
4804	<p>CAROTID BODY OR CAROTID BODY TUMOUR, removal of, without arterial anastomosis</p> <p>ALL STATES: FEE \$255.00 — BENEFIT \$250.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
4806	<p>† INTRA-AORTIC BALLOON FOR COUNTERPULSATION, operation for, insertion by arteriotomy, or removal and arterioplasty</p> <p>ALL STATES: FEE \$150.00 — BENEFIT \$145.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
4808	<p>ARTERIOVENOUS SHUNT, EXTERNAL, insertion of</p> <p>ALL STATES: FEE \$71.00 — BENEFIT \$66.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
4812	<p>ARTERIOVENOUS SHUNT, EXTERNAL, removal of</p> <p>ALL STATES: FEE \$55.00 — BENEFIT \$50.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
4817	<p>ARTERIOVENOUS ANASTOMOSIS, direct, of upper or lower limb</p> <p>ALL STATES: FEE \$295.00 — BENEFIT \$290.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>



## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

4822	<p>INTRA-ARTERIAL INFUSION OF ARTERIES OF NECK, THORAX OR ABDOMEN, including initial operation and all post-operative management</p> <p>ALL STATES: FEE \$160.00 — BENEFIT \$155.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
4828	<p style="text-align: center;"><b>OPERATIONS FOR ACUTE OSTEOMYELITIS</b></p> <p>OPERATION ON TERMINAL PHALANX OF FINGER OR TOE</p> <p>ALL STATES: FEE \$17.60 — BENEFIT \$15.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
4832	<p>OPERATION ON PHALANX other than terminal, METACARPUS OR METATARSUS — ONE BONE</p> <p>ALL STATES: FEE \$37.00 — BENEFIT \$32.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
4838	<p>OPERATION ON STERNUM, CLAVICLE, RIB, ULNA, RADIUS, CARPUS, TIBIA, FIBULA, TARSUS, MANDIBLE OR MAXILLA (other than alveolar margins) — ONE BONE</p> <p>ALL STATES: FEE \$61.00 — BENEFIT \$56.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
4844	<p>OPERATION ON HUMERUS OR FEMUR — ONE BONE</p> <p>ALL STATES: FEE \$104.00 — BENEFIT \$99.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
4848	<p>OPERATION ON SKULL</p> <p>ALL STATES: FEE \$88.00 — BENEFIT \$83.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
4853	<p>OPERATION ON SPINE OR PELVIC BONES — ONE BONE</p> <p>ALL STATES: FEE \$104.00 — BENEFIT \$99.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>

## OPERATIONS FOR CHRONIC OSTEOMYELITIS

## OPERATION ON NASAL BONES

4856

ALL STATES: FEE \$37.00 — BENEFIT \$32.00

Anaesthetic 12 units — Item Nos 454G / 523S

## OPERATION ON SCAPULA, STERNUM, CLAVICLE, RIB, ULNA, RADIUS, METACARPUS, CARPUS, PHALANX, TIBIA, FIBULA, METATARSUS, TARSUS, MANDIBLE OR MAXILLA (other than alveolar margins) — ONE BONE

4860

ALL STATES: FEE \$104.00 — BENEFIT \$99.00

Anaesthetic 12 units — Item Nos 454G / 523S

## OPERATION ON HUMERUS OR FEMUR — ONE BONE

4864

ALL STATES: FEE \$104.00 — BENEFIT \$99.00

Anaesthetic 11 units — Item Nos 453G / 522S

## OPERATION ON SPINE OR PELVIC BONES — ONE BONE

4867

ALL STATES: FEE \$176.00 — BENEFIT \$171.00

Anaesthetic 12 units — Item Nos 454G / 523S

## OPERATION ON SKULL

4870

ALL STATES: FEE \$134.00 — BENEFIT \$129.00

Anaesthetic 12 units — Item Nos 454G / 523S

## OPERATION ON ANY COMBINATION OF BONES referred to in Item 4860 in this Schedule

4874

ALL STATES: FEE \$104.00 — BENEFIT \$99.00

Anaesthetic 12 units — Item Nos 454G / 523S

## OPERATION ON ANY COMBINATION OF BONES NOT COVERED by Item 4874 in this Schedule

4877

ALL STATES: FEE \$176.00 — BENEFIT \$171.00

Anaesthetic 12 units — Item Nos 454G / 523S

**DIVISION 2 — AMPUTATION OR DISARTICULATION OF LIMB  
(MULTIPLE OPERATION FORMULA DOES NOT APPLY)**

## ONE DIGIT of hand

- 4927 G. ALL STATES: FEE \$46.50 — BENEFIT \$41.50
- 4930 S. ALL STATES: FEE \$57.00 — BENEFIT \$52.00
- Anaesthetic 6 units — Item Nos 407G / 513S

## TWO DIGITS of one hand

- 4934 G. ALL STATES: FEE \$69.00 — BENEFIT \$64.00
- 4940 S. ALL STATES: FEE \$86.00 — BENEFIT \$81.00
- Anaesthetic 7 units — Item Nos 408G / 514S

## THREE DIGITS of one hand

- 4943 G. ALL STATES: FEE \$81.00 — BENEFIT \$76.00
- 4948 S. ALL STATES: FEE \$100.00 — BENEFIT \$95.00
- Anaesthetic 8 units — Item Nos 409G / 517S

## FOUR DIGITS of one hand

- 4950 G. ALL STATES: FEE \$93.00 — BENEFIT \$88.00
- 4954 S. ALL STATES: FEE \$114.00 — BENEFIT \$109.00
- Anaesthetic 9 units — Item Nos 443G / 518S

## FIVE DIGITS of one hand

- 4957 G. ALL STATES: FEE \$104.00 — BENEFIT \$99.00
- 4961 S. ALL STATES: FEE \$128.00 — BENEFIT \$123.00
- Anaesthetic 10 units — Item Nos 450G / 521S

## FINGER OR THUMB, INCLUDING METACARPAL or part of metacarpal - each digit

- 4965 G. ALL STATES: FEE \$54.00 — BENEFIT \$49.00
- 4969 S. ALL STATES: FEE \$66.00 — BENEFIT \$61.00
- Anaesthetic 6 units — Item Nos 407G / 513S

## PART 10 – OPERATIONS

## DIVISION 2 – AMPUTATIONS

	HAND, MIDCARPAL OR TRANSMETACARPAL	
4972	G.	ALL STATES: FEE \$66.00 — BENEFIT \$61.00
4976	S.	ALL STATES: FEE \$88.00 — BENEFIT \$83.00 Anaesthetic 7 units — Item Nos 408G / 514S
	HAND, FOREARM OR THROUGH ARM	
4979		ALL STATES: FEE \$104.00 — BENEFIT \$99.00 Anaesthetic 8 units — Item Nos 409G / 517S
	AT SHOULDER	
4983		ALL STATES: FEE \$176.00 — BENEFIT \$171.00 Anaesthetic 12 units — Item Nos 454G / 523S
	INTERSCAPULOTHORACIC	
4987		ALL STATES: FEE \$350.00 — BENEFIT \$345.00 Anaesthetic 15 units — Item Nos 459G / 526S
	ONE DIGIT of foot	
4990	G.	ALL STATES: FEE \$35.00 — BENEFIT \$30.00
4993	S.	ALL STATES: FEE \$43.00 — BENEFIT \$38.00 Anaesthetic 6 units — Item Nos 407G / 513S
	TWO DIGITS of one foot	
4995	G.	ALL STATES: FEE \$52.00 — BENEFIT \$47.00
4997	S.	ALL STATES: FEE \$64.00 — BENEFIT \$59.00 Anaesthetic 7 units — Item Nos 408G / 514S
	THREE DIGITS of one foot	
4999	G.	ALL STATES: FEE \$61.00 — BENEFIT \$56.00
5002	S.	ALL STATES: FEE \$75.00 — BENEFIT \$70.00 Anaesthetic 8 units — Item Nos 409G / 517S



## PART 10 — OPERATIONS

## DIVISION 2 — AMPUTATIONS

	FOUR DIGITS of one foot	
5006	G.	ALL STATES: FEE \$70.00 — BENEFIT \$65.00
5009	S.	ALL STATES: FEE \$86.00 — BENEFIT \$81.00 Anaesthetic 9 units — Item Nos 443G / 518S
	FIVE DIGITS of one foot	
5015	G.	ALL STATES: FEE \$78.00 — BENEFIT \$73.00
5018	S.	ALL STATES: FEE \$96.00 — BENEFIT \$91.00 Anaesthetic 10 units — Item Nos 450G / 521S
	TOE, including metatarsal or part of metatarsal - each toe	
5024	G.	ALL STATES: FEE \$43.00 — BENEFIT \$38.00
5029	S.	ALL STATES: FEE \$54.00 — BENEFIT \$49.00 Anaesthetic 7 units — Item Nos 408G / 514S
	FOOT AT ANKLE (Syme, Pirogoff types)	
5034		ALL STATES: FEE \$104.00 — BENEFIT \$99.00 Anaesthetic 8 units — Item Nos 409G / 517S
	FOOT, MIDTARSAL OR TRANSMETATARSAL	
5038		ALL STATES: FEE \$88.00 — BENEFIT \$83.00 Anaesthetic 7 units — Item Nos 408G / 514S
	THROUGH LEG OR AT KNEE	
5045		ALL STATES: FEE \$134.00 — BENEFIT \$129.00 Anaesthetic 8 units — Item Nos 409G / 517S
	THROUGH THIGH	
5048		ALL STATES: FEE \$190.00 — BENEFIT \$185.00 Anaesthetic 10 units — Item Nos 450G / 521S
	AT HIP	
5051		ALL STATES: FEE \$215.00 — BENEFIT \$210.00 Anaesthetic 14 units — Item Nos 458G / 525S

**PART 10 – OPERATIONS****DIVISION 2 – AMPUTATIONS**

5055	HINDQUARTER  ALL STATES: FEE \$440.00 — BENEFIT \$435.00  Anaesthetic 17 units — Item Nos 461G / 528S
<b>DIVISION 3 – EAR, NOSE AND THROAT</b>	
5059	EAR, removal of foreign body in, otherwise than by simple syringing  ALL STATES: FEE \$24.00 — BENEFIT \$20.40  Anaesthetic 4 units — Item Nos 405G / 509S
5062	EAR, REMOVAL OF FOREIGN BODY IN, involving incision of external auditory canal  ALL STATES: FEE \$71.00 — BENEFIT \$66.00  Anaesthetic 6 units — Item Nos 407G / 513S
5066	AURAL POLYP, removal of  ALL STATES: FEE \$43.00 — BENEFIT \$38.00  Anaesthetic 4 units — Item Nos 405G / 509S
5068	EXTERNAL AUDITORY MEATUS, surgical removal of Keratosis obturans from, not covered by any other item in this Part  ALL STATES: FEE \$47.50 — BENEFIT \$42.50  Anaesthetic 9 units — Item Nos 443G / 518S
5072	EXTERNAL AUDITORY MEATUS, removal of EXOSTOSES IN  ALL STATES: FEE \$275.00 — BENEFIT \$270.00  Anaesthetic 12 units — Item Nos 454G / 523S
5075	MYRINGOPLASTY, trans-canal approach (Rosen incision)  ALL STATES: FEE \$176.00 — BENEFIT \$171.00  Anaesthetic 11 units — Item Nos 453G / 522S
5078	MYRINGOPLASTY, post-aural or endaural approach with or without mastoid inspection  ALL STATES: FEE \$285.00 — BENEFIT \$280.00  Anaesthetic 12 units — Item Nos 454G / 523S

## PART 10 – OPERATIONS

## DIVISION 3 – EAR , NOSE AND THROAT

5081	<p>OSSICULAR CHAIN RECONSTRUCTION</p> <p>ALL STATES: FEE \$320.00 — BENEFIT \$315.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
5085	<p>OSSICULAR CHAIN RECONSTRUCTION AND MYRINGOPLASTY</p> <p>ALL STATES: FEE \$350.00 — BENEFIT \$345.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
5087	<p>MASTOIDECTOMY (CORTICAL)</p> <p>ALL STATES: FEE \$160.00 — BENEFIT \$155.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
5091	<p>OBLITERATION OF THE MASTOID CAVITY</p> <p>ALL STATES: FEE \$198.00 — BENEFIT \$193.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
5095	<p>MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL)</p> <p>ALL STATES: FEE \$320.00 — BENEFIT \$315.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
5098	<p>MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL) AND MYRINGOPLASTY</p> <p>ALL STATES: FEE \$350.00 — BENEFIT \$345.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
5100	<p>MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL), MYRINGOPLASTY AND OSSICULAR CHAIN RECONSTRUCTION</p> <p>ALL STATES: FEE \$440.00 — BENEFIT \$435.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
5102	<p>DECOMPRESSION OF FACIAL NERVE in its mastoid portion</p> <p>ALL STATES: FEE \$350.00 — BENEFIT \$345.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>

## PART 10 – OPERATIONS

## DIVISION 3 – EAR, NOSE AND THROAT

5104	<p>DECOMPRESSION OF FACIAL NERVE in its intracranial portion by intracranial or intrapetrous approach</p> <p>ALL STATES: FEE \$400.00 – BENEFIT \$395.00</p> <p>Anaesthetic 18 units – Item Nos 462G / 529S</p>
5106	<p>LABYRINTHOTOMY OR DESTRUCTION OF LABYRINTH</p> <p>ALL STATES: FEE \$305.00 – BENEFIT \$300.00</p> <p>Anaesthetic 12 units – Item Nos 454G / 523S</p>
5108	<p>CEREBELLO - PONTINE ANGLE TUMOUR, removal of by two surgeons operating conjointly, by transmastoid, translabyrinthine approach - transmastoid, translabyrinthine procedure (including after-care)</p> <p>ALL STATES: FEE \$715.00 – BENEFIT \$710.00</p>
5112	<p>CEREBELLO - PONTINE ANGLE TUMOUR, removal of by two surgeons operating conjointly, by transmastoid, translabyrinthine approach - intracranial procedure (including after-care)</p> <p>ALL STATES: FEE \$715.00 – BENEFIT \$710.00</p> <p>Anaesthetic 39 units – Item Nos 478G / 549S</p>
5116	<p>ENDOLYMPHATIC SAC, TRANSMASTOID DECOMPRESSION with or without drainage of</p> <p>ALL STATES: FEE \$350.00 – BENEFIT \$345.00</p> <p>Anaesthetic 12 units – Item Nos 454G / 523S</p>
5122	<p>INTERNAL AUDITORY MEATUS, exploration of, by middle cranial fossa approach with or without removal of tumour</p> <p>ALL STATES: FEE \$440.00 – BENEFIT \$435.00</p> <p>Anaesthetic 21 units – Item Nos 465G / 535S</p>
5127	<p>FENESTRATION OPERATION - each ear</p> <p>ALL STATES: FEE \$350.00 – BENEFIT \$345.00</p> <p>Anaesthetic 11 units – Item Nos 453G / 522S</p>
5131	<p>VENOUS GRAFT TO FENESTRATION CAVITY</p> <p>ALL STATES: FEE \$176.00 – BENEFIT \$171.00</p> <p>Anaesthetic 12 units – Item Nos 454G / 523S</p>

**PART 10 – OPERATIONS**

**DIVISION 3 – EAR , NOSE AND THROAT**

5138	STAPEDECTOMY							
	ALL STATES: FEE \$320.00 — BENEFIT \$315.00							
	Anaesthetic 11 units — Item Nos 453G / 522S							
5143	STAPES MOBILISATION							
	ALL STATES: FEE \$205.00 — BENEFIT \$200.00							
	Anaesthetic 10 units — Item Nos 450G / 521S							
5147	REPAIR OF ROUND WINDOW							
	ALL STATES: FEE \$320.00 — BENEFIT \$315.00							
	Anaesthetic 11 units — Item Nos 453G / 522S							
5152	GLOMUS TUMOUR, transtympanic removal of							
	ALL STATES: FEE \$240.00 — BENEFIT \$235.00							
	Anaesthetic 12 units — Item Nos 454G / 523S							
5158	GLOMUS TUMOUR, transmastoid removal of, including mastoidectomy							
	ALL STATES: FEE \$350.00 — BENEFIT \$345.00							
	Anaesthetic 13 units — Item Nos 457G / 524S							
5162	ABSCESS OR INFLAMMATION OF MIDDLE EAR, operation for (excluding after-care)							
	FEE	\$	NSW 29.50	VIC 43.00	QLD 29.50	SA 29.50	WA 29.50	TAS 29.50
	BENEFIT	\$	25.10	38.00	25.10	25.10	25.10	25.10
	Anaesthetic 7 units — Item Nos 408G / 514S							
5166	MIDDLE EAR, EXPLORATION OF							
	FEE	\$	NSW 128.00	VIC 160.00	QLD 128.00	SA 128.00	WA 128.00	TAS 128.00
	BENEFIT	\$	123.00	155.00	123.00	123.00	123.00	123.00
	Anaesthetic 9 units — Item Nos 443G / 518S							
5172	MIDDLE EAR, insertion of tube for DRAINAGE OF							
	FEE	\$	NSW 71.00	VIC 64.00	QLD 51.00	SA 51.00	WA 51.00	TAS 51.00
	BENEFIT	\$	66.00	59.00	46.00	46.00	46.00	46.00
	Anaesthetic 6 units — Item Nos 407G / 513S							

## PART 10 — OPERATIONS

## DIVISION 3 — EAR, NOSE AND THROAT

5176	PERFORATION OF TYMPANUM, cauterisation or diathermy of								
	ALL STATES: FEE \$14.00 — BENEFIT \$11.90								
	Anaesthetic 6 units — Item Nos 407G / 513S								
5181	CHOLESTEATOMA, removal of, by suction ear toilet								
	ALL STATES: FEE \$32.00 — BENEFIT \$27.20								
	Anaesthetic 7 units — Item Nos 408G / 514S								
5185	TYMPANIC MEMBRANE, micro-inspection of, with or without suction removal of cholesteatoma								
	ALL STATES: FEE \$32.00 — BENEFIT \$27.20								
	Anaesthetic 7 units — Item Nos 408G / 514S								
5192	EXAMINATION OF NASAL CAVITY OR POST-NASAL SPACE, or nasal cavity and post-nasal space, UNDER GENERAL ANAESTHESIA, as an independent procedure								
	ALL STATES: FEE \$21.50 — BENEFIT \$18.30								
	Anaesthetic 6 units — Item Nos 407G / 513S								
5196	NASAL HAEMORRHAGE, POSTERIOR, ARREST OF, with posterior nasal packing with or without cauterisation and with or without anterior pack (excluding after-care)								
	ALL STATES: FEE \$37.00 — BENEFIT \$32.00								
	Anaesthetic 8 units — Item Nos 409G / 517S								
5201	NOSE, removal of FOREIGN BODY IN, other than by simple probing								
	ALL STATES: FEE \$23.00 — BENEFIT \$19.55								
	Anaesthetic 6 units — Item Nos 407G / 513S								
5205	NASAL POLYP OR POLYPI (SIMPLE), removal of								
	ALL STATES: FEE \$24.00 — BENEFIT \$20.40								
5210	NASAL POLYP OR POLYPI (REQUIRING ADMISSION TO HOSPITAL), removal of								
	G.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		BENEFIT	\$	51.00	51.00	41.50	41.50	51.00	41.50
				46.00	46.00	36.50	36.50	46.00	36.50
5214	S.	FEE	\$	64.00	64.00	51.00	51.00	64.00	51.00
		BENEFIT	\$	59.00	59.00	46.00	46.00	59.00	46.00
	Anaesthetic 7 units — Item Nos 408G / 514S								

**PART 10 – OPERATIONS**

**DIVISION 3 – EAR , NOSE AND THROAT**

		NASAL SEPTUM, SEPTOPLASTY OR SUBMUCOUS RESECTION OF						
		NSW	VIC	QLD	SA	WA	TAS	
5217	FEE	\$ 128.00	142.00	95.00	95.00	128.00	95.00	
	BENEFIT	\$ 123.00	137.00	90.00	90.00	123.00	90.00	
		Anaesthetic 9 units — Item Nos 443G / 518S						
		NASAL SEPTUM, SEPTOPLASTY OR SUBMUCOUS RESECTION OF, with cauterisation or diathermy of any one or more of septum or turbinates or pharynx						
		NSW	VIC	QLD	SA	WA	TAS	
5221	FEE	\$ 142.00	160.00	114.00	110.00	138.00	106.00	
	BENEFIT	\$ 137.00	155.00	109.00	105.00	133.00	101.00	
		Anaesthetic 10 units — Item Nos 450G / 521S						
#		NASAL SEPTUM, SEPTOPLASTY OR SUBMUCOUS RESECTION OF, with turbinectomy or dislocation of turbinate						
		NSW	VIC	QLD	SA	WA	TAS	
5225	FEE	\$ 148.00	162.00	116.00	116.00	148.00	116.00	
	BENEFIT	\$ 143.00	157.00	111.00	111.00	143.00	111.00	
		Anaesthetic 10 units — Item Nos 450G / 521S						
+		CAUTERISATION OR DIATHERMY OF SEPTUM OR TURBINATES OR PHARYNX — any one or more — each attendance at which the procedure is performed						
5229	ALL STATES: FEE \$30.00 — BENEFIT \$25.50							
		Anaesthetic 6 units — Item Nos 407G / 513S						
†		CAUTERY TO BLOOD VESSELS IN NOSE during an episode of epistaxis						
5230	ALL STATES: FEE \$26.50 — BENEFIT \$22.55							
		Anaesthetic 7 units — Item Nos 408G / 514S						
		CRYOTHERAPY TO NOSE in the treatment of nasal haemorrhage						
5233	ALL STATES: FEE \$47.50 — BENEFIT \$42.50							
		Anaesthetic 7 units — Item Nos 408G / 514S						
		TURBINECTOMY or dislocation of turbinate						
5237	ALL STATES: FEE \$40.00 — BENEFIT \$35.00							
		Anaesthetic 6 units — Item Nos 407G / 513S						

## PART 10 — OPERATIONS

## DIVISION 3 — EAR, NOSE AND THROAT

5241	TURBINATES, submucous resection of						
	ALL STATES: FEE \$52.00 — BENEFIT \$47.00						
	Anaesthetic 8 units — Item Nos 409G / 517S						
5245	MAXILLARY ANTRUM, PROOF PUNCTURE AND LAVAGE OF						
	ALL STATES: FEE \$9.50 — BENEFIT \$8.10						
	Anaesthetic 6 units — Item Nos 407G / 513S						
5254	MAXILLARY ANTRUM, proof puncture and lavage of, under general anaesthesia (requiring admission to hospital)						
	ALL STATES: FEE \$27.00 — BENEFIT \$22.95						
	Anaesthetic 6 units — Item Nos 407G / 513S						
5264	MAXILLARY ANTRUM, LAVAGE OF - each attendance						
	ALL STATES: FEE \$8.00 — BENEFIT \$6.80						
	Anaesthetic 6 units — Item Nos 407G / 513S						
5268	MAXILLARY ARTERY, transantral ligation of						
	ALL STATES: FEE \$128.00 — BENEFIT \$123.00						
	Anaesthetic 9 units — Item Nos 443G / 518S						
5270	ANTROSTOMY (RADICAL)						
		NSW	VIC	QLD	SA	WA	TAS
	FEE	\$ 128.00	160.00	128.00	128.00	128.00	128.00
	BENEFIT	\$ 123.00	155.00	123.00	123.00	123.00	123.00
	Anaesthetic 9 units — Item Nos 443G / 518S						
5277	ANTROSTOMY (RADICAL) with transantral ethmoidectomy						
	ALL STATES: FEE \$190.00 — BENEFIT \$185.00						
	Anaesthetic 10 units — Item Nos 450G / 521S						
5280	ANTRUM, intranasal operation on, or removal of foreign body from						
		NSW	VIC	QLD	SA	WA	TAS
	FEE	\$ 80.00	80.00	88.00	64.00	64.00	64.00
	BENEFIT	\$ 75.00	75.00	83.00	59.00	59.00	59.00
	Anaesthetic 8 units — Item Nos 409G / 517S						



**PART 10 — OPERATIONS**

**DIVISION 3 — EAR, NOSE AND THROAT**

5284	<p>ANTRUM, drainage of, through tooth socket</p> <p>ALL STATES: FEE \$35.00 — BENEFIT \$30.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>																								
5288	<p>ORO-ANTRAL FISTULA, plastic closure of</p> <p>ALL STATES: FEE \$176.00 — BENEFIT \$171.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>																								
5295	<p>FRONTO-NASAL ETHMOIDECTOMY with or without sphenoidectomy</p> <p>ALL STATES: FEE \$230.00 — BENEFIT \$225.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>																								
5298	<p>RADICAL FRONTO-ETHMOIDECTOMY with osteoplastic flap</p> <p>ALL STATES: FEE \$300.00 — BENEFIT \$295.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>																								
5301	<p>FRONTAL SINUS OR ETHMOIDAL SINUSES, intranasal operation on</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 5%;"></th> <th style="width: 10%;">NSW</th> <th style="width: 10%;">VIC</th> <th style="width: 10%;">QLD</th> <th style="width: 10%;">SA</th> <th style="width: 10%;">WA</th> <th style="width: 10%;">TAS</th> </tr> </thead> <tbody> <tr> <td>FEE</td> <td>\$</td> <td>110.00</td> <td>142.00</td> <td>110.00</td> <td>110.00</td> <td>110.00</td> <td>110.00</td> </tr> <tr> <td>BENEFIT</td> <td>\$</td> <td>105.00</td> <td>137.00</td> <td>105.00</td> <td>105.00</td> <td>105.00</td> <td>105.00</td> </tr> </tbody> </table> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	110.00	142.00	110.00	110.00	110.00	110.00	BENEFIT	\$	105.00	137.00	105.00	105.00	105.00	105.00
		NSW	VIC	QLD	SA	WA	TAS																		
FEE	\$	110.00	142.00	110.00	110.00	110.00	110.00																		
BENEFIT	\$	105.00	137.00	105.00	105.00	105.00	105.00																		
5305	<p>FRONTAL SINUS, catheterisation of</p> <p>ALL STATES: FEE \$17.60 — BENEFIT \$15.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>																								
5308	<p>FRONTAL SINUS, trephine of</p> <p>ALL STATES: FEE \$100.00 — BENEFIT \$95.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>																								
5318	<p>FRONTAL SINUS, radical obliteration of</p> <p>ALL STATES: FEE \$230.00 — BENEFIT \$225.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>																								

## PART 10 — OPERATIONS

## DIVISION 3 — EAR, NOSE AND THROAT

5320	ETHMOIDAL SINUSES, external operation on						
	ALL STATES: FEE \$184.00 — BENEFIT \$179.00						
	Anaesthetic 10 units — Item Nos 450G / 521S						
5325	SPHENOIDAL SINUS, proof puncture of						
	ALL STATES: FEE \$17.60 — BENEFIT \$15.00						
	Anaesthetic 6 units — Item Nos 407G / 513S						
5330	SPHENOIDAL SINUS, intranasal operation on						
	ALL STATES: FEE \$88.00 — BENEFIT \$83.00						
	Anaesthetic 10 units — Item Nos 450G / 521S						
5333	TRANSANTRAL VIDIAN NEURECTOMY						
	ALL STATES: FEE \$176.00 — BENEFIT \$171.00						
	Anaesthetic 12 units — Item Nos 454G / 523S						
5337	TRANS-SPHENOIDAL HYPOPHYSECTOMY						
	ALL STATES: FEE \$240.00 — BENEFIT \$235.00						
	Anaesthetic 14 units — Item Nos 458G / 525S						
5339	TRANS-SPHENOIDAL HYPOPHYSECTOMY including submucous resection of nasal septum and grafting to obliterate the pituitary fossa (including obtaining of graft)						
	ALL STATES: FEE \$320.00 — BENEFIT \$315.00						
	Anaesthetic 15 units — Item Nos 459G / 526S						
5343	EUSTACHIAN TUBE, catheterisation of						
		NSW	VIC	QLD	SA	WA	TAS
	FEE	\$ 12.00	13.40	11.00	10.40	10.40	10.40
	BENEFIT	\$ 10.20	11.40	9.35	8.85	8.85	8.85
	Anaesthetic 6 units — Item Nos 407G / 513S						
5345	DIVISION OF PHARYNGEAL ADHESIONS						
	ALL STATES: FEE \$35.00 — BENEFIT \$30.00						
	Anaesthetic 7 units — Item Nos 408G / 514S						

**PART 10 — OPERATIONS**

**DIVISION 3 — EAR, NOSE AND THROAT**

POST-NASAL SPACE, direct examination of, with biopsy

5348

ALL STATES: FEE \$37.00 — BENEFIT \$32.00

Anaesthetic 7 units — Item Nos 408G / 514S

NASOPHARYNGEAL TUMOUR, operation for removal of, involving hard palate

5351

ALL STATES: FEE \$285.00 — BENEFIT \$280.00

Anaesthetic 14 units — Item Nos 458G / 525S

PHARYNGEAL POUCH, removal of

5354

ALL STATES: FEE \$205.00 — BENEFIT \$200.00

Anaesthetic 16 units — Item Nos 460G / 527S

PHARYNGEAL POUCH, ENDOSCOPIC RESECTION OF (Dohlman's operation)

5357

ALL STATES: FEE \$176.00 — BENEFIT \$171.00

Anaesthetic 14 units — Item Nos 458G / 525S

PHARYNGOTOMY (lateral)

5360

ALL STATES: FEE \$205.00 — BENEFIT \$200.00

Anaesthetic 6 units — Item Nos 407G / 513S

TONSILS OR TONSILS AND ADENOIDS, removal of, in a person aged LESS THAN TWELVE YEARS

5363

		NSW	VIC	QLD	SA	WA	TAS
G.	FEE	\$ 64.00	64.00	55.00	55.00	55.00	55.00
	BENEFIT	\$ 59.00	59.00	50.00	50.00	50.00	50.00

5366

		NSW	VIC	QLD	SA	WA	TAS
S.	FEE	\$ 88.00	80.00	70.00	70.00	70.00	70.00
	BENEFIT	\$ 83.00	75.00	65.00	65.00	65.00	65.00

Anaesthetic 7 units — Item Nos 408G / 514S

TONSILS OR TONSILS AND ADENOIDS in a person aged LESS THAN TWELVE YEARS, removal of WITH OPERATION FOR ABSCESS OR INFLAMMATION OF MIDDLE EAR

5370

		NSW	VIC	QLD	SA	WA	TAS
G.	FEE	\$ 79.00	85.00	70.00	70.00	70.00	70.00
	BENEFIT	\$ 74.00	80.00	65.00	65.00	65.00	65.00

5374

		NSW	VIC	QLD	SA	WA	TAS
S.	FEE	\$ 102.00	100.00	85.00	85.00	85.00	85.00
	BENEFIT	\$ 97.00	95.00	80.00	80.00	80.00	80.00

Anaesthetic 8 units — Item Nos 409G / 517S

## PART 10 — OPERATIONS

## DIVISION 3 — EAR, NOSE AND THROAT

TONSILS OR TONSILS AND ADENOIDS in a person aged LESS THAN TWELVE YEARS, removal of WITH CAUTERISATION AND DIATHERMY of any one or more of septum or turbinates or pharynx

			NSW	VIC	QLD	SA	WA	TAS
5378	G.	FEE	\$ 79.00	82.00	74.00	70.00	67.00	67.00
		BENEFIT	\$ 74.00	77.00	69.00	65.00	62.00	62.00
5383	S.	FEE	\$ 102.00	98.00	88.00	85.00	81.00	81.00
		BENEFIT	\$ 97.00	93.00	83.00	80.00	76.00	76.00

Anaesthetic 9 units — Item Nos 443G / 518S

TONSILS OR TONSILS AND ADENOIDS, removal of, in a person TWELVE YEARS OF AGE OR OVER

			NSW	VIC	QLD	SA	WA	TAS
5389	G.	FEE	\$ 81.00	81.00	69.00	69.00	69.00	69.00
		BENEFIT	\$ 76.00	76.00	64.00	64.00	64.00	64.00
5392	S.	FEE	\$ 110.00	110.00	84.00	84.00	84.00	84.00
		BENEFIT	\$ 105.00	105.00	79.00	79.00	79.00	79.00

Anaesthetic 8 units — Item Nos 409G / 517S

TONSILS, OR TONSILS AND ADENOIDS, ARREST OF HAEMORRHAGE requiring general anaesthesia, following removal of

5396	G.	ALL STATES: FEE \$33.00 — BENEFIT \$28.05
5401	S.	ALL STATES: FEE \$43.00 — BENEFIT \$38.00

Anaesthetic 9 units — Item Nos 443G / 518S

ADENOIDS, removal of

			NSW	VIC	QLD	SA	WA	TAS
5407	G.	FEE	\$ 35.00	28.50	28.50	28.50	28.50	28.50
		BENEFIT	\$ 30.00	24.25	24.25	24.25	24.25	24.25
5411	S.	FEE	\$ 47.50	40.00	40.00	40.00	40.00	37.00
		BENEFIT	\$ 42.50	35.00	35.00	35.00	35.00	32.00

Anaesthetic 6 units — Item Nos 407G / 513S

## PART 10 — OPERATIONS

## DIVISION 3 — EAR, NOSE AND THROAT

ADENOIDS, removal of, WITH OPERATION FOR ABSCESS OR INFLAMMATION OF MIDDLE EAR		NSW	VIC	QLD	SA	WA	TAS
5415	G. FEE \$ 49.50	57.00	43.50	43.50	43.50	43.50	43.50
	BENEFIT \$ 44.50	52.00	38.50	38.50	38.50	38.50	38.50
5424	S. FEE \$ 62.00	63.00	55.00	55.00	55.00	55.00	52.00
	BENEFIT \$ 57.00	58.00	50.00	50.00	50.00	50.00	47.00
Anaesthetic 7 units — Item Nos 408G / 514S							
5431	LINGUAL TONSIL OR LATERAL PHARYNGEAL BANDS, removal of						
	ALL STATES: FEE \$26.50 — BENEFIT \$22.55						
	Anaesthetic 7 units — Item Nos 408G / 514S						
5445	PERITONSILLAR ABSCESS (quinsy), incision of						
	ALL STATES: FEE \$20.50 — BENEFIT \$17.45						
	Anaesthetic 7 units — Item Nos 408G / 514S						
5449	UVULOTOMY						
	ALL STATES: FEE \$10.40 — BENEFIT \$8.85						
	Anaesthetic 6 units — Item Nos 407G / 513S						
5456	VALLECULAR OR PHARYNGEAL CYSTS, removal of						
	ALL STATES: FEE \$104.00 — BENEFIT \$99.00						
	Anaesthetic 8 units — Item Nos 409G / 517S						
5464	OESOPHAGOSCOPY						
	ALL STATES: FEE \$55.00 — BENEFIT \$50.00						
	Anaesthetic 6 units — Item Nos 407G / 513S						
5470	OESOPHAGOSCOPY, INITIAL, with dilatation or insertion of prosthesis						
	ALL STATES: FEE \$106.00 — BENEFIT \$101.00						
	Anaesthetic 7 units — Item Nos 408G / 514S						
5474	OESOPHAGOSCOPY with dilatation or insertion of prosthesis — subsequent procedures in a single course of treatment						
	ALL STATES: FEE \$52.00 — BENEFIT \$47.00						
	Anaesthetic 7 units — Item Nos 408G / 514S						

## PART 10 — OPERATIONS

## DIVISION 3 — EAR, NOSE AND THROAT

5480	OESOPHAGOSCOPY with biopsy						
	ALL STATES: FEE \$71.00 — BENEFIT \$66.00						
	Anaesthetic 7 units — Item Nos 408G / 514S						
5486	OESOPHAGUS, removal of foreign body in						
	ALL STATES: FEE \$104.00 — BENEFIT \$99.00						
	Anaesthetic 7 units — Item Nos 408G / 514S						
5490	OESOPHAGEAL STRICTURE, dilatation of, without oesophagoscopy						
	ALL STATES: FEE \$16.00 — BENEFIT \$13.60						
	Anaesthetic 6 units — Item Nos 407G / 513S						
5498	LARYNGECTOMY (TOTAL)						
	ALL STATES: FEE \$380.00 — BENEFIT \$375.00						
	Anaesthetic 20 units — Item Nos 464G / 533S						
5503	LARYNGOPHARYNGECTOMY						
	ALL STATES: FEE \$400.00 — BENEFIT \$395.00						
	Anaesthetic 20 units — Item Nos 464G / 533S						
5508	PRIMARY RESTORATION OF ALIMENTARY CONTINUITY after laryngopharyngectomy USING STOMACH OR BOWEL						
	ALL STATES: FEE \$400.00 — BENEFIT \$395.00						
	Anaesthetic 20 units — Item Nos 464G / 533S						
5520	LARYNX, direct examination of, as an independent procedure						
	ALL STATES: FEE \$55.00 — BENEFIT \$50.00						
	Anaesthetic 8 units — Item Nos 409G / 517S						
5524	LARYNX, direct examination of, with biopsy						
		NSW	VIC	QLD	SA	WA	TAS
	FEE	\$ 64.00	80.00	64.00	64.00	64.00	64.00
	BENEFIT	\$ 59.00	75.00	59.00	59.00	59.00	59.00
	Anaesthetic 8 units — Item Nos 409G / 517S						

**PART 10 — OPERATIONS**

**DIVISION 3 — EAR, NOSE AND THROAT**

		LARYNX, direct examination of, WITH REMOVAL OF TUMOUR						
			NSW	VIC	QLD	SA	WA	TAS
5530	FEE	\$	71.00	88.00	71.00	71.00	71.00	71.00
	BENEFIT	\$	66.00	83.00	66.00	66.00	66.00	66.00
		Anaesthetic 9 units — Item Nos 443G / 518S						
MICROLARYNGOSCOPY								
5534	ALL STATES: FEE \$86.00 — BENEFIT \$81.00							
		Anaesthetic 8 units — Item Nos 409G / 517S						
MICROLARYNGOSCOPY WITH REMOVAL OF TUMOUR								
5540	ALL STATES: FEE \$120.00 — BENEFIT \$115.00							
		Anaesthetic 9 units — Item Nos 443G / 518S						
LARYNX, FRACTURED, operation for								
5545	ALL STATES: FEE \$176.00 — BENEFIT \$171.00							
		Anaesthetic 15 units — Item Nos 459G / 526S						
LARYNX, external operation on, OR LARYNGOFISSURE								
5556	ALL STATES: FEE \$176.00 — BENEFIT \$171.00							
		Anaesthetic 13 units — Item Nos 457G / 524S						
ARYTENOID CARTILAGE, fixation of								
5566	ALL STATES: FEE \$285.00 — BENEFIT \$280.00							
		Anaesthetic 13 units — Item Nos 457G / 524S						
ARYTENOID CARTILAGE, removal of								
5568	ALL STATES: FEE \$245.00 — BENEFIT \$240.00							
		Anaesthetic 11 units — Item Nos 453G / 522S						
TRACHEOSTOMY								
5572	G.	ALL STATES: FEE \$54.00 — BENEFIT \$49.00						
5598	S.	ALL STATES: FEE \$71.00 — BENEFIT \$66.00						
		Anaesthetic 10 units — Item Nos 450G / 521S						

**PART 10 – OPERATIONS****DIVISION 3 – EAR , NOSE AND THROAT**

5601	<p>TRACHEA, removal of foreign body in</p> <p>ALL STATES: FEE \$52.00 — BENEFIT \$47.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
5605	<p>BRONCHOSCOPY, as an independent procedure</p> <p>ALL STATES: FEE \$52.00 — BENEFIT \$47.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
5611	<p>BRONCHOSCOPY with biopsy or other diagnostic or therapeutic procedure</p> <p>ALL STATES: FEE \$70.00 — BENEFIT \$65.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
5613	<p>BRONCHUS, removal of foreign body in</p> <p>ALL STATES: FEE \$108.00 — BENEFIT \$103.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
5619	<p>BRONCHOSCOPY with dilatation of tracheal stricture - INITIAL</p> <p>ALL STATES: FEE \$74.00 — BENEFIT \$69.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
5624	<p>BRONCHOSCOPY with dilatation of tracheal stricture — SUBSEQUENT dilatation in a single course of treatment</p> <p>ALL STATES: FEE \$37.00 — BENEFIT \$32.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
<b>DIVISION 4 – UROLOGICAL</b>	
5630	<p>ADRENAL GLAND, biopsy of</p> <p>ALL STATES: FEE \$230.00 — BENEFIT \$225.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
5636	<p>ADRENAL GLAND, removal of</p> <p>ALL STATES: FEE \$255.00 — BENEFIT \$250.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>



## PART 10 — OPERATIONS

## DIVISION 4 — UROLOGICAL

5642	RENAL TRANSPLANT  ALL STATES: FEE \$440.00 — BENEFIT \$435.00  Anaesthetic 24 units — Item Nos 468G / 539S
5647	DONOR NEPHRECTOMY (cadaver)  ALL STATES: FEE \$240.00 — BENEFIT \$235.00
5651	NEPHRECTOMY complicated by previous surgery on same kidney  ALL STATES: FEE \$320.00 — BENEFIT \$315.00  Anaesthetic 13 units — Item Nos 457G / 524S
#	NEPHRECTOMY complete  5654 G. ALL STATES: FEE \$230.00 — BENEFIT \$225.00  5661 S. ALL STATES: FEE \$285.00 — BENEFIT \$280.00  Anaesthetic 11 units — Item Nos 453G / 522S
#	NEPHRECTOMY partial  5665 ALL STATES: FEE \$320.00 — BENEFIT \$315.00  Anaesthetic 13 units — Item Nos 457G / 524S
5669	NEPHRO-URETERECTOMY  ALL STATES: FEE \$320.00 — BENEFIT \$315.00  Anaesthetic 13 units — Item Nos 457G / 524S
5675	NEPHRO-URETERECTOMY, COMPLETE, with bladder repair  ALL STATES: FEE \$355.00 — BENEFIT \$350.00  Anaesthetic 17 units — Item Nos 461G / 528S
5679	KIDNEY, FUSED, symphysiotomy for  ALL STATES: FEE \$320.00 — BENEFIT \$315.00  Anaesthetic 14 units — Item Nos 458G / 525S

**PART 10 — OPERATIONS****DIVISION 4 — UROLOGICAL**

5683	KIDNEY, EXPLORATION OF, WITH ANY PROCEDURE, not covered by any other item in this Part  ALL STATES: FEE \$220.00 — BENEFIT \$215.00  Anaesthetic 10 units — Item Nos 450G / 521S
5691	NEPHROLITHOTOMY OR PYELOLITHOTOMY  ALL STATES: FEE \$285.00 — BENEFIT \$280.00  Anaesthetic 12 units — Item Nos 454G / 523S
5694	NEPHROLITHOTOMY OR PYELOLITHOTOMY, complicated by previous surgery on same kidney  ALL STATES: FEE \$320.00 — BENEFIT \$315.00  Anaesthetic 12 units — Item Nos 454G / 523S
5699	NEPHROLITHOTOMY OR PYELOLITHOTOMY, large staghorn calculus filling renal pelvis and calyces  ALL STATES: FEE \$325.00 — BENEFIT \$320.00  Anaesthetic 12 units — Item Nos 454G / 523S
5705	URETEROLITHOTOMY  ALL STATES: FEE \$255.00 — BENEFIT \$250.00  Anaesthetic 11 units — Item Nos 453G / 522S
5715	NEPHROSTOMY, nephrotomy or pyelostomy with drainage  ALL STATES: FEE \$230.00 — BENEFIT \$225.00  Anaesthetic 11 units — Item Nos 453G / 522S
5721	NEPHROPEXY, as an independent procedure  ALL STATES: FEE \$176.00 — BENEFIT \$171.00  Anaesthetic 9 units — Item Nos 443G / 518S
5724	RENAL CYST OR CYSTS, excision or unroofing of  ALL STATES: FEE \$198.00 — BENEFIT \$193.00  Anaesthetic 11 units — Item Nos 453G / 522S

**PART 10 – OPERATIONS****DIVISION 4 – UROLOGICAL**

5726	RENAL BIOPSY (closed)  ALL STATES: FEE \$51.00 — BENEFIT \$46.00  Anaesthetic 6 units — Item Nos 407G / 513S
5729	PYONEPHROSIS, drainage of  ALL STATES: FEE \$104.00 — BENEFIT \$99.00  Anaesthetic 11 units — Item Nos 453G / 522S
5732	PERINEPHRIC ABSCESS, drainage of  ALL STATES: FEE \$142.00 — BENEFIT \$137.00  Anaesthetic 9 units — Item Nos 443G / 518S
5734	PYELOPLASTY  ALL STATES: FEE \$285.00 — BENEFIT \$280.00  Anaesthetic 14 units — Item Nos 458G / 525S
5737	PYELOPLASTY, COMPLICATED by previous surgery on same kidney, or by congenital kidney abnormality or solitary kidney  ALL STATES: FEE \$320.00 — BENEFIT \$315.00  Anaesthetic 14 units — Item Nos 458G / 525S
5741	DIVIDED URETER, repair of  ALL STATES: FEE \$285.00 — BENEFIT \$280.00  Anaesthetic 13 units — Item Nos 457G / 524S
5744	REPAIR OF KIDNEY, WOUND OR INJURY  ALL STATES: FEE \$285.00 — BENEFIT \$280.00  Anaesthetic 13 units — Item Nos 457G / 524S
5747	URETERECTOMY, COMPLETE OR PARTIAL, with bladder repair  ALL STATES: FEE \$230.00 — BENEFIT \$225.00  Anaesthetic 12 units — Item Nos 454G / 523S
5753	REPLACEMENT OF URETER BY BOWEL — unilateral  ALL STATES: FEE \$400.00 — BENEFIT \$395.00  Anaesthetic 12 units — Item Nos 454G / 523S

## PART 10 — OPERATIONS

## DIVISION 4 — UROLOGICAL

5757	REPLACEMENT OF URETER BY BOWEL — bilateral  ALL STATES: FEE \$520.00 — BENEFIT \$515.00  Anaesthetic 17 units — Item Nos 461G / 528S
5763	URETER (UNILATERAL), transplantation of, into skin  ALL STATES: FEE \$230.00 — BENEFIT \$225.00  Anaesthetic 10 units — Item Nos 450G / 521S
5769	URETERS (BILATERAL), transplantation of, into skin  ALL STATES: FEE \$285.00 — BENEFIT \$280.00  Anaesthetic 12 units — Item Nos 454G / 523S
5773	URETER (UNILATERAL), transplantation of, into bladder  ALL STATES: FEE \$255.00 — BENEFIT \$250.00  Anaesthetic 12 units — Item Nos 454G / 523S
5777	URETERS (BILATERAL), transplantation of, into bladder  ALL STATES: FEE \$320.00 — BENEFIT \$315.00  Anaesthetic 14 units — Item Nos 458G / 525S
5780	URETER, transplantation of, into bladder with bladder plastic procedure (Boari flap)  ALL STATES: FEE \$285.00 — BENEFIT \$280.00  Anaesthetic 12 units — Item Nos 454G / 523S
5785	URETER (UNILATERAL), transplantation of, into intestine  ALL STATES: FEE \$285.00 — BENEFIT \$280.00  Anaesthetic 12 units — Item Nos 454G / 523S
5792	URETERS (BILATERAL), transplantation of, into intestine  ALL STATES: FEE \$345.00 — BENEFIT \$340.00  Anaesthetic 14 units — Item Nos 458G / 525S
5799	URETER, transplantation of, into other ureter  ALL STATES: FEE \$285.00 — BENEFIT \$280.00  Anaesthetic 12 units — Item Nos 454G / 523S

## PART 10 — OPERATIONS

## DIVISION 4 — UROLOGICAL

5804	<p>URETER (UNILATERAL), transplantation of, into isolated intestinal loop</p> <p>ALL STATES: FEE \$345.00 — BENEFIT \$340.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
5807	<p>URETERS (BILATERAL), transplantation of, into isolated intestinal loop</p> <p>ALL STATES: FEE \$400.00 — BENEFIT \$395.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 527S</p>
5812	<p>URETEROTOMY, with exploration or drainage as an independent procedure</p> <p>ALL STATES: FEE \$198.00 — BENEFIT \$193.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
5816	<p>URETEROTOMY, with exploration or drainage for tumour, as an independent procedure</p> <p>ALL STATES: FEE \$230.00 — BENEFIT \$225.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
5821	<p>URETEROLYSIS, with or without repositioning of ureter, for retroperitoneal fibrosis, ovarian vein syndrome etc. — unilateral</p> <p>ALL STATES: FEE \$230.00 — BENEFIT \$225.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
5827	<p>URETEROLYSIS, with or without repositioning of ureter, for retroperitoneal fibrosis, ovarian vein syndrome etc. — bilateral</p> <p>ALL STATES: FEE \$285.00 — BENEFIT \$280.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
5831	<p>REDUCTION URETEROPLASTY, unilateral</p> <p>ALL STATES: FEE \$220.00 — BENEFIT \$215.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
5836	<p>REDUCTION URETEROPLASTY, bilateral</p> <p>ALL STATES: FEE \$285.00 — BENEFIT \$280.00</p> <p>Anaesthetic 17 units — Item Nos 461G / 528S</p>

5837	CLOSURE OF CUTANEOUS URETEROSTOMY — unilateral							
	ALL STATES: FEE \$134.00 — BENEFIT \$129.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							
<b>OPERATIONS ON THE BLADDER (CLOSED)</b>								
BLADDER, catheterisation of — where no other surgical procedure is performed								
5840	FEE	\$	NSW 8.80	VIC 9.50	QLD 8.80	SA 8.80	WA 9.50	TAS 8.60
	BENEFIT	\$	7.50	8.10	7.50	7.50	8.10	7.35
	Anaesthetic 4 units — Item Nos 405G / 509S							
5845	CYSTOSCOPY, with or without urethral dilatation							
	FEE	\$	NSW 44.00	VIC 43.00	QLD 43.00	SA 43.00	WA 43.00	TAS 43.00
	BENEFIT	\$	39.00	38.00	38.00	38.00	38.00	38.00
	Anaesthetic 5 units — Item Nos 406G / 510S							
5847	CYSTOSCOPY, with dilatation of urethral stricture							
	ALL STATES: FEE \$54.00 — BENEFIT \$49.00							
	Anaesthetic 5 units — Item Nos 406G / 510S							
5851	CYSTOSCOPY, with ureteric catheterisation, with or without introduction of opaque medium							
	FEE	\$	NSW 57.00	VIC 64.00	QLD 57.00	SA 57.00	WA 57.00	TAS 57.00
	BENEFIT	\$	52.00	59.00	52.00	52.00	52.00	52.00
	Anaesthetic 5 units — Item Nos 406G / 510S							
5853	CYSTOSCOPY, with controlled hydro-dilatation of the bladder							
	ALL STATES: FEE \$71.00 — BENEFIT \$66.00							
	Anaesthetic 5 units — Item Nos 406G / 510S							
5857	CYSTOMETROGRAPHY							
	ALL STATES: FEE \$28.50 — BENEFIT \$24.25							
	Anaesthetic 5 units — Item Nos 406G / 510S							

**PART 10 – OPERATIONS**

**DIVISION 4 – UROLOGICAL**

5861	<p>ASCENDING CYSTO-URETHROGRAPHY</p> <p>ALL STATES: FEE \$28.50 — BENEFIT \$24.25</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>																															
5864	<p>CYSTOSCOPIC REMOVAL OF FOREIGN BODY</p> <p>ALL STATES: FEE \$86.00 — BENEFIT \$81.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>																															
5868	<p>CYSTOSCOPY, with biopsy of bladder tumours</p> <p>ALL STATES: FEE \$71.00 — BENEFIT \$66.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>																															
5871	<p>CYSTOSCOPY, with diathermy or resection of superficial bladder tumours or with other diathermy of bladder or prostate</p> <p>ALL STATES: FEE \$100.00 — BENEFIT \$95.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>																															
5875	<p>CYSTOSCOPY, with diathermy or resection of invasive bladder tumours or solitary tumour over 2 cm in diameter</p> <p>ALL STATES: FEE \$215.00 — BENEFIT \$210.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>																															
5878	<p>CYSTOSCOPY, with ureteric meatotomy or with resection of ureterocele</p> <p>ALL STATES: FEE \$80.00 — BENEFIT \$75.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>																															
5881	<p>CYSTOSCOPY, with endoscopic bladder neck resection</p> <p>ALL STATES: FEE \$142.00 — BENEFIT \$137.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>																															
5885	<p>CYSTOSCOPY, with endoscopic removal or manipulation of ureteric calculus</p> <table data-bbox="197 1525 1118 1608"> <thead> <tr> <th></th> <th></th> <th>NSW</th> <th>VIC</th> <th>QLD</th> <th>SA</th> <th>WA</th> <th>TAS</th> </tr> </thead> <tbody> <tr> <td>FEE</td> <td>\$</td> <td>104.00</td> <td>128.00</td> <td>104.00</td> <td>104.00</td> <td>104.00</td> <td>104.00</td> </tr> <tr> <td>BENEFIT</td> <td>\$</td> <td>99.00</td> <td>123.00</td> <td>99.00</td> <td>99.00</td> <td>99.00</td> <td>99.00</td> </tr> </tbody> </table> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>										NSW	VIC	QLD	SA	WA	TAS	FEE	\$	104.00	128.00	104.00	104.00	104.00	104.00	BENEFIT	\$	99.00	123.00	99.00	99.00	99.00	99.00
		NSW	VIC	QLD	SA	WA	TAS																									
FEE	\$	104.00	128.00	104.00	104.00	104.00	104.00																									
BENEFIT	\$	99.00	123.00	99.00	99.00	99.00	99.00																									

## PART 10 — OPERATIONS

## DIVISION 4 — UROLOGICAL

5888 LITHOLAPAXY, with or without cystoscopy  
 ALL STATES: FEE \$142.00 — BENEFIT \$137.00  
 Anaesthetic 7 units — Item Nos 408G / 514S

**OPERATIONS ON THE BLADDER (OPEN)**

BLADDER, repair of rupture of, or partial excision of, or plastic repair of

5891 G. ALL STATES: FEE \$176.00 — BENEFIT \$171.00

5894 S. ALL STATES: FEE \$215.00 — BENEFIT \$210.00

Anaesthetic 13 units — Item Nos 457G / 524S

CYSTOSTOMY OR CYSTOTOMY, suprapubic

5897 G. ALL STATES: FEE \$104.00 — BENEFIT \$99.00

5901 S. ALL STATES: FEE \$128.00 — BENEFIT \$123.00

Anaesthetic 8 units — Item Nos 409G / 517S

## † SUPRAPUBIC STAB CYSTOTOMY

5903 ALL STATES: FEE \$24.00 — BENEFIT \$20.40

Anaesthetic 6 units — Item Nos 407G / 513S

BLADDER, total excision of

5905 ALL STATES: FEE \$320.00 — BENEFIT \$315.00

Anaesthetic 29 units — Item Nos 473G / 544S

BLADDER NECK CONTRACTURE, operation for

5916 ALL STATES: FEE \$215.00 — BENEFIT \$210.00

Anaesthetic 9 units — Item Nos 443G / 518S

BLADDER TUMORS, suprapubic diathermy of

5919 ALL STATES: FEE \$215.00 — BENEFIT \$210.00

Anaesthetic 10 units — Item Nos 450G / 521S



## PART 10 — OPERATIONS

## DIVISION 4 — UROLOGICAL

5929	DIVERTICULUM OF BLADDER, excision or obliteration of  ALL STATES: FEE \$230.00 — BENEFIT \$225.00 Anaesthetic 10 units — Item Nos 450G / 521S
5935	VESICAL FISTULA, cutaneous, operation for  ALL STATES: FEE \$128.00 — BENEFIT \$123.00 Anaesthetic 12 units — Item Nos 454G / 523S
5941	VESICO-VAGINAL FISTULA, closure of, by abdominal approach  ALL STATES: FEE \$255.00 — BENEFIT \$250.00 Anaesthetic 12 units — Item Nos 454G / 523S
5947	VESICO-COLIC FISTULA, closure of, excluding bowel resection  ALL STATES: FEE \$198.00 — BENEFIT \$193.00 Anaesthetic 11 units — Item Nos 453G / 522S
5956	VESICO-RECTAL FISTULA, closure of  ALL STATES: FEE \$230.00 — BENEFIT \$225.00 Anaesthetic 13 units — Item Nos 457G / 524S
5964	BLADDER ASPIRATION by needle  ALL STATES: FEE \$14.20 — BENEFIT \$12.10
5968	CYSTOTOMY, with removal of calculus as an independent procedure  ALL STATES: FEE \$142.00 — BENEFIT \$137.00 Anaesthetic 8 units — Item Nos 409G / 517S
5973	URETHRAL VALVES transvesical removal  ALL STATES: FEE \$142.00 — BENEFIT \$137.00 Anaesthetic 9 units — Item Nos 443G / 518S
+ 5977	URETHROPEXY (Marshall-Marchetti)  ALL STATES: FEE \$198.00 — BENEFIT \$193.00 Anaesthetic 9 units — Item Nos 443G/518S

5981	BLADDER ENLARGEMENT using intestine or segment of bowel						
	ALL STATES: FEE \$520.00 — BENEFIT \$515.00						
	Anaesthetic 23 units — Item Nos 467G / 538S						
5984	CORRECTION OF VESICO-URETERIC REFLUX — operation for — unilateral						
	ALL STATES: FEE \$285.00 — BENEFIT \$280.00						
	Anaesthetic 12 units — Item Nos 454G / 523S						
5993	CORRECTION OF VESICO-URETERIC REFLUX — operation for — bilateral						
	ALL STATES: FEE \$345.00 — BENEFIT \$340.00						
	Anaesthetic 14 units — Item Nos 458G / 525S						
<b>OPERATIONS ON THE PROSTATE</b>							
PROSTATECTOMY (suprapubic, perineal or retropubic)							
6001		NSW	VIC	QLD	SA	WA	TAS
	FEE	\$ 320.00	320.00	300.00	300.00	300.00	300.00
	BENEFIT	\$ 315.00	315.00	295.00	295.00	295.00	295.00
	Anaesthetic 13 units — Item Nos 457G / 524S						
PROSTATECTOMY (endoscopic), with or without cystoscopy							
6005		NSW	VIC	QLD	SA	WA	TAS
	FEE	\$ 300.00	330.00	300.00	300.00	300.00	300.00
	BENEFIT	\$ 295.00	325.00	295.00	295.00	295.00	295.00
	Anaesthetic 10 units — Item Nos 450G / 521S						
6010	MEDIAN BAR, endoscopic resection of, with or without cystoscopy						
	ALL STATES: FEE \$142.00 — BENEFIT \$137.00						
	Anaesthetic 9 units — Item Nos 443G / 518S						
6017	PROSTATE, total excision of						
	ALL STATES: FEE \$350.00 — BENEFIT \$345.00						
	Anaesthetic 13 units — Item Nos 457G / 524S						

6022	<p>PROSTATE, OPEN PERINEAL BIOPSY OF</p> <p>ALL STATES: FEE \$88.00 — BENEFIT \$83.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>																								
6027	<p>PROSTATE, biopsy of, endoscopic, with or without cystoscopy</p> <p>ALL STATES: FEE \$128.00 — BENEFIT \$123.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>																								
6030	<p>PROSTATE, needle biopsy of, or injection into</p> <p>ALL STATES: FEE \$43.00 — BENEFIT \$38.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>																								
6033	<p>PROSTATIC ABSCESS, retropubic or endoscopic drainage of</p> <p>ALL STATES: FEE \$142.00 — BENEFIT \$137.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>																								
<p><b>OPERATIONS ON URETHRA, PENIS OR SCROTUM</b></p>																									
6036	<p>URETHRAL SOUNDS, passage of, as an independent procedure</p> <p>ALL STATES: FEE \$14.20 — BENEFIT \$12.10</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>																								
6039	<p>URETHRAL STRICTURE, dilatation of</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 5%;"></td> <td style="width: 10%; text-align: center;">NSW</td> <td style="width: 10%; text-align: center;">VIC</td> <td style="width: 10%; text-align: center;">QLD</td> <td style="width: 10%; text-align: center;">SA</td> <td style="width: 10%; text-align: center;">WA</td> <td style="width: 10%; text-align: center;">TAS</td> </tr> <tr> <td>FEE</td> <td>\$</td> <td style="text-align: center;">24.00</td> <td style="text-align: center;">23.00</td> <td style="text-align: center;">24.00</td> <td style="text-align: center;">24.00</td> <td style="text-align: center;">24.00</td> <td style="text-align: center;">24.00</td> </tr> <tr> <td>BENEFIT</td> <td>\$</td> <td style="text-align: center;">20.40</td> <td style="text-align: center;">19.55</td> <td style="text-align: center;">20.40</td> <td style="text-align: center;">20.40</td> <td style="text-align: center;">20.40</td> <td style="text-align: center;">20.40</td> </tr> </table> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	24.00	23.00	24.00	24.00	24.00	24.00	BENEFIT	\$	20.40	19.55	20.40	20.40	20.40	20.40
		NSW	VIC	QLD	SA	WA	TAS																		
FEE	\$	24.00	23.00	24.00	24.00	24.00	24.00																		
BENEFIT	\$	20.40	19.55	20.40	20.40	20.40	20.40																		
6041	<p>URETHRA, repair of RUPTURE OF</p> <p>ALL STATES: FEE \$285.00 — BENEFIT \$280.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>																								
6044	<p>URETHRAL FISTULA, closure of</p> <p>ALL STATES: FEE \$86.00 — BENEFIT \$81.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>																								

**PART 10 – OPERATIONS****DIVISION 4 – UROLOGICAL**

6047	URETHROSCOPY, as an independent procedure ALL STATES: FEE \$44.00 — BENEFIT \$39.00 Anaesthetic 5 units — Item Nos 406G / 510S
6053	URETHROSCOPY with diathermy of tumour ALL STATES: FEE \$100.00 — BENEFIT \$95.00 Anaesthetic 7 units — Item Nos 408G / 514S
6056	URETHROSCOPY with removal of stone or foreign body ALL STATES: FEE \$71.00 — BENEFIT \$66.00 Anaesthetic 6 units — Item Nos 407G / 513S
6061	URETHRA, examination of, involving the use of an urethroscope, with cystoscopy ALL STATES: FEE \$52.00 — BENEFIT \$47.00 Anaesthetic 5 units — Item Nos 406G / 510S
6066	URETHRAL MEATOTOMY, EXTERNAL ALL STATES: FEE \$28.50 — BENEFIT \$24.25 Anaesthetic 4 units — Item Nos 405G / 509S
6069	URETHROTOMY (EXTERNAL) ALL STATES: FEE \$71.00 — BENEFIT \$66.00 Anaesthetic 7 units — Item Nos 408G / 514S
6073	URETHROTOMY (INTERNAL) ALL STATES: FEE \$71.00 — BENEFIT \$66.00 Anaesthetic 5 units — Item Nos 406G / 510S
6077	URETHRECTOMY, partial or complete, for removal of tumour ALL STATES: FEE \$198.00 — BENEFIT \$193.00 Anaesthetic 9 units — Item Nos 443G / 518S
6079	URETHRO-VAGINAL FISTULA, closure of ALL STATES: FEE \$176.00 — BENEFIT \$171.00 Anaesthetic 9 units — Item Nos 443G / 518S

## PART 10 — OPERATIONS

## DIVISION 4 — UROLOGICAL

6083	URETHRO-RECTAL FISTULA, closure of  ALL STATES: FEE \$230.00 — BENEFIT \$225.00  Anaesthetic 10 units — Item Nos 450G / 521S
6086	URETHROPLASTY — single stage operation  ALL STATES: FEE \$230.00 — BENEFIT \$225.00  Anaesthetic 10 units — Item Nos 450G / 521S
6089	URETHROPLASTY — two stage operation — first stage  ALL STATES: FEE \$215.00 — BENEFIT \$210.00  Anaesthetic 9 units — Item Nos 443G / 518S
6092	URETHROPLASTY — two stage operation — second stage  ALL STATES: FEE \$215.00 — BENEFIT \$210.00  Anaesthetic 9 units — Item Nos 443G / 518S
6095	URETHROPLASTY, not covered by any other item in this Part  ALL STATES: FEE \$86.00 — BENEFIT \$81.00  Anaesthetic 9 units — Item Nos 443G / 518S
6098	HYPOSPADIAS, meatotomy and hemi-circumcision  ALL STATES: FEE \$54.00 — BENEFIT \$49.00  Anaesthetic 7 units — Item Nos 408G / 514S
6105	HYPOSPADIAS, correction of chordee  ALL STATES: FEE \$114.00 — BENEFIT \$109.00  Anaesthetic 10 units — Item Nos 450G / 521S
6107	HYPOSPADIAS, correction of chordee with transplantation of prepuce  ALL STATES: FEE \$142.00 — BENEFIT \$137.00  Anaesthetic 10 units — Item Nos 450G / 521S
6110	HYPOSPADIAS, urethral reconstruction for  ALL STATES: FEE \$215.00 — BENEFIT \$210.00  Anaesthetic 10 units — Item Nos 450G / 521S

**PART 10 – OPERATIONS****DIVISION 4 – UROLOGICAL**

6114	HYPOSPADIAS, urethral reconstruction with perineal urethrostomy ALL STATES: FEE \$220.00 — BENEFIT \$215.00 Anaesthetic 11 units — Item Nos 453G / 522S
6118	HYPOSPADIAS, urethral reconstruction and correction of chordee, complete, one stage including urinary diversion ALL STATES: FEE \$255.00 — BENEFIT \$250.00 Anaesthetic 13 units — Item Nos 457G / 524S
6122	HYPOSPADIAS, secondary correction of ALL STATES: FEE \$86.00 — BENEFIT \$81.00 Anaesthetic 9 units — Item Nos 443G / 518S
6130	EPISPADIAS, repair of, not involving sphincter — each stage ALL STATES: FEE \$176.00 — BENEFIT \$171.00 Anaesthetic 9 units — Item Nos 443G / 518S
6135	EPISPADIAS, repair of, INCLUDING BLADDER NECK CLOSURE ALL STATES: FEE \$285.00 — BENEFIT \$280.00 Anaesthetic 10 units — Item Nos 450G / 521S
6140	URETHRA, diathermy of ALL STATES: FEE \$57.00 — BENEFIT \$52.00 Anaesthetic 4 units — Item Nos 405G / 509S
6146	URETHRA, excision of prolapse of ALL STATES: FEE \$57.00 — BENEFIT \$52.00 Anaesthetic 7 units — Item Nos 408G / 514S
6152	URETHRA, excision of diverticulum of ALL STATES: FEE \$142.00 — BENEFIT \$137.00 Anaesthetic 8 units — Item Nos 409G / 517S
6157	URETHRA, operation for correction of male urinary incontinence ALL STATES: FEE \$230.00 — BENEFIT \$225.00 Anaesthetic 9 units — Item Nos 443G / 518S

## PART 10 - OPERATIONS

## DIVISION 4 - UROLOGICAL

6162	PRIAPISM, decompression operation for, under general anaesthesia ALL STATES: FEE \$24.00 — BENEFIT \$20.40 Anaesthetic 7 units — Item Nos 408G / 514S
6166	PRIAPISM, decompression shunt, operation for ALL STATES: FEE \$230.00 — BENEFIT \$225.00 Anaesthetic 10 units — Item Nos 450G / 521S
6170	URETHRAL ABSCESS, drainage of ALL STATES: FEE \$35.00 — BENEFIT \$30.00 Anaesthetic 5 units — Item Nos 406G / 510S
6175	URETHRAL VALVES OR URETHRAL MEMBRANE, endoscopic, resection of ALL STATES: FEE \$114.00 — BENEFIT \$109.00 Anaesthetic 7 units — Item Nos 408G / 514S
6179	PENIS, partial amputation of ALL STATES: FEE \$142.00 — BENEFIT \$137.00 Anaesthetic 8 units — Item Nos 409G / 517S
6184	PENIS, complete or radical amputation of ALL STATES: FEE \$285.00 — BENEFIT \$280.00 Anaesthetic 12 units — Item Nos 454G / 523S
6189	PENIS, repair of laceration or fracture involving cavernous tissue ALL STATES: FEE \$142.00 — BENEFIT \$137.00 Anaesthetic 8 units — Item Nos 409G / 517S
6194	PENIS, repair of avulsion ALL STATES: FEE \$285.00 — BENEFIT \$280.00 Anaesthetic 12 units — Item Nos 454G / 523S
6199	PENIS, Peyronie's disease, injection procedure for ALL STATES: FEE \$14.20 — BENEFIT \$12.10

**PART 10 – OPERATIONS****DIVISION 4 – UROLOGICAL**

6204	PENIS, Peyronie's disease, operation for  ALL STATES: FEE \$142.00 — BENEFIT \$137.00  Anaesthetic 8 units — Item Nos 409G / 517S
6208	PENIS, plastic implantation of  ALL STATES: FEE \$265.00 — BENEFIT \$260.00  Anaesthetic 8 units — Item Nos 409G / 517S
6212	SCROTUM, partial excision of  ALL STATES: FEE \$88.00 — BENEFIT \$83.00  Anaesthetic 7 units — Item Nos 408G / 514S
6216	SCROTUM, drainage of abscess of  ALL STATES: FEE \$57.00 — BENEFIT \$52.00  Anaesthetic 4 units — Item Nos 405G / 509S
<b>OPERATIONS ON TESTES, VASA OR SEMINAL VESICLES</b>	
TESTICULAR BIOPSY	
6218	ALL STATES: FEE \$57.00 — BENEFIT \$52.00  Anaesthetic 6 units — Item Nos 407G / 513S
SPERMATOCELE OR EPIDIDYMAL CYSTS, excision of	
6221	G. ALL STATES: FEE \$69.00 — BENEFIT \$64.00
6224	S. ALL STATES: FEE \$86.00 — BENEFIT \$81.00  Anaesthetic 6 units — Item Nos 407G / 513S
6228	EXPLORATION OF THE TESTIS, with or without fixation for torsion  ALL STATES: FEE \$86.00 — BENEFIT \$81.00  Anaesthetic 5 units — Item Nos 406G / 510S
6230	ORCHIDECTOMY, with excision of retroperitoneal glands or seminal vesicles  ALL STATES: FEE \$285.00 — BENEFIT \$280.00  Anaesthetic 12 units — Item Nos 454G / 523S



**PART 10 – OPERATIONS****DIVISION 4 – UROLOGICAL**

6233	<b>ORCHIDOPLASTY</b>  ALL STATES: FEE \$104.00 — BENEFIT \$99.00  Anaesthetic 8 units — Item Nos 409G / 517S
6236	<b>EPIDIDYMECTOMY</b>  ALL STATES: FEE \$95.00 — BENEFIT \$90.00  Anaesthetic 8 units — Item Nos 409G / 517S
6238	<b>VASEOPIPIDIDYMOSTOMY — unilateral</b>  ALL STATES: FEE \$176.00 — BENEFIT \$171.00  Anaesthetic 9 units — Item Nos 443G / 518S
6241	<b>VASEOPIPIDIDYMOSTOMY — bilateral</b>  ALL STATES: FEE \$198.00 — BENEFIT \$193.00  Anaesthetic 12 units — Item Nos 454G / 523S
6244	<b>VAS DEFERENS, reanastomosis of</b>  ALL STATES: FEE \$156.00 — BENEFIT \$151.00  Anaesthetic 9 units — Item Nos 443G / 518S
6246	<b>VASOEPIDIDYMOGRAPHY and VASOVESICULOGRAPHY as an independent operative procedure, PREPARATION FOR, BY OPEN OPERATION</b>  ALL STATES: FEE \$57.00 — BENEFIT \$52.00  Anaesthetic 5 units — Item Nos 406G / 510S
6249	<b>VASOTOMY OR VASECTOMY (unilateral or bilateral)</b>  G. ALL STATES: FEE \$57.00 — BENEFIT \$52.00
6253	S. ALL STATES: FEE \$71.00 — BENEFIT \$66.00  Anaesthetic 5 units — Item Nos 406G / 510S
6258	<p style="text-align: center;"><b>DIVISION 5 — GYNAECOLOGICAL</b></p> <b>GYNAECOLOGICAL EXAMINATION UNDER ANAESTHESIA</b> not performed in association with any service covered by any other item in this Part  ALL STATES: FEE \$24.00 — BENEFIT \$20.40  Anaesthetic 5 units — Item Nos 406G / 510S

## PART 10 – OPERATIONS

## DIVISION 5 – GYNAECOLOGICAL

‡ 6262	<p>INTRA-UTERINE CONTRACEPTIVE DEVICE, introduction of, as an independent procedure; or removal of under general anaesthesia, as an independent procedure</p> <p>ALL STATES: FEE \$16.00 — BENEFIT \$13.60</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
6267	<p>SIMPLE TUMOUR OF VULVA, removal of</p> <p>ALL STATES: FEE \$24.00 — BENEFIT \$20.40</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
6271	<p>HYMENECTOMY</p> <p>ALL STATES: FEE \$26.50 — BENEFIT \$22.55</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
6274 6277	<p>BARTHOLIN'S CYST, excision of</p> <p>G. ALL STATES: FEE \$44.50 — BENEFIT \$39.50</p> <p>S. ALL STATES: FEE \$55.00 — BENEFIT \$50.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
6278 6280	<p>BARTHOLIN'S CYST OR GLAND, marsupialisation or cautery destruction of</p> <p>G. ALL STATES: FEE \$35.00 — BENEFIT \$30.00</p> <p>S. ALL STATES: FEE \$44.00 — BENEFIT \$39.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
6284	<p>BARTHOLIN'S ABSCESS, incision of</p> <p>ALL STATES: FEE \$17.60 — BENEFIT \$15.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>
6286	<p>SKENE'S DUCT, incision of, or removal of calculus from</p> <p>ALL STATES: FEE \$26.50 — BENEFIT \$22.55</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>
6290	<p>URETHRA OR URETHRAL CARUNCLE, cauterisation of</p> <p>ALL STATES: FEE \$17.60 — BENEFIT \$15.00</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>

## PART 10 — OPERATIONS

## DIVISION 5 — GYNAECOLOGICAL

6292 6296	<p>URETHRAL CARUNCLE, excision of</p> <p>G. ALL STATES: FEE \$35.00 — BENEFIT \$30.00</p> <p>S. ALL STATES: FEE \$44.00 — BENEFIT \$39.00</p>
6299	<p>CLITORIS, amputation of</p> <p>ALL STATES: FEE \$80.00 — BENEFIT \$75.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
6302	<p>VULVECTOMY (SIMPLE)</p> <p>ALL STATES: FEE \$104.00 — BENEFIT \$99.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
6306	<p>VULVECTOMY (RADICAL)</p> <p>ALL STATES: FEE \$355.00 — BENEFIT \$350.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 527S</p>
6308	<p>PELVIC LYMPH GLANDS, excision of (radical)</p> <p>ALL STATES: FEE \$205.00 — BENEFIT \$200.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
6313	<p>VAGINA, dilatation of, as an independent procedure — each attendance at which dilatation is performed</p> <p>ALL STATES: FEE \$13.00 — BENEFIT \$11.05</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>
6321	<p>VAGINA, removal of simple tumour (including Gartner duct cyst)</p> <p>ALL STATES: FEE \$64.00 — BENEFIT \$59.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
6325	<p>VAGINA, complete removal of</p> <p>ALL STATES: FEE \$205.00 — BENEFIT \$200.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
6327	<p>VAGINAL RECONSTRUCTION in congenital absence or gynatresia</p> <p>ALL STATES: FEE \$205.00 — BENEFIT \$200.00</p> <p>Anaesthetic 18 units — Item Nos 462G / 529S</p>

**PART 10 – OPERATIONS**

**DIVISION 5 – GYNAECOLOGICAL**

6332	VAGINAL SEPTUM, excision of, for correction of double vagina ALL STATES: FEE \$120.00 — BENEFIT \$115.00 Anaesthetic 12 units — Item Nos 454G / 523S								
6336	PLASTIC REPAIR TO ENLARGE VAGINAL ORIFICE ALL STATES: FEE \$47.50 — BENEFIT \$42.50 Anaesthetic 9 units — Item Nos 443G / 518S								
6342	COLPOTOMY OR COLPORRHAPHY, not covered by any other item in this Part ALL STATES: FEE \$37.00 — BENEFIT \$32.00 Anaesthetic 6 units — Item Nos 407G / 513S								
CYSTOCELE OR RECTOCELE, repair of, not covered by items 6358, 6363, 6367, 6373, 6379 or 6384 in this Schedule									
6347	G.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		<i>BENEFIT</i>	\$	102.00	89.00	89.00	89.00	89.00	89.00
				97.00	84.00	84.00	84.00	84.00	84.00
6352	S.	FEE	\$	126.00	110.00	110.00	110.00	110.00	110.00
		<i>BENEFIT</i>	\$	121.00	105.00	105.00	105.00	105.00	105.00
				Anaesthetic 10 units — Item Nos 450G / 521S					
CYSTOCELE OR RECTOCELE, repair of, not covered by Items 6367, 6373, 6379 or 6384 in this Schedule									
6358	G.	ALL STATES: FEE \$126.00 — BENEFIT \$121.00							
6363	S.	ALL STATES: FEE \$160.00 — BENEFIT \$155.00							
		Anaesthetic 10 units — Item Nos 450G / 521S							
COLPOPLASTY, DONALD-FOTHERGILL OR MANCHESTER OPERATION (operation for genital prolapse)									
6367	G.	ALL STATES: FEE \$156.00 — BENEFIT \$151.00							
6373	S.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		<i>BENEFIT</i>	\$	190.00	190.00	190.00	190.00	198.00	190.00
				185.00	185.00	185.00	185.00	193.00	185.00
				Anaesthetic 10 units — Item Nos 450G / 521S					
COLPOPLASTY, DONALD-FOTHERGILL OR MANCHESTER OPERATION (operation for genital prolapse) AND CURETTAGE OF UTERUS, with or without dilatation									
6379	G.	ALL STATES: FEE \$176.00 — BENEFIT \$171.00							
6384	S.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		<i>BENEFIT</i>	\$	215.00	220.00	215.00	215.00	225.00	215.00
				210.00	215.00	210.00	210.00	220.00	210.00
				Anaesthetic 11 units — Item Nos 453G / 522S					

## PART 10 – OPERATIONS

## DIVISION 5 – GYNAECOLOGICAL

6389	<p>URETHROCELE, operation for</p> <p>ALL STATES: FEE \$52.00 — BENEFIT \$47.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
6396	<p>ABDOMINAL APPROACH for repair of ENTEROCELE AND/OR SUSPENSION OF VAGINAL VAULT</p> <p>ALL STATES: FEE \$160.00 — BENEFIT \$155.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
6401	<p>FISTULA BETWEEN GENITAL AND URINARY OR ALIMENTARY TRACTS , repair of, not covered by Items 5941, 6079 or 6083</p> <p>ALL STATES: FEE \$205.00 — BENEFIT \$200.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
6406	<p>‡ STRESS INCONTINENCE, sling operation for</p> <p>ALL STATES: FEE \$198.00 — BENEFIT \$193.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
6407	<p>† STRESS INCONTINENCE, ABDOMINO-VAGINAL operation for, synchronous combined: abdominal procedure (including aftercare)</p> <p>ALL STATES: FEE \$198.00 — BENEFIT \$193.00</p>
6408	<p>† STRESS INCONTINENCE, ABDOMINO-VAGINAL operation for, synchronous combined: vaginal procedure (including aftercare)</p> <p>ALL STATES: FEE \$110.00 — BENEFIT \$105.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
6411	<p>CERVIX, cauterisation, ionisation or diathermy of, with or without removal of cervical polyp, with or without dilatation of cervix</p> <p>ALL STATES: FEE \$19.00 — BENEFIT \$16.50</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>

**PART 10 — OPERATIONS**

**DIVISION 5 — GYNAECOLOGICAL**

		EXAMINATION OF THE UTERINE CERVIX by a magnifying colposcope of the Hinselmann type or similar instrument						
6415			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	20.50	20.50	20.50	16.60	16.60	16.60
	BENEFIT	\$	17.45	17.45	17.45	14.15	14.15	14.15
		Anaesthetic 5 units — Item Nos 406G / 510S						
		CERVIX, cone biopsy of						
6418	G.	ALL STATES: FEE \$51.00 — BENEFIT \$46.00						
6424	S.	ALL STATES: FEE \$64.00 — BENEFIT \$59.00						
		Anaesthetic 7 units — Item Nos 408G / 514S						
		CERVIX, cone biopsy of AND CURETTAGE OF UTERUS with or without dilatation						
6428	G.	ALL STATES: FEE \$70.00 — BENEFIT \$65.00						
6434	S.		NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	89.00	92.00	89.00	89.00	89.00	89.00
	BENEFIT	\$	84.00	87.00	84.00	84.00	84.00	84.00
		Anaesthetic 7 units — Item Nos 408G / 514S						
		CERVIX, amputation or repair of, not covered by Item 6367 or 6373 in this Schedule						
6436	G.	ALL STATES: FEE \$43.00 — BENEFIT \$38.00						
6441	S.	ALL STATES: FEE \$52.00 — BENEFIT \$47.00						
		Anaesthetic 7 units — Item Nos 408G / 514S						
		CERVIX, dilatation of, not covered by Items 6460/6464 or 6469 in this Schedule						
6446		ALL STATES: FEE \$24.00 — BENEFIT \$20.40						
		Anaesthetic 5 units — Item Nos 406G / 510S						
		CULDOSCOPY						
6451		ALL STATES: FEE \$32.00 — BENEFIT \$27.20						
		Anaesthetic 7 units — Item Nos 408G / 514S						

## PART 10 — OPERATIONS

## DIVISION 5 — GYNAECOLOGICAL

‡ UTERUS, CURETTAGE OF, with or without dilatation, including curettage for incomplete miscarriage

6460 G. ALL STATES: FEE \$40.00 — BENEFIT \$35.00

			NSW	VIC	QLD	SA	WA	TAS
6464	S.	FEE	\$ 51.00	55.00	51.00	51.00	51.00	51.00
		BENEFIT	\$ 46.00	50.00	46.00	46.00	46.00	46.00

Anaesthetic 5 units — Item Nos 406G / 510S

EVACUATION OF THE CONTENTS OF THE GRAVID UTERUS BY CURETTAGE OR SUCTION CURETTAGE not covered by Item 6460 or 6464

6469 ALL STATES: FEE \$65.00 — BENEFIT \$60.00

Anaesthetic 5 units — Item Nos 406G / 510S

† UTERUS, CURETTAGE OF, with COLPOSCOPY, CERVICAL BIOPSY and RADICAL DIATHERMY

6483 ALL STATES: FEE \$89.00 — BENEFIT \$84.00

Anaesthetic 8 units — Item Nos 409G / 517S

UTERUS, curettage of, with or without dilatation, with removal of polyp from cervix with or without cauterisation, ionisation or diathermy of the cervix

6501 G. ALL STATES: FEE \$49.50 — BENEFIT \$44.50

			NSW	VIC	QLD	SA	WA	TAS
6506	S.	FEE	\$ 60.00	65.00	60.00	60.00	60.00	60.00
		BENEFIT	\$ 55.00	60.00	55.00	55.00	55.00	55.00

Anaesthetic 6 units — Item Nos 407G / 513S

HYSTEROTOMY

6508 ALL STATES: FEE \$160.00 — BENEFIT \$155.00

Anaesthetic 10 units — Item Nos 450G / 521S

HYSTERECTOMY (OTHER THAN VAGINAL) — SUBTOTAL

6513 G. ALL STATES: FEE \$160.00 — BENEFIT \$155.00

6517 S. ALL STATES: FEE \$198.00 — BENEFIT \$193.00

Anaesthetic 10 units — Item Nos 450G / 521S

## PART 10 — OPERATIONS

## DIVISION 5 — GYNAECOLOGICAL

‡	HYSTERECTOMY, ABDOMINAL OR VAGINAL, TOTAL	
6519	G.	ALL STATES: FEE \$160.00 — BENEFIT \$155.00
6523	S.	ALL STATES: FEE \$198.00 — BENEFIT \$193.00 Anaesthetic 11 units — Item Nos 453G / 522S
	HYSTERECTOMY (OTHER THAN VAGINAL) — TOTAL, with curettage of uterus, with or without dilatation	
6528	G.	ALL STATES: FEE \$178.00 — BENEFIT \$173.00
6530	S.	ALL STATES: FEE \$225.00 — BENEFIT \$220.00 Anaesthetic 11 units — Item Nos 453G / 522S
†	HYSTERECTOMY, ABDOMINAL, with enucleation of ovarian cyst, one or both sides	
6532	G.	ALL STATES: FEE \$215.00 — BENEFIT \$210.00
6533	S.	ALL STATES: FEE \$265.00 — BENEFIT \$260.00 Anaesthetic 12 units — Item Nos 454G / 523S
	HYSTERECTOMY AND DISSECTION OF PELVIC GLANDS	
6536		ALL STATES: FEE \$330.00 — BENEFIT \$325.00 Anaesthetic 17 units — Item Nos 461G / 528S
	RADICAL HYSTERECTOMY WITHOUT GLAND DISSECTION	
6542		ALL STATES: FEE \$240.00 — BENEFIT \$235.00 Anaesthetic 12 units — Item Nos 454G / 523S
†	HYSTERECTOMY, VAGINAL, with removal of UTERINE ADNEXAE	
6544		ALL STATES: FEE \$230.00 — BENEFIT \$225.00 Anaesthetic 12 units — Item Nos 454G / 523S
	ECTOPIC GESTATION, removal of	
6553	G.	ALL STATES: FEE \$126.00 — BENEFIT \$121.00
6557	S.	ALL STATES: FEE \$160.00 — BENEFIT \$155.00 Anaesthetic 9 units — Item Nos 443G / 518S



**PART 10 – OPERATIONS**

**DIVISION 5 – GYNAECOLOGICAL**

		<b>MYOMECTOMY</b>						
6561	G.	ALL STATES: FEE \$126.00 — BENEFIT \$121.00						
6563	S.	ALL STATES: FEE \$160.00 — BENEFIT \$155.00						
		Anaesthetic 10 units — Item Nos 450G / 521S						
		<b>BICORNUATE UTERUS, plastic reconstruction for</b>						
6570		ALL STATES: FEE \$176.00 — BENEFIT \$171.00						
		Anaesthetic 14 units — Item Nos 458G / 525S						
		<b>UTERUS, SUSPENSION OR FIXATION OF — as an independent procedure</b>						
6585	G.	FEE	NSW \$ 104.00	VIC 104.00	QLD 95.00	SA 104.00	WA 95.00	TAS 95.00
		BENEFIT	\$ 99.00	99.00	90.00	99.00	90.00	90.00
6594	S.	FEE	\$ 128.00	142.00	128.00	128.00	128.00	128.00
		BENEFIT	\$ 123.00	137.00	123.00	123.00	123.00	123.00
		Anaesthetic 8 units — Item Nos 409G / 517S						
		<b>RUBIN TEST for patency</b>						
6599		ALL STATES: FEE \$19.80 — BENEFIT \$16.85						
		Anaesthetic 5 units — Item Nos 406G / 510S						
		<b>LAPAROSCOPY, DIAGNOSTIC, as a diagnostic procedure performed in gynaecology</b>						
6604		ALL STATES: FEE \$64.00 — BENEFIT \$59.00						
		Anaesthetic 7 units — Item Nos 408G / 514S						
		<b>LAPOROSCOPY involving biopsy, puncture of cysts, diathermy of endometriosis, ventrosuspension, division of adhesions or other procedures — one or more such procedures — not associated with Item 6611 or 6612</b>						
6607		ALL STATES: FEE \$120.00 — BENEFIT \$115.00						
		Anaesthetic 7 units — Item Nos 408G / 514S						
		<b>STERILISATION BY TRANSECTION OR RESECTION OF FALLOPIAN TUBES, via abdominal or vaginal routes or via laparoscopy using diathermy or any other method</b>						
6611	G.	ALL STATES: FEE \$96.00 — BENEFIT \$91.00						
6612	S.	ALL STATES: FEE \$120.00 — BENEFIT \$115.00						
		Anaesthetic 8 units — Item Nos 409G / 517S						

## PART 10 — OPERATIONS

## DIVISION 5 — GYNAECOLOGICAL

6631	FALLOPIAN TUBE OR TUBES, implantation of, into uterus  ALL STATES: FEE \$190.00 — BENEFIT \$185.00  Anaesthetic 12 units — Item Nos 454G / 523S
6636	FALLOPIAN TUBES, hydrotubation of, as an isolated procedure  ALL STATES: FEE \$19.00 — BENEFIT \$16.15  Anaesthetic 7 units — Item Nos 408G / 514S
6641	FALLOPIAN TUBES, hydrotubation of, as a repetitive post-operative procedure  ALL STATES: FEE \$12.80 — BENEFIT \$10.90  Anaesthetic 7 units — Item Nos 408G / 514S
†	LAPAROTOMY, involving OOPHORECTOMY, SALPINGECTOMY, SALPINGO-OOPHORECTOMY, removal of OVARIAN, PAROVARIAN, FIMBRIAL or BROAD LIGAMENT CYST — one such procedure, not associated with hysterectomy
6643	G. ALL STATES: FEE \$108.00 — BENEFIT \$103.00
6644	S. ALL STATES: FEE \$134.00 — BENEFIT \$129.00  Anaesthetic 9 units — Item Nos 443G / 518S
†	LAPAROTOMY, involving OOPHORECTOMY, SALPINGECTOMY, SALPINGO-OOPHORECTOMY, removal of OVARIAN, PAROVARIAN, FIMBRIAL or BROAD LIGAMENT CYST — two or more such procedures, unilateral or bilateral, not associated with hysterectomy
6648	G. ALL STATES: FEE \$130.00 — BENEFIT \$125.00
6649	S. ALL STATES: FEE \$162.00 — BENEFIT \$157.00  Anaesthetic 10 units — Item Nos 450G / 521S
6669	SALPINGOSTOMY OR SALPINGOLYSIS, or both  ALL STATES: FEE \$190.00 — BENEFIT \$185.00  Anaesthetic 11 units — Item Nos 453G / 522S
6677	PELVIC ABSCESS, suprapubic drainage of  G. ALL STATES: FEE \$108.00 — BENEFIT \$103.00
6681	S. ALL STATES: FEE \$134.00 — BENEFIT \$129.00  Anaesthetic 8 units — Item Nos 409G / 517S

## DIVISION 6 — OPHTHALMOLOGICAL

OPHTHALMOLOGICAL EXAMINATION under general anaesthesia as an independent procedure

6686

ALL STATES: FEE \$30.50 — BENEFIT \$25.95

Anaesthetic 5 units — Item Nos 406G / 510S

EYE, ENUCLEATION OF with or without sphere implant

6688

ALL STATES: FEE \$142.00 — BENEFIT \$137.00

Anaesthetic 8 units — Item Nos 409G / 517S

EYE, ENUCLEATION OF, with insertion of integrated implant

6692

ALL STATES: FEE \$184.00 — BENEFIT \$179.00

Anaesthetic 9 units — Item Nos 443G / 518S

GLOBE, EVISCERATION OF

6697

ALL STATES: FEE \$142.00 — BENEFIT \$137.00

Anaesthetic 8 units — Item Nos 409G / 517S

GLOBE, EVISCERATION OF, AND INSERTION OF INTRASCLERAL BALL OR CARTILAGE

6699

ALL STATES: FEE \$184.00 — BENEFIT \$179.00

Anaesthetic 9 units — Item Nos 443G / 518S

ANOPHTHALMIC ORBIT, INSERTION OF CARTILAGE OR ARTIFICIAL IMPLANT as a delayed procedure; or REMOVAL OF IMPLANT FROM SOCKET

6701

ALL STATES: FEE \$104.00 — BENEFIT \$99.00

Anaesthetic 9 units — Item Nos 443G / 518S

ORBIT, SKIN GRAFT TO, as a delayed procedure

6703

ALL STATES: FEE \$61.00 — BENEFIT \$56.00

Anaesthetic 7 units — Item Nos 408G / 514S

CONTRACTED SOCKET, RECONSTRUCTION INCLUDING MUCOUS MEMBRANE GRAFTING AND STENT MOULD

6705

ALL STATES: FEE \$122.00 — BENEFIT \$117.00

Anaesthetic 11 units — Item Nos 453G / 522S

## PART 10 — OPERATIONS

## DIVISION 6 — OPHTHALMOLOGICAL

6707	<p>ORBIT, EXPLORATION with or without biopsy, requiring REMOVAL OF BONE</p> <p>ALL STATES: FEE \$190.00 — BENEFIT \$185.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
6709	<p>ORBIT, EXPLORATION OF with drainage or biopsy not requiring removal of bone</p> <p>ALL STATES: FEE \$120.00 — BENEFIT \$115.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
6713	<p>ORBIT, exenteration of</p> <p>ALL STATES: FEE \$198.00 — BENEFIT \$193.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
6715	<p>ORBIT, EXENTERATION OF, with skin graft</p> <p>ALL STATES: FEE \$245.00 — BENEFIT \$240.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
6718	<p>ORBIT, EXENTERATION OF, INCLUDING SKIN GRAFTING, with temporalis muscle transplant</p> <p>ALL STATES: FEE \$270.00 — BENEFIT \$265.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
6722	<p>ORBIT, EXPLORATION OF, with removal of tumour or foreign body, requiring removal of bone</p> <p>ALL STATES: FEE \$305.00 — BENEFIT \$300.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
6724	<p>ORBIT, EXPLORATION OF, with removal of tumour or foreign body</p> <p>ALL STATES: FEE \$150.00 — BENEFIT \$145.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
6728	<p>EYEBALL, PERFORATING WOUND OF, not involving intraocular structures — repair</p> <p>ALL STATES: FEE \$190.00 — BENEFIT \$185.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>

**PART 10 — OPERATIONS****DIVISION 6 — OPHTHALMOLOGICAL**

6730	EYEBALL, PERFORATING WOUND OF, with incarceration or prolapse of uveal tissue — repair  ALL STATES: FEE \$220.00 — BENEFIT \$215.00  Anaesthetic 12 units — Item Nos 454G / 523S
6736	EYEBALL, PERFORATING WOUND OF, with incarceration of lens or vitreous — repair  ALL STATES: FEE \$305.00 — BENEFIT \$300.00  Anaesthetic 12 units — Item Nos 454G / 523S
6740	INTRAOCULAR FOREIGN BODY, removal from anterior chamber, magnetic  ALL STATES: FEE \$122.00 — BENEFIT \$117.00  Anaesthetic 10 units — Item Nos 450G / 521S
6742	INTRAOCULAR FOREIGN BODY, removal from anterior chamber, non-magnetic  ALL STATES: FEE \$160.00 — BENEFIT \$155.00  Anaesthetic 11 units — Item Nos 453G / 522S
6744	INTRAOCULAR FOREIGN BODY, MAGNETIC, removal from posterior segment  ALL STATES: FEE \$220.00 — BENEFIT \$215.00  Anaesthetic 10 units — Item Nos 450G / 521S
6747	INTRAOCULAR FOREIGN BODY, NON-MAGNETIC, removal from posterior segment  ALL STATES: FEE \$305.00 — BENEFIT \$300.00  Anaesthetic 12 units — Item Nos 454G / 523S
6752	ABSCESS (INTRAORBITAL), drainage of  ALL STATES: FEE \$35.00 — BENEFIT \$30.00  Anaesthetic 6 units — Item Nos 407G / 513S
6754	TARSAL CYST, extirpation of  ALL STATES: FEE \$24.50 — BENEFIT \$20.85  Anaesthetic 6 units — Item Nos 407G / 513S
6758	TARSAL CARTILAGE, excision of  ALL STATES: FEE \$134.00 — BENEFIT \$129.00  Anaesthetic 8 units — Item Nos 409G / 517S

## PART 10 – OPERATIONS

## DIVISION 6 – OPHTHALMOLOGICAL

6762	ECTROPION, tarsal cauterisation for  ALL STATES: FEE \$35.00 — BENEFIT \$30.00
6766	TARSORRHAPHY  ALL STATES: FEE \$81.00 — BENEFIT \$76.00 Anaesthetic 8 units — Item Nos 409G / 517S
6768	CANTHOPLASTY, medial or lateral  ALL STATES: FEE \$100.00 — BENEFIT \$95.00 Anaesthetic 9 units — Item Nos 443G / 518S
6772	LACRIMAL GLAND, excision of palpebral lobe  ALL STATES: FEE \$61.00 — BENEFIT \$56.00 Anaesthetic 8 units — Item Nos 409G / 517S
6774	LACRIMAL SAC, excision of, or operation on  ALL STATES: FEE \$150.00 — BENEFIT \$145.00 Anaesthetic 8 units — Item Nos 409G / 517S
6778	DACRYOCYSTORHINOSTOMY  ALL STATES: FEE \$205.00 — BENEFIT \$200.00 Anaesthetic 11 units — Item Nos 453G / 522S
6782	CONJUNCTIVORHINOSTOMY  ALL STATES: FEE \$176.00 — BENEFIT \$171.00 Anaesthetic 11 units — Item Nos 453G / 522S
6786	CONJUNCTIVORHINOSTOMY including dacryocystorhinostomy and fashioning of conjunctival flaps  ALL STATES: FEE \$220.00 — BENEFIT \$215.00 Anaesthetic 12 units — Item Nos 454G / 523S
6790	PAROTID DUCT, transplantation of, into conjunctival sac  ALL STATES: FEE \$220.00 — BENEFIT \$215.00 Anaesthetic 11 units — Item Nos 453G / 522S

**PART 10 – OPERATIONS**

**DIVISION 6 – OPHTHALMOLOGICAL**

6792	<p>LACRIMAL CANALICULAR SYSTEM, reconstruction of</p> <p>ALL STATES: FEE \$190.00 — BENEFIT \$185.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>																														
6796	<p>LACRIMAL CANALICULUS, immediate repair of</p> <p>ALL STATES: FEE \$134.00 — BENEFIT \$129.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>																														
6799	<p>NASO-LACRIMAL DUCT, probing for obstruction, one or both ducts</p> <table border="0" data-bbox="194 555 1123 646"> <tr> <td></td> <td></td> <td>NSW</td> <td>VIC</td> <td>QLD</td> <td>SA</td> <td>WA</td> <td>TAS</td> </tr> <tr> <td>FEE</td> <td>\$</td> <td>43.00</td> <td>43.00</td> <td>29.50</td> <td>29.50</td> <td>29.50</td> <td>29.50</td> </tr> <tr> <td>BENEFIT</td> <td>\$</td> <td>38.00</td> <td>38.00</td> <td>25.10</td> <td>25.10</td> <td>25.10</td> <td>25.10</td> </tr> </table> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>									NSW	VIC	QLD	SA	WA	TAS	FEE	\$	43.00	43.00	29.50	29.50	29.50	29.50	BENEFIT	\$	38.00	38.00	25.10	25.10	25.10	25.10
		NSW	VIC	QLD	SA	WA	TAS																								
FEE	\$	43.00	43.00	29.50	29.50	29.50	29.50																								
BENEFIT	\$	38.00	38.00	25.10	25.10	25.10	25.10																								
6802	<p>LACRIMAL PASSAGES, lavage of (excluding after-care)</p> <p>ALL STATES: FEE \$14.20 — BENEFIT \$12.10</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>																														
6805	<p>PUNCTUM SNIP operation</p> <table border="0" data-bbox="194 973 1123 1064"> <tr> <td></td> <td></td> <td>NSW</td> <td>VIC</td> <td>QLD</td> <td>SA</td> <td>WA</td> <td>TAS</td> </tr> <tr> <td>FEE</td> <td>\$</td> <td>40.00</td> <td>33.00</td> <td>24.00</td> <td>24.00</td> <td>24.00</td> <td>24.00</td> </tr> <tr> <td>BENEFIT</td> <td>\$</td> <td>35.00</td> <td>28.05</td> <td>20.40</td> <td>20.40</td> <td>20.40</td> <td>20.40</td> </tr> </table> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>									NSW	VIC	QLD	SA	WA	TAS	FEE	\$	40.00	33.00	24.00	24.00	24.00	24.00	BENEFIT	\$	35.00	28.05	20.40	20.40	20.40	20.40
		NSW	VIC	QLD	SA	WA	TAS																								
FEE	\$	40.00	33.00	24.00	24.00	24.00	24.00																								
BENEFIT	\$	35.00	28.05	20.40	20.40	20.40	20.40																								
6807	<p>CONJUNCTIVAL PERITOMY</p> <p>ALL STATES: FEE \$35.00 — BENEFIT \$30.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>																														
6810	<p>CONJUNCTIVAL GRAFT OVER CORNEA</p> <p>ALL STATES: FEE \$114.00 — BENEFIT \$109.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>																														
6814	<p>TRACHOMA, crushing operation for</p> <p>ALL STATES: FEE \$37.00 — BENEFIT \$32.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>																														

**PART 10 – OPERATIONS**

**DIVISION 6 – OPHTHALMOLOGICAL**

6816	CORNEA OR SCLERA, removal of superficial foreign body from (excluding after-care)							
			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	7.50	6.90	6.60	6.60	6.60	6.90
	BENEFIT	\$	6.40	5.90	5.65	5.65	5.65	5.90
	Anaesthetic 6 units – Item Nos 407G / 513S							
6818	CORNEA OR SCLERA, removal of imbedded foreign body from (excluding after-care)							
	ALL STATES: FEE \$21.50 – BENEFIT \$18.30							
	Anaesthetic 8 units – Item Nos 409G / 517S							
6820	CORNEAL SCARS removal of by partial keratectomy							
	ALL STATES: FEE \$61.00 – BENEFIT \$56.00							
	Anaesthetic 8 units – Item Nos 409G / 517S							
6822	CORNEA, tattooing of							
	ALL STATES: FEE \$70.00 – BENEFIT \$65.00							
	Anaesthetic 9 units – Item Nos 443G / 518S							
6824	CORNEA, epithelial debridement for dendritic ulcer (excluding after-care)							
	ALL STATES: FEE \$21.50 – BENEFIT \$18.30							
	Anaesthetic 8 units – Item Nos 409G / 517S							
6828	CORNEA, transplantation of, full thickness, including collection of implant							
	ALL STATES: FEE \$400.00 – BENEFIT \$395.00							
	Anaesthetic 13 units – Item Nos 457G / 524S							
6832	CORNEA, transplantation of, superficial or lamellar including collection of transplant							
	ALL STATES: FEE \$265.00 – BENEFIT \$260.00							
	Anaesthetic 11 units – Item Nos 453G / 522S							
6835	CONJUNCTIVA, CAUTERY OF, INCLUDING TREATMENT OF PANNUS – each attendance at which treatment is given							
	ALL STATES: FEE \$18.40 – BENEFIT \$15.65							
	Anaesthetic 4 units – Item Nos 405G / 509S							



**PART 10 – OPERATIONS**

**DIVISION 6 – OPHTHALMOLOGICAL**

6837	PTERYGIUM, removal of							
			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	75.00	80.00	69.00	69.00	69.00	69.00
	BENEFIT	\$	70.00	75.00	64.00	64.00	64.00	64.00
	Anaesthetic 6 units — Item Nos 407G / 513S							
6842	PINGUECULA, removal of							
	ALL STATES: FEE \$35.00 — BENEFIT \$30.00							
	Anaesthetic 6 units — Item Nos 407G / 513S							
6846	LIMBIC TUMOUR, removal of							
	ALL STATES: FEE \$81.00 — BENEFIT \$76.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
6848	LENS EXTRACTION							
			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	350.00	320.00	295.00	285.00	285.00	285.00
	BENEFIT	\$	345.00	315.00	290.00	280.00	280.00	280.00
	Anaesthetic 11 units — Item Nos 453G / 522S							
6852	ARTIFICIAL LENS, insertion of							
	ALL STATES: FEE \$190.00 — BENEFIT \$185.00							
	Anaesthetic 11 units — Item Nos 453G / 522S							
6857	ARTIFICIAL LENS, removal of							
	ALL STATES: FEE \$134.00 — BENEFIT \$129.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							
6859	CATARACT, JUVENILE, removal of, including subsequent needlings							
	ALL STATES: FEE \$350.00 — BENEFIT \$345.00							
	Anaesthetic 11 units — Item Nos 453G / 522S							
6861	CAPSULECTOMY							
	ALL STATES: FEE \$156.00 — BENEFIT \$151.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							

## PART 10 — OPERATIONS

## DIVISION 6 — OPHTHALMOLOGICAL

6865	<p>CAPSULOTOMY OR NEEDLING</p> <p>ALL STATES: FEE \$94.00 — BENEFIT \$89.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>																								
6869	<p>PARACENTESIS in relation to eye, for diagnosis or relief of tension</p> <p>ALL STATES: FEE \$88.00 — BENEFIT \$83.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>																								
6871	<p>ANTERIOR CHAMBER, IRRIGATION OF BLOOD FROM, as an independent procedure</p> <p>ALL STATES: FEE \$190.00 — BENEFIT \$185.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>																								
6873	<p>GLAUCOMA, filtering and allied operations in the treatment of</p> <table data-bbox="188 755 1111 846"> <thead> <tr> <th></th> <th></th> <th>NSW</th> <th>VIC</th> <th>QLD</th> <th>SA</th> <th>WA</th> <th>TAS</th> </tr> </thead> <tbody> <tr> <td>FEE</td> <td>\$</td> <td>285.00</td> <td>265.00</td> <td>265.00</td> <td>265.00</td> <td>265.00</td> <td>265.00</td> </tr> <tr> <td>BENEFIT</td> <td>\$</td> <td>280.00</td> <td>260.00</td> <td>260.00</td> <td>260.00</td> <td>260.00</td> <td>260.00</td> </tr> </tbody> </table> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	285.00	265.00	265.00	265.00	265.00	265.00	BENEFIT	\$	280.00	260.00	260.00	260.00	260.00	260.00
		NSW	VIC	QLD	SA	WA	TAS																		
FEE	\$	285.00	265.00	265.00	265.00	265.00	265.00																		
BENEFIT	\$	280.00	260.00	260.00	260.00	260.00	260.00																		
6879	<p>GONIOTOMY</p> <p>ALL STATES: FEE \$205.00 — BENEFIT \$200.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>																								
6881	<p>DIVISION OF ANTERIOR OR POSTERIOR SYNECHIAE, as an independent procedure</p> <p>ALL STATES: FEE \$156.00 — BENEFIT \$151.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>																								
6885	<p>IRIDECTOMY OR IRIDOTOMY, as an independent procedure</p> <p>ALL STATES: FEE \$160.00 — BENEFIT \$155.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>																								
6889	<p>IRIS, LIGHT COAGULATION OF</p> <p>ALL STATES: FEE \$104.00 — BENEFIT \$99.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>																								

**PART 10 — OPERATIONS**

**DIVISION 6 — OPHTHALMOLOGICAL**

6891	TUMOUR OF IRIS, EXCISION OF	ALL STATES: FEE \$160.00 — BENEFIT \$155.00 Anaesthetic 10 units — Item Nos 450G / 521S																								
6894	TUMOUR, INVOLVING CILIARY BODY OR CILIARY BODY AND IRIS, excision of	ALL STATES: FEE \$320.00 — BENEFIT \$315.00 Anaesthetic 12 units — Item Nos 454G / 523S																								
6898	CYCLODIATHERMY OR CYCLOCRYOTHERAPY	ALL STATES: FEE \$88.00 — BENEFIT \$83.00 Anaesthetic 8 units — Item Nos 409G / 517S																								
6900	‡ DETACHED RETINA, diathermy or cryotherapy for	ALL STATES: FEE \$265.00 — BENEFIT \$260.00 Anaesthetic 11 units — Item Nos 453G / 522S																								
6902	DETACHED RETINA, resection or buckling or revision operation for	<table border="0"> <thead> <tr> <th></th> <th></th> <th>NSW</th> <th>VIC</th> <th>QLD</th> <th>SA</th> <th>WA</th> <th>TAS</th> </tr> </thead> <tbody> <tr> <td>FEE</td> <td>\$</td> <td>350.00</td> <td>400.00</td> <td>350.00</td> <td>350.00</td> <td>350.00</td> <td>350.00</td> </tr> <tr> <td>BENEFIT</td> <td>\$</td> <td>345.00</td> <td>395.00</td> <td>345.00</td> <td>345.00</td> <td>345.00</td> <td>345.00</td> </tr> </tbody> </table> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	350.00	400.00	350.00	350.00	350.00	350.00	BENEFIT	\$	345.00	395.00	345.00	345.00	345.00	345.00
		NSW	VIC	QLD	SA	WA	TAS																			
FEE	\$	350.00	400.00	350.00	350.00	350.00	350.00																			
BENEFIT	\$	345.00	395.00	345.00	345.00	345.00	345.00																			
6904	PHOTOCOAGULATION, each attendance at which treatment is given	ALL STATES: FEE \$104.00 — BENEFIT \$99.00 Anaesthetic 10 units — Item Nos 450G / 521S																								
6906	DETACHED RETINA, removal of encircling silicone band from	ALL STATES: FEE \$49.50 — BENEFIT \$44.50 Anaesthetic 8 units — Item Nos 409G / 517S																								
6908	RETINA, CRYOTHERAPY TO, as an independent procedure	ALL STATES: FEE \$176.00 — BENEFIT \$171.00 Anaesthetic 13 units — Item Nos 457G / 524S																								

## PART 10 — OPERATIONS

## DIVISION 6 — OPHTHALMOLOGICAL

6914	RETROBULBAR TRANSILLUMINATION, as an independent procedure						
	ALL STATES: FEE \$26.50 — BENEFIT \$22.55						
	Anaesthetic 5 units — Item Nos 406G / 510S						
6918	RETROBULBAR INJECTION OF ALCOHOL OR OTHER DRUG as an independent procedure						
	ALL STATES: FEE \$20.50 — BENEFIT \$17.45						
6922	SQUINT, OPERATION FOR ON ONE OR BOTH EYES, ONE OR TWO MUSCLES						
		NSW	VIC	QLD	SA	WA	TAS
	FEE	\$ 176.00	176.00	156.00	156.00	156.00	156.00
	BENEFIT	\$ 171.00	171.00	151.00	151.00	151.00	151.00
	Anaesthetic 8 units — Item Nos 409G / 517S						
6924	SQUINT, OPERATION FOR ON ONE OR BOTH EYES, three or four muscles						
		NSW	VIC	QLD	SA	WA	TAS
	FEE	\$ 205.00	205.00	184.00	184.00	184.00	184.00
	BENEFIT	\$ 200.00	200.00	179.00	179.00	179.00	179.00
	Anaesthetic 9 units — Item Nos 443G / 518S						
6928	SQUINT, OPERATION FOR ON ONE OR BOTH EYES, more than four muscles						
		NSW	VIC	QLD	SA	WA	TAS
	FEE	\$ 220.00	220.00	205.00	205.00	205.00	205.00
	BENEFIT	\$ 215.00	215.00	200.00	200.00	200.00	200.00
	Anaesthetic 10 units — Item Nos 450G / 521S						
6930	SQUINT, muscle transplant for (Hummelsheim type, etc.)						
		NSW	VIC	QLD	SA	WA	TAS
	FEE	\$ 205.00	205.00	176.00	160.00	184.00	160.00
	BENEFIT	\$ 200.00	200.00	171.00	155.00	179.00	155.00
	Anaesthetic 9 units — Item Nos 443G / 518S						
6932	RE-ATTACHMENT OF RUPTURED MEDIAL PALPEBRAL LIGAMENT						
	ALL STATES: FEE \$120.00 — BENEFIT \$115.00						
	Anaesthetic 9 units — Item Nos 443G / 518S						
6934	TORN EXTRA-OCULAR MUSCLE, repair of						
	ALL STATES: FEE \$118.00 — BENEFIT \$113.00						
	Anaesthetic 9 units — Item Nos 443G / 518S						

**PART 10 – OPERATIONS****DIVISION 6 – OPHTHALMOLOGICAL**

6938 RESUTURING OF WOUND FOLLOWING INTRA-OCULAR PROCEDURES with or without excision of prolapsed iris  
ALL STATES: FEE \$120.00 — BENEFIT \$115.00  
Anaesthetic 9 units — Item Nos 443G / 518S

**DIVISION 7 – THORACIC**

6940 THORACIC CAVITY, aspiration or paracentesis of, or both (excluding after-care)  
ALL STATES: FEE \$19.80 — BENEFIT \$16.85

6942 PERICARDIUM, paracentesis of (excluding after-care)  
ALL STATES: FEE \$32.50 — BENEFIT \$27.65  
Anaesthetic 6 units — Item Nos 407G / 513S

6946 ARTIFICIAL PNEUMOTHORAX — induction  
ALL STATES: FEE \$26.50 — BENEFIT \$22.55

6948 ARTIFICIAL PNEUMOTHORAX — each filling subsequent to induction  
ALL STATES: FEE \$13.20 — BENEFIT \$11.25

6953 INTERCOSTAL DRAIN, insertion of, not involving resection of rib (excluding after-care)  
ALL STATES: FEE \$32.50 — BENEFIT \$27.65  
Anaesthetic 7 units — Item Nos 408G / 514S

6955 EMPYEMA, radical operation for, involving resection of rib  
ALL STATES: FEE \$138.00 — BENEFIT \$133.00  
Anaesthetic 13 units — Item Nos 457G / 524S

6958 THORACOTOMY, exploratory, with or without biopsy  
ALL STATES: FEE \$270.00 — BENEFIT \$265.00  
Anaesthetic 11 units — Item Nos 453G / 522S

6962 THORACOTOMY, with pulmonary decortication  
ALL STATES: FEE \$405.00 — BENEFIT \$400.00  
Anaesthetic 17 units — Item Nos 461G / 528S

**PART 10 — OPERATIONS****DIVISION 7 — THORACIC**

6964	THORACOTOMY, with pleurectomy or pleurodesis ALL STATES: FEE \$295.00 — BENEFIT \$290.00 Anaesthetic 16 units — Item Nos 460G / 527S
6966	THORACOPLASTY (COMPLETE) ALL STATES: FEE \$405.00 — BENEFIT \$400.00 Anaesthetic 21 units — Item Nos 465G / 535S
6968	THORACOPLASTY (IN STAGES) — each stage ALL STATES: FEE \$210.00 — BENEFIT \$205.00 Anaesthetic 14 units — Item Nos 458G / 525S
6970	PECTUS EXCAVATUM OR PECTUS CARINATUM, limited correction of ALL STATES: FEE \$122.00 — BENEFIT \$117.00 Anaesthetic 13 units — Item Nos 457G / 524S
6972	PECTUS EXCAVATUM OR PECTUS CARINATUM, radical correction of ALL STATES: FEE \$355.00 — BENEFIT \$350.00 Anaesthetic 16 units — Item Nos 460G / 527S
6974	THORACOSCOPY, with or without division of pleural adhesions ALL STATES: FEE \$83.00 — BENEFIT \$78.00 Anaesthetic 7 units — Item Nos 408G / 514S
6976	THORACIC DUCT, cannulisation ALL STATES: FEE \$27.00 — BENEFIT \$22.95 Anaesthetic 8 units — Item Nos 409G / 517S
6978	PHRENIC AVULSION or crush ALL STATES: FEE \$54.00 — BENEFIT \$49.00 Anaesthetic 5 units — Item Nos 406G / 510S
6980	PNEUMONECTOMY or lobectomy ALL STATES: FEE \$405.00 — BENEFIT \$400.00 Anaesthetic 18 units — Item Nos 462G / 529S

## PART 10 — OPERATIONS

## DIVISION 7 — THORACIC

6982	<p>HYDATID CYSTS OF LUNGS, enucleation of</p> <p>ALL STATES: FEE \$295.00 — BENEFIT \$290.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 527S</p>
6984	<p>OESOPHAGUS, correction of atresia of</p> <p>ALL STATES: FEE \$405.00 — BENEFIT \$400.00</p> <p>Anaesthetic 23 units — Item Nos 467G / 538S</p>
6986	<p>OESOPHAGECTOMY, with direct anastomosis OR WITH STOMACH TRANSPOSITION</p> <p>ALL STATES: FEE \$405.00 — BENEFIT \$400.00</p> <p>Anaesthetic 23 units — Item Nos 467G / 538S</p>
6988	<p>OESOPHAGECTOMY, with interposition of small or large bowel</p> <p>ALL STATES: FEE \$495.00 — BENEFIT \$490.00</p> <p>Anaesthetic 27 units — Item Nos 471G / 542S</p>
6990	<p>MEDIASTINAL ABSCESS, drainage of</p> <p>ALL STATES: FEE \$180.00 — BENEFIT \$175.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
6992	<p>MEDIASTINUM, cervical exploration of, with or without biopsy</p> <p>ALL STATES: FEE \$122.00 — BENEFIT \$117.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
6995	<p>PERICARDIUM, TRANSTHORACIC DRAINAGE OF (other than for treatment of constrictive pericarditis)</p> <p>ALL STATES: FEE \$295.00 — BENEFIT \$290.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
6997	<p>HERNIA, HIATUS OR OTHER DIAPHRAGMATIC, transthoracic repair of</p> <p>ALL STATES: FEE \$295.00 — BENEFIT \$290.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>

**PART 10 – OPERATIONS****DIVISION 7 – THORACIC**

6999	<p>INTRATHORACIC OPERATION on heart, lungs, great vessels, bronchial tree, oesophagus or mediastinum, or on more than one of those organs, not covered by any other item in this Part</p> <p>ALL STATES: FEE \$405.00 – BENEFIT \$400.00</p> <p>Anaesthetic 28 units – Item Nos 472G / 543S</p>
7001	<p>RIGHT HEART CATHETERISATION – including fluoroscopy, oximetry, dye dilution curves, cardiac output measurements by any method, shunt detection and exercise stress test</p> <p>ALL STATES: FEE \$128.00 – BENEFIT \$123.00</p> <p>Anaesthetic 12 units – Item Nos 454G / 523S</p>
7003	<p>LEFT HEART CATHETERISATION by percutaneous arterial puncture, arteriotomy or percutaneous left ventricular puncture – including fluoroscopy, oximetry, dye dilution curves, cardiac output measurements by any method, shunt detection and exercise stress test</p> <p>ALL STATES: FEE \$160.00 – BENEFIT \$155.00</p> <p>Anaesthetic 12 units – Item Nos 454G / 523S</p>
7006	<p>RIGHT HEART CATHETERISATION WITH LEFT HEART CATHETERISATION via the right heart or by any other procedure – including fluoroscopy, oximetry, dye dilution curves, cardiac output measurements by any method, shunt detection and exercise stress test</p> <p>ALL STATES: FEE \$190.00 – BENEFIT \$185.00</p> <p>Anaesthetic 14 units – Item Nos 458G / 525S</p>
7011	<p>SELECTIVE CORONARY ARTERIOGRAPHY – placement of catheters and injection of opaque material</p> <p>ALL STATES: FEE \$128.00 – BENEFIT \$123.00</p> <p>Anaesthetic 14 units – Item Nos 458G / 525S</p>
7013	<p>SELECTIVE CORONARY ARTERIOGRAPHY – placement of catheters and injection of opaque material with right or left heart catheterisation, or both</p> <p>ALL STATES: FEE \$220.00 – BENEFIT \$215.00</p> <p>Anaesthetic 16 units – Item Nos 460G / 527S</p>
7021	<p>PERMANENT INTERNAL PACEMAKER AND MYOCARDIAL ELECTRODES, insertion or replacement of by thoracotomy</p> <p>ALL STATES: FEE \$355.00 – BENEFIT \$350.00</p> <p>Anaesthetic 11 units – Item Nos 453G / 522S</p>



**PART 10 – OPERATIONS****DIVISION 7 – THORACIC**

7023	PERMANENT TRANSVENOUS ELECTRODE AND PACEMAKER, insertion or replacement of  ALL STATES: FEE \$295.00 — BENEFIT \$290.00  Anaesthetic 14 units — Item Nos 458G / 525S
7028	PERMANENT TRANSVENOUS ELECTRODE, insertion or replacement of  ALL STATES: FEE \$180.00 — BENEFIT \$175.00  Anaesthetic 12 units — Item Nos 454G / 523S
7033	PERMANENT PACEMAKER, insertion or replacement of  ALL STATES: FEE \$114.00 — BENEFIT \$109.00  Anaesthetic 12 units — Item Nos 454G / 523S
7042	TEMPORARY TRANSVENOUS PACEMAKING ELECTRODE, insertion of  ALL STATES: FEE \$90.00 — BENEFIT \$85.00  Anaesthetic 11 units — Item Nos 453G / 522S
7046	OPEN HEART SURGERY, single valve replacement  ALL STATES: FEE \$570.00 — BENEFIT \$565.00  Anaesthetic 32 units — Item Nos 475G / 546S
7050	OPEN HEART SURGERY for congenital heart disease  ALL STATES: FEE \$570.00 — BENEFIT \$565.00  Anaesthetic 32 units — Item Nos 475G / 546S
7057	OPEN HEART SURGERY on more than one valve or involving more than one chamber  ALL STATES: FEE \$820.00 — BENEFIT \$815.00  Anaesthetic 38 units — Item Nos 477G / 548S
7062	OPEN HEART SURGERY not covered by any other item in this Part  ALL STATES: FEE \$570.00 — BENEFIT \$565.00  Anaesthetic 32 units — Item Nos 475G / 546S

**PART 10 – OPERATIONS**

**DIVISION 7 – THORACIC**

7066	CORONARY ARTERY OR ARTERIES, direct surgery to, employing cardiopulmonary by-pass	ALL STATES: FEE \$650.00 – BENEFIT \$645.00  Anaesthetic 36 units – Item Nos 476G / 547S
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**DIVISION 8 – NEURO-SURGICAL**

	LOCAL INFILTRATION AROUND NERVE or in muscle with alcohol, novocaine or similar preparation – each attendance at which an injection is given	
7068	FEE       \$       NSW       VIC       QLD       SA       WA       TAS BENEFIT   \$       6.40     5.90     5.65     5.65     5.65     5.90	

	NERVE BLOCKING WITH ALCOHOL or other agent following localisation by electrical stimulator	
7072		ALL STATES: FEE \$17.60 – BENEFIT \$15.00

	LOCAL ANAESTHETIC infiltration of cranial nerve or sympathetic plexus	
7075		ALL STATES: FEE \$21.50 – BENEFIT \$18.30

	INJECTION INTO TRIGEMINAL GANGLION OR PRIMARY BRANCH OF TRIGEMINAL NERVE WITH ALCOHOL	
7079		ALL STATES: FEE \$80.00 – BENEFIT \$75.00

	INTRATHECAL INJECTION OF ALCOHOL OR PHENOL	
7081		ALL STATES: FEE \$84.00 – BENEFIT \$79.00

	LUMBAR PUNCTURE	
7085		ALL STATES: FEE \$21.50 – BENEFIT \$18.30

	CISTERNAL PUNCTURE	
7089		ALL STATES: FEE \$25.50 – BENEFIT \$21.70

	SPINAL OR EPIDURAL INJECTION for neurological diagnosis or for therapeutic reasons	
7093		ALL STATES: FEE \$23.00 – BENEFIT \$19.55

	VENTRICULAR PUNCTURE (not including burr-hole)	
7099		ALL STATES: FEE \$57.00 – BENEFIT \$52.00

## PART 10 — OPERATIONS

## DIVISION 8 — NEURO-SURGICAL

	CUTANEOUS OR DIGITAL NERVE, primary suture of	
7106	G.	ALL STATES: FEE \$37.50 — BENEFIT \$32.50
7111	S.	ALL STATES: FEE \$46.50 — BENEFIT \$41.50 Anaesthetic 8 units — Item Nos 409G / 517S
	CUTANEOUS NERVE (other than digital nerve) primary suture of by MICROSURGICAL TECHNIQUES	
7112		ALL STATES: FEE \$64.00 — BENEFIT \$59.00 Anaesthetic 9 units — Item Nos 443G / 518S
	REPAIR OF DIVIDED DIGITAL NERVE to thumb or finger	
7116	G.	ALL STATES: FEE \$60.00 — BENEFIT \$55.00
7117	S.	ALL STATES: FEE \$76.00 — BENEFIT \$71.00 Anaesthetic 8 units — Item Nos 409G / 517S
	REPAIR OF DIVIDED DIGITAL NERVE to thumb or finger by MICROSURGICAL TECHNIQUES, primary repair	
7120		ALL STATES: FEE \$104.00 — BENEFIT \$99.00 Anaesthetic 9 units — Item Nos 443G / 518S
	REPAIR OF DIVIDED DIGITAL NERVE to thumb or finger by MICROSURGICAL TECHNIQUES, secondary repair	
7121		ALL STATES: FEE \$134.00 — BENEFIT \$129.00 Anaesthetic 10 units — Item Nos 450G / 521S
	NERVE TRUNK, PRIMARY suture of	
7124		ALL STATES: FEE \$128.00 — BENEFIT \$123.00 Anaesthetic 8 units — Item Nos 409G / 517S
	NERVE TRUNK, primary suture of, by MICROSURGICAL TECHNIQUES	
7129		ALL STATES: FEE \$210.00 — BENEFIT \$205.00 Anaesthetic 11 units — Item Nos 453G / 522S
	NERVE TRUNK, SECONDARY suture of	
7132		ALL STATES: FEE \$144.00 — BENEFIT \$139.00 Anaesthetic 9 units — Item Nos 443G / 518S

## PART 10 — OPERATIONS

## DIVISION 8 — NEURO-SURGICAL

7138	NERVE TRUNK, secondary suture of, by MICROSURGICAL TECHNIQUES  ALL STATES: FEE \$230.00 — BENEFIT \$225.00  Anaesthetic 12 units — Item Nos 454G / 523S
7139	NERVE GRAFT performed with magnification  ALL STATES: FEE \$255.00 — BENEFIT \$250.00  Anaesthetic 9 units — Item Nos 443G / 518S
7143	NERVE, TRANSPOSITION of  ALL STATES: FEE \$128.00 — BENEFIT \$123.00  Anaesthetic 8 units — Item Nos 409G / 517S
‡	NEURECTOMY, NEUROTOMY or removal of tumour from superficial peripheral nerve, including multiple percutaneous neurotomy of posterior division of spinal nerves
7148	G. ALL STATES: FEE \$55.00 — BENEFIT \$50.00
7152	S. ALL STATES: FEE \$69.00 — BENEFIT \$64.00  Anaesthetic 8 units — Item Nos 409G / 517S
7156	NEURECTOMY, NEUROTOMY, OR REMOVAL OF TUMOUR FROM DEEP PERIPHERAL NERVE  ALL STATES: FEE \$128.00 — BENEFIT \$123.00  Anaesthetic 10 units — Item Nos 450G / 521S
7165	NEURECTOMY, PERIARTERIAL  ALL STATES: FEE \$215.00 — BENEFIT \$210.00  Anaesthetic 9 units — Item Nos 443G / 518S
7170	NEURECTOMY, INTRACRANIAL OR RADICAL as in tic douloureux  ALL STATES: FEE \$345.00 — BENEFIT \$340.00  Anaesthetic 16 units — Item Nos 460G / 527S
7175	EXPLORATION OF BRACHIAL PLEXUS not covered by any other item in this Part  ALL STATES: FEE \$110.00 — BENEFIT \$105.00  Anaesthetic 11 units — Item Nos 453G / 522S

**PART 10 — OPERATIONS**

**DIVISION 8 — NEURO-SURGICAL**

NEUROLYSIS BY OPEN OPERATION without transposition

			NSW	VIC	QLD	SA	WA	TAS
7178	G. FEE	\$	76.00	76.00	64.00	64.00	64.00	64.00
	BENEFIT	\$	71.00	71.00	59.00	59.00	59.00	59.00
7182	S. FEE	\$	95.00	95.00	80.00	80.00	80.00	80.00
	BENEFIT	\$	90.00	90.00	75.00	75.00	75.00	75.00

Anaesthetic 7 units — Item Nos 408G / 514S

BURR-HOLE, single, preparatory to ventricular puncture or for inspection purpose — not included in any other items

7186 ALL STATES: FEE \$70.00 — BENEFIT \$65.00

Anaesthetic 11 units — Item Nos 453G / 522S

INTRACRANIAL TUMOUR, BIOPSY OF, OR CYST, drainage of via burr-hole — including burr-hole

7192 ALL STATES: FEE \$138.00 — BENEFIT \$133.00

Anaesthetic 10 units — Item Nos 450G / 521S

INTRACRANIAL TUMOUR, biopsy and/or decompression via osteoplastic flap

7194 ALL STATES: FEE \$295.00 — BENEFIT \$290.00

Anaesthetic 18 units — Item Nos 462G / 529S

INTRACEREBRAL TUMOUR, CRANIOTOMY AND REMOVAL

7198 ALL STATES: FEE \$420.00 — BENEFIT \$415.00

Anaesthetic 25 units — Item Nos 469G / 540S

INTRACRANIAL EXTRACEREBRAL TUMOUR, CRANIOTOMY AND REMOVAL

7203 ALL STATES: FEE \$715.00 — BENEFIT \$710.00

Anaesthetic 25 units — Item Nos 469G / 540S

INTRACRANIAL HAEMORRHAGE, burr-hole craniotomy for — including burr-hole

7208 G. ALL STATES: FEE \$110.00 — BENEFIT \$105.00

7212 S. ALL STATES: FEE \$138.00 — BENEFIT \$133.00

Anaesthetic 11 units — Item Nos 453G / 522S

## PART 10 — OPERATIONS

## DIVISION 8 — NEURO-SURGICAL

7216	<p>INTRACRANIAL HAEMORRHAGE, OSTEOPLASTIC CRANIOTOMY OR EXTENSIVE CRANIECTOMY AND REMOVAL OF HAEMATOMA</p> <p>ALL STATES: FEE \$320.00 — BENEFIT \$315.00</p> <p>Anaesthetic 18 units — Item Nos 462G / 529S</p>
7220	<p>FRACTURE OF SKULL, depressed or comminuted, operation for</p> <p>G. ALL STATES: FEE \$172.00 — BENEFIT \$167.00</p>
7231	<p>S. ALL STATES: FEE \$215.00 — BENEFIT \$210.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
7236	<p>FRACTURED SKULL, COMPOUND, WITHOUT DURAL PENETRATION, operation for</p> <p>G. ALL STATES: FEE \$220.00 — BENEFIT \$215.00</p>
7240	<p>S. ALL STATES: FEE \$275.00 — BENEFIT \$270.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
7244	<p>FRACTURED SKULL, COMPOUND OR COMPLICATED, WITH DURAL PENETRATION AND BRAIN DAMAGE, operation for</p> <p>ALL STATES: FEE \$320.00 — BENEFIT \$315.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
7248	<p>FRACTURED SKULL WITH RHINORRHOEA OR OTORRHEA CRANIOPLASTY AND REPAIR OF</p> <p>ALL STATES: FEE \$320.00 — BENEFIT \$315.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 527S</p>
7251	<p>RECONSTRUCTIVE CRANIOPLASTY</p> <p>ALL STATES: FEE \$265.00 — BENEFIT \$260.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 527S</p>
7265	<p>ANEURYSM, OR ARTERIOVENOUS MALFORMATION, CLIPPING OR REINFORCEMENT OF SAC</p> <p>ALL STATES: FEE \$715.00 — BENEFIT \$710.00</p> <p>Anaesthetic 28 units — Item Nos 472G / 543S</p>

## PART 10 — OPERATIONS

## DIVISION 8 — NEURO-SURGICAL

7270	<p>ANEURYSM, OR ARTERIOVENOUS MALFORMATION, INTRACRANIAL PROXIMAL ARTERY CLIPPING</p> <p>ALL STATES: FEE \$380.00 — BENEFIT \$375.00</p> <p>Anaesthetic 24 units — Item Nos 468G / 539S</p>
7274	<p>ANEURYSM, OR ARTERIOVENOUS FISTULA, cervical carotid ligation for</p> <p>ALL STATES: FEE \$190.00 — BENEFIT \$185.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
7279	<p>CRANIOTOMY involving osteoplastic flap, for re-opening post-operatively for haemorrhage, swelling etc.</p> <p>ALL STATES: FEE \$215.00 — BENEFIT \$210.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 527S</p>
7283	<p>INTRACRANIAL ABSCESS, excision of</p> <p>ALL STATES: FEE \$420.00 — BENEFIT \$415.00</p> <p>Anaesthetic 17 units — Item Nos 461G / 528S</p>
7287	<p>INTRACRANIAL INFECTION, drainage of, via burr-hole — including burr-hole</p> <p>ALL STATES: FEE \$138.00 — BENEFIT \$133.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
7291	<p>CRANIECTOMY FOR OSTEOMYELITIS OF SKULL</p> <p>ALL STATES: FEE \$215.00 — BENEFIT \$210.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
7298	<p>LEUCOTOMY OR LOBOTOMY for psychiatric causes</p> <p>ALL STATES: FEE \$265.00 — BENEFIT \$260.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
7304	<p>HEMISPHERECTOMY</p> <p>ALL STATES: FEE \$715.00 — BENEFIT \$710.00</p> <p>Anaesthetic 23 units — Item Nos 467G / 538S</p>

## PART 10 — OPERATIONS

## DIVISION 8 — NEURO-SURGICAL

7307	<p>TEMPORAL LOBECTOMY</p> <p>ALL STATES: FEE \$420.00 — BENEFIT \$415.00</p> <p>Anaesthetic 24 units — Item Nos 468G / 539S</p>
7312	<p>CHEMOPALLIDECTOMY, or other stereotactic procedure including burr-hole and air studies</p> <p>ALL STATES: FEE \$320.00 — BENEFIT \$315.00</p> <p>Anaesthetic 17 units — Item Nos 461G / 528S</p>
7331	<p>LAMINECTOMY FOR EXPLORATION OR REMOVAL OF INTERVERTEBRAL DISC OR DISCS</p> <p>ALL STATES: FEE \$285.00 — BENEFIT \$280.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
7336	<p>LAMINECTOMY FOR RECURRENT DISC LESION OR SPINAL STENOSIS</p> <p>ALL STATES: FEE \$285.00 — BENEFIT \$280.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
7341	<p>LAMINECTOMY OR EXTRADURAL TUMOUR OR ABSCESS</p> <p>ALL STATES: FEE \$285.00 — BENEFIT \$280.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
7346	<p>LAMINECTOMY FOR INTRADURAL LESION OR OPEN CORDOTOMY</p> <p>ALL STATES: FEE \$295.00 — BENEFIT \$290.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
7353	<p>LAMINECTOMY AND RADICAL EXCISION OF INTRA-MEDULLARY TUMOUR OR ARTERIOVENOUS MALFORMATION</p> <p>ALL STATES: FEE \$355.00 — BENEFIT \$350.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
7355	<p>LAMINECTOMY FOLLOWED BY POSTERIOR FUSION — not covered by Items 7361 and 7365</p> <p>ALL STATES: FEE \$320.00 — BENEFIT \$315.00</p> <p>Anaesthetic 18 units — Item Nos 462G / 529S</p>



**PART 10 — OPERATIONS****DIVISION 8 — NEURO-SURGICAL**

7361 LAMINECTOMY FOLLOWED BY POSTERIOR FUSION, PERFORMED BY NEUROSURGEON AND ORTHOPAEDIC SURGEON OPERATING TOGETHER — LAMINECTOMY including after care

ALL STATES: FEE \$166.00 — BENEFIT \$161.00

7365 LAMINECTOMY FOLLOWED BY POSTERIOR FUSION, PERFORMED BY NEUROSURGEON AND ORTHOPAEDIC SURGEON OPERATING TOGETHER — POSTERIOR FUSION, including after care

ALL STATES: FEE \$166.00 — BENEFIT \$161.00

Anaesthetic 18 units — Item Nos 462G / 529S

7370 SPINAL RHIZOLYSIS involving exposure of spinal nerve roots, with or without laminectomy

ALL STATES: FEE \$285.00 — BENEFIT \$280.00

Anaesthetic 16 units — Item Nos 460G / 527S

7376 SYMPATHECTOMY (cervical, lumbar, thoracic, sacral or presacral)

ALL STATES: FEE \$210.00 — BENEFIT \$205.00

Anaesthetic 10 units — Item Nos 450G / 521S

7381 PERCUTANEOUS CORDOTOMY

ALL STATES: FEE \$190.00 — BENEFIT \$185.00

Anaesthetic 9 units — Item Nos 443G / 518S

**DIVISION 9 — TREATMENT OF DISLOCATIONS****DISLOCATIONS NOT REQUIRING OPEN OPERATION**

7397 MANDIBLE — first or second dislocation

ALL STATES: FEE \$14.00 — BENEFIT \$11.90

Anaesthetic 4 units — Item Nos 405G / 509S

7406 MANDIBLE — third or subsequent dislocation

ALL STATES: FEE \$8.90 — BENEFIT \$7.60

Anaesthetic 4 units — Item Nos 405G / 509S

**PART 10 – OPERATIONS****DIVISION 9 – DISLOCATIONS**

7410	CLAVICLE  ALL STATES: FEE \$22.00 — BENEFIT \$18.70  Anaesthetic 4 units — Item Nos 405G / 509S
7412	SHOULDER — first or second dislocation  ALL STATES: FEE \$26.50 — BENEFIT \$22.55  Anaesthetic 4 units — Item Nos 405G / 509S
7416	SHOULDER — third or subsequent dislocation — requiring anaesthesia  ALL STATES: FEE \$22.00 — BENEFIT \$18.70  Anaesthetic 4 units — Item Nos 405G / 509S
7419	SHOULDER — third or subsequent dislocation — not requiring anaesthesia  ALL STATES: FEE \$17.60 — BENEFIT \$15.00
7423	ELBOW  ALL STATES: FEE \$32.00 — BENEFIT \$27.20  Anaesthetic 4 units — Item Nos 405G / 509S
7426	CARPUS  ALL STATES: FEE \$20.50 — BENEFIT \$17.45  Anaesthetic 4 units — Item Nos 405G / 509S
7430	CARPUS ON RADIUS AND ULNA G. ALL STATES: FEE \$41.50 — BENEFIT \$36.50
7432	S. ALL STATES: FEE \$52.00 — BENEFIT \$47.00  Anaesthetic 4 units — Item Nos 405G / 509S
7435	FINGER  ALL STATES: FEE \$8.90 — BENEFIT \$7.60  Anaesthetic 4 units — Item Nos 405G / 509S
7436	METACARPO-PHALANGEAL JOINT OF THUMB  ALL STATES: FEE \$26.50 — BENEFIT \$22.55  Anaesthetic 4 units — Item Nos 405G / 509S

## PART 10 — OPERATIONS

## DIVISION 9 — DISLOCATIONS

HIP	
7440	G. ALL STATES: FEE \$66.00 — BENEFIT \$61.00
7443	S. ALL STATES: FEE \$88.00 — BENEFIT \$83.00 Anaesthetic 5 units — Item Nos 406G / 510S
KNEE	
7446	G. ALL STATES: FEE \$49.50 — BENEFIT \$44.50
7451	S. ALL STATES: FEE \$61.00 — BENEFIT \$56.00 Anaesthetic 4 units — Item Nos 405G / 509S
PATELLA	
7457	ALL STATES: FEE \$20.50 — BENEFIT \$17.45 Anaesthetic 4 units — Item Nos 405G / 509S
ANKLE	
7461	ALL STATES: FEE \$35.00 — BENEFIT \$30.00 Anaesthetic 5 units — Item Nos 406G / 510S
TOE	
7464	ALL STATES: FEE \$10.40 — BENEFIT \$8.85 Anaesthetic 4 units — Item Nos 405G / 509S
TARSUS	
7468	ALL STATES: FEE \$26.50 — BENEFIT \$22.55 Anaesthetic 4 units — Item Nos 405G / 509S
SPINE (CERVICAL), without fracture	
7472	ALL STATES: FEE \$80.00 — BENEFIT \$75.00 Anaesthetic 7 units — Item Nos 408G / 514S
SPINE (LUMBAR), without fracture	
7476	ALL STATES: FEE \$80.00 — BENEFIT \$75.00 Anaesthetic 7 units — Item Nos 408G / 514S

**DISLOCATIONS REQUIRING OPEN OPERATION**

TREATMENT OF A DISLOCATION REQUIRING OPEN OPERATION, being a dislocation referred to in item — 7397, 7406, 7410, 7416, 7419, 7426, 7435, 7457 or 7464

7480

ALL STATES: FEE \$36.00 — BENEFIT \$31.00

Anaesthetic units — Item Nos 482G / 553S

TREATMENT OF A DISLOCATION REQUIRING OPEN OPERATION, being a dislocation referred to in an item under the last preceding heading other than those items referred to in Item 7480

7483

**DERIVED FEE** — The fee for the treatment of the dislocation, had such dislocation not required open operation, plus one-half of that fee.

**BENEFIT** — 85% OF THE DERIVED FEE **OR** THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.

Anaesthetic units — Item Nos 482G / 553S

**DIVISION 10 — TREATMENT OF FRACTURES****SIMPLE AND UNCOMPLICATED FRACTURES NOT REQUIRING OPEN OPERATION**

TERMINAL PHALANX of finger or thumb

7505

ALL STATES: FEE \$12.80 — BENEFIT \$10.90

Anaesthetic 4 units — Item Nos 405G / 509S

PROXIMAL PHALANX of finger or thumb

7508

G. ALL STATES: FEE \$27.00 — BENEFIT \$22.95

7512

S. ALL STATES: FEE \$40.00 — BENEFIT \$35.00

Anaesthetic 4 units — Item Nos 405G / 509S

MIDDLE PHALANX OF FINGER

7516

ALL STATES: FEE \$18.40 — BENEFIT \$15.65

Anaesthetic 4 units — Item Nos 405G / 509S

**PART 10 — OPERATIONS**

**DIVISION 10 — FRACTURES**

ONE OR MORE METACARPALS, not involving base of first carpometacarpal joint

7520	G.	ALL STATES: FEE \$40.00 — BENEFIT \$35.00						
7524	S.		NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	55.00	55.00	55.00	55.00	55.00	49.50
	BENEFIT	\$	50.00	50.00	50.00	50.00	50.00	44.50

Anaesthetic 4 units — Item Nos 405G / 509S

FIRST METACARPAL involving carpometacarpal joint (Bennett's fracture)

7527	G.	ALL STATES: FEE \$46.50 — BENEFIT \$41.50						
7530	S.	ALL STATES: FEE \$64.00 — BENEFIT \$59.00						

Anaesthetic 4 units — Item Nos 405G / 509S

CARPUS (excluding navicular)

7533		ALL STATES: FEE \$20.50 — BENEFIT \$17.45						
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Anaesthetic 5 units — Item Nos 406G / 510S

NAVICULAR OR CARPAL SCAPHOID

7535	G.	ALL STATES: FEE \$40.00 — BENEFIT \$35.00						
7538	S.	ALL STATES: FEE \$47.50 — BENEFIT \$42.50						

Anaesthetic 5 units — Item Nos 406G / 510S

COLLES' FRACTURE OF WRIST

7540	G.		NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	51.00	51.00	54.00	51.00	51.00	51.00
	BENEFIT	\$	46.00	46.00	49.00	46.00	46.00	46.00
7544	S.		71.00	64.00	80.00	71.00	71.00	64.00
	FEE	\$	71.00	64.00	80.00	71.00	71.00	64.00
	BENEFIT	\$	66.00	59.00	75.00	66.00	66.00	59.00

Anaesthetic 5 units — Item Nos 406G / 510S

DISTAL END OF RADIUS OR ULNA, involving wrist

7547		ALL STATES: FEE \$40.00 — BENEFIT \$35.00						
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Anaesthetic 5 units — Item Nos 406G / 510S

## PART 10 — OPERATIONS

## DIVISION 10 — FRACTURES

## RADIUS

			NSW	VIC	QLD	SA	WA	TAS
7550	G.	FEE	\$ 43.00	46.50	43.00	43.00	46.50	43.00
		BENEFIT	\$ 38.00	41.50	38.00	38.00	41.50	38.00

			NSW	VIC	QLD	SA	WA	TAS
7552	S.	FEE	\$ 55.00	64.00	51.00	51.00	64.00	51.00
		BENEFIT	\$ 50.00	59.00	46.00	46.00	59.00	46.00

Anaesthetic 5 units — Item Nos 406G / 510S

## ULNA

7559 G. ALL STATES: FEE \$41.50 — BENEFIT \$36.50

7563 S. ALL STATES: FEE \$51.00 — BENEFIT \$46.00

Anaesthetic 5 units — Item Nos 406G / 510S

## BOTH SHAFTS OF FOREARM

			NSW	VIC	QLD	SA	WA	TAS
7567	G.	FEE	\$ 64.00	59.00	59.00	59.00	59.00	59.00
		BENEFIT	\$ 59.00	54.00	54.00	54.00	54.00	54.00

			NSW	VIC	QLD	SA	WA	TAS
7572	S.	FEE	\$ 95.00	80.00	80.00	80.00	71.00	71.00
		BENEFIT	\$ 90.00	75.00	75.00	75.00	66.00	66.00

Anaesthetic 6 units — Item Nos 407G / 513S

## HUMERUS

			NSW	VIC	QLD	SA	WA	TAS
7578	G.	FEE	\$ 64.00	59.00	59.00	59.00	59.00	59.00
		BENEFIT	\$ 59.00	54.00	54.00	54.00	54.00	54.00

			NSW	VIC	QLD	SA	WA	TAS
7584	S.	FEE	\$ 95.00	80.00	80.00	80.00	71.00	71.00
		BENEFIT	\$ 90.00	75.00	75.00	75.00	66.00	66.00

Anaesthetic 5 units — Item Nos 406G / 510S

## CLAVICLE OR STERNUM

7588 G. ALL STATES: FEE \$28.50 — BENEFIT \$24.25

			NSW	VIC	QLD	SA	WA	TAS
7593	S.	FEE	\$ 40.00	38.00	40.00	35.00	35.00	35.00
		BENEFIT	\$ 35.00	33.00	35.00	30.00	30.00	30.00

Anaesthetic 6 units — Item Nos 407G / 513S

## PART 10 — OPERATIONS

## DIVISION 10 — FRACTURES

7597	SCAPULA							
	ALL STATES: FEE \$35.00 — BENEFIT \$30.00							
	Anaesthetic 6 units — Item Nos 407G / 513S							
7601	ONE OR MORE RIBS — each attendance							
			NSW	VIC	QLD	SA	WA	TAS
	G. FEE	\$	7.50	6.90	6.60	6.60	6.60	6.90
	BENEFIT	\$	6.40	5.90	5.65	5.65	5.65	5.90
7605	S. FEE	\$	11.00	10.40	10.40	10.40	10.40	9.20
	BENEFIT	\$	9.35	8.85	8.85	8.85	8.85	7.85
	Anaesthetic 7 units — Item Nos 408G / 514S							
7608	PELVIS (excluding symphysis pubis) or sacrum							
	G.	ALL STATES: FEE \$52.00 — BENEFIT \$47.00						
7610	S.	ALL STATES: FEE \$70.00 — BENEFIT \$65.00						
	Anaesthetic 8 units — Item Nos 409G / 517S							
7615	SYMPHYSIS PUBIS							
	G.	ALL STATES: FEE \$40.00 — BENEFIT \$35.00						
7619	S.	ALL STATES: FEE \$52.00 — BENEFIT \$47.00						
	Anaesthetic 7 units — Item Nos 408G / 514S							
7624	FEMUR							
	G.	ALL STATES: FEE \$120.00 — BENEFIT \$115.00						
7627	S.	ALL STATES: FEE \$160.00 — BENEFIT \$155.00						
	Anaesthetic 8 units — Item Nos 409G / 517S							
7632	FIBULA OR TARSUS (excepting os calcis or os talus)							
	G.	ALL STATES: FEE \$30.50 — BENEFIT \$25.95						
7637	S. FEE		NSW	VIC	QLD	SA	WA	TAS
	BENEFIT	\$	42.00	44.00	38.00	40.00	40.00	40.00
		\$	37.00	39.00	33.00	35.00	35.00	35.00
	Anaesthetic 6 units — Item Nos 407G / 513S							

## PART 10 — OPERATIONS

## DIVISION 10 — FRACTURES

## TIBIA OR PATELLA

			NSW	VIC	QLD	SA	WA	TAS
7641	G. FEE	\$	46.50	47.50	42.00	40.00	44.50	40.00
	BENEFIT	\$	41.50	42.50	37.00	35.00	39.50	35.00
7643	S. FEE	\$	64.00	64.00	55.00	55.00	55.00	55.00
	BENEFIT	\$	59.00	59.00	50.00	50.00	50.00	50.00

Anaesthetic 6 units — Item Nos 407G / 513S

## BOTH SHAFTS OF LEG

7647	G.	ALL STATES: FEE \$78.00 — BENEFIT \$73.00
7652	S.	ALL STATES: FEE \$104.00 — BENEFIT \$99.00

Anaesthetic 7 units — Item Nos 408G / 514S

## ANKLE (Pott's fracture), with or without dislocation of ankle

7657	G.	ALL STATES: FEE \$78.00 — BENEFIT \$73.00
7662	S.	ALL STATES: FEE \$104.00 — BENEFIT \$99.00

Anaesthetic 7 units — Item Nos 408G / 514S

## OS CALCIS (calcaneus) or os talus

7666	G.	ALL STATES: FEE \$78.00 — BENEFIT \$73.00
7668	S.	ALL STATES: FEE \$104.00 — BENEFIT \$99.00

Anaesthetic 5 units — Item Nos 406G / 510S

## METATARSALS — one or more

7673	G.	ALL STATES: FEE \$27.50 — BENEFIT \$23.40
7677	S.	ALL STATES: FEE \$40.00 — BENEFIT \$35.00

Anaesthetic 5 units — Item Nos 406G / 510S

## PHALANX OF TOE (other than great toe)

7681		ALL STATES: FEE \$11.00 — BENEFIT \$9.35
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Anaesthetic 4 units — Item Nos 405G / 509S

## MORE THAN ONE PHALANX OF TOE (other than great toe)

7683		ALL STATES: FEE \$17.60 — BENEFIT \$15.00
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Anaesthetic 4 units — Item Nos 405G / 509S



**PART 10 – OPERATIONS**

**DIVISION 10 – FRACTURES**

7687	DISTAL PHALANX of great toe								
	ALL STATES: FEE \$27.00 — BENEFIT \$22.95								
	Anaesthetic 4 units — Item Nos 405G / 509S								
7691	PROXIMAL PHALANX of great toe								
	ALL STATES: FEE \$27.00 — BENEFIT \$22.95								
	Anaesthetic 4 units — Item Nos 405G / 509S								
	SKULL, not requiring operation — each attendance								
7694	G.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		<i>BENEFIT</i>	\$	7.50	6.90	6.60	6.60	6.60	6.90
				6.40	5.90	5.65	5.65	5.65	5.90
7697	S.	FEE	\$	11.00	10.40	10.40	10.40	10.40	9.20
		<i>BENEFIT</i>	\$	9.35	8.85	8.85	8.85	8.85	7.85
	NASAL BONES, not requiring reduction — each attendance								
7701	G.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		<i>BENEFIT</i>	\$	7.50	6.90	6.60	6.60	6.60	6.90
				6.40	5.90	5.65	5.65	5.65	5.90
7706	S.	FEE	\$	11.00	10.40	10.40	10.40	10.40	9.20
		<i>BENEFIT</i>	\$	9.35	8.85	8.85	8.85	8.85	7.85
	NASAL BONES, requiring reduction								
7709	G.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		<i>BENEFIT</i>	\$	51.00	51.00	51.00	40.00	40.00	40.00
				46.00	46.00	46.00	35.00	35.00	35.00
7712	S.	FEE	\$	71.00	71.00	64.00	51.00	51.00	51.00
		<i>BENEFIT</i>	\$	66.00	66.00	59.00	46.00	46.00	46.00
	Anaesthetic 6 units — Item Nos 407G / 513S								
7715	NASAL BONES, requiring reduction and involving osteotomies								
	ALL STATES: FEE \$142.00 — BENEFIT \$137.00								
	Anaesthetic 8 units — Item Nos 409G / 517S								
7718	MAXILLA — not requiring splinting								
	G.	ALL STATES: FEE \$32.50 — BENEFIT \$27.65							
7721	S.	ALL STATES: FEE \$44.00 — BENEFIT \$39.00							

## PART 10 – OPERATIONS

## DIVISION 10 – FRACTURES

7727	MAXILLA – with wiring of teeth or internal fixation		ALL STATES: FEE \$95.00 – BENEFIT \$90.00					
	Anaesthetic 11 units – Item Nos 453G / 522S							
7734	MAXILLA – with external fixation		ALL STATES: FEE \$104.00 – BENEFIT \$99.00					
	Anaesthetic 11 units – Item Nos 453G / 522S							
7739	G.	MANDIBLE – not requiring splinting						
		ALL STATES: FEE \$40.00 – BENEFIT \$35.00						
7743	S.	ALL STATES: FEE \$52.00 – BENEFIT \$47.00						
7749	MANDIBLE – with wiring of teeth or internal fixation		ALL STATES: FEE \$128.00 – BENEFIT \$123.00					
	Anaesthetic 12 units – Item Nos 454G / 523S							
7757	MANDIBLE – skeletal pinning with external fixation		ALL STATES: FEE \$134.00 – BENEFIT \$129.00					
	Anaesthetic 12 units – Item Nos 454G / 523S							
7764	G.	ZYGOMA						
		ALL STATES: FEE \$35.50 – BENEFIT \$30.50						
7766	S.	ALL STATES: FEE \$47.50 – BENEFIT \$42.50						
		Anaesthetic 7 units – Item Nos 408G / 514S						
7774	G.	SPINE (excluding sacrum), transverse process or bone OTHER THAN VERTEBRAL BODY, not requiring immobilisation in plaster – each attendance						
	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
	BENEFIT	\$	7.50	6.90	6.60	6.60	6.60	6.90
			6.40	5.90	5.65	5.65	5.65	5.90
7777	S.	FEE	\$	11.00	10.40	10.40	10.40	9.20
		BENEFIT	\$	9.35	8.85	8.85	8.85	7.85

**PART 10 – OPERATIONS**

**DIVISION 10 – FRACTURES**

	SPINE (excluding sacrum), VERTEBRAL BODY, without involvement of cord, not requiring immobilisation in plaster – each attendance								
7781	G.	FEE	\$	NSW 7.50	VIC 6.90	QLD 6.60	SA 6.60	WA 6.60	TAS 6.90
		BENEFIT	\$	6.40	5.90	5.65	5.65	5.65	5.90
7785	S.	FEE	\$	11.00	10.40	10.40	10.40	10.40	9.20
		BENEFIT	\$	9.35	8.85	8.85	8.85	8.85	7.85
7789	SPINE (excluding sacrum), transverse process or bone OTHER THAN VERTEBRAL BODY requiring immobilisation in plaster or traction by skull calipers								
	ALL STATES: FEE \$61.00 – BENEFIT \$56.00								
	Anaesthetic 9 units – Item Nos 443G / 518S								
7793	SPINE (excluding sacrum), VERTEBRAL BODY, without involvement of cord, requiring immobilisation in plaster or traction by skull calipers								
	ALL STATES: FEE \$104.00 – BENEFIT \$99.00								
	Anaesthetic 9 units – Item Nos 443G / 518S								
7798	SPINE (excluding sacrum), VERTEBRAL BODY, with involvement of cord								
	ALL STATES: FEE \$265.00 – BENEFIT \$260.00								
	Anaesthetic 9 units – Item Nos 443G / 518S								
7802	<b>SIMPLE AND UNCOMPLICATED FRACTURES REQUIRING OPEN OPERATION</b>								
	TREATMENT OF A SIMPLE AND UNCOMPLICATED FRACTURE REQUIRING OPEN OPERATION, being a fracture referred to in item – 7505, 7508, 7516, 7533, 7601, 7605, 7681, 7683, 7687, 7691, 7694, 7697, 7701, 7706, 7774, 7777, 7781 or 7785								
	ALL STATES: FEE \$36.00 – BENEFIT \$31.00								
	Anaesthetic units – Item Nos 483G / 554S								
7803	TREATMENT OF A SIMPLE AND UNCOMPLICATED FRACTURE REQUIRING OPEN OPERATION, being a fracture referred to in an item under the last preceding heading other than those items referred to in Item 7802								
	<b>DERIVED FEE</b> – The fee for the treatment of the fracture, had such fracture not required open operation, plus one-third of that fee.								
	<b>BENEFIT</b> – 85% OF THE DERIVED FEE <b>OR</b> THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.								
	Anaesthetic units – Item Nos 483G / 554S								

## PART 10 – OPERATIONS

## DIVISION 10 – FRACTURES

7808

TREATMENT OF A SIMPLE AND UNCOMPLICATED FRACTURE REQUIRING INTERNAL FIXATION, being a fracture referred to in item – 7505, 7516, 7533, 7601, 7605, 7681, 7683, 7694, 7697, 7701, 7706, 7774, 7777, 7781 or 7785

ALL STATES: FEE \$36.00 – BENEFIT \$31.00

Anaesthetic units – Item Nos 484G / 556S

7809

TREATMENT OF A SIMPLE AND UNCOMPLICATED FRACTURE REQUIRING INTERNAL FIXATION, being a fracture referred to in an item under the last preceding heading other than those items referred to in Item 7808

**DERIVED FEE** – The fee for the treatment of the fracture, had such fracture not required open operation plus one-half of that fee.

**BENEFIT** – 85% OF THE DERIVED FEE **OR** THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.

Anaesthetic units – Item Nos 484G / 556S

**COMPOUND FRACTURES REQUIRING OPEN OPERATION**

7815

TREATMENT OF A COMPOUND FRACTURE REQUIRING OPEN OPERATION, being a fracture referred to in item – 7505, 7516, 7533, 7601, 7605, 7681, 7683, 7694, 7697, 7701, 7706, 7774, 7777, 7781 or 7785

ALL STATES: FEE \$36.00 – BENEFIT \$31.00

Anaesthetic units – Item Nos 484G / 556S

7817

TREATMENT OF A COMPOUND FRACTURE REQUIRING OPEN OPERATION, being a fracture referred to in an item under the first heading in this division other than those items referred to in Item 7815

**DERIVED FEE** – The fee for the treatment of the fracture, had such fracture not required open operation, plus one-half of that fee.

**BENEFIT** – 85% OF THE DERIVED FEE **OR** THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.

Anaesthetic units – Item Nos 484G / 556S

**COMPLICATED FRACTURES REQUIRING OPEN OPERATION**

TREATMENT OF A COMPLICATED FRACTURE INVOLVING VISCERA, BLOOD VESSELS OR NERVES AND REQUIRING OPEN OPERATION, being a fracture referred to in item — 7505, 7516, 7601, 7605, 7681, 7683, 7694, 7697, 7701, 7706, 7774, 7777, 7781 or 7785

7821

ALL STATES: FEE \$36.00 — BENEFIT \$31.00

Anaesthetic units — Item Nos 485G / 557S

TREATMENT OF A COMPLICATED FRACTURE INVOLVING VISCERA, BLOOD VESSELS OR NERVES AND REQUIRING OPEN OPERATION, being a fracture referred to in an item under the first heading in this Division other than those items referred to in Item 7821

7823

**DERIVED FEE** — The fee for the treatment of the fracture, had such fracture not required open operation, plus three-quarters of that fee.

**BENEFIT** — 85% OF THE DERIVED FEE **OR** THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.

Anaesthetic units — Item Nos 485G / 557S

**GENERAL**

INITIAL REDUCTION (without full post-operative treatment) in a series of two or more reductions of a fracture, being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division

7828

**DERIVED FEE** — One-half of the amount of the fee specified for the reduction of the fracture.

**BENEFIT** — 85% OF THE DERIVED FEE **OR** THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.

Administration of anaesthetic in connection with the treatment of the initial reduction in a series of two or more reductions of a fracture, being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division

**DERIVED FEE** — The fee specified for the administration of the anaesthetic for the reduction of the fracture.

**BENEFIT** — 85% OF THE DERIVED FEE **OR** THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.

7834

EACH SUBSEQUENT REDUCTION (without full post-operative treatment) in the series (other than the final reduction), being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division

**DERIVED FEE** – One-half of the amount of the fee specified for the reduction of the fracture.

**BENEFIT** – 85% OF THE DERIVED FEE **OR** THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.

Administration of anaesthetic in connection with the treatment of each subsequent reduction in the series (other than the final reduction) being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division

**DERIVED FEE** – The fee specified for the administration of the anaesthetic for the reduction of the fracture.

**BENEFIT** – 85% OF THE DERIVED FEE **OR** THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.

7839

FINAL REDUCTION (including full post-operative treatment) in the series being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division

**DERIVED FEE** – The fee specified for the reduction of the fracture.

**BENEFIT** – 85% OF THE DERIVED FEE **OR** THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.

Administration of anaesthetic in connection with the treatment of the final reduction in the series, being a reduction that would, but for this item, be covered by an item under a preceding heading in this Division

**DERIVED FEE** – The fee specified for the administration of the anaesthetic for the reduction of this fracture.

**BENEFIT** – 85% OF THE DERIVED FEE **OR** THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.

7844      **TREATMENT OF AVULSION OF EPIPHYSIS** of any part – the amount specified in this Division for the treatment of a simple and uncomplicated fracture of that part not requiring open operation

**DERIVED FEE** – The fee specified in this Division for the treatment of a simple and uncomplicated fracture of that part not requiring open operation.

**BENEFIT** – 85% OF THE DERIVED FEE **OR** THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.

Administration of an anaesthetic in connection with the treatment of avulsion of epiphysis of any part

**DERIVED FEE** – The fee specified in this Division for the administration of an anaesthetic for the treatment of a simple and uncomplicated fracture of that part not requiring open operation.

**BENEFIT** – 85% OF THE DERIVED FEE **OR** THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.

7847      **TREATMENT OF A CLOSED FRACTURE INVOLVING A JOINT SURFACE** referred to in an item under the first heading in this Division

**DERIVED FEE** – The fee specified for the treatment of the fracture plus one-third of that fee.

**BENEFIT** – 85% OF THE DERIVED FEE **OR** THE DERIVED FEE LESS \$5.00; WHICHEVER IS GREATER.

**DIVISION 11 – ORTHOPAEDIC**

7853      **ACCESSORY OR SESAMOID BONE, removal of**

ALL STATES: FEE \$83.00 – BENEFIT \$78.00

Anaesthetic 6 units – Item Nos 407G / 513S

7857      **EPICONDYLITIS, open operation for**

ALL STATES: FEE \$83.00 – BENEFIT \$78.00

Anaesthetic 6 units – Item Nos 407G / 513S

## PART 10 — OPERATIONS

## DIVISION 11 — ORTHOPAEDIC

7861	DIGITAL NAIL, removal of								
			NSW	VIC	QLD	SA	WA	TAS	
	FEE	\$	10.40	10.40	8.30	8.30	8.30	8.30	
	BENEFIT	\$	8.85	8.85	7.10	7.10	7.10	7.10	
	Anaesthetic 5 units — Item Nos 406G / 510S								
7864	INCISION OF PULP SPACE, PARONYCHIA OR OTHER ACUTE INFECTION OF HANDS OR FEET, not covered by any other item in this Part (excluding after-care)								
	ALL STATES: FEE \$8.90 — BENEFIT \$7.60								
	Anaesthetic 5 units — Item Nos 406G / 510S								
7868	MIDDLE PALMAR, THENAR OR HYPOTHENAR SPACES, drainage of								
	ALL STATES: FEE \$21.50 — BENEFIT \$18.30								
	Anaesthetic 6 units — Item Nos 407G / 513S								
7872	INGROWING TOENAIL, excision of nail bed								
	G.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		BENEFIT	\$	49.50	37.00	37.00	37.00	37.00	37.00
7878	S.	FEE	\$	44.50	32.00	32.00	32.00	32.00	32.00
		BENEFIT	\$	64.00	47.50	47.50	46.50	47.50	46.50
		BENEFIT	\$	59.00	42.50	42.50	41.50	42.50	41.50
	Anaesthetic 6 units — Item Nos 407G / 513S								
7883	INSERTION OF ORTHOPAEDIC PIN OR WIRE where no other surgical procedure is performed								
	ALL STATES: FEE \$37.00 — BENEFIT \$32.00								
	Anaesthetic 5 units — Item Nos 406G / 510S								
7898	OSTEOSYNTHESIS by Smith-Petersen nail								
	ALL STATES: FEE \$295.00 — BENEFIT \$290.00								
	Anaesthetic 11 units — Item Nos 453G / 522S								
7902	TEMPORO-MANDIBULAR MENISCECTOMY								
	ALL STATES: FEE \$108.00 — BENEFIT \$103.00								
	Anaesthetic 9 units — Item Nos 443G / 518S								



**PART 10 — OPERATIONS**

**DIVISION 11 — ORTHOPAEDIC**

JOINT (OTHER THAN SPINE), MANIPULATION OF, under general anaesthesia

7911 G. ALL STATES: FEE \$33.00 — BENEFIT \$28.05

7915 S. ALL STATES: FEE \$41.50 — BENEFIT \$36.50

Anaesthetic 4 units — Item Nos 405G / 509S

SPINE, MANIPULATION OF, under general anaesthesia

			NSW	VIC	QLD	SA	WA	TAS
7919	G. FEE	\$	43.00	37.00	37.00	37.00	37.00	37.00
	BENEFIT	\$	38.00	32.00	32.00	32.00	32.00	32.00

7923	S. FEE	\$	55.00	44.50	44.50	44.50	44.50	44.50
	BENEFIT	\$	50.00	39.50	39.50	39.50	39.50	39.50

Anaesthetic 4 units — Item Nos 405G / 509S

SPINE, APPLICATION OF PLASTER JACKET

7926 ALL STATES: FEE \$54.00 — BENEFIT \$49.00

Anaesthetic 6 units — Item Nos 407G / 513S

RISSEK JACKET, localiser or turn-buckle jacket, application of, body only

7928 ALL STATES: FEE \$90.00 — BENEFIT \$85.00

RISSEK JACKET, localiser or turn-buckle jacket, application of, body and head

7932 ALL STATES: FEE \$90.00 — BENEFIT \$85.00

SCOLIOSIS, spinal fusion for

7934 ALL STATES: FEE \$450.00 — BENEFIT \$445.00

Anaesthetic 23 units — Item Nos 467G / 538S

SCOLIOSIS, re-exploration for adjustment or removal of Harrington rods or similar devices

7937 ALL STATES: FEE \$150.00 — BENEFIT \$145.00

Anaesthetic 12 units — Item Nos 454G / 523S

† SCOLIOSIS, anterior correction of (Dwyer procedure), not more than four spaces

7938 ALL STATES: FEE \$570.00 — BENEFIT \$565.00

Anaesthetic 23 units — Item Nos 467G / 538S

## PART 10 — OPERATIONS

## DIVISION 11 — ORTHOPAEDIC

†  7939	SCOLIOSIS, anterior correction of (Dwyer procedure), more than four spaces  ALL STATES: FEE \$715.00 — BENEFIT \$710.00  Anaesthetic 29 units — Item Nos 473G / 544S
7940	APPLICATION OF HALO for spinal fusion in the treatment of scoliosis, not covered by Item 7934  ALL STATES: FEE \$100.00 — BENEFIT \$95.00  Anaesthetic 8 units — Item Nos 409G / 517S
7942	BONE GRAFT TO SPINE, POSTERIOR, not covered by Item 7945, 7967 or 7969 in this Schedule  ALL STATES: FEE \$215.00 — BENEFIT \$210.00  Anaesthetic 14 units — Item Nos 458G / 525S
‡  7945	BONE GRAFT TO SPINE, POSTERO-LATERAL fusion  ALL STATES: FEE \$375.00 — BENEFIT \$370.00  Anaesthetic 14 units — Item Nos 458G / 525S
7947	ANTERIOR INTERBODY SPINAL FUSION TO CERVICAL SPINE — ONE LEVEL  ALL STATES: FEE \$325.00 — BENEFIT \$320.00  Anaesthetic 14 units — Item Nos 458G / 525S
7951	ANTERIOR INTERBODY SPINAL FUSION TO CERVICAL SPINE — MORE THAN ONE LEVEL  ALL STATES: FEE \$415.00 — BENEFIT \$410.00  Anaesthetic 15 units — Item Nos 459G / 526S
7957	ANTERIOR INTERBODY SPINAL FUSION TO LUMBAR OR THORACIC SPINE — ONE LEVEL  ALL STATES: FEE \$375.00 — BENEFIT \$370.00  Anaesthetic 15 units — Item Nos 459G / 526S
7961	ANTERIOR INTERBODY SPINAL FUSION TO LUMBAR OR THORACIC SPINE — MORE THAN ONE LEVEL  ALL STATES: FEE \$500.00 — BENEFIT \$495.00  Anaesthetic 15 units — Item Nos 459G / 526S

## PART 10 — OPERATIONS

## DIVISION 11 — ORTHOPAEDIC

7967	<p>BONE GRAFT TO SPINE WITH LAMINECTOMY AND POSTERIOR INTERBODY FUSION — ONE LEVEL</p> <p>ALL STATES: FEE \$370.00 — BENEFIT \$365.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
7969	<p>BONE GRAFT TO SPINE WITH LAMINECTOMY AND POSTERIOR INTERBODY FUSION — MORE THAN ONE LEVEL</p> <p>ALL STATES: FEE \$500.00 — BENEFIT \$495.00</p> <p>Anaesthetic 18 units — Item Nos 462G / 529S</p>
7975	<p>BONE GRAFT TO FEMUR</p> <p>ALL STATES: FEE \$255.00 — BENEFIT \$250.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
7977	<p>BONE GRAFT TO TIBIA</p> <p>ALL STATES: FEE \$198.00 — BENEFIT \$193.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
7983	<p>BONE GRAFT TO HUMERUS</p> <p>ALL STATES: FEE \$255.00 — BENEFIT \$250.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
7985	<p>BONE GRAFT TO RADIUS AND ULNA</p> <p>ALL STATES: FEE \$255.00 — BENEFIT \$250.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
7993	<p>BONE GRAFT TO RADIUS OR ULNA</p> <p>ALL STATES: FEE \$184.00 — BENEFIT \$179.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
7999	<p>BONE GRAFT TO SCAPHOID</p> <p>ALL STATES: FEE \$166.00 — BENEFIT \$161.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>

**PART 10 — OPERATIONS**

**DIVISION 11 — ORTHOPAEDIC**

8001	<p>BONE GRAFT TO OTHER BONES — not covered by any other item in this Part</p> <p>ALL STATES: FEE \$150.00 — BENEFIT \$145.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>																														
8003	<p>† CARPAL BONE, replacement of, by silicone or other implant including any necessary tendon transfers</p> <p>ALL STATES: FEE \$225.00 — BENEFIT \$220.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>																														
8009	<p>SHOULDER — removal of calcium deposit from cuff</p> <p>ALL STATES: FEE \$83.00 — BENEFIT \$78.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>																														
8014	<p>SHOULDER — arthrotomy</p> <p>ALL STATES: FEE \$90.00 — BENEFIT \$85.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>																														
8017	<p>SHOULDER — arthroplasty or plastic reconstruction</p> <p>ALL STATES: FEE \$230.00 — BENEFIT \$225.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>																														
8019	<p>SHOULDER — arthrodesis or arthrectomy</p> <p>ALL STATES: FEE \$270.00 — BENEFIT \$265.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>																														
8022	<p>FINGER OR OTHER SMALL JOINT — arthrodesis, arthrectomy, or arthroplasty</p> <table border="0" data-bbox="197 1352 1114 1434"> <tr> <td></td> <td></td> <td>NSW</td> <td>VIC</td> <td>QLD</td> <td>SA</td> <td>WA</td> <td>TAS</td> </tr> <tr> <td>FEE</td> <td>\$</td> <td>96.00</td> <td>96.00</td> <td>81.00</td> <td>74.00</td> <td>74.00</td> <td>74.00</td> </tr> <tr> <td>BENEFIT</td> <td>\$</td> <td>91.00</td> <td>91.00</td> <td>76.00</td> <td>69.00</td> <td>69.00</td> <td>69.00</td> </tr> </table> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>									NSW	VIC	QLD	SA	WA	TAS	FEE	\$	96.00	96.00	81.00	74.00	74.00	74.00	BENEFIT	\$	91.00	91.00	76.00	69.00	69.00	69.00
		NSW	VIC	QLD	SA	WA	TAS																								
FEE	\$	96.00	96.00	81.00	74.00	74.00	74.00																								
BENEFIT	\$	91.00	91.00	76.00	69.00	69.00	69.00																								
8026	<p>SMALL JOINT — arthrotomy of</p> <p>ALL STATES: FEE \$27.00 — BENEFIT \$22.95</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>																														

**PART 10 — OPERATIONS****DIVISION 11 — ORTHOPAEDIC**

8028	ZYGAPOPHYSEAL JOINTS, arthrectomy of ALL STATES: FEE \$140.00 — BENEFIT \$135.00 Anaesthetic 8 units — Item Nos 409G / 517S
8032	SACRO-ILIAC JOINT — arthrodesis ALL STATES: FEE \$156.00 — BENEFIT \$151.00 Anaesthetic 12 units — Item Nos 454G / 523S
8036	OTHER LARGE JOINT — arthrodesis, arthrectomy, arthroplasty or total synovectomy of ALL STATES: FEE \$140.00 — BENEFIT \$135.00 Anaesthetic 10 units — Item Nos 450G / 521S
8040	OTHER LARGE JOINT — arthrotomy ALL STATES: FEE \$100.00 — BENEFIT \$95.00 Anaesthetic 8 units — Item Nos 409G / 517S
8044	HIP — ARTHRODESIS ALL STATES: FEE \$355.00 — BENEFIT \$350.00 Anaesthetic 15 units — Item Nos 459G / 526S
8048	HIP — ARTHRECTOMY ALL STATES: FEE \$245.00 — BENEFIT \$240.00 Anaesthetic 15 units — Item Nos 459G / 526S
8053	HIP — ARTHROPLASTY (Austin Moore, Girdlestone etc.) ALL STATES: FEE \$245.00 — BENEFIT \$240.00 Anaesthetic 10 units — Item Nos 450G / 521S
8061	HIP — ARTHROPLASTY, cup or mould (Smith-Petersen) ALL STATES: FEE \$305.00 — BENEFIT \$300.00 Anaesthetic 10 units — Item Nos 450G / 521S
8069	HIP — ARTHROPLASTY, total replacement (McKee-Farrer, Charnley) ALL STATES: FEE \$450.00 — BENEFIT \$445.00 Anaesthetic 17 units — Item Nos 461G / 528S

**PART 10 — OPERATIONS**

**DIVISION 11 — ORTHOPAEDIC**

8074	<p>HIP — ARTHROTOMY (including removal of prosthesis)</p> <p>ALL STATES: FEE \$184.00 — BENEFIT \$179.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>																								
8076	<p>KNEE — ARTHROPLASTY, total replacement (Freeman-Swanson or similar procedure)</p> <p>ALL STATES: FEE \$450.00 — BENEFIT \$445.00</p> <p>Anaesthetic 17 units — Item Nos 461G / 528S</p>																								
8079	<p>KNEE — arthrodesis, arthrectomy, arthroplasty or total synovectomy of</p> <p>ALL STATES: FEE \$245.00 — BENEFIT \$240.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>																								
8081	<p>KNEE — arthrotomy</p> <p>ALL STATES: FEE \$122.00 — BENEFIT \$117.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>																								
8084	<p>‡ KNEE — arthroscopy of</p> <p>ALL STATES: FEE \$65.00 — BENEFIT \$60.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>																								
8087	<p>KNEE — operation for internal derangement</p> <table border="0" data-bbox="197 1175 1114 1252"> <tr> <td></td> <td></td> <td>NSW</td> <td>VIC</td> <td>QLD</td> <td>SA</td> <td>WA</td> <td>TAS</td> </tr> <tr> <td>FEE</td> <td>\$</td> <td>138.00</td> <td>148.00</td> <td>138.00</td> <td>160.00</td> <td>138.00</td> <td>138.00</td> </tr> <tr> <td>BENEFIT</td> <td>\$</td> <td>133.00</td> <td>143.00</td> <td>133.00</td> <td>155.00</td> <td>133.00</td> <td>133.00</td> </tr> </table> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	138.00	148.00	138.00	160.00	138.00	138.00	BENEFIT	\$	133.00	143.00	133.00	155.00	133.00	133.00
		NSW	VIC	QLD	SA	WA	TAS																		
FEE	\$	138.00	148.00	138.00	160.00	138.00	138.00																		
BENEFIT	\$	133.00	143.00	133.00	155.00	133.00	133.00																		
8089	<p>KNEE — reconstruction of cruciate ligaments</p> <p>ALL STATES: FEE \$184.00 — BENEFIT \$179.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>																								
8092	<p>KNEE — reconstruction of capsular ligaments</p> <p>ALL STATES: FEE \$140.00 — BENEFIT \$135.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>																								

## PART 10 — OPERATIONS

## DIVISION 11 — ORTHOPAEDIC

	KNEE — excision of patella						
8095	G.	ALL STATES: FEE \$132.00 — BENEFIT \$127.00					
8097	S.	ALL STATES: FEE \$166.00 — BENEFIT \$161.00					
		Anaesthetic 7 units — Item Nos 408G / 514S					
	KNEE — operation for recurrent dislocation of patella						
8100		ALL STATES: FEE \$198.00 — BENEFIT \$193.00					
		Anaesthetic 9 units — Item Nos 443G / 518S					
	ELBOW — ARTHROPLASTY, total replacement						
8103		ALL STATES: FEE \$450.00 — BENEFIT \$445.00					
		Anaesthetic 17 units — Item Nos 461G / 528S					
	JOINT, aspiration of, or intra-articular injection into, or both of these SERVICES						
8105		ALL STATES: FEE \$9.50 — BENEFIT \$8.10					
		Anaesthetic 5 units — Item Nos 406G / 510S					
	SYNOVIAL CAVITY, aspiration of, or intra-synovial injection into, or both of these services						
8108		ALL STATES: FEE \$10.20 — BENEFIT \$8.70					
		Anaesthetic 5 units — Item Nos 406G / 510S					
‡	JOINT, repair of capsule or ligament of; <u>or</u> INTERNAL FIXATION of, to stabilize joint						
8113		ALL STATES: FEE \$122.00 — BENEFIT \$117.00					
		Anaesthetic 7 units — Item Nos 408G / 514S					
	FOOT OR ANKLE REGION — triple arthrodesis						
8116	FEE	NSW	VIC	QLD	SA	WA	TAS
	\$	184.00	198.00	184.00	184.00	184.00	184.00
	BENEFIT	\$ 179.00	193.00	179.00	179.00	179.00	179.00
		Anaesthetic 9 units — Item Nos 443G / 518S					
	CALCANEAN SPUR, removal of						
8120		ALL STATES: FEE \$108.00 — BENEFIT \$103.00					
		Anaesthetic 6 units — Item Nos 407G / 513S					

## PART 10 – OPERATIONS

## DIVISION 11 – ORTHOPAEDIC

		HALLUX VALGUS, correction of						
		NSW	VIC	QLD	SA	WA	TAS	
8124	G.	FEE \$ 93.00	93.00	80.00	80.00	80.00	80.00	
		BENEFIT \$ 88.00	88.00	75.00	75.00	75.00	75.00	
8127	S.	FEE \$ 114.00	114.00	100.00	100.00	100.00	100.00	
		BENEFIT \$ 109.00	109.00	95.00	95.00	95.00	95.00	
Anaesthetic 7 units — Item Nos 408G / 514S								
		HALLUX VALGUS, correction of with osteotomy or osteectomy of phalanx or metatarsal						
		NSW	VIC	QLD	SA	WA	TAS	
8131		FEE \$ 156.00	156.00	138.00	138.00	142.00	138.00	
		BENEFIT \$ 151.00	151.00	133.00	133.00	137.00	133.00	
Anaesthetic 7 units — Item Nos 408G / 514S								
		HALLUX VALGUS, correction of, with osteotomy or osteectomy of phalanx or metatarsal and transplantaion of adductor hallucis tendon						
		NSW	VIC	QLD	SA	WA	TAS	
8135		FEE \$ 198.00	190.00	176.00	176.00	176.00	176.00	
		BENEFIT \$ 193.00	185.00	171.00	171.00	171.00	171.00	
Anaesthetic 8 units — Item Nos 409G / 517S								
		HALLUX VALGUS AND HAMMER TOE, correction of, with subcutaneous tenotomy, one or more tendons						
		NSW	VIC	QLD	SA	WA	TAS	
8140	G.	FEE \$ 134.00	134.00	120.00	120.00	120.00	120.00	
		BENEFIT \$ 129.00	129.00	115.00	115.00	115.00	115.00	
8143	S.	FEE \$ 164.00	164.00	148.00	148.00	148.00	148.00	
		BENEFIT \$ 159.00	159.00	143.00	143.00	143.00	143.00	
Anaesthetic 7 units — Item Nos 408G / 514S								
		HALLUX RIGIDUS, correction of						
8148		ALL STATES: FEE \$154.00 — BENEFIT \$149.00						
Anaesthetic 6 units — Item Nos 407G / 513S								
		HAMMER TOE, correction of						
8151	G.	ALL STATES: FEE \$65.00 — BENEFIT \$60.00						
8153	S.	ALL STATES: FEE \$81.00 — BENEFIT \$76.00						
Anaesthetic 6 units — Item Nos 407G / 513S								



**PART 10 — OPERATIONS**

**DIVISION 11 — ORTHOPAEDIC**

8158	<p>CERVICAL RIB, removal of</p> <p>ALL STATES: FEE \$184.00 — BENEFIT \$179.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>																								
8161	<p>SCALENOTOMY</p> <p>ALL STATES: FEE \$142.00 — BENEFIT \$137.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>																								
8166	<p>ACROMION OR CORACO-ACROMION LIGAMENT, removal of</p> <p>ALL STATES: FEE \$108.00 — BENEFIT \$103.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>																								
8169	<p>EXCISION OF EXOSTOSIS OF SMALL BONE</p> <p>G. ALL STATES: FEE \$65.00 — BENEFIT \$60.00</p>																								
8173	<p>S. ALL STATES: FEE \$81.00 — BENEFIT \$76.00</p>																								
8179	<p>EXCISION OF EXOSTOSIS OF LARGE BONE</p> <p>G. ALL STATES: FEE \$80.00 — BENEFIT \$75.00</p>																								
8182	<p>S. ALL STATES: FEE \$100.00 — BENEFIT \$95.00</p>																								
8185	<p>OSTEOTOMY OR OSTEECTOMY OF PHALANX, METACARPAL OR METATARSAL</p> <table border="0" data-bbox="176 1164 1105 1246"> <tr> <td></td> <td></td> <td>NSW</td> <td>VIC</td> <td>QLD</td> <td>SA</td> <td>WA</td> <td>TAS</td> </tr> <tr> <td>FEE</td> <td>\$</td> <td>83.00</td> <td>83.00</td> <td>76.00</td> <td>76.00</td> <td>83.00</td> <td>76.00</td> </tr> <tr> <td>BENEFIT</td> <td>\$</td> <td>78.00</td> <td>78.00</td> <td>71.00</td> <td>71.00</td> <td>78.00</td> <td>71.00</td> </tr> </table> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	83.00	83.00	76.00	76.00	83.00	76.00	BENEFIT	\$	78.00	78.00	71.00	71.00	78.00	71.00
		NSW	VIC	QLD	SA	WA	TAS																		
FEE	\$	83.00	83.00	76.00	76.00	83.00	76.00																		
BENEFIT	\$	78.00	78.00	71.00	71.00	78.00	71.00																		
8187	<p>OSTEOTOMY OF PHALANX, METACARPAL OR METATARSAL, with internal fixation</p> <p>ALL STATES: FEE \$90.00 — BENEFIT \$85.00</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>																								
8190	<p>OSTEOTOMY OR OSTEECTOMY OF FIBULA, RADIUS, ULNA, CLAVICLE, SCAPULA (OTHER THAN ACROMION), RIB, TARSUS OR CARPUS</p> <p>ALL STATES: FEE \$90.00 — BENEFIT \$85.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>																								

**PART 10 — OPERATIONS****DIVISION 11 — ORTHOPAEDIC**

8193	OSTEOTOMY OF FIBULA, RADIUS, ULNA, CLAVICLE, SCAPULA (OTHER THAN ACROMION), RIB, TARSUS OR CARPUS, with internal fixation  ALL STATES: FEE \$108.00 — BENEFIT \$103.00  Anaesthetic 7 units — Item Nos 408G / 514S
8195	OSTEOTOMY OR OSTEECTOMY OF TIBIA OR HUMERUS  ALL STATES: FEE \$122.00 — BENEFIT \$117.00  Anaesthetic 7 units — Item Nos 408G / 514S
8198	OSTEOTOMY OR OSTEECTOMY OF FEMUR OR PELVIC BONE  ALL STATES: FEE \$198.00 — BENEFIT \$193.00  Anaesthetic 8 units — Item Nos 409G / 517S
8201	OSTEOTOMY OF TIBIA, HUMERUS, FEMUR OR PELVIC BONE, with internal fixation  ALL STATES: FEE \$295.00 — BENEFIT \$290.00  Anaesthetic 11 units — Item Nos 453G / 522S
8203	OSTEOTOMY, BILATERAL ILIAC, preliminary to repair of ectopic bladder  ALL STATES: FEE \$166.00 — BENEFIT \$161.00  Anaesthetic 14 units — Item Nos 458G / 525S
8206	OSTEOTOMY OF FEMUR — sub-trochanteric  ALL STATES: FEE \$198.00 — BENEFIT \$193.00  Anaesthetic 11 units — Item Nos 453G / 522S
8209	OSTEECTOMY OF VERTEBRAL BODIES  ALL STATES: FEE \$190.00 — BENEFIT \$185.00  Anaesthetic 10 units — Item Nos 450G / 521S
8211	OSTEOTOMY AND DISTRACTION FOR LENGTHENING OF LIMB  ALL STATES: FEE \$198.00 — BENEFIT \$193.00  Anaesthetic 8 units — Item Nos 409G / 517S
8214	REMOVAL OF DISTRACTING APPARATUS FROM LIMB, without internal fixation  ALL STATES: FEE \$49.50 — BENEFIT \$44.50  Anaesthetic 6 units — Item Nos 407G / 513S

## PART 10 — OPERATIONS

## DIVISION 11 — ORTHOPAEDIC

8217		REMOVAL OF DISTRACTING APPARATUS FROM LIMB, with internal fixation ALL STATES: FEE \$100.00 — BENEFIT \$95.00 Anaesthetic 7 units — Item Nos 408G / 514S
8219	G.	FLEXOR TENDON OF HAND, primary suture of ALL STATES: FEE \$86.00 — BENEFIT \$81.00
8222	S.	ALL STATES: FEE \$108.00 — BENEFIT \$103.00 Anaesthetic 8 units — Item Nos 409G / 517S
8225		FLEXOR TENDON OF HAND, secondary suture of ALL STATES: FEE \$122.00 — BENEFIT \$117.00 Anaesthetic 9 units — Item Nos 443G / 518S
8227	G.	EXTENSOR TENDON OF HAND, primary suture of ALL STATES: FEE \$44.50 — BENEFIT \$39.50
8230	S.	ALL STATES: FEE \$54.00 — BENEFIT \$49.00 Anaesthetic 8 units — Item Nos 409G / 517S
8233		EXTENSOR TENDON OF HAND, secondary suture of ALL STATES: FEE \$83.00 — BENEFIT \$78.00 Anaesthetic 9 units — Item Nos 443G / 518S
8235	G.	ACHILLES TENDON or other large tendon, suture of ALL STATES: FEE \$106.00 — BENEFIT \$101.00
8238	S.	ALL STATES: FEE \$132.00 — BENEFIT \$127.00 Anaesthetic 9 units — Item Nos 443G / 518S
8241		TENDON OF FOOT, primary suture of ALL STATES: FEE \$37.00 — BENEFIT \$32.00 Anaesthetic 8 units — Item Nos 409G / 517S
8243		TENDON OF FOOT, secondary suture of ALL STATES: FEE \$54.00 — BENEFIT \$49.00 Anaesthetic 8 units — Item Nos 409G / 517S

## PART 10 — OPERATIONS

## DIVISION 11 — ORTHOPAEDIC

8246	<p>TENOTOMY, SUBCUTANEOUS, one or more tendons</p> <p>ALL STATES: FEE \$33.00 — BENEFIT \$28.05</p> <p>Anaesthetic 4 units — Item Nos 405G / 509S</p>
8249	<p>TENOTOMY, OPEN, with or without tenoplasty</p> <p>ALL STATES: FEE \$81.00 — BENEFIT \$76.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
8251	<p>TENDON OR LIGAMENT TRANSPLANTATION not covered by any other item in this Schedule</p> <p>ALL STATES: FEE \$150.00 — BENEFIT \$145.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8254	<p>ILIOPSOAS TENDON, transplanted of, to greater trochanter</p> <p>ALL STATES: FEE \$400.00 — BENEFIT \$395.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
8257	<p>TENDON GRAFT</p> <p>ALL STATES: FEE \$198.00 — BENEFIT \$193.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8259	<p>INSERTION OF ARTIFICIAL TENDON PROSTHESIS in preparation for tendon grafting</p> <p>ALL STATES: FEE \$152.00 — BENEFIT \$147.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
8262	<p>ACHILLES TENDON or other large tendon — operation for lengthening</p> <p>ALL STATES: FEE \$90.00 — BENEFIT \$85.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
8265	<p>TENDON SHEATH, incision of</p> <p>G. ALL STATES: FEE \$52.00 — BENEFIT \$47.00</p> <p>8267 S. ALL STATES: FEE \$65.00 — BENEFIT \$60.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>

## PART 10 — OPERATIONS

## DIVISION 11 — ORTHOPAEDIC

8271	STENOSING TENOVAGINITIS, open operation for ALL STATES: FEE \$65.00 — BENEFIT \$60.00 Anaesthetic 6 units — Item Nos 407G / 513S
8275	TENOLYSIS OF FLEXOR TENDON following tendon injury, repair or graft — not covered by Item 8271 ALL STATES: FEE \$95.00 — BENEFIT \$90.00 Anaesthetic 8 units — Item Nos 409G / 517S
# 8279	TENOLYSIS OF EXTENSOR TENDON following tendon injury, repair or graft — not covered by Item 8271 ALL STATES: FEE \$55.00 — BENEFIT \$50.00 Anaesthetic 7 units — Item Nos 408G / 514S
8282	TENDON SHEATH OF FINGER OR THUMB, synovectomy of ALL STATES: FEE \$74.00 — BENEFIT \$69.00 Anaesthetic 8 units — Item Nos 409G / 517S
8283	SYNOVECTOMY of metacarpophalangeal joint ALL STATES: FEE \$95.00 — BENEFIT \$90.00 Anaesthetic 8 units — Item Nos 409G / 517S
8287	SYNOVECTOMY of interphalangeal joint ALL STATES: FEE \$66.00 — BENEFIT \$61.00 Anaesthetic 8 units — Item Nos 409G / 517S
8290	SYNOVECTOMY of wrist, carpometacarpal joint or inferior radio ulnar joint ALL STATES: FEE \$162.00 — BENEFIT \$157.00 Anaesthetic 11 units — Item Nos 453G / 522S
8292	SYNOVECTOMY of extensor or flexor tendons in wrist ALL STATES: FEE \$162.00 — BENEFIT \$157.00 Anaesthetic 11 units — Item Nos 453G / 522S

**PART 10 – OPERATIONS****DIVISION 11 – ORTHOPAEDIC**

8294	CICATRICAL FLEXION CONTRACTURE OF JOINT, correction of, involving tissues deeper than skin and subcutaneous tissue  ALL STATES: FEE \$108.00 — BENEFIT \$103.00  Anaesthetic 9 units — Item Nos 443G / 518S
8296	DUPUYTREN'S CONTRACTURE, subcutaneous fasciotomy  ALL STATES: FEE \$54.00 — BENEFIT \$49.00  Anaesthetic 8 units — Item Nos 409G / 517S
8298	DUPUYTREN'S CONTRACTURE, radical operation for  ALL STATES: FEE \$132.00 — BENEFIT \$127.00  Anaesthetic 9 units — Item Nos 443G / 518S
8300	VOLKMANN'S CONTRACTURE, operation for  ALL STATES: FEE \$122.00 — BENEFIT \$117.00  Anaesthetic 10 units — Item Nos 450G / 521S
8302	FRAGMENTATION AND RODDING IN FRAGILITAS OSSIUM — HUMERUS, RADIUS OR ULNA  ALL STATES: FEE \$198.00 — BENEFIT \$193.00  Anaesthetic 11 units — Item Nos 453G / 522S
8304	FRAGMENTATION AND RODDING IN FRAGILITAS OSSIUM — TIBIA  ALL STATES: FEE \$245.00 — BENEFIT \$240.00  Anaesthetic 10 units — Item Nos 450G / 521S
8306	FRAGMENTATION AND RODDING IN FRAGILITAS OSSIUM — FEMUR  ALL STATES: FEE \$325.00 — BENEFIT \$320.00  Anaesthetic 12 units — Item Nos 454G / 523S
8308	SCAPULOPEXY  ALL STATES: FEE \$245.00 — BENEFIT \$240.00  Anaesthetic 9 units — Item Nos 443G / 518S

## PART 10 — OPERATIONS

## DIVISION 11 — ORTHOPAEDIC

8310	<p>EPIPHYSEODESIS — FEMUR</p> <p>ALL STATES: FEE \$122.00 — BENEFIT \$117.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
8312	<p>EPIPHYSEODESIS — TIBIA AND FIBULA</p> <p>ALL STATES: FEE \$122.00 — BENEFIT \$117.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
8314	<p>EPIPHYSEODESIS — COMBINED</p> <p>ALL STATES: FEE \$166.00 — BENEFIT \$161.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
8316	<p>STAPLE ARREST OF HEMI-EPIPHYSIS</p> <p>ALL STATES: FEE \$166.00 — BENEFIT \$161.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
8318	<p>ILIUM, stripping of (Soutter's operation)</p> <p>ALL STATES: FEE \$156.00 — BENEFIT \$151.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8320	<p>RADICAL PLANTAR FASCIOTOMY (STEINDLER'S OPERATION)</p> <p>ALL STATES: FEE \$156.00 — BENEFIT \$151.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
8322	<p>TALIPES EQUINOVARUS — POSTERIOR RELEASE PROCEDURE</p> <p>ALL STATES: FEE \$148.00 — BENEFIT \$143.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
8324	<p>TALIPES EQUINOVARUS — MEDIAL RELEASE PROCEDURE</p> <p>ALL STATES: FEE \$166.00 — BENEFIT \$161.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
8326	<p>SUBTALAR ARTHRODESIS (EXTRA-ARTICULAR)</p> <p>ALL STATES: FEE \$166.00 — BENEFIT \$161.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>

**PART 10 – OPERATIONS**

**DIVISION 11 – ORTHOPAEDIC**

8328	<p>CALCANEAL OSTEOTOMY</p> <p>ALL STATES: FEE \$122.00 — BENEFIT \$117.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>																								
8330	<p>CALCANEAL OSTEOTOMY WITH BONE GRAFT</p> <p>ALL STATES: FEE \$166.00 — BENEFIT \$161.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>																								
<p><b>DIVISION 12 – PAEDIATRIC</b></p>																									
8332	<p>CONGENITAL DISLOCATION OF HIP — manipulation and plaster (one hip)</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;">NSW</th> <th style="width: 5%;">VIC</th> <th style="width: 5%;">QLD</th> <th style="width: 5%;">SA</th> <th style="width: 5%;">WA</th> <th style="width: 5%;">TAS</th> </tr> </thead> <tbody> <tr> <td>FEE</td> <td>\$</td> <td>59.00</td> <td>43.00</td> <td>43.00</td> <td>43.00</td> <td>43.00</td> <td>43.00</td> </tr> <tr> <td>BENEFIT</td> <td>\$</td> <td>54.00</td> <td>38.00</td> <td>38.00</td> <td>38.00</td> <td>38.00</td> <td>38.00</td> </tr> </tbody> </table> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	59.00	43.00	43.00	43.00	43.00	43.00	BENEFIT	\$	54.00	38.00	38.00	38.00	38.00	38.00
		NSW	VIC	QLD	SA	WA	TAS																		
FEE	\$	59.00	43.00	43.00	43.00	43.00	43.00																		
BENEFIT	\$	54.00	38.00	38.00	38.00	38.00	38.00																		
8334	<p>TALIPES EQUINOVARUS — manipulation under general anaesthesia</p> <p>ALL STATES: FEE \$14.40 — BENEFIT \$12.25</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>																								
8336	<p>TALIPES EQUINOVARUS — manipulation and plaster under general anaesthesia</p> <p>ALL STATES: FEE \$16.60 — BENEFIT \$14.15</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>																								
8338	<p>CALCANEUS VALGUS — manipulation under general anaesthesia</p> <p>ALL STATES: FEE \$14.40 — BENEFIT \$12.25</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>																								
8340	<p>CALCANEUS VALGUS — manipulation and plaster under general anaesthesia</p> <p>ALL STATES: FEE \$18.40 — BENEFIT \$15.65</p> <p>Anaesthetic 6 units — Item Nos 407G / 513S</p>																								
8342	<p>PES PLANUS OR METATARSUS VARUS — manipulation under general anaesthesia</p> <p>ALL STATES: FEE \$14.40 — BENEFIT \$12.25</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>																								



**PART 10 – OPERATIONS****DIVISION 12 – PAEDIATRIC**

8344	<p>PES PLANUS OR METATARSUS VARUS – manipulation and plaster under general anaesthesia</p> <p>ALL STATES: FEE \$22.00 – BENEFIT \$18.70</p> <p>Anaesthetic 6 units – Item Nos 407G / 513S</p>
8346	<p>GENU VARUM OR GENU VALGUM – manipulation under general anaesthesia</p> <p>ALL STATES: FEE \$14.40 – BENEFIT \$12.25</p> <p>Anaesthetic 5 units – Item Nos 406G / 510S</p>
8348	<p>GENU VARUM OR GENU VALGUM – manipulation and plaster under general anaesthesia</p> <p>ALL STATES: FEE \$27.00 – BENEFIT \$22.95</p> <p>Anaesthetic 5 units – Item Nos 406G / 510S</p>
8350	<p>GENU VARUM OR GENU VALGUM – manipulation and plaster with osteoclasia</p> <p>ALL STATES: FEE \$74.00 – BENEFIT \$69.00</p> <p>Anaesthetic 5 units – Item Nos 406G / 510S</p>
8352	<p>CONTRACTURES, manipulation under general anaesthesia, not covered by any other item in this Part</p> <p>ALL STATES: FEE \$14.40 – BENEFIT \$12.25</p> <p>Anaesthetic 5 units – Item Nos 406G / 510S</p>
8354	<p>CONTRACTURES, manipulation and plaster under general anaesthesia, not covered by any other item in this Part</p> <p>ALL STATES: FEE \$22.00 – BENEFIT \$18.70</p> <p>Anaesthetic 5 units – Item Nos 406G / 510S</p>
8356	<p>SPASTIC PARALYSIS – manipulation and plaster (one limb)</p> <p>ALL STATES: FEE \$22.00 – BENEFIT \$18.70</p> <p>Anaesthetic 5 units – Item Nos 406G / 510S</p>
8358	<p>SUBDURAL HAEMORRHAGE, tap for, each tap</p> <p>ALL STATES: FEE \$24.00 – BENEFIT \$20.40</p> <p>Anaesthetic 6 units – Item Nos 407G / 513S</p>

## PART 10 — OPERATIONS

## DIVISION 12 — PAEDIATRIC

8360	<p>SUBDURAL HAEMORRHAGE, osteoplastic flap and excision of</p> <p>ALL STATES: FEE \$240.00 — BENEFIT \$235.00</p> <p>Anaesthetic 16 units — Item Nos 460G / 527S</p>
8362	<p>VENTRICULO-CISTERNOSTOMY (TORKILDSEN'S OPERATION)</p> <p>ALL STATES: FEE \$270.00 — BENEFIT \$265.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>
8364	<p>VENTRICULO-JUGULAR SHUNT</p> <p>ALL STATES: FEE \$270.00 — BENEFIT \$265.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
8366	<p>VENTRICULO-ATRIAL SHUNT FOR HYDROCEPHALUS or other lesion</p> <p>ALL STATES: FEE \$270.00 — BENEFIT \$265.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
8368	<p>VENTRICULO-ATRIAL SHUNT, revision or removal of</p> <p>ALL STATES: FEE \$142.00 — BENEFIT \$137.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
8370	<p>HYDROCEPHALUS, spino-ureteral, spino-peritoneal or spino-pleural anastomosis of, or ventricular spino-peritoneal or similar spinal shunt</p> <p>ALL STATES: FEE \$215.00 — BENEFIT \$210.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
8372	<p>CRANIOSTENOSIS, operation for — single suture</p> <p>ALL STATES: FEE \$215.00 — BENEFIT \$210.00</p> <p>Anaesthetic 17 units — Item Nos 461G / 528S</p>
8374	<p>CRANIOSTENOSIS, operation for — more than one suture</p> <p>ALL STATES: FEE \$300.00 — BENEFIT \$295.00</p> <p>Anaesthetic 20 units — Item Nos 464G / 533S</p>
8376	<p>ARACHNOIDAL CYST, operation for</p> <p>ALL STATES: FEE \$270.00 — BENEFIT \$265.00</p> <p>Anaesthetic 15 units — Item Nos 459G / 526S</p>

## PART 10 — OPERATIONS

## DIVISION 12 — PAEDIATRIC

8378	HYPERTELORISM, correction of  ALL STATES: FEE \$270.00 — BENEFIT \$265.00  Anaesthetic 14 units — Item Nos 458G / 525S
8380	CHOANAL ATRESIA, plastic repair of  ALL STATES: FEE \$265.00 — BENEFIT \$260.00  Anaesthetic 16 units — Item Nos 460G / 527S
8382	CHOANAL ATRESIA, repair of by puncture and dilatation  ALL STATES: FEE \$65.00 — BENEFIT \$60.00  Anaesthetic 11 units — Item Nos 453G / 522S
8384	MACROCHEILIA, MACROGLOSSIA OR MACROSTOMIA, operation for  ALL STATES: FEE \$142.00 — BENEFIT \$137.00  Anaesthetic 13 units — Item Nos 457G / 524S
8386	TORTICOLLIS, operation for  ALL STATES: FEE \$108.00 — BENEFIT \$103.00  Anaesthetic 7 units — Item Nos 408G / 514S
8388	OESOPHAGUS, radical correction of congenital stenosis of  ALL STATES: FEE \$325.00 — BENEFIT \$320.00  Anaesthetic 21 units — Item Nos 465G / 535S
8390	TRACHEO-OESOPHAGEAL FISTULA, with or without atresia, ligation and division of  ALL STATES: FEE \$325.00 — BENEFIT \$320.00  Anaesthetic 20 units — Item Nos 464G / 533S
8394	NEONATAL ALIMENTARY OBSTRUCTION, laparotomy for, with or without resection  ALL STATES: FEE \$285.00 — BENEFIT \$280.00  Anaesthetic 15 units — Item Nos 459G / 526S
8398	HIRSCHSPRUNG'S DISEASE, rectosigmoidectomy for  ALL STATES: FEE \$270.00 — BENEFIT \$265.00  Anaesthetic 22 units — Item Nos 466G / 537S

## PART 10 — OPERATIONS

## DIVISION 12 — PAEDIATRIC

8400	<p>EXOMPHALOS OR GASTROSCHISIS, operation for</p> <p>ALL STATES: FEE \$190.00 — BENEFIT \$185.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
8402	<p>EXOMPHALOS OR GASTROSCHISIS, operation for, by plastic flap</p> <p>ALL STATES: FEE \$215.00 — BENEFIT \$210.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
8406	<p>ANO-RECTAL MALFORMATION, perineal anoplasty</p> <p>ALL STATES: FEE \$120.00 — BENEFIT \$115.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>
8408	<p>ANO-RECTAL MALFORMATION, rectoplasty not covered by Item 8406</p> <p>ALL STATES: FEE \$345.00 — BENEFIT \$340.00</p> <p>Anaesthetic 18 units — Item Nos 462G / 529S</p>
8410	<p>CONTRACTED BLADDER NECK (congenital), wedge excision or perurethral resection of</p> <p>ALL STATES: FEE \$184.00 — BENEFIT \$179.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8412	<p>URACHAL FISTULA, operation for</p> <p>ALL STATES: FEE \$108.00 — BENEFIT \$103.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
8414	<p>ECTOPIA VESICAE, OR ECTOPIA CLOACAE (vesico-intestinal fissure) closure and sphincter reconstruction</p> <p>ALL STATES: FEE \$355.00 — BENEFIT \$350.00</p> <p>Anaesthetic 12 units — Item Nos 454G / 523S</p>
8416	<p>PINHOLE URINARY MEATUS — meatotomy</p> <p>ALL STATES: FEE \$37.00 — BENEFIT \$32.00</p> <p>Anaesthetic 5 units — Item Nos 406G / 510S</p>

## PART 10 — OPERATIONS

## DIVISION 12 — PAEDIATRIC

8418	URETHRAL VALVES OR URETHRAL MEMBRANE, open removal of ALL STATES: FEE \$215.00 — BENEFIT \$210.00 Anaesthetic 12 units — Item Nos 454G / 523S
8420	INCONTINENCE OF URINE (congenital) — plastic operation to sphincter ALL STATES: FEE \$160.00 — BENEFIT \$155.00 Anaesthetic 12 units — Item Nos 454G / 523S
8422	LYMPHANGIECTASIS OF LIMB (Milroy's disease) — limited excision of ALL STATES: FEE \$110.00 — BENEFIT \$105.00 Anaesthetic 14 units — Item Nos 458G / 525S
8424	LYMPHANGIECTASIS OF LIMB (Milroy's disease) — radical excision of ALL STATES: FEE \$240.00 — BENEFIT \$235.00 Anaesthetic 18 units — Item Nos 462G / 529S
8428	EXTRA DIGIT, ligation of pedicle ALL STATES: FEE \$14.20 — BENEFIT \$12.10 Anaesthetic 4 units — Item Nos 405G / 509S
8430	EXTRA DIGIT, amputation of ALL STATES: FEE \$37.00 — BENEFIT \$32.00 Anaesthetic 6 units — Item Nos 407G / 513S
8432	DERMOID, periorbital, excision of G. ALL STATES: FEE \$52.00 — BENEFIT \$47.00
8434	S. ALL STATES: FEE \$66.00 — BENEFIT \$61.00 Anaesthetic 8 units — Item Nos 409G / 517S
8436	DERMOID, ORBITAL, excision of ALL STATES: FEE \$142.00 — BENEFIT \$137.00 Anaesthetic 8 units — Item Nos 409G / 517S

**PART 10 — OPERATIONS****DIVISION 12 — PAEDIATRIC**

8438	DERMOID OF NOSE, superficial, excision of  ALL STATES: FEE \$37.00 — BENEFIT \$32.00  Anaesthetic 7 units — Item Nos 408G / 514S
8440	DERMOID OF NOSE, excision of, with intranasal extension  ALL STATES: FEE \$166.00 — BENEFIT \$161.00  Anaesthetic 8 units — Item Nos 409G / 517S
8442	MYELOMENINGOCELE — excision of sac  ALL STATES: FEE \$198.00 — BENEFIT \$193.00  Anaesthetic 13 units — Item Nos 457G / 524S
8444	MYELOMENINGOCELE EXTENSIVE requiring formal repair with skin flaps or Z plasty  ALL STATES: FEE \$300.00 — BENEFIT \$295.00  Anaesthetic 15 units — Item Nos 459G / 526S
8446	EPIPHYSITIS (Perthes', Calve's or Scheuermann's) plaster for  ALL STATES: FEE \$29.50 — BENEFIT \$25.10  Anaesthetic 5 units — Item Nos 406G / 510S
8448	EPIPHYSITIS (Sever's, Kohler's, Kienboch's or Schlatter's), plaster for  ALL STATES: FEE \$18.40 — BENEFIT \$15.65  Anaesthetic 5 units — Item Nos 406G / 510S
	<b>DIVISION 13 — PLASTIC AND RECONSTRUCTIVE</b>
	<b>METICULOUS PLASTIC REPAIR DESIGNED TO OBTAIN MAXIMUM FUNCTIONAL OR COSMETIC RESULTS INCLUDING THE PREPARATION OF THE DEFECT REQUIRING REPAIR</b>
8450	DERMA-FAT FASCIA GRAFT (including transplant or muscle flap)  ALL STATES: FEE \$138.00 — BENEFIT \$133.00  Anaesthetic 12 units — Item Nos 454G / 523S

## PART 10 — OPERATIONS

## DIVISION 13 — PLASTIC

8452	ABRASIVE THERAPY, limited area							
	ALL STATES: FEE \$52.00 — BENEFIT \$47.00							
	Anaesthetic 6 units — Item Nos 407G / 513S							
8454	ABRASIVE THERAPY, extensive area							
	ALL STATES: FEE \$118.00 — BENEFIT \$113.00							
	Anaesthetic 7 units — Item Nos 408G / 514S							
8456	ELECTROLYSIS EPILATION, each treatment							
	FEE	\$	NSW 16.00	VIC 13.80	QLD 13.80	SA 13.80	WA 13.80	TAS 13.80
	BENEFIT	\$	13.60	11.75	11.75	11.75	11.75	11.75
	Anaesthetic 6 units — Item Nos 407G / 513S							
8458	ANGIOMA, cauterisation of or injection into, under general anaesthesia							
	ALL STATES: FEE \$14.00 — BENEFIT \$11.90							
	Anaesthetic 7 units — Item Nos 408G / 514S							
8462	ANGIOMA OF SKIN, and subcutaneous tissue or mucous surface, small, excision and repair of							
	FEE	\$	NSW 40.00	VIC 40.00	QLD 32.00	SA 32.00	WA 32.00	TAS 27.50
	BENEFIT	\$	35.00	35.00	27.20	27.20	27.20	23.40
	Anaesthetic 7 units — Item Nos 408G / 514S							
8466	ANGIOMA OF SKIN and subcutaneous tissue or mucous surface, large, excision and repair of							
	ALL STATES: FEE \$47.50 — BENEFIT \$42.50							
	Anaesthetic 9 units — Item Nos 443G / 518S							
8470	ANGIOMA, INVOLVING DEEPER TISSUE, small, excision and repair of							
	ALL STATES: FEE \$64.00 — BENEFIT \$59.00							
	Anaesthetic 9 units — Item Nos 443G / 518S							
8472	ANGIOMA, INVOLVING DEEPER TISSUE, large, excision and repair of							
	ALL STATES: FEE \$95.00 — BENEFIT \$90.00							
	Anaesthetic 10 units — Item Nos 450G / 521S							

## PART 10 — OPERATIONS

## DIVISION 13 — PLASTIC

8474	HAEMANGIOMA OF NECK, deep-seated, excision of  ALL STATES: FEE \$166.00 — BENEFIT \$161.00  Anaesthetic 10 units — Item Nos 450G / 521S
8476	MAJOR EXCISION AND GRAFTING FOR LYMPHOEDEMA  ALL STATES: FEE \$230.00 — BENEFIT \$225.00  Anaesthetic 15 units — Item Nos 459G / 526S
8478	FOREIGN IMPLANTS FOR CONTOUR RECONSTRUCTION  ALL STATES: FEE \$138.00 — BENEFIT \$133.00  Anaesthetic 10 units — Item Nos 450G / 521S
8480	<b>SKIN FLAP SURGERY</b>  SINGLE STAGE LOCAL FLAP REPAIR, simple, small  ALL STATES: FEE \$83.00 — BENEFIT \$78.00  Anaesthetic 7 units — Item Nos 408G / 514S
8484	SINGLE STAGE LOCAL FLAP REPAIR, complicated or large  ALL STATES: FEE \$122.00 — BENEFIT \$117.00  Anaesthetic 10 units — Item Nos 450G / 521S
† 8485	DIRECT FLAP REPAIR (cross arm, abdominal or similar), first stage  ALL STATES: FEE \$138.00 — BENEFIT \$133.00  Anaesthetic 11 units — Item Nos 453G / 522S
† 8486	DIRECT FLAP REPAIR (cross arm, abdominal or similar), second stage  ALL STATES: FEE \$69.00 — BENEFIT \$64.00  Anaesthetic 9 units — Item Nos 443G / 518S
§+ 8487	DIRECT FLAP REPAIR, cross leg, first stage  ALL STATES: FEE \$300.00 — BENEFIT \$295.00  Anaesthetic 13 units — Item Nos 457G / 524S



## PART 10 — OPERATIONS

## DIVISION 13 — PLASTIC

‡ +	DIRECT FLAP REPAIR, cross leg, second stage
8488	ALL STATES: FEE \$132.00 — BENEFIT \$127.00 Anaesthetic 10 units — Item Nos 450G / 521S
‡	DIRECT FLAP REPAIR, small (cross finger or similar), first stage
8490	ALL STATES: FEE \$76.00 — BENEFIT \$71.00 Anaesthetic 7 units — Item Nos 408G / 514S
‡	DIRECT FLAP REPAIR, small (cross finger or similar), second stage
8492	ALL STATES: FEE \$35.00 — BENEFIT \$30.00 Anaesthetic 7 units — Item Nos 408G / 514S
8494	INDIRECT FLAP OR TUBED PEDICLE, formation of ALL STATES: FEE \$130.00 — BENEFIT \$125.00 Anaesthetic 10 units — Item Nos 450G / 521S
8496	INDIRECT FLAP OR TUBED PEDICLE, delay, intermediate transfer or detachment of ALL STATES: FEE \$69.00 — BENEFIT \$64.00 Anaesthetic 8 units — Item Nos 409G / 517S
8498	INDIRECT FLAP OR TUBED PEDICLE, preparation of site and attachment to site ALL STATES: FEE \$138.00 — BENEFIT \$133.00 Anaesthetic 10 units — Item Nos 450G / 521S
8500	INDIRECT FLAP OR TUBED PEDICLE, spreading of pedicle, as a separate procedure ALL STATES: FEE \$110.00 — BENEFIT \$105.00 Anaesthetic 8 units — Item Nos 409G / 517S
8502	DIRECT, INDIRECT OR LOCAL FLAP REPAIR, revision of graft ALL STATES: FEE \$76.00 — BENEFIT \$71.00 Anaesthetic 7 units — Item Nos 408G / 514S

<b>FREE GRAFTS</b>	
8504	<p>FREE GRAFTS (split skin or pinch grafts) on granulating areas, small</p> <p>ALL STATES: FEE \$61.00 — BENEFIT \$56.00</p> <p>Anaesthetic 7 units — Item Nos 408G / 514S</p>
8508	<p>FREE GRAFTS (split skin) on granulating areas, extensive</p> <p>ALL STATES: FEE \$122.00 — BENEFIT \$117.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>
† 8509	<p>FREE GRAFTS (split skin) to burns including excision of burned tissue — involving not more than 2-1/2% of total body surface</p> <p>ALL STATES: FEE \$90.00 — BENEFIT \$85.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
‡ 8510	<p>FREE GRAFTS (split skin) to burns including excision of burned tissue — involving more than 2-1/2% of total body surface</p> <p>ALL STATES: FEE \$205.00 — BENEFIT \$200.00</p> <p>Anaesthetic 14 units — Item Nos 458G / 525S</p>
† 8511	<p>FREE GRAFTS (homograft split skin) to burns including excision of burned tissue — involving more than 2-1/2% of total body surface</p> <p>ALL STATES: FEE \$190.00 — BENEFIT \$185.00</p> <p>Anaesthetic 13 units — Item Nos 457G / 524S</p>
8512	<p>FREE GRAFTS (split skin) including elective dissection, small</p> <p>ALL STATES: FEE \$83.00 — BENEFIT \$78.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
‡ 8516	<p>FREE GRAFTS (split skin) including elective dissection, extensive; or inlay graft using a mould, insertion of, and removal of mould</p> <p>ALL STATES: FEE \$176.00 — BENEFIT \$171.00</p> <p>Anaesthetic 11 units — Item Nos 453G / 522S</p>

8518	<p>FREE FULL THICKNESS GRAFTS</p> <p>ALL STATES: FEE \$138.00 — BENEFIT \$133.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
8522	<p><b>OTHER GRAFTS AND MISCELLANEOUS PROCEDURES</b></p> <p>REVISION under general anaesthesia of facial or neck scar NOT MORE THAN 3 CM IN LENGTH</p> <p>ALL STATES: FEE \$64.00 — BENEFIT \$59.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8524	<p>REVISION under general anaesthesia of facial or neck scar MORE THAN 3 CM IN LENGTH</p> <p>ALL STATES: FEE \$88.00 — BENEFIT \$83.00</p> <p>Anaesthetic 9 units — Item Nos 443G / 518S</p>
8526	<p>CINEPLASTY for amputation stump</p> <p>ALL STATES: FEE \$220.00 — BENEFIT \$215.00</p> <p>Anaesthetic 8 units — Item Nos 409G / 517S</p>
8528	<p>MAMMAPLASTY, reduction or repositioning (unilateral)</p> <p>ALL STATES: FEE \$265.00 — BENEFIT \$260.00</p> <p>Anaesthetic 10 units — Item Nos 450G / 521S</p>



**PART 10 — OPERATIONS****DIVISION 13 — PLASTIC**

8530	MAMMAPLASTY, augmentation, prosthetic (unilateral)  ALL STATES: FEE \$220.00 — BENEFIT \$215.00  Anaesthetic 10 units — Item Nos 450G / 521S
8532	MAMMAPLASTY, derma-fat fascia (unilateral)  ALL STATES: FEE \$265.00 — BENEFIT \$260.00  Anaesthetic 11 units — Item Nos 453G / 522S
8534	HAIR TRANSPLANTS, multiple punch or similar technique, involving NOT MORE THAN 40 PUNCH GRAFTS  ALL STATES: FEE \$32.00 — BENEFIT \$27.20  Anaesthetic 7 units — Item Nos 408G / 514S
8536	HAIR TRANSPLANTS, multiple punch or similar technique, involving MORE THAN 40 BUT NOT MORE THAN 100 PUNCH GRAFTS  ALL STATES: FEE \$64.00 — BENEFIT \$59.00  Anaesthetic 8 units — Item Nos 409G / 517S
8538	HAIR TRANSPLANTS, multiple punch or similar technique, involving MORE THAN 100 PUNCH GRAFTS  ALL STATES: FEE \$142.00 — BENEFIT \$137.00  Anaesthetic 10 units — Item Nos 450G / 521S
8540	DIGIT, transplantation of — complete procedure  ALL STATES: FEE \$270.00 — BENEFIT \$265.00  Anaesthetic 16 units — Item Nos 460G / 527S
8542	NEUROVASCULAR ISLAND FLAP, including repair of secondary defect  ALL STATES: FEE \$380.00 — BENEFIT \$375.00  Anaesthetic 15 units — Item Nos 459G / 526S
8544	MACRODACTYLY, plastic reduction of, each finger  ALL STATES: FEE \$96.00 — BENEFIT \$91.00  Anaesthetic 8 units — Item Nos 409G / 517S

**PART 10 — OPERATIONS****DIVISION 13 — PLASTIC**

8546	FACIAL NERVE PARALYSIS, free fascia graft for  ALL STATES: FEE \$215.00 — BENEFIT \$210.00  Anaesthetic 12 units — Item Nos 454G / 523S
8548	FACIAL NERVE PARALYSIS, muscle transfer or graft for  ALL STATES: FEE \$245.00 — BENEFIT \$240.00  Anaesthetic 13 units — Item Nos 457G / 524S
8550	MELONOPLASTY  ALL STATES: FEE \$400.00 — BENEFIT \$395.00  Anaesthetic 17 units — Item Nos 461G / 528S
8552	ORBITAL CAVITY, reconstruction of floor or roof of  ALL STATES: FEE \$142.00 — BENEFIT \$137.00  Anaesthetic 12 units — Item Nos 454G / 523S
8554	MAXILLA, resection of  ALL STATES: FEE \$265.00 — BENEFIT \$260.00  Anaesthetic 17 units — Item Nos 461G / 528S
8556	MANDIBLE, resection of  ALL STATES: FEE \$205.00 — BENEFIT \$200.00  Anaesthetic 15 units — Item Nos 459G / 526S
8560	MANDIBLE, segmental resection of, for tumours  ALL STATES: FEE \$176.00 — BENEFIT \$171.00  Anaesthetic 13 units — Item Nos 457G / 524S
8564	MANDIBLE, section-fixation for prognathism or retrognathism  ALL STATES: FEE \$176.00 — BENEFIT \$171.00  Anaesthetic 14 units — Item Nos 458G / 525S
8568	MANDIBLE, hemi-mandibular reconstruction with bone graft, not associated with Item 8556  ALL STATES: FEE \$240.00 — BENEFIT \$235.00  Anaesthetic 15 units — Item Nos 459G / 526S

8570	MANDIBLE, condylectomy  ALL STATES: FEE \$138.00 — BENEFIT \$133.00  Anaesthetic 11 units — Item Nos 453G / 522S																								
8574	OSTEOTOMY OR OSTEECTOMY OF MANDIBLE (other than alveolar margins) for congenital or post-traumatic malformation not covered by any other item in this Part  ALL STATES: FEE \$152.00 — BENEFIT \$147.00  Anaesthetic 11 units — Item Nos 453G / 522S																								
‡ 8578	OSTEOTOMY OR OSTEECTOMY OF MAXILLA AND/OR ZYGOMA (other than alveolar margins) for congenital or post-traumatic malformation not covered by any other item in this Part  ALL STATES: FEE \$176.00 — BENEFIT \$171.00  Anaesthetic 11 units — Item Nos 453G / 522S																								
‡ 8582	WHOLE THICKNESS RECONSTRUCTION OF EYELID other than by direct suture  ALL STATES: FEE \$176.00 — BENEFIT \$171.00  Anaesthetic 10 units — Item Nos 450G / 521S																								
8584	PARTIAL RECONSTRUCTION OF EYELID OR SOCKET  ALL STATES: FEE \$83.00 — BENEFIT \$78.00  Anaesthetic 12 units — Item Nos 454G / 523S																								
8586	CORRECTION OF PTOSIS (unilateral)  <table border="0"> <thead> <tr> <th></th> <th></th> <th>NSW</th> <th>VIC</th> <th>QLD</th> <th>SA</th> <th>WA</th> <th>TAS</th> </tr> </thead> <tbody> <tr> <td>FEE</td> <td>\$</td> <td>230.00</td> <td>198.00</td> <td>198.00</td> <td>198.00</td> <td>198.00</td> <td>198.00</td> </tr> <tr> <td>BENEFIT</td> <td>\$</td> <td>225.00</td> <td>193.00</td> <td>193.00</td> <td>193.00</td> <td>193.00</td> <td>193.00</td> </tr> </tbody> </table> Anaesthetic 12 units — Item Nos 454G / 523S			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	230.00	198.00	198.00	198.00	198.00	198.00	BENEFIT	\$	225.00	193.00	193.00	193.00	193.00	193.00
		NSW	VIC	QLD	SA	WA	TAS																		
FEE	\$	230.00	198.00	198.00	198.00	198.00	198.00																		
BENEFIT	\$	225.00	193.00	193.00	193.00	193.00	193.00																		
8588	ECTROPION OR ENTROPION, correction of (unilateral)  ALL STATES: FEE \$95.00 — BENEFIT \$90.00  Anaesthetic 9 units — Item Nos 443G / 518S																								

†  8589	REDUCTION OF LOWER EYELID of one eye  ALL STATES: FEE \$95.00 — BENEFIT \$90.00  Anaesthetic 8 units — Item Nos 409G / 517S
†  8591	REDUCTION OF UPPER EYELID of one eye  ALL STATES: FEE \$70.00 — BENEFIT \$65.00  Anaesthetic 7 units — Item Nos 408G / 514S
8592	SYMBLEPHARON, grafting for  ALL STATES: FEE \$138.00 — BENEFIT \$133.00  Anaesthetic 8 units — Item Nos 409G / 517S
8594	RHINOPLASTY, correction of lateral and/or alar cartilages  ALL STATES: FEE \$152.00 — BENEFIT \$147.00  Anaesthetic 10 units — Item Nos 450G / 521S
8596	RHINOPLASTY, correction of bony vault only  ALL STATES: FEE \$176.00 — BENEFIT \$171.00  Anaesthetic 10 units — Item Nos 450G / 521S
8598	RHINOPLASTY — TOTAL, including correction of all bony and cartilaginous elements of the external nose  ALL STATES: FEE \$300.00 — BENEFIT \$295.00  Anaesthetic 12 units — Item Nos 454G / 523S
‡  8600	RHINOPLASTY OR SIMILAR CONTOUR RESTORATION OF THE FACE, autogenous bone or costal cartilage graft  ALL STATES: FEE \$375.00 — BENEFIT \$370.00  Anaesthetic 13 units — Item Nos 457G / 524S
8602	RHINOPLASTY, secondary revision of  ALL STATES: FEE \$44.00 — BENEFIT \$39.00  Anaesthetic 10 units — Item Nos 450G / 521S



## PART 10 – OPERATIONS

## DIVISION 13 – PLASTIC

8604	RHINOPHYMA, correction of  ALL STATES: FEE \$104.00 — BENEFIT \$99.00  Anaesthetic 9 units — Item Nos 443G / 518S
+  8606	COMPOSITE GRAFT TO NOSE OR EAR  ALL STATES: FEE \$150.00 — BENEFIT \$145.00  Anaesthetic 11 units — Item Nos 453G / 522S
8608	LOP EAR, BAT EAR OR SIMILAR DEFORMITY, correction of  ALL STATES: FEE \$160.00 — BENEFIT \$155.00  Anaesthetic 8 units — Item Nos 409G / 517S
8610	PINNA, amputation of, complete  ALL STATES: FEE \$57.00 — BENEFIT \$52.00  Anaesthetic 9 units — Item Nos 443G / 518S
8612	CONGENITAL ATRESIA, reconstruction of external auditory canal  ALL STATES: FEE \$205.00 — BENEFIT \$200.00  Anaesthetic 11 units — Item Nos 453G / 522S
8614	FULL THICKNESS WEDGE EXCISION OF LIP with repair by direct sutures  ALL STATES: FEE \$95.00 — BENEFIT \$90.00  Anaesthetic 8 units — Item Nos 409G / 517S
8616	VERMILIONECTOMY  ALL STATES: FEE \$95.00 — BENEFIT \$90.00  Anaesthetic 8 units — Item Nos 409G / 517S
8618	LIP OR EYELID RECONSTRUCTION using full thickness flap, first stage  ALL STATES: FEE \$156.00 — BENEFIT \$151.00  Anaesthetic 11 units — Item Nos 453G / 522S
8620	LIP OR EYELID RECONSTRUCTION using full thickness flap, second stage  ALL STATES: FEE \$47.50 — BENEFIT \$42.50  Anaesthetic 4 units — Item Nos 405G / 509S

## PART 10 — OPERATIONS

## DIVISION 13 — PLASTIC

‡ 8622	CLEFT LIP, unilateral — primary repair  ALL STATES: FEE \$190.00 — BENEFIT \$185.00 Anaesthetic 12 units — Item Nos 454G / 523S
8624	CLEFT LIP, complete primary repair, one stage, bilateral  ALL STATES: FEE \$255.00 — BENEFIT \$250.00 Anaesthetic 14 units — Item Nos 458G / 525S
8628	CLEFT LIP, secondary correction, partial or incomplete  ALL STATES: FEE \$80.00 — BENEFIT \$75.00 Anaesthetic 10 units — Item Nos 450G / 521S
8630	CLEFT LIP, secondary correction, complete revision  ALL STATES: FEE \$152.00 — BENEFIT \$147.00 Anaesthetic 12 units — Item Nos 454G / 523S
8632	CLEFT LIP, secondary correction, Abbe flap  ALL STATES: FEE \$350.00 — BENEFIT \$345.00 Anaesthetic 12 units — Item Nos 454G / 523S
8634	CLEFT LIP, secondary correction of nostril or nasal tip  ALL STATES: FEE \$104.00 — BENEFIT \$99.00 Anaesthetic 10 units — Item Nos 450G / 521S
8636	CLEFT PALATE, primary repair, partial cleft  ALL STATES: FEE \$190.00 — BENEFIT \$185.00 Anaesthetic 13 units — Item Nos 457G / 524S
8640	CLEFT PALATE, primary repair, complete cleft or cleft requiring major repair  ALL STATES: FEE \$240.00 — BENEFIT \$235.00 Anaesthetic 14 units — Item Nos 458G / 525S
8644	CLEFT PALATE, secondary repair, closure of fistula  ALL STATES: FEE \$122.00 — BENEFIT \$117.00 Anaesthetic 13 units — Item Nos 457G / 524S

8648	CLEFT PALATE, secondary repair, lengthening procedure  ALL STATES: FEE \$176.00 — BENEFIT \$171.00  Anaesthetic 12 units — Item Nos 454G / 523S
8652	CLEFT PALATE, partial repair, complex cleft  ALL STATES: FEE \$176.00 — BENEFIT \$171.00  Anaesthetic 13 units — Item Nos 457G / 524S
8656	PHARYNGEAL FLAP OR PHARYNGOPLASTY  ALL STATES: FEE \$220.00 — BENEFIT \$215.00  Anaesthetic 15 units — Item Nos 459G/526S

## SECTION 3A

# INDEX TO MEDICAL BENEFITS SCHEDULE

- PART 1 — PROFESSIONAL ATTENDANCES
- PART 2 — OBSTETRICS
- PART 3 — ANAESTHETICS
- PART 4 — REGIONAL NERVE OR FIELD BLOCK
- PART 5 — ASSISTANCE IN ADMINISTRATION OF ANAESTHETIC
- PART 6 — MISCELLANEOUS PROCEDURES
- PART 9 — ASSISTANCE AT OPERATIONS
- PART 10 — OPERATIONS

**Section 3A — Index to Schedule  
SUPPLEMENTARY PAGES**

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Abdominal apron or similar condition, transverse wedge excision	3309
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Anophthalmic orbit, removal of implant from socket	6701
Arteriovenous shunt, declotting of	831
Artery, anastomosis of by micro-surgical techniques for the reimplantation of limb or digit or free transfer of tissue	4764
<b>B</b>	
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<b>C</b>	
Chondro-mucosal graft	pay under 8606 + 5217 x ½
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— management of	976, 977
<b>D</b>	
Direct flap repair, cross arm, abdominal or similar	8485, 8486
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<b>E</b>	
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**1 AUGUST 1977**

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F	
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Free transfer of tissue, anastomosis of	
artery or vein for, by micro-surgical	
techniques	4764
G	
Graft, chondro-mucosal	pay under 8606 + 5217 x 1/2
Graft, free to burns	8509-8511
Graft, inlay, insertion and removal of mould	8516
Group psychotherapy	887
— family	887,888, 889
I	
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— insertion by arteriotomy, or removal and arterioplasty	4806
— management of	976, 977
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Jejuno-ileal by-pass	pay under 3894/3898 x 1 1/2
Joint internal fixation	8113
K	
Keratoses, warts or similar lesions, surgical removal	3330-3346
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L	
Laceration, full thickness, of nose, ear or eyelid,	
repair of	3104
Laminectomy, multi-level decompression for the	
treatment of spinal canal stenosis	pay under 7331 x 1 1/2
Ligaments of finger joint, secondary repair	
of by fascial graft	pay under 8113 x 1 1/2
Lipectomy, transverse wedge	
excision for abdominal apron or similar condition	3309
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Mammoplasty, combined one stage augmentation/reposition	
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N	
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O	
Optic nerve meninges, incision of	pay under 6718
P	
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using micro-surgical techniques	pay under 6796 x 1½
Perfusion of donor kidney, continuous	922
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group	887
S	
Scoliosis, posterior mobilisation, operation for	pay under 7331 x 1½
Secondary repair of ligaments of finger joint by fascial graft	pay under 8113 x 1½
Sphincterotomy, anal, as an independent procedure (Hirschsprung's disease)	4490
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Service	Item
V	
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with pyloroplasty or gastro-enterostomy	3891
selective	3882
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with pyloroplasty or gastro-enterostomy	3889
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ITEM NUMBERS DELETED AS FROM 1 AUGUST 1977

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829  
3308  
8590  
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— removal of tonsils and/or adenoids in a person aged less than twelve years	5370/5374
— removal of adenoids	5415/5424
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Service	Item
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Adenoids and/or tonsils, removal of in a person aged less than twelve years with	
— cauterisation or diathermy of any one or more of septum or turbinates or pharynx	5378/5383
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Adenoids, removal of	5363-5392, 5407/5411
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— in connection with a dental operation (not being a prescribed medical service)	566-575
— in connection with E.C.T.	479,550
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— in connection with the treatment of a	
— complicated fracture involving viscera, blood vessels or nerves and requiring open operation	485,557
— dislocation requiring open operation	482,553
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\*Payable on attendance basis

Service	Item
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during hyperbaric therapy	787,790
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— by a medical practitioner other than a specialist anaesthetist	401-478
— by a specialist anaesthetist	500-549
— in connection with a dental operation (not being a prescribed medical service)	566-575
— in connection with ECT	479,550
episiotomy repair	407,513
forceps delivery	481,552
radiotherapy	480,551
— in connection with the treatment of a	
— complicated fracture involving viscera, blood vessels or nerves and requiring open operation	485,557

\*Payable on attendance basis

Service	Item
Anaesthetic, administration of	
— in connection with the treatment of	
— dislocation requiring open operation	482,553
— simple and uncomplicated fracture requiring open operation	483,554
— simple and uncomplicated fracture requiring internal fixation or with the treatment of a compound fracture requiring open operation	484,556
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separate pre-operative examination for	82/85
Anal prolapse, circum-anal suture for	4467
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Anastomosis, arterial	4762
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\*Payable on attendance basis

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vessel, ligation of	4690
involving gradual occlusion by mechanical device	4715

Service	Item
<b>B</b>	
Back, manipulation of, under general anaesthesia	7919/7923
Baker's cyst, excision of	3217
Ballistocardiography	913
Band, encircling silicone, removal of from detached retina	6906
rubber, ligation of haemorrhoids	4521
Bands, lateral pharyngeal, removal of	5431
Bankhart operation (arthroplasty of shoulder joint)	8017
Bartholin's abscess, incision of	6284
cyst, excision of	6274/6277
or gland, marsupialisation or cautery destruction of	6278/6280
Basal cell carcinoma, uncomplicated, removal of	3219-3237
Bassini's operation	4222/4227
Bat ear or similar deformity, correction of	8608
Bennett's fracture	7527/7530
Bicornuate uterus, plastic reconstruction for	6570
Bifurcate graft	4744
Bilateral iliac, osteotomy of	8203
Bile duct, common, operations on	3815-3841
excision and reconstruction of	3841
reconstruction of	3834
Biliary atresia, congenital, dissection of bile duct with reconstruction	3831
exploratory laparotomy	3739/3745
reconstruction of bile duct	3834
system, operations on	3789-3841
Biopsy, adrenal gland	5630
aspiration of bone marrow	3160
of lymph gland, deep tissue or organ	3148
bladder tumour, by cystoscopy	5868
bronchus	5611
(burr-hole) of sternum	3157
cervix	3135/3142
cone, of cervix	6418/6424
and curettage of uterus	6428/6434
intracranial tumour via burr-hole	7192
via osteoplastic flap	7194
larynx	5524
liver, percutaneous	3752
lymph gland, muscle or other deep tissue or organ	3135/3142
needle, of prostate	6030
oesophagus	5480
ovarian by laparoscopy	6607
prostate, endoscopic, with or without cystoscopy	6027
perineal	6022
punch, of synovial membrane or pleura	3163
puncture, sternum	3157
rectum, full thickness	4380
renal	5726
scalene node	3168
skin or mucous membrane	3130
sternum, puncture	3157
suction	3130
testis	6218
via laparoscope	6607
with cervical exploration of mediastinum	6992



Service	Item
Biopsy, with direct examination of larynx	5524
gastroscopy or duodenoscopy	3855
intubation of small bowel	4099
Birth mark, congenital, removal of, other than by radiotherapy	8458-8472
Bladder, aspiration of, by needle	5964
catheterisation of — where no other procedure is performed	5840
(closed), operations on	5840-5888
cystostomy or cystotomy	5897/5901
diverticulum of, excision or obliteration of	5929
ectopic — 'turning-in' operation	8414
enlargement of, using intestine	5981
evacuation of clot from, by cystoscopy	5845
excision of	5891/5894,5905
neck closure, including repair of epispadias	6135
contracted, congenital, wedge excision or perurethral	
resection of	8410
contracture, operation for	5916
resection, endoscopic, with cystoscopy	5881
(open), operations on	5891-5935
prolapse of (gynaecological), repair of	6347-6373
repair of rupture of	5891/5894
with complete or partial uterectomy	5747
suprapubic stab cystotomy	5903
tumour of, biopsy of, with cystoscopy	5868
diathermy or resection of, with cystoscopy	5871,5875
suprapubic diathermy of	5919
washout test of	839
Blepharoplasty	8588,8590
Block, field or major regional, required with surgical induction of	
labor and antenatal care confinement and postnatal	
care for nine days	216/217
regional nerve or field, initial	748
subsequent	752
Blocking, nerve, with alcohol or other agent following localisation	
by electrical stimulator	7072
Blood collection of, for pathology test	907,956
transfusion	949
compatibility testing	980,982
dye — dilution indicator test	952
pressure recording by intravascular cannula	770
transfusion	902,904,940-947
intrauterine foetal, including necessary	
amniocentesis	947
vessels in nose, cautery to during episode of epistaxis	5230
Bone, accessory, removal of	7853
carpal, replacement of by silicone or other implant including	
any necessary tendon transfers	8003
graft to femur	7975
humerus	7983
radius and ulna	7985
radius or ulna	7993
scaphoid	7999
spine	7934-7969
postero-lateral fusion	7945
with laminectomy and posterior interbody fusion	7967-7969
tibia	7977

Service	Item
Bone, graft (not covered by any other item)	8001
with calcaneal osteotomy	8330
lunate, excision of	8190
marrow, aspiration biopsy of	3160
nasal, fracture of	7701-7715
operation on, for chronic osteomyelitis	4856
sesamoid, removal of	7853
tumour, innocent, excision of	3425
Bowel, anastomosis of	4039/4043
mobilisation of	3739/3745
resection of	4039/4043
ruptured, repair or removal of	4149/ 4158,4165
small, intubation	4104
with biopsy	4099
or large, interposition of with oesophagectomy	6988
Brachial endarterectomy	4709
plexus block, initial	748
subsequent	752
exploration of	7175
Brain, abscess of, excision of	7283
Branchial cyst, removal of	3526
fistula, removal of	3530
Breast, amputation of	3647-3702
cyst aspiration of	3366
excision of cyst, fibro adenoma, local lesion or segmental resection	3654/3664
— where frozen section is performed	3668/3673
mammaplasty of	8528-8532
operations on	3647-3702
partial mastectomy involving more than one quarter of breast tissue	3678/3683
section of, for biopsy	3135/3142
tumour, removal of	3219/3228
Breathing apparatus, mechanical efficiency of, estimation of	920
oxygen cost of, estimation of	920
Breech delivery, with antenatal care, confinement and postnatal care for nine days	208/209
Broad ligament cyst, excision of	6643/6644, 6648/6649
removal of fatty tumour of	3739/3745
Brodie's abscess, operation for	4864
Bronchial tree, intrathoracic operation on	6999
Bronchoscopy, as an independent procedure	5605
with biopsy or other diagnostic or therapeutic procedure	5611
dilatation of tracheal stricture	5619,5624
Bronchspirometry	918
Bronchus, operations on	5605,5613
removal of foreign body in	5613
Bubonocele operation	4222/4227
Buckling operation for detached retina	6902
Bunion, excision of	3194/3199
Burns, dressing of (not involving grafting)	3006-3039
excision of under G.A. (not involving grafting)	
— more than 10% of body surface	3039
— not more than 10% of body surface	3038
extensive free graft to	8510

Service	Item
Burr-hole biopsy of sternum	3157
craniotomy	7186,7192,7208/7212,7287
for intracranial haemorrhage	7208/7212
Bursa, incision of	3189
large, excision of	3208/3213
including olecranon, calcaneum or patella, excision of	3208/3213
semimembranosus, excision of	3217
small, excision of	3194/3199
Bursitis, acromial, manipulation	7911/7915
Burst abdomen, repair of with extrusion of abdominal viscera	4258/4262
By-pass, arterial or venous	4754
crossed, of saphenous vein	4665

Service	Item
C	
Cable shunt, ventricular, for hydrocephalus, congenital	8370
Cadaver, donor nephrectomy	5647
Caecostomy	3996/4000
extra-peritoneal closure of	3976/3981
Caesarean section	234/241
Calcaneal osteotomy	8328
with bone graft	8330
Calcanean bursa, excision of	3208/3213
spur, removal of	8120
Calcaneus, fracture of	7666/7668
valgus, manipulation and plaster under general anaesthesia	8340
under general anaesthesia	8338
Calcium, deposit, removal of, from cuff of shoulder	8009
Calculus, removal of, from bladder	5888
kidney	5691
parotid or salivary gland duct	3468/3472
Skene's duct	6286
sublingual gland duct	3468/3472
with cystotomy	5968
staghorn, nephro or pyelolithotomy for	5699
ureteric, endoscopic removal or manipulation of, with cystoscopy	5885
Caldwell-Luc operation	5270
Caloric test of labyrinth or labyrinths	882
Calve's epiphysitis, plaster for	8446
Canal, external auditory, reconstruction of, for congenital atresia	8612
Canaliculus system lacrimal, reconstruction of	6792
immediate repair of	6796
Cannula, intralymphatic insertion of, for introduction of radio-active material	938
intravascular, blood pressure recording by	770
Cannulisation of thoracic duct	6976
Canthoplasty	6768
Capacity, diffusing, estimation of	920
Capsular ligaments of knee, reconstruction of	8092
Capsule, joint, repair of	8113
Capsulectomy	8861
Capsulotomy	6865
Carbolisation of eye	*
Carbon dioxide output, estimation of	920
Carbuncle, incision with drainage of, requiring a general anaesthetic	3379/3384
Carcinoma	(see tumour)
Cardiac by-pass, whole body perfusion	923
catheterisation	7001-7013
operation	6999
pacemaker, insertion or replacement of	7021, 7023, 7033
rhythm, restoration of, by electrical stimulation	917
Cardiopulmonary by-pass, for direct surgery to coronary artery or arteries	7066
Cardiospasm, Heller's operation for	6999
Carinatum, pectus, limited correction of	6970
radical correction of	6972

\*Payable on attendance basis

Service	Item
Carotid artery, endarterectomy of	4705,4709
internal, repositioning of	4733
ligation of, for aneurysm or arteriovenous fistula	7274
involving gradual occlusion by mechanical device	4715
body or carotid body tumour, removal of without anastomosis	4804
with anastomosis	4762
Carpal bone, dislocation of	7426
fracture of, excluding navicular	7533
replacement of, by silicone or other implant including any necessary tendon transfers	8003
scaphoid, fracture of	7535/7538
tunnel syndrome, radical operation for	7178/7182
Carpometacarpal joint, synovectomy of	8290
Carpus on radius and ulna, dislocation of	7430/7432
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy or osteotomy of	8190
of with internal fixation	8193
Cartilage, arytenoid, fixation of	5566
removal of	5568
knee, displaced, reduction of	7911/7915
removal of	8087
tarsal, excision of	6758
Caruncle, urethral, cauterisation of	6290
excision of	6292/6296
Cataract, juvenile, removal of, including subsequent needlings	6859
Catheter, peritoneal insertion and fixation of	833
Catheterisation, bladder — where no other procedure is performed	5840
cardiac	7001-7013
eustachian tube	5343
frontal sinus	5305
scalp vein	899
umbilical artery	897
vein	895
ureteric, with cystoscopy	5851
Caudal block, initial	748
subsequent	752
Cauterisation, angioma, congenital, under general anaesthesia	8458
cervix	6411
and removal of polyp from cervix; with curettage of uterus, with or without dilatation	6501/6506
haemangioma, congenital, under general anaesthesia	8458
haemorrhoids	4523/4527
following sigmoidoscopic examination	4370/4375
keratoses or hyperkeratoses	3330-3346
of any one or more of septum, turbinates or pharynx with septoplasty or submucous resection of nasal septum	5221
tarsus for ectropion	6762
perforation of tympanum	5176
pyogenic granulation	3330-3346
septum or turbinates or pharynx	5229
urethra or urethral caruncle	6290
Cautery, conjunctiva, including treatment of pannus	6835

Service	Item
Cautery, destruction of Bartholin's cyst or gland	6278/6280
to blood vessels in nose during an episode of epistaxis	5230
Cavity, nasal, and/or post-nasal space, examination of, under	
general anaesthesia as an independent procedure	5192
orbital, reconstruction of roof or floor of	8552
synovial, aspiration and/or intrasynovial injection of	8108
thoracic, aspiration or paracentesis of, or both	6940
Cellulitis, incision with drainage of, requiring a general anaesthetic	3379/3384
Cerebello-pontine angle tumour	
— suboccipital removal of	7203
— transmastoid, translabyrinthine removal of	5108,5112
Cerebral ventricle, puncture of	7099
Cervical biopsy, colposcopy and radical diathermy, with curettage	
of uterus	6483
with curettage of uterus	6483
exploration of mediastinum with or without biopsy	6992
oesophagectomy	3616
oesophagostomy	3597
closure or plastic repair of	3603
plexus block, initial	748
subsequent	752
rib, removal of	8158
spine, anterior interbody spinal fusion to	7947,7951
dislocation of, without fracture	7472
sympathectomy	7376
Cervicectomy, abdominal	3739/3745
Cervix, amputation or repair of	6436/6441
biopsy of	3135/3142
cauterisation of	6411
cone biopsy of	6418/6424
and curettage of uterus	6428/6434
diathermy of	6411
dilatation of	6446
examination of, with Hinselmann colposcope or similar	
instrument	6415
ionisation of	6411
purse string ligation of for threatened miscarriage	250/258
removal of polyp from	6411
— and cauterisation, ionisation or diathermy of; and	
curettage of uterus	6501/6506
— purse string ligature of under general anaesthesia	267
repair of	6367/6373, 6436/6441
uterine, examination of, with a magnifying colposcope of the	
Hinselmann type or similar instrument	6415
Chalazion, extirpation of	6754
Charnley arthroplasty of hip	8069
Chemopallidectomy, including burr-hole	7312
or other stereotactic procedure	7312
Chemotherapy for keratoses, warts or similar lesions	3330-3346
Chest, funnel, elevation of	6970,6972
pigeon, correction of	6970,6972
wall, closure of after drainage for empyema	3247/3253
Choanal atresia, repair of	8380,8382
Cholangiography pre-operative	3789
Cholecystectomy	3793/3798
with choledochotomy	3820

Service	Item
Cholecystoenterostomy	3831
Cholecystoduodenostomy	3831
Cholecystogastrostomy	3831
Cholecystostomy	3802/3809
Choledochoduodenostomy	3834
Choledochoenterostomy	3834
Choledochogastrostomy	3834
Choledochotomy after previous cholecystectomy	3815
with or without cholecystectomy	3820
Cholera, inoculation against	*
Cholesteatoma, removal of, by suction ear toilet	5181,5185
Chondroma, removal of	3219-3253
Chordee, correction of — hypospadias	6105,6107
Chronic osteomyelitis, operation on scapula, sternum, clavicle, rib, ulna, radius, metacarpus, carpus, phalanx, tibia, fibula, metatarsus, tarsus, mandible or maxilla	4860
Cicatrical flexion contracture of joint, correction of	8294
Ciliary body and/or iris, excision of tumour	6894
Cineplasty for amputation stump	8526
Cingulotomy	7298
Cingulottractotomy	7298
Circum-anal suture for anal prolapse	4467
Circumcision	4319-4345
Cisternal puncture	7089
Clavicle, dislocation of	7410
fracture of	7588/7593
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8193
or osteotomy of	8190
Cleft lip, Abbe transplant or flap, secondary correction	8632
complete primary repair	8622,8624
revision, secondary correction	8630
incomplete primary repair	8626
partial or incomplete, secondary correction	8628
secondary correction of nostril or nasal tip	8634
palate, complex cleft, partial repair	8652
complete cleft, primary repair	8640
incomplete, secondary repair	8644
lengthening procedure, secondary repair	8648
partial cleft, primary repair	8636
Cleidotomy of foetus	360
Clitoris, amputation of	6299
Closure, extra peritoneal, of colostomy, enterostomy, ileostomy or caecostomy	3976/3981
intra-peritoneal of colostomy or enterostomy	3986
of bladder neck including repair of epispadias	6135
cervical oesophagostomy	3603
cutaneous ureterostomy	5837
urethral fistula	6044
Clot, evacuation of, from bladder by cystoscopy	5845
surgical removal from large vein	4789
small or medium vein	4676
Coccyx, excision of	4606
Cochlear tests	874

\*Payable on attendance basis

Service	Item
Cockett's operation	4662
Coeliac plexus block with alcohol	7079
Colectomy right or left hemicolectomy	4046
total, with ileo-rectal anastomosis	4048
synchronous operation	4054,4059
transverse or sigmoid	4018
with excision of rectum	4054,4059
Collection of blood for transfusion	949
specimen for pathology test	907,956
of sweat by iontophoresis	958
Colles' fracture of wrist	7540/7544
Colonic fibreoscopy	4383-4394
Colonoscopy, fibreoptic (short)	4383
with biopsy	4385
(long)	4388
with biopsy	4389
with removal of one or more polyps	4394
Colostomy	3968/3970
entero-	3894/3898
extra-peritoneal closure of	3976/3981
following exploratory laparotomy	3724/3733
for Hirschsprung's disease	3968/3970
intraperitoneal closure of	3986
lavage of	*
Colotomy	3990
Colour discrimination test, Farnsworth Munsell 100 hue	*
Colpoperineorrhaphy	6367/6373
Colpopexy	6396
Colpoplasty	6367/6373
and curettage of uterus	6379/6384
Colporrhaphy	6342
Colposcopy, cervical biopsy and radical diathermy, with curettage	
of uterus	6483
using Hinselmann or similar type of instrument	6415
with curettage of uterus	6483
Colpotomy	6342
Comminuted fracture of skull, operation for	7220/7231
Common bile duct, operations on	3820-3831
Complete amputation of pinna	8610
cleft palate, primary repair	8640
or partial urethrectomy for removal of tumour	6077
revision of secondary correction of cleft lip	8630
ureterectomy, complete or partial, with bladder repair	5747
Complex cleft palate, partial repair	8652
Compliance, lung, estimation of	920
Complicated fracture requiring open operation	7821,7823
Composite graft to nose or ear	8606
Compound fracture requiring open operation	7815,7817
skull or complicated with dural penetration	
and brain damage	7244
skull without dural penetration	7236/7240
Compression techniques, continuous, multiple simultaneous injections	
by, for varicose veins	4633
Conception, products of, evacuation of, by intrauterine manual	
removal	362

\*Payable on attendance basis



Service	Item
Conduction times, nerve, estimation of (electromyography)	812
Condylectomy	8185-8190
of mandible	8195,8198,8570
Cone biopsy of cervix	8570
and curettage of uterus with or without dilatation	6418/6424
Confinement	6428/6434
antenatal care and postnatal care for nine days	194-217
— with mid-cavity forceps of vacuum extraction, breech delivery or management of multiple delivery	200/207
— with surgical induction of labour	208/209
— and requiring major regional or field block	211/213
— and requiring major regional or field block	216/217
Confinement, attendance by specialist at	198
Congenital abnormalities, manipulations and plaster work, for correction of	8332-8356
operations for correction of	8428-8444
absence of vagina, reconstruction for	6327
atresia, biliary, dissection of bile ducts with reconstruction	3831
exploratory laparotomy	3739/3745
reconstruction of bile duct	3834
reconstruction of external auditory canal	8612
dislocation of hip, manipulation and plaster for	8332
heart disease, open heart, surgery for	7050
Conjunctiva, cautery of, including treatment of pannus	6835
removal of tumour from	3219-3253
Conjunctival, graft over cornea	6810
peritomy	6807
sac, transplantation of parotid duct into	6790
Conjunctivorhinostomy	6782,6786
Consultation by consultant physician in psychiatry	
— surgery, hospital or nursing home	134-142
— home visit	144-152
— interview of a person other than the patient	890,893
— group psychotherapy	888
by a consultant physician other than in psychiatry	
— surgery, hospital or nursing home	110,116
— home visit	122,128
by general practitioner	
— at hospital or nursing home	69-79
— surgery consultation or home visit	
— brief	3,4,43,44
— standard	14,19,51,53
— long	25,26,57,59
— prolonged	33,35,65,66
by specialist	
— initial referred	88,100
— subsequent	94,103
preoperative, by anaesthetist	82/85
Contaminated wound of soft tissue, debridement of under general anaesthesia	3041
Continuous compression techniques, by multiple simultaneous injections, for varicose veins	4633
Contour reconstruction, foreign implants for	8478
Contraceptive device, intra-uterine, introduction or removal of	6262

Service	Item
Contracted bladder neck, congenital, wedge excision or perurethral resection of	8410
operation for	5916
socket, reconstruction	6705
Contracture cicatricial flexion, correction of	8294
Dupuytren's, radical operation for	8298
subcutaneous fasciotomy	8296
manipulation under general anaesthesia	8352
Contractures, Volkmann's operation for	8300
manipulation and plaster for, under general anaesthesia	8354
Cooling, gastric (by lavage with ice-cold water)	*
Coraco-acromion ligament, removal of	8166
Cordotomy, laminectomy for	7346
percutaneous	7381
Corn, radical treatment of	3219-3253
Cornea, conjunctival, graft over	6810
epithelial debridement for dendritic ulcer	6824
removal of foreign body from, involving deeper layers	6818
superficial foreign body from	6816
tattooing of	6822
transplantation of, including collection of implant	6828,6832
Corneal scars, excision of	6820
ulcer, ionisation of	*
Coronary, artery or arteries, direct surgery to	7066
— placement of catheters and injection of opaque material	7011,7013
Correction of atresia of oesophagus	6984
hallux valgus with osteotomy or osteectomy of phalanx or metatarsal	8131
and transplantation of adductor hallucis tendon	8135
pectus excavatum or pectus carinatum	
— limited	6970
— radical	6972
Cortical evoked responses — each study	816
mastoidectomy	5087
Cost, oxygen, of breathing, estimation of	920
Cranial nerve, infiltration of	7075
Craniectomy and removal of haematoma	7216
extensive and removal of haematoma	7216
for osteomyelitis of skull	7291
Cranioplasty, reconstructive	7248,7251
Craniostenosis, operation for	8372,8374
Craniotomy and tumour removal	7198,7203
burr-hole	7186
for intracranial haemorrhage	7208/7212
foetus	360
involving osteoplastic flap	7279
Cross leg, direct flap repair	8486,8488
Cruciate ligaments of knee, reconstruction of	8089
Crush, phrenic	6978
Crushing operation for trachoma	6814
Cryocautery for superficial lesions	3330-3346
Cryotherapy for detached retina	6900
pre-detachment of retina	6908
superficial lesions	3330-3346

\*Payable on attendance basis

Service	Item
Cryotherapy to nose in the treatment of nasal haemorrhage	5233
retina	6908
Culdoscopy	6451
Curettagge, or suction curettage for evacuation of the contents of the gravid uterus	6469
uterus (D. and C.)	6460/6464
and colpoplasty, Donald-Fothergill or Manchester operation for genital prolapse	6379/6384
and cone biopsy of cervix	6428/6434
including curettage for incomplete miscarriage	6460/6464
suction of non gravid uterus (menstrual aspiration)	6460/6464
with colposcopy, cervical biopsy and radical diathermy	6483
removal of polyp from cervix and cauterisation, ionisation or diathermy of cervix	6501/6506
Cutaneous or digital nerve, primary suture of	7106/7111
nerve primary suture of by microsurgical technique	7112
ureterostomy, closure of, unilateral	5837
vesical fistula, operation for	5935
Cyclocryotherapy	6898
Cyclodiathermy	6898
Cyst, arachnoidal, congenital, operation for	8376
Baker's, excision of	3217
Bartholin's, excision of	6274/6277
marsupialisation or cautery destruction of	6278/6280
brain, operations for	7192
branchial, removal of	3526
breast, aspiration of	3366
excision of	3654-3673
broad ligament, excision of	6643/6644, 6648/6649
dentigerous	3247-3253
epididymal, removal of	6221/6224
fimbrial, excision of	6643/6644, 6648/6649
hydatid, abdominal, removal of	3783
liver, removal from	3783
lungs, enucleation of	6982
peritoneum, removal from	3783
intracranial, needling and drainage of	7192
kidney, removal from	5724
Meibomian, incision of	6754
mucous, of mouth, removal	3509/3516
ovarian, excision of	6643/6644, 6648/6649
pancreatic, anastomosis to stomach or duodenum	3902
parovarian, excision of	6643/6644, 6648/6649
pharyngeal, removal of	5456
pilonidal, excision of	4611/4617
renal, excision of	5724
tarsal, extirpation of	6754
thyroglossal, removal of	3581
vaginal, excision of	6267, 6321
vallecular, removal of	5456
viscus (abdominal), removal of	3783
not otherwise covered, removal of	3219-3265
Cystic hygroma, removal of	3532
Cystocele, repair of	6347-6373
Cystography, preparation for	5840

Service	Item
Cystometrography	5857
Cystoscopic examination	5845
removal of foreign body from bladder	5864
Cystoscopy, with biopsy of bladder tumours	5868
or resection of bladder tumours	5871,5875
dilatation of urethral stricture	5847
endoscopic bladder neck resection	5881
endoscopic removal or manipulation of ureteric calculus	5885
hydrodilatation of the bladder	5853
litholapaxy	5888
or without urethral dilatation	5845
ureteric catheterisation	5851
meatotomy	5878
urethroscopy	6061
Cystostomy, suprapubic	5897/5901
change of tube	*
Cystotomy, suprapubic	5897/5901
stab	5903
with removal of calculus	5968
Cystourethrography, ascending	5861
preparation for	5840
Cytotoxic agent, infusion of	932-936
intra-arterial infusion of, preparation for	934
intralymphatic infusion of fluid containing	936

\*Payable on attendance basis

Service	Item
D	
D. and C.	6460/6464
Dacryocystectomy	6774
Dacryocystorhinostomy	6778
Dead space, estimation of	920
Debridement, epithelial, of cornea for dendritic ulcer	6824
under G.A. of contaminated wound of soft tissue	3041
Decapitation of foetus	360
Decompression of facial nerve, mastoid portion	5102
intracranial portion	5104
intracranial tumour via osteoplastic flap	7194
operation for priapism under general anaesthesia	6162
suboccipital for hydrocephalus, congenital	8362
Decortication, pulmonary, with thoracotomy	6962
Deep fascia, repair of for herniated muscle	3411/3417
seated haemangioma of neck, excision of	8474
tissue or organ, aspiration biopsy of	3148
biopsy of	3135/3142
Dendritic ulcer, epithelial debridement of cornea for	6824
Dental anaesthetic	566-575
Depressed fracture of skull, operation for	7220/7231
Derangement, internal, operation on knee for	8087
Dermabrasion	8452,8454
Derma-fat fascia graft, including transplant or muscle flap	8450
mammoplasty	8532
Dermatome grafts	8504-8516
Dermoid, excision of	3219-3265
of nose, congenital, excision of with intranasal extension	8440
superficial, excision of	8438
orbital, congenital, excision of	8436
periorbital, congenital, excision of	8432/8434
Desiccation of mole by diathermy	3330-3346
Detached retina, diathermy or cryotherapy for	6900
light coagulation for	6904
removal of encircling silicone band from	6906
resection or buckling operation for	6902
Detachment of indirect flap or tubed pedicle, delay	8496
testis from thigh, secondary	4313
Dextrose, intravenous infusion of	927,929
Dialysis, peritoneal	836
renal, in hospital or home	818-829
Diaphragmatic hernia other than traumatic, abdominal repair of	4241
transthoracic repair of	6997
traumatic, repair of	4238
Diathermy, and laparoscopy of Fallopian tubes	6611/6612
any one or more of septum turbinates or pharynx	
— and removal of tonsils and/or adenoids in a	
person aged less than twelve years	5378/5383
— with septoplasty or submucous resection of nasal	
septum	5221
bladder tumours	5871,5875
suprapubic	5919
cervix	6411
and curettage of uterus	6476/6506

Service	Item
Diathermy, cervix and removal of polyp from cervix; with curettage of uterus	6501/6506
cysts, tumours, warts, etc.	3330-3346
desiccation of mole by	3330-3346
detached retina	6900
or resection of rectal tumour with sigmoidoscopy	4365
perforation of tympanum for	5176
pharynx	5229
plantar wart	3320
salivary gland duct	3465
septum	5229
turbinates	5229
urethra	6140
Diffusing capacity, estimation of	920
Digit, extra, amputation of,	8430
ligation of pedicle	8428
transplantation of, plastic — complete procedure	8540
Digital nail, removal of	7861
nerve, repair of, divided, to thumb or finger	7116/7117
— by microsurgical techniques	7120,7121
primary suture of	7106/7111
Dilatation, and puncture, for repair of choanal atresia	8382
anus (Lord's procedure)	4461
as an independent procedure	4455
of cervix	6446
oesophagus	5470,5474,5490
punctum, with punctum snip	6805
tracheal stricture with bronchoscopy	5619,5624
or probing of lacrimal passages for obstruction	6799
salivary gland duct	3465
urethral stricture	6039
uterus and curettage of	6460/6464
vagina, as an independent procedure	6313
Dilution indicator test — blood dye	952
Direct arteriovenous anastomosis of upper or lower limb	4817
flap repair plastic, cross leg or similar	8486,8488
small	8490,8492
revision of graft	8502
Disarticulation, finger or thumb	4927-4969
foot at ankle (Syme, Pirogoff types)	5034
midtarsal or transmetatarsal	5038
hand, forearm or through arm	4979
transmetacarpal	4972/4976
interscapulothoracic	4987
leg at hindquarter	5055
hip	5051
shoulder	4983
through leg or at knee	5045
toe or great toe	4990-5029
Disc, intervertebral, manipulation of spine for abnormality of, under general anaesthesia	7919/7923
laminectomy for removal of	7331
lesion, recurrent, laminectomy for	7336
slipped, manipulation of spine for, under general anaesthesia	7919/7923
Discrimination test, colour, Farnsworth Munsell 100 hue	*

\*Payable on attendance basis

Service	Item
Disimpaction of faeces under anaesthesia	4602
Dislocation, hip, congenital, manipulation and plaster for	8332
not requiring open operation	7397-7476
recurrent, patella, operation for	8100
requiring open operation	7480,7483
shoulder	7412-7419
treatment of	7397-7483,8100,8332
turbinate	5237
and septoplasty or submucous resection of nasal septum	5225
Displaced patella, fixation of	8100
Dissection and repair of arteriovenous fistula	4699
Distracting apparatus with internal fixation, removal of	8217
without internal fixation, removal of	8214
Distraction and osteotomy for lengthening of limb	8211
Diverticulum, bladder, excision or obliteration of	5929
duodenum, removal of	3739/3745
Meckel's, removal of	4027/4032
urethra, excision of	6152
Divided digital nerve to thumb or finger, repair of	7116/7117
ureter, repair of	5741
Division fibrinous bands in vitreous body	6885
of peritoneal adhesions and laparotomy	3958/3962
Dohlman's operation	5357
Donald-Fothergill operation	6367/6373
and curettage of uterus	6379/6384
Donor nephrectomy (cadaver)	5647
Double vagina, excision of vaginal septum for correction of	6332
Drainage and needling of intracranial cyst	7192
intercostal of empyema, not involving resection of rib	6953
of intracranial infection	7287
mediastinal abscess	6990
Dressing and removal of sutures under general anaesthesia	3106
of burns (not involving grafting)	3006-3033
Drip, oxytocin (Pitocin)	927,929
Duct, bile, anastomosis of	4133
reconstruction of	3834,3841
common bile, operations on	3815-3841
hepatic, reconstruction of	3834
naso-lacrimal, probing of	6799
parotid, transplantation of into conjunctival sac	6790
salivary gland, diathermy or dilatation of	3465
removal of calculus from	3468/3472
Skene's, incision of, or removal of calculus from	6286
sublingual gland, removal of calculus from	3468/3472
tear, probing of	6742
thoracic, cannulisation	6976
Duodenal intubation	4104
ulcer, perforated, suture of	3910/3916
Duodenoscopy	3846
with biopsy	3855
Duodenum, removal of diverticulum	3739/3745
Dupuytren's contracture, radical operation for	8298
subcutaneous fasciotomy	8296
Dwyer operation, anterior correction of scoliosis	7938,7939

Service	Item
Dye, blood — dilution indicator test	952
Dysmenorrhoea, treatment of, by dilatation of cervix	6446



Service	Item
E	
E.C.G.	908,909,910,914,916
E.C.T.	886
E.E.G.	794-809
Eagle's operation (removal of styloid process of temporal bone)	3431
Ear, composite graft to	8606
lop or bat, or similar deformity, correction of	8608
middle, exploration of	5166
insertion of tube for drainage of	5172
operation for abscess or inflammation of	5162
— with removal of tonsils and/or adenoids in a person	
aged less than twelve years	5370/5374
— with removal of adenoids	5415/5424
removal of foreign body from	5059,5062
syringe of	*
Echocardiography	913
Echoencephalography	794
Echography	794,797
Eclampsia, treatment of	273
Ectopia, vesicae or ectopia cloacae	8414
Ectopic bladder, congenital, 'turning-in' operation	8414
gestation, removal of	6553/6557
Ectropion, correction of	8588
tarsal cauterisation for	6762
Efficiency, mechanical, of breathing apparatus, estimation of	920
Elbow, arthroplasty, total replacement	8103
dislocation of	7423
removal of foreign or loose bodies from	8040
Elective dissection with split skin, free grafts	8512,8516
Electrical stimulation, maximal perineal	*
restoration of cardiac rhythm by	917
stimulator, localisation by, with nerve blocking by alcohol or	
other agent	7072
Electrocardiographic monitoring, during exercise	
— (bicycle, ergometer or treadmill)	916
— (continuous) of ambulatory patients	915
Electrocardiography, after exercise (Master's)	914
report only	910
tracing and report	908
tracing only	909
Electrocauterisation of cysts, tumours, warts, etc.	3330-3346
Electroconvulsive therapy	886
Electrocorticography	809
Electrode, permanent transvenous, insertion or replacement of	7028
— and pacemaker	7023
temporary transvenous pacemaking insertion of	7042
Electrodes, myocardial, and permanent pacemaker, insertion or	
replacement of, by thoracotomy	7021
Electroencephalography (E.E.G.)	803
temporosphenoidal	806
Electrolysis epilation, each treatment	8456
Electromyography (E.M.G.)	812,815
Electronystagmography (E.N.G.)	884
Electroplexy	886

\*Payable on attendance basis



Service	Item
Epispadias, repair of, including bladder neck closure	6135
not involving sphincter	6130
Epistaxis, cautery for	5230
cryotherapy for	5233
Epithelial debridement of cornea for dendritic ulcer	6824
Equinovarus, talipes, manipulation under general anaesthesia	8334
medial release procedure	8324
posterior release procedure	8322
— and plaster	8336
Ergometry, in connection with electrocardiographic monitoring	916
Ethmoidal sinuses, external operation on	5320
Ethmoidectomy,	5301
fronto-nasal	5295
fronto, radical	5298
transantral, plus radical antrostomy	5277
Eustachian tube, catheterisation of	5343
Evacuation by intrauterine manual removal of the products of conception	362
of clot from bladder	5845
Eversion, surgical, of inverted nipple	3707
Evisceration of foetus	360
globe of eye,	6697
and insertion of intrascleral ball or cartilage	6699
Examination, gynaecological, under anaesthesia	6258
nasal cavity and/or post nasal space, under general anaesthesia, as an independent procedure	5192
ophthalmological, under general anaesthesia	6686
pre-operative for anaesthesia (separate attendance)	82/85
uterine cervix with Hinselmann colposcope or similar instrument	6415
Excavatum, pectus, correction of	
— limited	6970
— radical	6972
Excision, deep-seated haemangioma of neck	8474
intracranial abscess	7283
of bladder	
— total	5905
— partial	5891/5894
burns under G.A. (not associated with grafting)	
— not more than 10% of body surface	3038
— more than 10% of body surface	3039
lip, full thickness wedge	8614
total, of prostate	6017
transympanic of glomus tumour	5152
vaginal septum for correction of double vagina	6332
wedge, for axillary hyperidrosis	3314
Exenteration of orbit of eye	6713-6718
Exercise tests in association with electrocardiography	914,916
Exomphalos, congenital, operation for	8400
by plastic flap	8402
Exostoses in external auditory meatus, removal of	5072
Exostosis, excision of, large bone	8179/8182
small bone	8169/8173
Exploration, cervical, of mediastinum with or without biopsy	6992
of kidney with any procedure	5683

Service	Item
Exploration, of middle ear	5166
orbit	6707,6709,6722,6724
testis	6228
Exploratory laparotomy	3713/3718
thoracotomy	6958
Extensor tendon of hand, primary suture of	8227/8230
secondary suture of	8233
tenolysis of	8279
synovectomy of	8292
External arteriovenous shunt, insertion of	4808
removal of	4812
auditory canal, reconstruction of, for congenital atresia	8612
meatus, removal of exostoses in	5072
haemorrhoids or anal tags, removal of	4534
urethral meatotomy	6066
Extirpation of tarsal cyst	6754
Extra digit, amputation of	8430
ligation of pedicle	8428
Extremities, artery of, endarterectomy of	4709
Extremity, or neck, major artery of, repair of wound of, with restoration of continuity	4693
Eye, artificial lens, insertion of	6852
removal of	6857
ball, repair of perforating wound of	6728, 6730,6736
carbolisation of	*
dermoid, excision of	8432/ 8434,8436
enucleation of with or without sphere implant	6688
insertion of integrated implant	6692
extraction of lens	6848
foreign body in, removal of	6740,6742,6744,6747,6816,6818
globe of, evisceration of	6697
paracentesis, in relation to	6869
socket, partial reconstruction of	8584
trephining of	6873
Eyelashes, electrolysis epilation of	8456
ingrowing, operation for	8588,8590
Eyelid, correction of ectropion or entropion	8588
ptosis (unilateral)	8586
grafting for symblepharon	8592
partial reconstruction of, or of socket	8584
plastic operations on	8582
reduction of	8590
removal of cyst from	6754
repair of, whole thickness	8582,8618,8620
tarsorrhaphy	6766

\*Payable on attendance basis

Service	Item
F	
Facetectomy, lumbar	8028
Facial nerve, decompression of	5102,5104
paralysis, plastic operation for	8546,8548
or neck scar, revision under general anaesthesia	8522,8524
Faecal fistula, repair of	4590
Faeces, disimpaction of, under anaesthesia	4602
Fallopian tubes, hydrotubation of	6636,6641
implantation of, into uterus	6631
sterilisation, diathermy by laparoscopy	6611/6612
transection or resection by laparoscopy,	
laparotomy or vaginal route	6611/6612
Farnsworth Munsell 100 hue colour discrimination test	*
Fascia, deep, repair of, for herniated muscle	3411/3417
derma-fat, graft, including transplant or muscle flap	8450
mammoplasty	8532
Fasciotomy, plantar (radical)	8320
subcutaneous, Dupuytren's contracture	8296
Fatty tissue, subcutaneous, removal of excess	3219-3253
Feet, incision of pulp space, paronychia or other acute infection of	7864
Femoral endarterectomy	4709
hernia, repair of	4222/4227
vein, removal of thrombus from	4789
vessel, ligation of	4690
involving gradual occlusion by mechanical device	4715
Femur, bone graft to	7975
epiphyseodesis	8310
fitting of acrylic head to	8053
fracture of	7624/7627
fragmentation and rodding in fragilitas ossium	8306
operation on, for acute osteomyelitis	4844
chronic osteomyelitis	4864
osteectomy of, with internal fixation	8201
or osteotomy of	8198
sub-trochanteric, osteotomy of	8206
Fenestration cavity, venous graft to	5131
operation	5127
Fibreoptic colonoscopy (short)	4383
with biopsy	4385
(long)	4388
with biopsy	4389
with removal of one or more polyps	4394
Fibreoscopy, colonic	4383-4394
Fibrinous bands in vitreous body, division of	6885
Fibro-adenoma, excision of from breast	3654-3673
Fibroma, removal of	3219-3253
Fibula, epiphyseodesis	8312
fracture of	7632/7637
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8193
or osteotomy of	8190

\*Payable on attendance basis

Service	Item
Field block, initial	748
required with surgical induction of labour; and antenatal care, confinement and postnatal care for nine days	216/217
subsequent	752
Fifth cranial nerve, avulsion of branch of	7170
Filleting of toe	8185
Filtering and allied operations for glaucoma	6873
Fimbrial cyst, excision of	6643/6644, 6648/6649
Finger, amputation or disarticulation of	4927-4969
of, including metacarpal or part of metacarpal	4965/4969
dislocation of	7435
fracture of	7505-7516
joint, orthopaedic operation on	8022
nail, removal of	7861
plastic reduction for macrodactyly in	8544
repair of divided digital nerve to	7116/7117
tendon sheath of, synovectomy of	8282
terminal phalanx of, operation for acute osteomyelitis	4828
trigger, correction of	8271
Fissure in ano, excision of	4537/4544
Fistula antrobuccol, operation for	5288
arteriovenous, cervical carotid ligation for	7274
dissection and repair of	4699
and ligation of	4702
excision of, from major blood vessels	4690
between genital and urinary or alimentary tracts, repair of	6401
branchial, removal of	3530
cutaneous, salivary gland, repair of	3477
Eck's, operation for	4766
faecal, repair of	4590
in ano, excision of (involving incision of external sphincter)	4568/4573
subcutaneous, excision of	4552/4557
oro-antral, plastic closure of	5288
parotid gland, repair of	3477
sacrococcygeal, excision of	4611/4617
thyroglossal, removal of	3591
tracheo-oesophageal, ligation and division of	8390
urachal, congenital, correction of	8412
urethral, closure of	6044
urethro-rectal	6083
urethro-vaginal	6079
vaginal, excision of	6401
vesical, cutaneous, operation for	5935
vesico-colic	5947
vesico-rectal	5956
vesico-vaginal	5941
Fixation, of testis	6228
mandible for prognathism or retrognathism	8564
uterus	6585/6594
Flap, Abbe, secondary correction for cleft lip	8632
direct, small plastic repair	8490, 8492
indirect, or tubed pedicle,	
— delay, intermediate transfer or detachment of	8496
— formation of	8494
— preparation of site and attachment to site	8498
— spreading of pedicle	8500

Service	Item
Flap, neurovascular island, repair of	8542
osteoplastic and excision of subdural haemorrhage, congenital	8360
pharyngeal	8656
plastic repair, direct, indirect or local, revision of graft	8502
local, single stage	8480,8484
Flexion, contracture, cicatricial, correction of	8294
Flexor tendon of hand, primary suture of	8219/8222
secondary suture of	8225
synovectomy of	8292
tenolysis of, repair or graft	8275
Floor or roof of orbital cavity, reconstruction of	8552
Fluid, balance, supervision of	*
intravenous or subcutaneous infusion of	927,929
Foetal intrauterine blood transfusion, including amniocentesis	947
Foetus, cleidotomy, craniotomy, decapitation, evisceration	360
intrauterine blood transfusion to	947
retained, manual removal of	362
Foot, amputation or disarticulation,	
— at ankle	5034
— mid tarsal or transmetatarsal	5038
incision of pulp space, paronychia or other acute infection of	7864
tendon of, primary suture of	8241
secondary suture of	8243
triple arthrodesis of	8116
Forceps delivery, administration of anaesthetic in connection with	481,552
Forearm, amputation or disarticulation of	4979
fracture of both shafts	7567/7572
Foreign body, antrum, removal of	5280
bladder, cystoscopic removal of	5864
bronchus, removal of	5613
ear, removal of	5059,5062
intra-ocular, removal of	6740-6747
joint, removal of	(see arthroscopy)
maxillary sinus, removal of	5280
muscle or other deep tissue, removal of	3120/3124
nose, removal of other than by simple probing	5201
oesophagus, removal of	5486
pharynx, removal of	3116
plates, etc., used in treating fractures, removal of	3120/3124
removal of, by urethroscopy	6056
from cornea or sclera, involving deeper layers	6818
subcutaneous, removal of, not otherwise covered	3116
superficial, removal of from cornea or sclera	6816
not otherwise covered	3113
tendon, removal of	3120/3124
trachea, removal of	5601
urethra, removal of	6056
implants for contour reconstruction	8478
Fothergill operation	6367/6373
Fracture, Colles' of wrist	7540/7544
complicated, requiring open operation	7821,7823
compound, requiring open operation	7815,7817
of skull, depressed or comminuted, operation for	7220/7231
or fractures of skull, compound or complicated, operation for	7236-7248
reduction of	7505-7839

\*Payable on attendance basis

Service	Item
Fracture, simple, not requiring open operation	7505-7798
— involving joint surfaces	7847
requiring open operation	7802,7803,7808,7809
uncomplicated, not requiring open operation	7505-7798
requiring open operation	7802,7803,7808,7809
Fractured larynx, operation for	5545
Fractures, reduction in excess of one reduction	7828-7839
Free grafts, full thickness	8518
split skin, on granulating areas, extensive	8508
including elective dissection	8512,8516
or pinch grafts, on granulating areas, small	8504
to extensive burns	8510
Freezing, intragastric	968,970
Frenulum, maxillary or tongue tie, repair of in a person not less than 2 years of age	3505
Frenum of lip, excision of	3219/3228,3233/3237
Frontal sinus, catheterisation of	5305
intranasal operation on	5301
operations on	5295-5318
radical obliteration of	5318
trephine of	5308
Fronto-ethmoidectomy, radical	5298
Fronto-nasal ethmoidectomy	5295
Frozen section, and biopsy of breast	3647/3652,3668-3702
with excision of cyst, fibro adenoma or other local lesion from breast	3668/3673
with segmental resection of breast	3668/3673
Full thickness grafts, free	8518
wedge excision of lip with repair by direct sutures	8614
Fundi, optic, examination after I.V. injection	856
Funnel chest, elevation of	6970,6972
Furuncle, incision with drainage of	3371,3379/3384
Fused kidney, symphysiotomy for	5679
Fusion, posterior interbody and laminectomy with bone graft to spine	7967,7969
spinal, application of halo for, in the treatment of scoliosis, as an independent procedure	7940



Service	Item
G	
Gallbladder, drainage of	3802/3809
excision of	3793/3798
and reconstruction of	3841
other operations on	3820-3831
Ganglion, block, lumbar	7075
excision of	3194/3199
trigeminal, injection of, with alcohol or similar substance	7079
Ganglionectomy and splanchnicectomy	7376
stellate	7376
Gastrectomy, partial, and gastro-jejunostomy	3922
total	3930
radical	3938
Gastric cooling (by lavage with ice-cold water)	*
hypothermia	968,970
lavage in the treatment of ingested poison	974
ulcer, perforated, suture of	3910/3916
Gastro-camera investigation	3846
-duodenostomy	3894/3898
reconstruction of	3900
-enterostomy	3894/3898
reconstruction of	3900
with vagotomy	3889
-jejunostomy and partial gastrectomy	3922
Gastropexy for hiatus hernia	3739/3745
Gastroschisis or exomphalos, operation for	8400
by plastic flap	8402
Gastrosocopy	3846
with biopsy	3855
Gastrostomy	3864
for fixation of indwelling oesophageal tube	3870
Genital prolapse, operations for	6347-6373
Genu valgum, manipulation and plaster	
- under general anaesthesia	8348
- with osteoclasis	8350
manipulation under general anaesthesia	8346
Genu varum, manipulation and plaster	
- under general anaesthesia	8348
- with osteoclasis	8350
manipulation under general anaesthesia	8346
Gestation, ectopic, removal of	6553/6557
Gilliam's operation	6585/6594
Girdlestone arthroplasty of hip	8053
Gland, adrenal, biopsy of	5630
removal of	5636
Bartholin's, marsupialisation or cautery destruction of	6278/6280
groin, dissection of	3261/3265
lacrimal, excision of palpebral lobe	6772
lymph, aspiration biopsy of	3148
biopsy of	3135/3142
parathyroid, removal of	3555
parotid, superficial lobectomy or removal of tumour from, with	
exposure of facial nerve	3450
total extirpation of	3437,3444

\*Payable on attendance basis

Service	Item
Gland, pelvic, dissection of, with hysterectomy	6536
lymph, excision of (radical)	6308
salivary, duct, dilatation or diathermy of	3465
removal of calculus from	3468/3472
operations on	3437-3477
repair of cutaneous fistula of	3477
sublingual, extirpation of	3459
submandibular, extirpation of	3455
submaxillary, extirpation of	3455
Glands, retroperitoneal, excision of, with orchidectomy	6230
Glaucoma, filtering and allied operations for	6873
iridectomy for	6885
and sclerectomy for	6873
Lagrange's operation for	6873
provocative test for, including water drinking	849
tonography for	844
Globe of eye, evisceration of	6697
and insertion of intrascleral ball or cartilage	6699
Glomus tumour, transmastoid removal of, including mastoidectomy	5158
transtympanic, removal of	5152
Glucose, intravenous infusion of	
— open exposure	929
— percutaneous	927
Goniotomy	6879
Gradual occlusion of vessel by mechanical device for ligation of	
great vessel	4715
Grafenberg's (or Graf) ring, introduction or removal of	6262
Graft, aorta-femoral or aorta-iliac bifurcate	4744
arterial or venous	4738-4754
axillary/subclavian to femoral by-pass	4749
bone, to femur	7975
humerus	7983
radius or ulna	7993
radius and ulna	7985
scaphoid	7999
spine	7934-7969
tibia	7977
other bones	8001
postero-lateral, fusion	7945
with calcaneal osteotomy	8330
laminectomy and posterior interbody fusion	7967,7969
composite, to nose or ear	8606
conjunctival over cornea	6810
corneal	6828,6832
derma-fat fascia, including transplant or muscle flap	8450
free, split skin, on granulating areas, extensive	8508
to extensive burns	8510
nerve or anastomosis	7139
plastic and reconstructive	(Div 13, Part 10)
revision of, direct, indirect or local flap repair	8502
skin, to orbit	6703
tendon	8257
venous, to fenestration cavity	5131
Grafting and major excision for lymph-oedema	8476
for symblepharon	8592
tendon, artificial prosthesis for	8259

Service	Item
Grafts, free full thickness	8518
split skin, including elective dissection	8512,8516
or pinch grafts on granulating areas, small	8504
supportive, plastic operations on face	8546-8550
Granulations, pyogenic, cauterisation of	3330-3346
Granuloma, removal of, from eye, surgical excision	6842
cautery of	6835
Gravid uterus, evacuation of the contents of, by curettage or suction curettage	6469
Great vessel, intrathoracic operation on	6999
ligation of	4690
involving gradual occlusion of vessel by mechanical device	4715
Greater trochanter, transplantation of iliopsoas tendon to	8254
Groin, lymph glands of, excision of	3634,3638
Group psychotherapy	888
Growth, premalignant, in mouth, removal of	3219-3265
Gunderson flap operation	6810
Gynaecological examination under anaesthesia	6258
Gynatresia, vaginal reconstruction for	6327

Service	Item
H	
Habitual miscarriage, treatment of	242
Haemangioma, congenital, cauterisation of, under general anaesthesia	8458
of neck, deep-seated, excision of	8474
Haematoma, aspiration of	3366
incision with drainage of, not requiring a general anaesthetic	3371
large, incision with drainage of, requiring a general anaesthetic	3379/3384
pelvic, drainage of	3739/3745
Haemodialysis, in hospital	818-824
at home	827,829
Haemorrhage, antepartum, treatment of	273
arrest of, requiring general anaesthesia, following removal of tonsils or tonsils and adenoids	5396/5401
intracranial, burr-hole craniotomy for	7208/7212
nasal, cryotherapy to nose in treatment of	5233
posterior, arrest of	5196
postpartum, treatment of	374
subdural, congenital, osteoplastic flap and excision of	8360
tap for	8358
Haemorrhoidectomy, radical	4523/4527
Haemorrhoids, cauterisation of	4523/4527
external, or anal tags, removal of	4534
incision of	4509
injection into	4497
ligation of	4523/4527
removal of	4523/4527
rubber band ligation of	4521
Hair, transplants, multiple punch or similar technique	8534-8538
Hallucis tendon, adductor, transplantation of with correction of hallux valgus and osteotomy or osteectomy of phalanx or metatarsal	8135
Hallux rigidus, correction of	8148
valgus, and hammer toe, correction of with subcutaneous tenotomy, one or more tendons	8140/8143
arthroplasty for	8124/8127
correction of	8124/8127
— with osteotomy or osteectomy of phalanx or metatarsal	8131
— and transplantation of adductor hallucis tendon	8135
Halo, application of, for spinal fusion in the treatment of scoliosis	7940
— pelvic (femoral) traction, application and management	
— for a period up to six weeks	7937 + (½)7940
— for a period beyond six weeks	7942 + (½)7940
removal of	8214
Hammer toe, correction of	8151/8153
Hand, amputation or disarticulation of	4979
through metacarpals	4972/4976
extensor tendon of, primary suture of	8227/8230
secondary suture of	8233
flexor tendon of, primary suture of	8219/8222
secondary suture of	8225
incision of pulp space, paronychia or other acute infection of	7864
Hare lip	(see cleft lip)

Service	Item
Harrington rods or similar devices, re-exploration for adjustment or removal of	7937
Heart, catheterisation of	7001-7006,7013
electrical stimulation of	917
intrathoracic operation on	6999
surgery, open	7046-7062
Heller's operation for cardiospasm	6999
Hemi-circumcision, hypospadias, and meatotomy	6098
Hemicolectomy	4046
Hemi-epiphysis, staple arrest of	8316
Hemispherectomy	7304
Hemithyroidectomy	3569
Hepatic duct, reconstruction of	3834
Hernia, diaphragmatic, other than traumatic, abdominal repair of	4241
transthoracic repair of	6997
traumatic, repair of	4238
(double) direct and indirect	4222/4227
epigastric	4246/4254
femoral or inguinal, repair of	4222/4227
hiatus, transthoracic repair of	6997
incisional	4258/4262
linea alba	4246-4254
lumbar	4258/4262
strangulated, incarcerated or obstructed	4233
umbilical, repair of	4246-4254
ventral	4258/4262
Hiatus hernia, gastropexy for	3739/3745
repair of	4241
transthoracic repair of	6997
Hindquarter, amputation or disarticulation of	5055
Hinselmann colposcope, examination of uterine cervix with	6415
Hip, amputation or disarticulation at	5051
arthrectomy	8048
arthrodesis	8044
arthroplasty	8053-8069
arthrotomy	8074
congenital dislocation of, manipulation and plaster for	8332
dislocation of	7440/7443
prosthesis, operation on	8053-8069
synovectomy	8048
Hirschsprung's disease, colostomy or enterostomy for	3968/3970
congenital, rectosigmoidectomy for	8398
Home visit by a general practitioner	43-66
Hormone implantation — by cannula	963
incision	960
Humerus, bone graft to	7983
fracture of	7578/7584
fragmentation and rodding in fragilitas ossium	8302
operation on, for acute osteomyelitis	4844
chronic osteomyelitis	4864
osteectomy or osteotomy of	8195,8198
of, with internal fixation	8201
Hummelsheim type of muscle transplant for squint	6930
Hydatid cyst, liver, operation for	3783
lungs, enucleation of	6982
peritoneum, operation for	3783

Service	Item
Hydatid cyst, viscus, operation for	3783
Hydrocele, infantile	4222/4227
removal of	4269/4273
tapping of	4265
Hydrocephalus, congenital	
— spino-ureteral, spino-peritoneal or spino-pleural anastomosis of, or ventricular cable shunt for	8370
— suboccipital decompression, third ventriculostomy or Torkildsen's operation	8362
— ventriculo-atrial shunt for revision of	8368
Hydrocortisone, multiple injections into extensive keloid under general anaesthesia	3363
Hydrodilatation of the bladder with cystoscopy	5853
Hydrotubation of Fallopian tubes	6636,6641
Hygroma, cystic, removal of	3532
Hymenal redundant tissue, removal of	3219-3253
Hymenectomy	6271
Hyperbaric oxygen therapy	774,777
— in conjunction with anaesthesia	787,790
Hyperemesis gravidarum, treatment of	246
Hyperidrosis, axillary, wedge excision for	3314
Hyperkeratoses, cauterisation of	3330-3346
Hypertelorism, correction of	8378
Hypertension, portal, vascular anastomosis for	4766
Hypertrophied tissue, removal of	3219-3253
Hypnotherapy	(see Psychotherapy)
Hypodermic injections	*
Hypophysectomy, trans-sphenoidal	5337,5339
Hypospadias, correction of chordee	6105,6107
meatotomy and hemi-circumcision	6098
secondary correction of	6122
urethral reconstruction for	6110,6114,6118
Hypothenar spaces, drainage of	7868
Hypothermia, gastric	968,970
total body	925
Hysterectomy, abdominal or vaginal, total	6519/6523
with enucleation of ovarian cyst, one or both sides	6532/6533
and dissection of pelvic glands	6536
other than vaginal, subtotal	6513/6517
total, with curettage of uterus	6528/6530
radical, without gland dissection	6542
vaginal, with removal of uterine adnexae	6544
Hysteroscopy	6451
Hysterotomy	6508

\*Payable on attendance basis

Service	Item
Ileo-rectal anastomosis with total colectomy	4048
Ileostomy, extra peritoneal closure of	3976/3981
with proctocolectomy	4052
Iliac, bilateral osteotomy of	8203
lymph glands, radical dissection of, and orchidectomy	4299
vein, removal of thrombus from	4789
vessel, ligation of	4690
involving gradual occlusion of vessel by mechanical device	4715
Iliopsoas tendon, transplantation of, to greater trochanter	8254
Ilium, Souttar's stripping of	8318
Immunisation against diphtheria, etc.	*
Implant of progesterone	960,963
Implants, foreign, for contour reconstruction	8478
Implantation, Fallopian tubes into uterus	6631
hormone, by cannula	963
incision	960
living tissue, by cannula	963
incision	960
plastic, of penis	6208
Incidental appendectomy	4084
Incision of peritonsillar abscess (quinsy)	5445
Incisional hernia, repair of	4258/4262
Incontinence, male urinary, correction of	6157
of urine, congenital — plastic operation to sphincter urethropexy for (Marshall-Marchetti operation)	8420
stress, sling operation for	5977
stress, sling operation for	6406
Indicator test, blood dye — dilution	952
Indirect flap or tubed pedicle,	
— delay, intermediate transfer or detachment of	8496
— formation of	8494
— preparation of site and attachment to site	8498
— spreading of pedicle	8500
repair, revision of graft	8502
Induction and management of second trimester labour	274/275
of artificial pneumothorax	6946
labour, surgical	354
with amnioscopy	284
requiring major regional or field block; and antenatal care, confinement and postnatal care for nine days	216/217
with antenatal care, confinement and postnatal care for nine days	211/213
Indwelling extended subcutaneous tube or tubes, operation for lymphoedema by	3643
oesophageal tube, gastrostomy for fixation of	3870
Infantile, hydrocele	4222/4227
Infection, intracranial, drainage of	7287
Inferior radio ulna joint, synovectomy of	8290
vena cava, plication of	4721

\*Payable on attendance basis

Service	Item
Infiltration, local, around nerve or in muscle	7068
of cranial nerve	7075
sympathetic plexus	7075
Inflammation of middle ear, operation for	5162
— with removal of adenoids	5415/5424
— with removal of tonsils and/or adenoids in a person aged less than twelve years	5370/5374
Infusion, intra-arterial, of substance incorporating a cytotoxic agent, preparation for	934
arteries of neck, thorax or abdomen	4822
intralymphatic, of fluid containing a cytotoxic agent	936
intravenous, of substance incorporating a cytotoxic agent	932
saline, glucose and similar substances	927,929
Ingrowing eyelashes, operation for	8588,8590
removal by electrolysis	8456
toenail, excision of nail bed	7872/7878
wedge resection for	7872/7878
Inguinal abscess, incision of	3379/3384
hernia, repair of	4222/4227
Initial major regional or field block	748
Injection, alcohol, procaine, etc., around nerve or in muscle	7068
retrobulbar	6918
angioma, congenital, under general anaesthesia	8458
habitual miscarriage	242
hypodermic	*
into joint, intra-articular	8105
prostate	6030
intra-arterial oxygen	4670
-articular, into joint	8105
intrathecal, of alcohol or phenol	7081
of sclerosant fluid into pilonidal sinus under anaesthesia	4622
prolapsed rectum	4427
spinal or epidural, for neurological diagnosis or for therapeutic reasons	7093
with alcohol, into trigeminal ganglion or primary branch of trigeminal nerve	7079
Injections, multiple, for skin lesions	3356
simultaneous by compression techniques	4633
varicose veins	4629
Innocent bone tumour, excision of	3425
Innominate artery, endarterectomy of	4705
Inoculation against cholera, etc.	*
Insertion, intralymphatic, of needle or cannula for introduction of radioactive material	938
Insufflation, Fallopian tubes as test for patency (Rubin test)	6599
Integumentectomy of limb for malignant melanoma	8476
Interbody fusion, posterior and laminectomy with bone graft to spine	7967,7969
spinal fusion, cervical spine	7947,7951
lumbar or thoracic spine	7957,7961
Internal auditory meatus, exploration of	5122
derangement of knee, orthopaedic operation for	8087
drainage of empyema, not involving resection of rib	6953
Interphalangeal joint, synovectomy of	8283
Interposition of small or large bowel with oesophagectomy	6988
Interscapulothoracic — amputation or disarticulation	4987

\*Payable on attendance basis



Service	Item
Intervertebral disc, laminectomy for removal of	7331
lesion, laminectomy for	7336
Intestinal loop, isolated, transplantation of ureter into	5804,5807
obstruction, surgical relief of	3739/3745
plication, Noble type, with enterolysis	3965
Intra-arterial infusion, of arteries, neck, thorax or abdomen	4822
a substance incorporating a cytotoxic agent,	
preparation for	934
oxygen injection	4670
-articular injection into joint	8105
-cerebral tumour, craniotomy and removal of	7198
-cranial abscess, excision of	7283
aneurysm, operation for	7265-7274
cyst, drainage of via burr-hole	7192
burr-hole biopsy for	7186
drainage	7287
haemorrhage	7208/7212,7216
infection, drainage of	7287
neurectomy or radical neurectomy	7170
tumour, biopsy or decompression via osteoplastic flap	7194
burr-hole biopsy for	7186
craniotomy and removal of	7198,7203
-lymphatic infusion of a fluid containing a cytotoxic agent	936
insertion of needle or cannula for introduction of	
radio-active material	938
-muscular injections	*
-nasal operation on antrum or removal of foreign body from	5280
frontal sinus or ethmoid sinuses	5301
sphenoidal sinus	5330
-ocular excision of dermoid of eye	8436
foreign body, removal of	6740-6747
procedures, resuturing of wound after	6938
-oral, tumour, radical excision of	3495
-orbital abscess, drainage of	6752
-scleral ball or cartilage, insertion of and evisceration of globe	6699
-synovial and/or aspiration of synovial cavity	8108
-thecal, injection of alcohol or phenol	7081
-thoracic artery, endarterectomy of	4705
operation on heart, lungs, great vessels, bronchial	
tree, oesophagus or mediastinum, or on more than	
one of these organs not otherwise covered	6999
-uterine contraceptive device, introduction or removal of	6262
foetal blood transfusion	
— including amniocentesis	947
-vascular cannula, blood pressure recording by	770
-venous infusion of fluids	927-929
substance incorporating a cytotoxic agent	932
injections	*
regional anaesthesia of limb by retrograde perfusion	760/764
Introduction or removal of intra-uterine contraceptive device	6262
Intubation, small bowel	4104
with biopsy	4099
Intussusception, laparotomy and reduction of	4009
resection of	4012
reduction of, by fluid	4003

\*Payable on attendance basis

Service	Item
Inversion of uterus, acute, manipulative correction of	365,368
Inverted nipple, surgical eversion of	3707
Ionisation, cervix	6411
and curettage of uterus	6476/6481
removal of polyp from cervix with curettage of uterus	6501/6506
corneal ulcer	*
zinc of nostrils in the treatment of hay fever	*
Iontophoresis, collection of specimen of sweat by	958
Iridectomy	6885
and sclerectomy, for glaucoma (Lagrange's operation) following intraocular procedures	6873
	6938
Iridencleisis	6873
Iridocyclectomy	6894
Iridotomy	6885
Iris and ciliary body, excision of tumour of	6894
excision of tumour of	6891
light coagulation of	6889
Ischio-rectal abscess, incision of	4578/4585

\*Payable on attendance basis

Service	Item
J	
Jacket, plaster, application of, to spine	7926
risser, localiser or turn-buckle, application of	
— body and head	7932
— body only	7928
Jaw, dislocation of	7397,7406
fracture of	7718-7757
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
reconstructive operations on	8554-8578
Joint, aspiration of	8105
cicatrical flexion contracture of, correction of	8294
dislocation of	7397,7406
congenital	8332
epiphysitis, plaster for	8446,8448
intra-articular injection into	8105
large, arthroectomy	8036
arthrodesis	8036
arthroplasty	8036
arthrotomy	8040
operations on	8009-8113
other than spine, manipulation of, under general anaesthesia	7911/7915
repair of capsule	8113
ligament	8113
sacro-iliac, arthrodesis	8032
small, arthroectomy	8022
arthrodesis	8022
arthroplasty	8022
arthrotomy	8026
spinal, dislocation involving fracture	7774-7798
zygapophyseal, arthroectomy of	8028
Jugular vessel, ligation of	4690
involving gradual occlusion by mechanical device	4715
Juvenile cataract, removal of, including subsequent needlings	6859

Service	Item
K	
Keller's operation to toe	8124/8127
Kelly type operation, repair of stress incontinence	6347/6352 + (1/2)6389
Keloid, excision of	3219/3253
extensive, multiple injections of hydrocortisone under general anaesthesia	3363
Keratotomy, partial — corneal scars	6820
Keratoplasty	6828,6832
Keratoses, electrosurgical destruction or chemotherapy of	3330-3346
obturans, surgical removal of, from external auditory meatus	5068
surgical removal of	3219-3253
Kidney, dialysis, at home	827,829
in hospital	818,824
exploration of, with any procedure not covered by any other item	5683
fused, symphysiotomy for	5679
operations on	5642-5737
ruptured, repair or partial repair of	5744
solitary, pyeloplasty for	5737
Kienboch's epiphysitis, plaster for	8448
King's operation (fixation of arytenoid cartilages)	5566
Kirschner wire, insertion of	7883
Knee, amputation or disarticulation at	5045
arthrectomy	8079
arthrodesis	8079
arthroplasty	8076,8079
arthroscopy	8084
arthrotomy	8081
cartilage, displaced, reduction of	7911/7915
removal of	8087
dislocation of	7446/7451
excision of patella	8095/8097
foreign body, removal from	8081
meniscectomy of	8087
operation for internal derangement	8087
recurrent dislocation of patella	8100
reconstruction of capsular ligaments	8092
cruciate ligaments	8089
total synovectomy of	8079
Kohler's epiphysitis plaster for	8448
Kondoleon operation	3261/3265
Kuntscher nail, insertion for fractured femur	7624/7627(+ 7809)

Service	Item
L	
Labial adhesions, separation of	*
Labour, second trimester, induction and management of	274/275
surgical induction of	354
— with amnioscopy	284
— with antenatal care, confinement, and postnatal care for nine days	211/213
— requiring major regional or field block	216/217
Labyrinth, caloric test of	882
destruction of	5106
Labyrinthotomy	5106
Lacerations, repair and suturing of	3046-3101
Lacrimal canaliculus, immediate repair of	6796
reconstruction of	6792
gland, excision of	3261/3265
palpebral lobe	6772
passages, lavage of	6802
obstruction, probing for	6799
sac, excision of, or operation on	6774
Lagrange's operation (iridectomy and sclerectomy)	6873
Laminectomy, followed by posterior fusion	7355,7361,7365
for exploration	7331
extradural tumour or abscess	7341
intradural lesion	7346
intra-medullary tumour or arteriovenous malformation	7353
open cordotomy	7346
recurrent disc lesion	7336
removal of discs	7331
with bone graft to spine and posterior interbody fusion	7967,7969
Laparoscopy and ovarian biopsy	6607
diagnostic (gynaecological)	6604
sterilisation via	6611/6612
with transection or resection of Fallopian tubes	6611/6612
Laparotomy and division of peritoneal adhesions	3958/3962
reduction of intussusception	4009
resection of intussusception	4012
exploratory	3713/3718
followed by enterostomy or colostomy	3724/3733
for neonatal alimentary obstruction	8394
involving oophorectomy, salpingectomy, salpingo- oophorectomy, removal of ovarian, parovarian, fimbrial or broad ligament cyst, not assoc- iated with hysterectomy	6643/6644, 6648/6649
operation on abdominal viscera	3739/3745
with reduction of volvulus	4020/4021
Large bone, exostosis of, excision of	8179/8182
joint, arthroctomy	8036
arthrodesis	8036
arthroplasty	8036
arthrotomy	8040
tendon, suture of	8235/8238
Laryngectomy	5498
Laryngofissure, external operation on	5556

\*Payable on attendance basis

Service	Item
Laryngopharyngectomy	5503
— primary restoration of alimentary continuity after	5508
— with tracheostomy and plastic reconstruction	3616
Laryngoplasty	5556
Laryngoscopy	5520-5530
Larynx, direct examination of	5520
with biopsy	5524
removal of tumour	5530
external operation on	5556
fractured, operation for	5545
Laser beam, coagulation	6904
Lateral malleolus, fracture of	7632/7637
pharyngeal bands, or lingual tonsils, removal of	5431
pharyngotomy	5360
Lavage and proof puncture of maxillary antrum	5245,5254
colostomy	*
gastric, in the treatment of ingested poison	974
lacrimal	6802
maxillary antrum	5264
stomach	*
uterine-saline flushing	*
Leg, amputation or disarticulation through	5045
direct arteriovenous, anastomosis of	4817
fracture of	7624-7662
Lengthening of limb, osteotomy and distraction for	8211
Lens, artificial, insertion of	6852
removal of	6857
extraction	6848
Lesion (haematoma, furuncle, small abscess, etc.) incision with drainage of, not requiring a general anaesthetic	3371
Lesions, skin, multiple injections for	3356
Leucotomy for psychiatric causes	7298
Leukoplakia, tongue, diathermy for	3330-3346
vocal cord, biopsy of	5524
Lid, ophthalmic, suturing of	6766
Ligament, capsular, of knee, reconstruction of	8092
coraco-acromion, removal of	8166
cruciate, of knee, reconstruction of	8089
cyst, broad, excision or incision of	6643/6644, 6648/6649
ruptured medial palpebral, re-attachment of	6932
transplantation	8251
Ligation, great vessel	4690
haemorrhoids	4523/4527
following sigmoidoscopic examination	4370/4375
of great vessel involving gradual occlusion by mechanical device	4715
purse string, of cervix, for threatened miscarriage	250/258
rubber band, of haemorrhoids	4521
transantral, of maxillary artery	5268
Ligature of cervix, purse string, removal of, under general anaesthesia	267
Light coagulation for detached retina	6904
of iris	6889
Limb, intravenous regional anaesthesia of, by retrograde perfusion	760-764
osteotomy and distraction for lengthening of	8211
perfusion of	922

\*Payable on attendance basis

Service	Item
Limb, upper or lower, direct arteriovenous anastomosis	4817
Limbic tumour, removal of	6846
Lindholm, plastic repair, tendon Achilles	8235/8238
Linea alba hernia, repair of, under 10 years	4246/4249
over 10 years	4251/4254
Lingual tonsil or lateral pharyngeal bands, removal of	5431
Lip, cleft, complete primary repair	8622,8624
incomplete primary repair	8626
secondary correction, Abbe transplant or flap	8632
complete revision	8630
of nostril or nasal tip	8634
partial or incomplete	8628
full thickness, reconstruction of	8618,8620
wedge excision	8614
radium necrosis of, excision of	3219-3253
reconstruction of, using full thickness flap second stage	8620
Lipectomy for abdominal apron or similar condition	3308
Lipoma, removal of	3219-3265
Lippe's loop — introduction or removal of	6262
Lisfranc's amputation at tarsometatarsal joint	5038
Litholapaxy, with or without cystoscopy	5888
Little's Area, cautery of	5229
Liver abscess, abdominal drainage of	3764
transpleural drainage of	3777
biopsy, percutaneous	3752
hydatid cyst of, operation for	3783
massive resection of, or lobectomy	3759
ruptured, repair	4149/4158,4165
tumour, removal of other than by biopsy	3754
Living tissue, implantation of	960,963
Lobectomy, liver	3759
or pneumonectomy	6980
superficial, of parotid gland with exposure of facial nerve	3450
temporal	7307
Lobotomy for psychiatric causes	7298
Local flap repair, plastic, revision of graft	8502
single stage	8480,8484
Local infiltration around nerve or in muscle with alcohol, procaine	
or similar preparation	7068
Localisation by electrical stimulator with nerve blocking by alcohol	
or other agent	7072
Localiser, application of, body and head	7932
body only	7928
Loose bodies in joint	(see arthrotomy)
Lop ear or similar deformity, correction of	8608
Lord's procedure — massive dilatation of anus	4461
Lumbar facetectomy	8028
hernia, repair of	4258/4262
or thoracic spine, anterior interbody spinal fusion to	7957,7961
paravertebral block, initial	748
subsequent	752
puncture	7085
spine, dislocation of, without fracture	7476
sympathectomy	7376
Lunate bone, osteectomy or osteotomy of	8190

Service	Item
Lung compliance, estimation of	920
hydatid cysts of, enucleation of	6982
intrathoracic operation on, not otherwise covered	6999
Lymph glands, iliac, dissection of and orchidectomy	4299
of groin, excision of	
— radical	3638
— limited	3634
of neck, excision of	
— radical	3622
— limited	3618
or node, biopsy of	3135/3142
deep tissue or organ, aspiration biopsy of	3148
or nodes, pelvic excision of (radical)	6308
vessels and glands or nodes, infusion of, with cytotoxic agent	936
Lymphadenectomy, pelvic	6308
Lymphangiectasis of limb (Milroy's disease)	
— limited excision of	8422
— radical excision of	8424
Lymphangioma, congenital, removal of, from eye	8458-8472
Lymphoedema, major excision and grafting for	8476
operation for by extended indwelling subcutaneous tube	3643
Lymphoid patches, removal of	3219-3253



Service	Item
M	
Macrocheilia, congenital, plastic operation for	8384
Macrodactyly, plastic reduction for, each finger	8544
Macroglossia, congenital, plastic operation for	8384
Macrostomia, congenital, plastic operation for	8384
Macules, electrosurgical destruction or chemotherapy of	3330-3346
Magnetic removal of intraocular foreign body	6740,6744
Major artery of neck or extremity, repair of wound of, with restoration of continuity	4693
trunk, repair of wound, with restoration of continuity	4696
regional or field block with surgical indication of labour and antenatal care, confinement and postnatal care for nine days	216/217
Malignant tumours	(see under tumours)
Malleolus, lateral, fracture of	7632/7637
Mammoplasty, augmentation, prosthetic	8530
derma-fat fascia	8532
reduction for repositioning	8528
Mammary prosthesis, removal	3120/3124
Manchester operation (operation for genital prolapse)	6367/6373
AND curettage of uterus, with or without dilatation	6379/6384
Mandible, condylectomy	8570
dislocations of	7397,7406
fractures of	7739-7757
hemi-mandibular reconstruction with bone graft	8568
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy or osteotomy of, for congenital malformation	8574
resection of	8556
segmental, for tumours	8560
section — fixation for prognathism or retrognathism, plastic	8564
Mandibular, temporo-, meniscectomy	7902
Manipulation and plaster for congenital dislocation of hip joint (other than spine), under general anaesthesia	8332
paediatric	7911/7915
spine under general anaesthesia	8332-8356
ureteric calculus — endoscopic	7919/7923
without anaesthesia	5885
Manipulative correction of acute inversion of uterus	*
Manometric oesophageal motility test	365,368
Marrow, bone, aspiration biopsy of	966
Marshall-Marchetti operation for urethropexy	3160
Marsupialisation of Bartholin's cyst or gland	5977
Mastectomy, partial, involving more than one-quarter of breast tissue	6278/6280
radical	3678/3683
simple	3702
extended	3647/3652
Master's test	3698
Mastoid cavity, obliteration of	914
portion, decompression of facial nerve	5091
Mastoidectomy, cortical	5102
myringoplasty and ossicular chain reconstruction	5087
radical or modified radical	5100
— and myringoplasty	5095
with transmastoid removal of glomus tumour	5098
	5158

\*Payable on attendance basis

Service	Item
Maxilla, fractures of	7718-7734
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy or osteotomy for congenital malformation	8578
resection of	8554
Maxillary antrum, lavage of	5264
pneumocentesis and lavage of	5245-5254
(sinus), operations on	5270-5288
artery, transantral ligation of	5268
frenulum or tongue tie, repair of, in a person aged not less than two years	3505
sinus, drainage of, through tooth socket	5284
McBride's operation for hallux valgus	8124/8127
McKee-Farrer arthroplasty of hip	8069
Meatotomy and hemi-circumcision, hypospadias	6098
for pinhole urinary meatus, congenital	8416
ureteric, with cystoscopy	5878
urinary	6066
Meatus, external auditory, removal of exostoses in	5072
internal auditory, exploration of	5122
surgical removal of keratosis obturans from	5068
pinhole urinary, dilatation of	6036
congenital, meatotomy of	8416
urinary, meatotomy of	6066
Mechanical efficiency of breathing apparatus, estimation of	920
Meckel's diverticulum, removal of	4027/4032
Medial meniscus, removal of	8087
palpabral ligament, ruptured, re-attachment of	6932
Median bar, endoscopic resection of, with or without cystoscopy	6010
Mediastinal abscess, drainage of	6990
Mediastinum, cervical exploration of, with or without biopsy	6992
intrathoracic operation on	6999
Meibomian cyst, extirpation of	6754
Melanoma, excision of	3219-3289
Meloneoplasty	8550
Membrane, tympanic, micro-inspection of	5185
Membranes, artificial rupture of	354
evacuation of (products of conception)	362
manual removal of	362
mucous, biopsy of	3130
excision of fold of	3219-3237
synovial, or pleura punch biopsy of	3163
Meningeal haemorrhage, middle, operations for	7208/7212,7216
Meniscectomy of knee	8087
temporo-mandibular	7902
Meniscus, medial, removal of	8087
Mesenteric cysts, removal of, as an independent procedure	3783
Metacarpo-phalangeal joint of thumb, dislocation	7436
synovectomy of	8283
Metacarpus, amputation through	4972/4976
fractures of	7520-7530
operation on, for acute osteomyelitis	4832
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8187
or osteotomy of	8185
Metatarsal, osteotomy or osteectomy of with correction of hallux valgus	8131

Service	Item
Metatarsus, amputation or disarticulation of	5024/5029
fracture of	7673/7677
operation on, for acute osteomyelitis	4832
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8187
or osteotomy of	8185
varus, manipulation	8342
and plaster	8344
Micro-laryngoscopy	5534
with removal of tumour	5540
Micro-surgical techniques	
— nerve, cutaneous, primary suture of	7112
divided digital to thumb or finger	
—primary repair	7120
—secondary repair	7121
—nerve trunk, primary suture	7129
secondary suture	7138
Mid-cavity forceps delivery, with antenatal care, confinement and postnatal care for nine days	208/209
Middle ear, exploration of	5166
insertion of tube for drainage of	5172
operation for abscess or inflammation of	5162
— with removal of adenoids	5415/5424
— with removal of tonsils and/or adenoids in a person aged less than twelve years	5370/5374
Midtarsal amputation of foot	5038
Miles' operation	4202
Milroy's disease	8422,8424
Miscarriage, habitual, treatment of	242
incomplete, curettage for	6460/6464
threatened, purse string ligation of cervix for	250/258
treatment of	246
Mitral stenosis, valvectomy for	6999
Mobilisation, bowel	3739/3745
stapes	5143
Mole, desiccation by diathermy	3330-3346
evacuation by manual removal	362
Moschowitz operation	6396
Motility test, manometric, of oesophagus	966
Mucous membrane, biopsy of	3130
repair of recent wound of	3046-3101
Multiple delivery, management of, with antenatal care, confinement and postnatal care for nine days	208/209
punch hair transplants, or similar technique	8534-8538
simultaneous injections by continuous compression	
techniques for varicose veins	4633
Muscle, activity sampling (electromyography)	815
biopsy of	3135/3142
excision of, extensive	3395/3399
limited	3389/3391
extra-ocular, torn repair of	6934
eye, myotomy of	6922-6928
local infiltration in	7068
or other deep tissue, removal of foreign body from	3120/3124
pubo-rectalis, division of	4594
ruptured, repair of, not associated with external wound	3401/ 3404,3407

Service	Item
Muscle, transplant (Hummelsheim type, etc) for squint	6930
Myelomeningocele, congenital — excision of sac extensive, requiring formal repair with skin flaps or Z plasty	8442
Myocardial electrodes and permanent pacemaker, insertion or replacement of, by thoracotomy	8444
Myomectomy	7021
Myotomy of ocular muscles	6561/6563
Myringoplasty	6922-6928
and ossicular chain reconstruction	5075,5078
mastoidectomy	5085
mastoidectomy and ossicular chain reconstruction	5098
Myringotomy	5100
	5162

Service	Item
N	
Naevus, excision of	3219-3237
Nail bed, excision of, ingrowing toenail	7872/7878
digital, removal of	7861
Smith-Petersen, osteosynthesis by	7898
Narcotherapy	*
Nasal bones, fracture of	7701-7715
operation on, for chronic osteomyelitis	4856
cavity and/or post nasal space, examination of under general anaesthesia as an independent procedure	5192
fronto-, ethmoidectomy	5295
haemorrhage, cryotherapy to nose in the treatment of	5233
posterior, arrest of	5196
polyp or polypi (requiring admission to hospital), removal of	5210/5214
(simple), removal of	5205
septum, septoplasty or submucous resection of	5217
— with cauterisation or diathermy of any one or more of septum or turbinates or pharynx	5221
— with turbinectomy or dislocation of turbinate	5225
space, post, direct examination of, with biopsy	5348
tip, secondary correction of, for cleft lip	8634
Naso-lacrimal duct, probing for obstruction of	6799
Nasopharyngeal tumour, operation for removal of, involving hard palate	5351
Navicular bone, fracture of	7535/7538
Neck, artery of, endarterectomy of	4709
deep-seated haemangioma of, excision of	8474
or extremity, major artery of, repair of wound of with restoration of continuity	4693
facial scar, revision under general anaesthesia	8522,8524
lymph glands of, excision of	3618,3622
Needle biopsy of prostate	6030
intralymphatic insertion of, for introduction of radio-active material	938
Needling of cataract	6865
Neonatal alimentary obstruction, laparotomy for	8394
Neoplasms, bladder, diathermy of	5919
Nephrectomy	5651,5654/5661,5665
donor (cadaver)	5647
Nephrolithotomy	5691,5694,5699
Nephropexy, as an independent procedure	5721
Nephrostomy	5715
Nepbro-ureterectomy	5669
complete, with bladder repair	5675
Nerve block, regional, initial	748
subsequent	752
blocking with alcohol or other agent following localisation by electrical stimulator	7072
conduction times, estimation of (electromyography)	812
cutaneous or digital, primary suture of	7106/7111
(other than digital nerve) primary suture of, by micro surgical techniques	7112
decompression of, facial	5104
divided digital, to thumb or finger, repair of	7116-7121
exploration of	7178/7182

\*Payable on attendance basis

Service	Item
Nerve, fifth cranial, avulsion of branch of	7170
graft or anastomosis of	7139
local infiltration around, with alcohol, procaine or similar preparation	7068
peripheral, removal of tumour from	7148/7152,7156
transposition of	7143
trigeminal, primary branch of, injection with alcohol	7079
trunk, primary suture of, by micro surgical techniques	7124,7129
secondary suture of, by micro surgical techniques	7132,7138
Neurectomy, intracranial or radical	7170
periarterial	7165
peripheral nerve	7148/7152,7156
transantral Vidian	5333
Neurolysis by open operation	7178/7182
Neuroma, acoustic, removal of	5108/5112
Neurotomy of deep peripheral nerve	7156
superficial peripheral nerve, including multiple percutaneous neurotomy of posterior division of spinal nerves	7148/7152
Neurovascular island flap	8542
Nipple, inverted, surgical eversion of	3707
removal of accessory	3219-3253
Noble type intestinal plication with enterolysis	3965
Node, lymph, biopsy of	3135/3142
scalene, biopsy	3168
Nodes, lymph, infusion of with cytotoxic agent	936
pelvic, excision of	6308
Nodule, electrosurgical destruction or chemotherapy of	3330-3346
vocal cord, removal of, not covered by Item 5721	5530
Non-magnetic intraocular foreign body, removal of	6742,6747
Non gravid uterus, suction curettage of	6460/6464
Nose, composite graft to	8606
cryotherapy to, in the treatment of nasal haemorrhage	5233
dermoid of, congenital, excision of, intranasal extension	8440
foreign body in, removal of, other than by simple probing	5201
fractures of	7701-7715
operations on	5201-5241
plastic operations on	8594-8606
superficial dermoid of, congenital, excision of	8438
Nostril, secondary correction of, for cleft lip	8634

Service	Item
O	
Obstruction, lacrimal passages, probing or dilatation	6799
Obturans, keratosis, surgical removal of, from external auditory meatus	5068
Ocular muscle, torn, repair of	6934
Oesophageal motility test, manometric	966
tube, indwelling, gastrostomy for fixation of	3870
Oesophagectomy	
— cervical, with tracheostomy and oesophagostomy, with or without plastic reconstruction	3616
— with direct anastomosis	6986
interposition of small or large bowel	6988
stomach transposition	6986
Oesophagoscopy	5464
— with biopsy	5480
— with insertion of prosthesis	5474
Oesophagostomy, cervical	3597
closure or plastic repair of	3603
Oesophagus, correction of atresia of	6984
dilatation of	5470,5474,5490
intrathoracic operation on	6999
radical correction of congenital stenosis of	8388
removal of foreign body in	5486
Olecranon, excision of bursa of	3208/3213
fracture of	7559/7563
Oophorectomy, not associated with hysterectomy	6643/6644,6648/6649
Opaque medium, introduction of, into bladder by cystoscopy	5851
Operations, assistance at	2950,2955
for excision of congenital abnormalities	8428-8444
Operative cholangiography, pancreatogram or choledochoscopy	3789
Ophthalmological examination under general anaesthesia	6686
Optic fundi examination of, following intravenous dye injection	856
Orbit, anophthalmic insertion of cartilage or artificial implant	6701
of eye, exenteration of	6713,6715,6718
exploration of	6707,6709,6722,6724
skin graft to	6703
Orbital cavity, reconstruction of floor or roof of	8552
dermoid, congenital, excision of	8436
implant, enucleation of eye	6688
evisceration of eye and insertion of intrascleral ball or cartilage	6699
integrated, with enucleation of eye	6692
Orbitotomy, anterior	6709
lateral	6707
Orchidectomy, and complete excision of spermatic cord	4296
radical dissection of iliac lymph glands	4299
simple	4288/4293
with excision of retroperitoneal glands or seminal vesicles	6230
Orchidopexy	4307,4313
Orchidoplasty	6233
Oro-antral fistula, plastic closure of	5288
Orthopaedic operations	7853-8330
pin or wire, insertion of	7883
removal of	3113-3124
plates, removal of	3120/3124

Service	Item
Os calcis, fracture of	7666/7668
talus, fracture of	7666/7668
Ossicular chain reconstruction	5081
— and myringoplasty	5085
— myringoplasty and mastoidectomy	5100
Osteectomy of carpus	8190
clavicle	8190
femur	8198
fibula	8190
humerus	8195
mandible, plastic, for congenital malformation	8574
maxilla, plastic, for congenital malformation	8578
metacarpal	8185
metatarsal	8185
pelvic bone	8198
phalanx	8185
or metatarsal with correction of hallux valgus	8131
radius	8190
rib	8190
scapula (other than acromion)	8190
tarsus	8190
tibia	8195
ulna	8190
vertebral bodies	8209
or osteotomy of phalanx or metatarsal and transplantation of adductor hallucis tendon for correction of hallux valgus	8135
Osteoclasia with manipulation and plaster for genu varum or genu valgum	8350
Osteomyelitis, acute, operation	
— for, metacarpus, metatarsus or phalanx other than terminal	4832
— on humerus or femur	4844
skull	4848
spine or pelvic bone	4853
sternum, clavicle, rib, ulna, radius, carpus, tibia, fibula, tarsus, mandible or maxilla	4838
acute, terminal phalanx of finger or toe	4828
chronic operation	
— on combination of bones	4874,4877
humerus or femur	4864
nasal bones	4856
scapula, sternum, clavicle, rib, ulna, radius, metacarpus, carpus, phalanx, tibia, fibula, metatarsus, tarsus, mandible or maxilla	4860
skull	4870
spine or pelvic bone	4867
skull, craniectomy for	7291
Osteosynthesis by Smith-Petersen nail	7898
Osteotomy and distraction for lengthening of limb	8211
calcaneal	8328
with bone graft	8330
carpus	8190
with internal fixation	8193
clavicle	8190
with internal fixation	8193



Service	Item
Osteotomy femur	8198
with internal fixation	8201
fibula	8190
with internal fixation	8193
humerus	8195
with internal fixation	8201
mandible, plastic, for congenital malformation	8574
maxilla, plastic, for congenital malformation	8578
metacarpal	8185
with internal fixation	8187
metatarsal	8185
with internal fixation	8187
of bilateral iliac	8203
or osteectomy of phalanx or metatarsal and transplantation of adductor hallucis tendon for correction of hallux valgus	8135
pelvic bone	8198
with internal fixation	8201
phalanx	8185
or metatarsal with correction of hallux valgus	8131
phalanx, with internal fixation	8187
radius	8190
with internal fixation	8193
rib	8190
with internal fixation	8193
scapula (other than acromion)	8190
with internal fixation	8193
sub-trochanteric, of femur	8206
tarsus	8190
with internal fixation	8193
tibia	8195
with internal fixation	8201
ulna	8190
with internal fixation	8193
Otitis media, acute, operation for	5162
Ovarian biopsy by laparoscopy	6607
cyst, enucleation of, with abdominal hysterectomy	6532/6533
excision of	6643/6644, 6648/6649
puncture of, via laparoscope	6607
Ovaries, prolapse, operation for	3739/3745
Ovary, repositioning	3739/3745
Oxygen consumption, estimation of	920
cost of breathing, estimation of	920
injection, intra-arterial	4670
therapy, hyperbaric	774,777
— in conjunction with anaesthesia	787,790
Oxytocin drip	927,929

Service	Item
P	
Pacemaker, permanent insertion or replacement of	7033
— and myocardial electrodes by thoracotomy	7021
— and permanent transvenous electrodes	7023
Pacemaking electrode, temporary insertion	7042
Packing for postpartum haemorrhage	374
Paediatric operations and procedures	8332-8448
Palate, cleft, complete, primary repair	8640
lengthening procedure, secondary repair	8648
partial, primary repair	8636
secondary repair	8644
complex cleft, partial repair	8652
Palmar middle spaces, drainage of	7868
Palpebral ligament, medial, ruptured, re-attachment of	6932
lobe of lacrimal gland, excision of	6772
Pancreas, drainage of	4124/4130
partial excision of	4109
Pancreatectomy, total	4118
Pancreatic cyst, anastomosis to stomach or duodenum	8578
juice, collection of	4104
Pancreatico-duodenectomy (Whipple's operation)	4115
Pancreaticholangiography, endoscopic	3860
Panendoscopy, upper gastrointestinal tract	3857
with biopsy	3858
urogenital tract	6061
Panhysterectomy	6519/6523,6536
Pannus, treatment of, by cautery of conjunctiva	6835
Papilloma, bladder, transurethral resection of, with cystoscopy	5871,5875
larynx, removal of	5530
removal of	3219-3265
Papules, electrosurgical destruction or chemotherapy of	3330-3346
Paracentesis abdominis	4197
in relation to eye	6869
of pericardium	6942
tympanum	5162
or aspiration, or both, of thoracic cavity	6940
Paralysis, facial, plastic operation for	8546,8548
spastic — manipulation and plaster	8356
Paraphimosis, reduction of	4351
Parathyroid glands, removal of	3555
tumour, removal of	3547
Paratyphoid, inoculation against	*
Paravertebral block, initial	748
subsequent	752
Paronychia, incision of	7864
Parotid duct, diathermy of	3465
dilatation of	3465
removal of calculus from	3468/3472
transplantation of into conjunctival sac	6790
fistula, repair of	3477
gland, superficial lobectomy or removal of tumour from	3450
total extirpation of	3437,3444
Parovarian cyst, excision of	6643/6644,6648/6649
Partial amputation of penis	6179
cleft palate, primary repair	8636

Service	Item
Partial excision of scrotum	6212
keratectomy — corneal scars	6820
mastectomy involving more than one quarter of the breast tissue	3678/3683
or complete ureterectomy, with bladder repair	5747
urethrectomy for removal of tumour	6077
Passage of urethral sounds as an independent procedure	6036
Patella, dislocation of	7457
displaced, fixation of	8100
excision of	8095/8097
fracture of	7641/7643
recurrent dislocation of, operation for	8100
Patellar bursa, excision of	3208/3213
Patency of Fallopian tubes, Rubin test for	6599
Patent ductus arteriosus, operation for, congenital	7050
Pectus carinatum, correction of	6970,6972
excavatum, correction of	6970,6972
Pedicle, tubed, or indirect flap,	
— delay, intermediate transfer or detachment of	8496
— formation of	8494
— preparation of site and attachment to site	8498
— spreading of pedicle	8500
Pelvic abscess, drainage of, via rectum or vagina	3379/3384
suprapubic drainage of	6677/6681
bone, operation on, for osteomyelitis	
— acute	4853
— chronic	4867
osteectomy of, with internal fixation	8201
osteectomy or osteotomy of	8195,8198
glands, dissection of, with hysterectomy	6536
haematoma, drainage of	3739/3745
lymph glands, excision of (radical)	6308
Pelvis, fracture of	7608/7610
Pelvi-ureteric junction, plastic procedures to	5734
Penicillin, injection of	*
Penis, complete or radical amputation of	6184
operations on	4319-4351,6179-6208
partial amputation of	6179
Peptic ulcer, perforated, suture of	3910/3916
Percutaneous cordotomy	7381
liver biopsy	3752
Perforated duodenal ulcer, suture of	3910/3916
gastric ulcer, suture of	3910/3916
peptic ulcer, suture of	3910/3916
Perforating wound of eyeball, repair of	6728,6730,6736
Perfusion of limb or organ	922
retrograde, intravenous regional anaesthesia of limb by	760/764
whole body	923
Perianal abscess, incision of	4578/4585
tag, removal of	
— under general anaesthesia	4534
— without general anaesthesia	*
Periarterial neurectomy	7165
Pericardial tapping	6940
Pericardium, drainage of, transthoracic	6995
paracentesis of	6942

\*Payable on attendance basis

Service	Item
Peridural block, initial	748
subsequent	752
Perimetry, quantitative	*
Perineal-abdomino resection	4202-4214
anoplasty, ano-rectal malformation	8406
biopsy of prostate	6022
prostatectomy	6001
stimulation maximal, electrical	*
for treatment of stress incontinence	*
urethrotomy (external), as an independent procedure	6069
warts, diathermy of	3330-3346
Perineorrhaphy	6347/6352
and anterior colporrhaphy	6358/6363
Perinephric abscess, drainage of	5732
Periorbital dermoid, congenital, excision of	8432/8434
Peripheral nerve, deep avulsion, neurectomy or neurotomy of, or removal of tumour from	7156
superficial avulsion, neurectomy or neurotomy of, or removal of tumour from, including multiple percutaneous neurotomy or posterior division of spinal nerves	7148/7152
Peritomy, conjunctival	6807
Peritoneal adhesions, separation of	3958-3965
catheter, insertion and fixation of	833
dialysis	836
Peritoneoscopy	4191
Peritoneum, hydatid cyst of, operation for	3783
Peritonsillar abscess, incision of	5445
Perthes' epiphysitis, plaster for	8446
Perurethral resection of contracted bladder neck, congenital	8410
Pes planus-manipulation and plaster under general anaesthesia under general anaesthesia	8344 8342
Peyronie's disease injection for	6199
operation for	6204
Phalanx, finger or thumb, fractures of	7505-7516
operation on, for chronic osteomyelitis	4860
osteectomy or osteotomy of	8185
— with internal fixation	8187
other than terminal, operation on, for acute osteomyelitis	4832
terminal, of finger or toe, operation on, for acute osteomyelitis	4828
toe, fracture of	7681-7691
Pharyngeal adhesions, division of	5345
bands or lingual tonsils, removal of	5431
cysts, removal of	5456
flap, repair of	8656
pouch, endoscopic resection of, (Dohlman's operation)	5357
removal of	5354
Pharyngoplasty	8656
Pharyngotomy (lateral)	5360
Pharynx, cauterisation or diathermy of	5229
operations on	5345-5360,8656
removal of foreign body	3116

\*Payable on attendance basis

Service	Item
Pharynx, septum or turbinates, cauterisation	
— and diathermy of any one or more of, with removal of tonsils and/or adenoids in a person aged less than twelve years	5378/5383
— or diathermy of any one or more of with septoplasty or submucous resection of nasal septum	5221
Phenol, intrathecal injection of	7081
Phlebotomy	954
Phonocardiography	912
Photocoagulation of iris	6889
xenon arc	6904
Phrenic avulsion or crush	6978
Physician, consultant, attendance by (other than in psychiatry)	
— home visit	122,128
— surgery, hospital or nursing home	110,116
Physician, consultant (in psychiatry) attendance by	
— group psychotherapy	888
— home visit	144-152
— interview of a person other than the patient	890,893
— surgery, hospital or nursing home	134-142
Pigeon chest, correction of	6970,6972
Pilonidal cyst or sinus, excision of	4611/4617
sinus, injection of sclerosant fluid under anaesthesia	4622
Pin, orthopaedic, insertion of	7883
removal of	3113-3124
Pinch grafts, free, on granulating areas, small	8504
Pinguecula, removal of	6842
Pinhole urinary meatus, congenital — meatotomy	8416
dilatation of	6036
Pinna, amputation of, complete	8610
Pirogoff's amputation of foot	5034
Pitocin drip	927,929
Placenta, evacuation of, by intrauterine manual removal	362
ultrasonic localisation of, by Doppler technique	*
Placentography, preparation for	5840
Plague, inoculation against	*
Plantar fasciotomy, radical	8320
wart, diathermy of	3330-3346
removal of	3320
Plaster and manipulation for talipes equinovarus under general anaesthesia	8336
for epiphysitis, Perthe's, Calve's or Scheuermann's	8446
Sever's, Kohler's, Kienboch's or Schlatter's	8448
jacket, application of, to spine	7926
Plastic and reconstructive operations	8450-8656
flap operation for exomphalus, congenital	8402
implantation of penis	6208
operation to sphincter for incontinence of urine, congenital	8420
procedures to pelvi-ureteric junction	5734
reconstruction for bicornuate uterus	6570
of lacrimal canaliculus	6792
shoulder (orthopaedic)	8017
reduction for macrodactyly, each finger	8544
repair, direct flap cross leg or similar	8486,8488
small	8490,8492

\*Payable on attendance basis

Service	Item
Plastic repair, of cervical oesophagostomy	3603
choanal atresia	8380
single stage, local flap	8480,8484
to enlarge vaginal orifice	6336
Plates, etc., used in treating fractures, removal of	3120/3124
Pleura, punch biopsy of	3163
Pleurectomy or pleurodesis with thoracotomy	6964
Pleurodesis or pleurectomy with thoracotomy	6964
Plexus block, brachial, initial	748
subsequent	752
cervical, initial	748
subsequent	752
brachial, exploration of	7175
sympathetic, infiltration	7075
Plication, intestinal, with enterolysis, Noble type	3965
of inferior vena cava	4721
Pneumonectomy or lobectomy	6980
Pneumothorax, artificial — each filling subsequent to induction	6948
induction	6946
Poison, ingested, gastric-lavage in the treatment of	974
Polyp, aural, removal of	5066
ear, removal of	5068
larynx, removal of	5530
or polypi, nasal (requiring admission to hospital), removal of	5210/5214
(simple), removal of	5205
rectal, removal of	4434/4442
removal of from cervix	6411
— and cauterisation, ionisation or diathermy of	
cervix; with curettage of uterus, with or without	
dilatation	6501/6506
uterus, removal of	6460/6464
Portal hypertension, vascular anastomosis for	4766
Posterior sclerotomy	6865
Postero-lateral bone graft to spine	7945
Post-nasal space and/or nasal cavity, examination of, under	
general anaesthesia	5192
direct examination of, with biopsy	5348
Post-natal care	194/196,234/241
for nine days, confinement, antenatal care	200/207
— and requiring major regional or field block	216/217
— and surgical induction of labour	211/213
— with mid-cavity forceps or vacuum extraction,	
breech delivery or management of multiple	
delivery	208/209
Post-operative haemorrhage — tonsils or tonsils and	
adenoids, requiring general anaesthesia, arrest of	5396/5401
Postpartum haemorrhage, treatment of	374
Pott's fracture	7657/7662
Pouch, pharyngeal, removal of	5354
Preauricular sinus operations	3173,3178/3183
Pre-eclampsia, treatment of	273
Pre-operative examination for anaesthesia at a separate attendance	
(N.B. Where the examination is not made at a separate attendance it	
is covered by the benefit for the anaesthetic)	82/85

Service	Item
Prepuce, breakdown of adhesions of operations on	* 4319-4351
Presacral and sacrococcygeal tumour, excision of	4179
neurectomy	7376
sympathectomy	7376
Pressure recording, blood, by intravascular cannula	770
Priapism, decompression operation for, under general anaesthesia	6162
vein graft for	6166
Primary branch of trigeminal nerve, injection of with alcohol	7079
repair, complete, of cleft lip	8622,8624
incomplete, of cleft lip	8626
restoration of alimentary continuity after laryngopharyngectomy	5508
suture of cutaneous nerve	7106/7111,7112
extensor tendon of hand	8227/8230
flexor tendon of hand	8219/8222
nerve trunk	7124
tendon of foot	8241
Process, styloid, of temporal bone, removal of	3431
Proctocolectomy with ileostomy	4052-4059
Proctoscopy	*
Products of conception, evacuation by intrauterine manual removal	362
Professional attendance, by consultant physician (other than in psychiatry)	
— home visit	122,128
— surgery, hospital, or nursing home	110,116
Professional attendance, by consultant physician in psychiatry	
— group psychotherapy	888
— home visit	144-152
— interview of a person other than the patient	890,893
— surgery, hospital or nursing home	134-142
Professional attendance, by general practitioner	
— at hospital or nursing home	69,71,73,79
— home visit	
— brief	43,44
— standard	51,53
— long	57,59
— prolonged	65,66
— surgery consultation	
— brief	3,4
— standard	14,19
— long	25,26
— prolonged	33,35
Professional attendance, by specialist	
— initial referred	88,100
— subsequent	94,103
Professional attendance, pre-operative by anaesthetist	82/85
Progesterone implant	960,963
Prognathism, correction of	8564
Prolapse, anal — circum-anal suture for	4467
submucosal injection of	4473
bladder, repair of	6347-6373
genital, operations for	6347-6384
ovaries, operation for	3739/3745
rectum, paediatric, injection into	4427
radical operations for	4407,4413

\*Payable on attendance basis

Service	Item
Prolapse, rectum, reduction of	*
urethra, excision of	6146
operation for	6389
Prolonged professional attendance	160-164
Proof puncture of maxillary antrum	5245,5254
sphenoidal sinus	5325
Prostate, biopsy of, perineal	6022
endoscopic biopsy of, with or without cystoscopy	6027
needle biopsy of, or injection into	6030
total excision of	6017
Prostatectomy, endoscopic, with or without cystoscopy	6005
suprapubic, perineal or retropubic	6001
Prostatic abscess, retropubic drainage of	6033
Prosthesis, insertion of, with oesophagoscopy	5470
Prosthetic mammoplasty augmentation	8530
Provocative test for glaucoma including water drinking	849
Psychiatry, consultation by consultant physician in psychiatry	
— home visit	144-152
— interview of person other than the patient	890,893
— surgery, nursing home or hospital	134-142
Psychotherapy, group	888
— other than group	*
Pterygium, removal of	6837
Ptosis, correction of	8586
Pubis, symphysis, fracture of	7615/7619
Pubo-rectalis muscle, division of	4594
Pudendal block, initial	748
subsequent	752
Pulmonary decortication with thoracotomy	6962
stenosis, valvulotomy	7050
Pulp space, incision of	7864
Punch, biopsy of synovial membrane or pleura	3163
multiple, hair transplants	8534-8538
Punctum snip, with dilatation of punctum	6805
Puncture, and dilatation for repair of choanal atresia	8382
cisternal	7089
lumbar	7085
proof, of maxillary antrum,	5245,5254
sphenoidal sinus	5325
ventricular — cerebral	7099
Purse string ligation of cervix for threatened miscarriage	250/258
ligature of cervix, removal of, under general anaesthesia	267
Putti-Platt operation for recurrent dislocation of shoulder	8017
Pyelography, including cystoscopy with ureteric catheterisation,	
preparation for	5851
Pyelolithotomy	5691, 5694, 5699
Pyeloplasty	5734, 5737
Pyloromyotomy	3952
Pyloroplasty	3946, 3952
with vagotomy	3889
Pyogenic granulation, cauterisation of	3330-3346
Pyonephrosis, drainage of	5729

\*Payable on attendance basis



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Service	Item
Q	
Quantitative perimetry test Quinsy, incision of	* 5445

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\*Payable on attendance basis

Service	Item
R	
Radical amputation of penis	6184
antrostomy	5270
correction of congenital stenosis of oesophagus	8388
diathermy, colposcopy and cervical biopsy, with curettage of uterus	6483
with curettage of uterus	6483
fronto-ethmoidectomy	5298
hysterectomy without gland dissection	6542
obliteration of frontal sinus	5318
operation for Dupuytren's contracture	8298
empyema involving resection of rib	6955
or intracranial neurectomy	7170
modified radical mastoidectomy	5095
Radium, necrosis of lip, excision of	3219-3253
preparation for treatment with	(see Part 8, Division 17)
Radius, bone graft to	7985,7993
dislocation of	7430/7432
fracture of	7550/7552
distal end of	7547
fragmentation and rodding in fragilitas ossium	8302
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8193
or osteotomy of	8190
Ramstedt's pyloromyotomy	3952
Ranula, removal of	3509/3516
Re-attachment of ruptured medial palpebral ligament	6932
Reconstruction, of floor or roof of orbital cavity	8552
partial, of eyelid or socket	8584
socket, eye, contracted	6705
vaginal, in congenital absence or gynatresia	6327
Reconstructive cranioplasty	7251
Recording, blood pressure, by intravascular cannula	770
Rectal biopsy, full thickness	4380
fistula	5956,6083
ischio-, abscess, incision of	4578/4585
polyp, removal of	4434/4442
prolapse, reduction of	*
tumour, resection or diathermy of, with sigmoidoscopy	4365
Rectocele, repair of	6347-6373
Rectoplasty, ano-rectal malformation	8408
Rectosigmoidectomy for Hirschsprung's disease, congenital	8398
Recto-vaginal fistula	6401
Rectum, anterior resection of	4068
perineal, excision of	4216
prolapsed, paediatric, injection into	4427
radical operation for prolapse of	4407,4413
stricture of, plastic operation for	3739/3745
suction biopsy of	3130
villous tumour of	4397
Recurrent dislocation of patella of knee, operation for	8100
hernia, repair of	4258/4262

\*Payable on attendance basis

Service	Item
Reduction, dislocation	7397-7483
fracture	7505-7839
in excess of one reduction	7828-7839
intussusception by fluid	4003
with laparotomy	4009
mammoplasty	8528
of volvulus, with laparotomy	4020/4021
paraphimosis under anaesthesia	4351
plastic, for macrodactyly, each finger	8544
ureterplasty bilateral	5836
unilateral	5831
Redundant tissue, removal of	3219-3253
Re-exploration for adjustment or removal of Harrington rods or similar devices	7937
Reflux, vesico-ureteric	5984,5993
Refrigerant, closed circuit circulation of for gastric hypothermia	968,970
Regional anaesthesia, intravenous, of limb by retrograde perfusion	760/764
major, or field block with surgical induction of labour and antenatal care, confinement and postnatal care for a period of nine days	216/217
nerve block, initial	748
subsequent	752
Regitine phentolamine test — for phaeochromocytoma	*
Renal artery, aberrant, operation for	5683
biopsy	5726
cyst, excision of	5724
denervation	5683
dialysis in hospital	818-824
transplant	5642
Resection, mandible	8556
maxilla	8554
nasal septum	5217
of bladder tumours	5871,5875
or diathermy of rectal tumour with sigmoidoscopy	4365
rib with radical operation for empyema	6955
segmental, of breast where frozen section is performed	3668/3673
submucous, of nasal septum	5217
— with cauterisation or diathermy of any one or more of septum, turbinates or pharynx	5221
with turbinectomy or dislocation of turbinate	5225
of turbinates	5241
Respiratory function, estimation of	920,921
Response recording (electromyography)	812
Restoration of cardiac rhythm by electrical stimulation	917
Resuturing of surgical wounds (excluding repair of burst abdomen)	*
wound following intraocular procedures	6938
Retina, cryotherapy to	6908
detached, diathermy or cryotherapy for	6900
light coagulation for	6904
removal of encircling silicone band from	6906
resection or buckling operation for	6902
pre-detachment of, cryotherapy for	6908
Retinal photography	859
Retrobulbar abscess, operation for	6752
injection of alcohol	6918

\*Payable on attendance basis

Service	Item
Retrobulbar transillumination	6914
Retrognathism, correction of	8564
Retrograde pyelography including cystoscopy with ureteric catheterisation, preparation for	5851
Retroperitoneal abscess, drainage of	4185
glands, excision of, with orchidectomy	6230
tumour, removal of	4173
Retropharyngeal abscess, incision with drainage of	3379/3384
Retropubic prostatectomy	6001
Retroversion, operation for	6585/6594
Revision of facial or neck scar under G.A.	8522,8524
graft, direct, indirect or local flap repair	8502
rhinoplasty, secondary	8602
ventriculo-atrial shunt for hydrocephalus, congenital	8368
Rhinophyma, correction of	8604
Rhinoplasty procedures	8594-8602
Rhizolysis, spinal, with or without laminectomy	7370
Rib, cervical, removal of	8158
fracture of	7601/7605
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8193
or osteotomy of	8190
resection of, with radical operation for empyema	6955
Rodent ulcer, operation for	3219-3253
Rods, Harrington, or similar devices, re-exploration for adjustment or removal of	7937
Roof or floor of orbital cavity, reconstruction of	8552
Rosen incision — myringoplasty	5075
Round window repair	5147
Rovsing's operation	5683
Rubber band ligation of haemorrhoids	4521
Rubin test for patency of Fallopian tubes	6599
Rupture of bladder, repair of	5891/5894
Ruptured medial palpebral ligament, re-attachment of	6932
muscle, repair of, not associated with external wound	3401/3404,3407
urethra, repair of	6041
viscus (including liver, spleen or bowel) repair or removal of	4149-4165

Service	Item
S	
Sac, conjunctival, transplattation of parotid duct into	6790
endolymphatic, transmastoid decompression	5116
lacrimal, excision of, or operation on	6774
Sacral block, initial	748
subsequent	752
sympathectomy	7376
Sacrococcygeal and presacral tumour, excision of	4179
Sacro-iliac joint, arthrodesis of	8032
Sacrum, fracture of	7608/7610
Saline, intravenous infusion of	927,929
Salivary gland duct, diathermy of	3465
dilatation of	3465
removal of calculus from	3468/3472
operations on	3437-3477
repair of cutaneous fistula of	3477
Salpingectomy not associated with hysterectomy	6643/6644, 6648/6649
Salpingolysis and/or salpingostomy	6669
Salpingo-oophorectomy not associated with hysterectomy	6643/6644, 6648/6649
Salpingostomy and/or salpingolysis	6669
Scalene node biopsy	3168
Scalenotomy	8161
Scalp, suturing of to anchor hairpieces	*
vein catheterisation	899
Scaphoid, accessory, removal of	7853
bone graft to	7999
carpal, fracture of	7535/7538
Scapula, fracture of	7597
operation on, for chronic osteomyelitis	4860
other than acromion, osteectomy of, with internal fixation	8193
osteectomy or osteotomy of	8190
Scapulopexy	8308
Scar, abrasive therapy to	8452,8454
removal of, not otherwise covered	3219-3253
tissue, removal of	3219-3253
Scars, corneal, excision of, or partial keratectomy	6820
Scheuermann's epiphysitis, plaster for	8446
Schlatter's epiphysitis, plaster for	8448
Sclera, removal of foreign body from, involving deep layers	6818
superficial foreign body from	6816
Sclerectomy and iridectomy, for glaucoma (Lagrange's operation)	6873
Sclerosant fluid, injection of into pilonidal sinus, under anaesthesia	4622
Scoliosis, anterior correction of (Dwyer procedure)	7938,7939
application of halo for spinal fusion in the treatment of	7940
spinal fusion for	7934
Scrotum, excision of abscess of	6216
partial excision of	6212
Sebaceous cyst, removal of	3219-3253
Second trimester labour, induction and management of	274/275
Secondary correction, hypospadias	6122
partial or incomplete, of cleft lip	8628
detachment of testis from thigh	4313
revision of rhinoplasty	8602

\*Payable on attendance basis

Service	Item
Secondary suture, extensor tendon of hand	8233
flexor tendon of hand	8225
nerve trunk	7132
tendon of foot	8243
Section of peripheral nerve including multiple percutaneous neurotomy of posterior division of spinal nerves	7148/7152,7156
Segmental resection of mandible for tumours	8560
Selective coronary arteriography, preparation for	7011,7013
Semimembranosus bursa, coronary excision of	3217
Seminal vesicles, excision of, with orchidectomy	6230
Separation of labial adhesions	*
peritoneal adhesions and laparotomy, operation for	3958/3962,3965
Septoplasty of nasal septum as an independent procedure	5217
with cauterisation or diathermy of any one or more of septum, turbinates or pharynx	5221
with turbinectomy or dislocation of turbinate	5225
Septum, cauterisation or diathermy of	5229
nasal, cauterisation or diathermy of, and septoplasty or submucous resection of septum	5221
septoplasty or submucous resection of	5217
— with cauterisation or diathermy of any one or more of septum, turbinates or pharynx	5221
— with turbinectomy or dislocation of turbinate	5225
turbinates or pharynx — cauterisation and diathermy of any one or more of, with removal of tonsils and/or adenoids in a person aged less than twelve years	5378/5383
vaginal, excision of, for correction of double vagina	6332
Sequestrectomy	4856-4877
Sesamoid bone, removal of	7853
Sever's epiphysitis, plaster for	8448
Shafts, forearm, fracture of	7567/7572
leg, fracture of	7647/7652
Sheath, tendon, incision of	8265/8267
of finger, synovectomy of	8282
thumb, synovectomy of	8282
Shirodkar suture	250/258
Shock, post-anaphylactic treatment of	*
Shortwave therapy	*
Shoulder, amputation or disarticulation at	4983
arthrectomy	8019
arthrodesis	8019
arthroplasty	8017
arthrotomy	8014
dislocation of	7412-7419
plastic reconstruction	8017
removal of calcium deposit from cuff	8009
Shunt, arteriovenous, external, insertion of	4808
removal of	4812
ventricular cable, for hydrocephalus, congenital	8370
ventriculo-atrial, for hydrocephalus, congenital	8366
revision of	8368
ventriculo-jugular, congenital	8364

\*Payable on attendance basis

Service	Item
Sigmoidoscopic examination	4354
followed by removal, ligation or cauterisation of haemorrhoids under general anaesthesia	4370/4375 4362
with biopsy	4363
with biopsy	4355
Sigmoidoscopy with diathermy or resection of rectal tumour	4365
Silicone band, encircling, removal of from detached retina	6906
Simple fracture, closed involving joint surfaces requiring open operation	7847 7802,7803,7809
Simultaneous injections, multiple, by continuous compression techniques for varicose veins	4633
Single stage local flap repair, plastic	8480,8484
Sinus, curettage of	3173
diathermy of	3330-3346
excision of	3173-3183
frontal, catheterisation of	5305
radical obliteration of	5318
trephine of	5308
intranasal operation on	5301
maxillary, drainage of, through tooth socket	5284
pilonidal, excision of	4611/4617
injection of sclerosant fluid under anaesthesia	4622
sphenoidal, intranasal operation on	5330
proof puncture of	5325
Sinuses, ethmoidal, external operation on	5320
Skene's duct, incision of, or removal of calculus from	6286
Skin, biopsy of	3130
graft to orbit	6703
grafts	(See Div. 13, Part 10)
lesions, multiple injections for	3356
malignant tumour of	3271,3276
repair of recent wound of	3046-3101
sensitivity testing for allergens	987,989
Skull, compound fractures of, operation for	7236-7248
craniectomy for osteomyelitis of	7291
depressed or comminuted fracture, operation for	7220/7231
operation on, for acute osteomyelitis	4848
chronic osteomyelitis	4870
treatment of fracture, not requiring operation	7694/7697
Sling operation for stress incontinence	6406
Slipped disc, manipulation of spine for, under general anaesthesia	7919-7926
Small bone, exostosis of, excision of	8169/8173
bowel, intubation	4104
with biopsy	4099
joint arthrodesis, arthrectomy or arthroplasty	8022
arthrotomy	8026
Smallpox, vaccination against	*
Smith-Petersen cup arthroplasty of hip	8061
nail, osteosynthesis by	7898
removal of	3120/3124
Socket, eye, contracted reconstruction of	6705
partial reconstruction of	8584
Sounds, urethral, passage of, as an independent procedure	6036

\*Payable on attendance basis

Service	Item
Souttar's stripping of ilium	8318
tubes, insertion of	5474
with oesophagoscopy	5470
Space, dead, estimation of	920
Spastic paralysis — manipulation and plaster	8356
Specialist, anaesthetist, separate pre-operative examination by attendance	85
	88-103
Specimen of sweat, collection of, by iontophoresis	958
Spermatic chord, complete excision of with orchidectomy	4296
Spermatocele, excision of	6221/6224
Sphenoidal sinus, intranasal operation on	5330
proof puncture of	5325
Sphincter, anal, stretching of	4455
of oddi, direct operation on	3825
plastic operation to, for incontinence of urine, congenital	8420
Sphincterotomy, anal	4490
Spinal block, initial	748
subsequent	752
fusion, application of halo for, in the treatment of scoliosis as an independent procedure	7940
for scoliosis	7934
interbody	7947-7969
with laminectomy	7355-7365
injection for neurological diagnosis or for therapeutic reasons	7093
rhizolysis with or without laminectomy	7370
Spine, application of plaster jacket to	7926
bone graft to	7934-7969
postero-lateral fusion	7945
with laminectomy and posterior interbody fusion	7967,7969
cervical, anterior interbody spinal fusion to	7947-7951
dislocation without fracture	7472
fracture of	7774-7798
lumbar, dislocation of, without fracture	7476
lumbar or thoracic interbody spinal fusion to	7957,7961
manipulation of, under general anaesthesia	7919/7923
operation on, for acute osteomyelitis	4853
chronic osteomyelitis	4867
Spino-peritoneal anastomosis for hydrocephalus, congenital	8370
pleural anastomosis for hydrocephalus, congenital	8370
ureteral anastomosis for hydrocephalus, congenital	8370
Spirometer, estimation of respiratory function by	919
Splanchnicectomy and ganglionectomy	7376
Spleen, ruptured, repair or removal of	4149-4165
Splenectomy	4138-4144,4165
Split skin free grafts, including elective dissection on granulating areas,	8512,8516
— extensive	8508
— small	8504
to extensive burns	8510
Spreading of pedicle, tubed or indirect flap	8500
Spur, calcanean, removal of	8120
Squint, muscle transplant (Hummelsheim type, etc.) for operation for	6930
	6922-6928
Stapedectomy	5138
Stapes mobilisation	5143
Staple arrest of hemi-epiphysis	8316
Stellate ganglionectomy	7376



Service	Item
Stenosing tendovaginitis, open operation for	8271
Stenosis, congenital, of oesophagus, radical correction of	8388
pulmonary — valvulotomy	6999,7050
tracheal, dilatation of, with bronchoscopy	5619,5624
Stereotactic procedure	7312
Stereotaxis	7312
Sterilisation (female)	6611/6612
Sternum, biopsy (burr-hole) of	3157
of by aspiration	3160
fracture of	7588/7593
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
Stethography	908
Stimulating response recording (electromyography)	812
Stimulation, electrical, for restoration of cardiac rhythm	917
maximal perineal	*
Stimulator, electrical, localisation by, with nerve blocking by alcohol or other agent	7072
Stomach lavage	*
in the treatment of ingested poison	974
transposition with oesophagectomy	6986
washout	*
in the treatment of ingested poison	974
Stone, removal of, by urethroscopy	5691
Strabismus, operation for	6922-6928
Stress incontinence, abdomino-vaginal operation for	6407,6408
Marshall-Marchetti urethropexy for	5977
repair of, Kelly type operation	6347/6352 + (½)6389
sling operation for	6406
treatment by maximal perineal stimulation	*
Stricture, anal, repair of	4482
oesophagus or bronchii, cicatricial and malignant,	
dilatation of, and similar procedures	5470,5474,5490
rectum, plastic operation to	3739/3745
tracheal, dilatation of, with bronchoscopy	5619,5624
urethral, dilatation of	6039
Stump, amputation, cineplasty for	8526
trimming of	*
Styloid process of temporal bone, removal of	3431
Subclavian artery, endarterectomy of	4705
vessel, ligation of	4690
involving gradual occlusion by	
mechanical device	4715
Subcutaneous fatty tissue, removal of excess	3219-3237
fasciotomy, Dupuytren's contracture	8296
fistula in ano, excision of	4552/4557
foreign body, removal of, not otherwise covered	3116
tenotomy	8246
one or more tendons with correction of hallux	
valgus and hammer toe	8140/8143
tissue, repair of recent wound of	3046-3101
tube or tubes, extended indwelling, operation for	
lymphoedema by	3643
Subdural haemorrhage, congenital, osteoplastic flap and excision of	8360
tap for	8358

\*Payable on attendance basis

Service	Item
Sublingual dermoid cyst, removal of	3219-3253
gland duct, removal of calculus from	3468/3472
extirpation of	3459
Submandibular abscess, incision of	3379/3384
gland, extirpation of	3455
Submaxillary gland, repair of cutaneous fistula	3477
Submucous resection of nasal septum	5217
— with cauterisation or diathermy of any one or more of	
septum, turbinates or pharynx	5221
— with turbinectomy or dislocation	5225
resection of turbinates	5241
Suboccipital decompression, for congenital hydrocephalus	8362
Subperiosteal abscess	(see osteomyelitis)
Subphrenic abscess, drainage of	3750
Subsequent major regional or field block	752
Subtalar arthrodesis	8326
Subtotal hysterectomy (other than vaginal)	6513/6517
Subungual haematoma, incision of	3371
Suction biopsy of rectum	3130
curettage of uterus (non gravid menstrual aspiration)	6460/6464
for evacuation of the contents of the gravid uterus	6469
ear toilet for removal of cholesteatoma	5181
Superficial dermoid of nose, congenital, excision of	8438
foreign body in cornea or sclera, removal of	6816
removal of	3113
wound, repair of	3046,3058,3073,3092
Supportive graft, skeletal, with rhinoplasty, with or without septal	
resection	8544
Suprapubic cystostomy or cystotomy	5897/5901
tube, change of	*
drainage of pelvic abscess	6677/6681
prostatectomy	6001
stab, cystotomy	5903
Supracondylar fracture of humerus	7578/7584
Supraspinatus tendon, curettage of	8009
Surgery, direct, to coronary artery or arteries	7066
Surgical eversion of inverted nipple	3707
induction of labour	354
— involving major regional or field block, with antenatal	
care, confinement and postnatal care for nine days	216/217
— with antenatal care, confinement and postnatal care for	
nine days	211/213
wounds, resuturing of (excluding repair of burst abdomen)	*
Suspension of uterus	6585/6594
vaginal vault, abdominal approach for	6396
Suture, primary, of cutaneous or digital nerve	7106/7111
nerve trunk	7124
secondary, of nerve trunk	7132
Shirodkar	250/258
traumatic wounds	3046-3101
Sutures, dressing and removal of (requiring a general anaesthetic)	3106
Suturing of scalp to anchor hairpieces	*
Sweat, collection of specimen of, by iontophoresis	958
Symblepharon, grafting for	8592
Syme's amputation of foot	5034

\*Payable on attendance basis

Service	Item
Sympathectomy (cervical, lumbar, thoracic, sacral or presacral)	7376
Sympathetic trunk, injection into	7075
Symphysiotomy for fused kidney	5679
Symphysis pubis, fracture of	7615/7619
Synechiae, division of anterior, or posterior as an independent procedure	6881
Synovectomy, extensor or flexor tendons in wrist	8292
finger or other small joint	8022
hip	8048
interphalangeal joint	8287
metacarpophalangeal joint	8283
tendon sheath of finger	8282
thumb	8282
total, of knee	8079
wrist, carpometacarpal joint or inferior radio ulnar joint	8290
Synovial cavity, aspiration and/or intra-synovial injection of	8108
membrane or pleura punch biopsy of	3163
Synovioma, removal of, from ankle joint	8040
Syringe of ear	*

\*Payable on attendance basis

Service	Item
T	
T's and A's	5363/5366, 5389/5392
T.A.B. inoculation	*
Tags, anal or perianal, or external haemorrhoids, removal of	
— under general anaesthesia	4534
— without general anaesthesia	*
Talipes equinovarus, manipulation	
— and plaster under general anaesthesia	8336
— under general anaesthesia	8334
medial release procedure	8324
posterior release procedure	8322
radical operation for	8116
Tapping, pericardial	6940
Tarsal bone, dislocation of	7468
excepting os calcis or os talus, fracture of	7632/7637
cartilage, excision of	6758
cauterisation of, for ectropion	6762
cyst, extirpation of	6754
tunnel syndrome, radical operation for	7178/7182
Tarsometatarsal joint, dislocation of	7468
Lisfranc's amputation of	5038
Tarsorrhaphy	6766
Tarsus, dislocation of	7468
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8193
or osteotomy of	8190
Tattooing of cornea	6822
Tear duct, probing of	6799
Tear, third degree, repair of	383
Temporal bone, removal of styloid process of	3431
lobectomy	7307
Temporomandibular meniscectomy	7902
Temporosphenoidal electroencephalography	806
Tendon, Achilles, or other large tendon	
— operation for lengthening	8262
— suture of	8235/8238
plastic repair of	8235/8238
adductor hallucis, transplantation of with osteotomy or	
osteectomy of phalanx or metatarsal for correction of	
hallux valgus	8135
artificial prosthesis for tendon grafting	8259
excision of thickened	8246, 8249
exploration of	8265/8267
and freeing of	8271
foot, primary suture of	8241
secondary suture of	8243
foreign body in, removal of	3120/3124
graft	8257
hand, extensor, primary suture of	8227/8230
secondary suture of	8233
flexor, primary suture of	8219/8222
secondary suture of	8225
suture of	8219-8233

\*Payable on attendance basis

Service	Item
Tendon, iliopsoas, transplantation of, to greater trochanter	8254
large, suture of	8235/8238
lengthening of	8246/8249
or other deep tissue, removal of foreign body from	3120/3124
sheath, incision of	8265/8267
of finger, synovectomy of	8282
thumb, synovectomy of	8282
splitting	8262
supraspinatus, curettage of	8009
transplantation	8251
Tendovaginitis, stenosing, open operation for	8271
Tenolysis of extensor tendon, following tendon injury repair or graft	8279
flexor tendon, following tendon injury repair or graft	8275
Tenoplasty	8249
Tenosynovitis, acute, operation for	8265/8267
Tenotomy, open	8249
subcutaneous	8246
of one or more tendons and correction of	
hallux valgus and hammer toe	8140/8143
Tensillon test	*
Test, for glaucoma, provocative, including water drinking	849
oesophageal motility, manometric	966
Testicular biopsy	6218
Testis, exploration of, with or without fixation	6228
secondary detachment of, from thigh	4313
transplantation of	4307-4313
undescended, transplantation of	4307
Testopexy	4307-4313
Tetanus immunisation	*
Tetralogy of Fallot, congenital, operation for	6999,7050
Thenar spaces, drainage of	7868
Therapy, abrasive	8452,8454
Thickened tendon, excision of	8249
Thiersh operation for rectal prolapse	4467
Thigh, amputation through	5048
Third degree tear, repair of	383
Thompson arthroplasty of hip	8053
Thoracic block, initial	748
subsequent	752
cavity, aspiration or paracentesis of, or both	6940
duct cannulisation	6976
or lumbar spine, anterior interbody spinal fusion to	7957,7961
paravertebral block, initial	748
subsequent	752
sympathectomy	7376
Thoracoplasty (complete)	6966
(in stages) — each stage	6968
Thoracoscopy with or without division of pleural adhesions	6974
Thoracotomy, exploratory	6958
with pleurectomy or pleurodesis	6964
pulmonary decortication	6962
Threatened abortion, treatment of	246
miscarriage, purse string ligation of cervix for	250/258
treatment of	246
Three snip operation	6805

\*Payable on attendance basis

Service	Item
Thrombectomy of femoral, iliac or other similar large vein	4789
Thromboendarterectomy of artery of neck or extremities	4709
Thrombus, removal of, from femoral, iliac or other similar large vein	4789
Thumb, amputation of, including metacarpal or part of metacarpal or disarticulation of	4965/4969
fractures of	4927-4969
metacarpo-phalangeal joint, dislocation of	7505-7512
nodule, removal of	7436
repair of divided digital nerve	3219-3253
tendon sheath of, synovectomy of	7116/7117
8282	
Thymectomy	6999
Thymoma, malignant, removal of, from mediastinum	6999
Thyroglossal cyst or fistula, removal of	3581,3591
Thyroid, excision of localised tumour of	3576
Thyroidectomy, sub-total	3563
total	3542
Tibia, bone graft to	7977
epiphyseodesis	8312
fracture of	7641/7643
fragmentation and rodding in fragilitas ossium	8304
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8201
or osteotomy of	8195
Tic douloureux, injection for	7079
neurectomy for	7170
Tie, tongue, repair of	3496,3505
Tissue, living, implantation of, by cannula	963
incision	960
scar, removal of	3219-3253
subcutaneous fatty, removal of excess	3219-3253
repair of recent wound of	3046-3101
Toe, dislocation of	7464
filleting of	8185
fractures of	7681-7691
great, fracture of	7687,7691
hammer, and subcutaneous tenotomy of one or more tendons	8140/8143
correction of	8151/8153
Keller's operation to	8124/8127
or great toe, amputation or disarticulation of	4990-5029
terminal phalanx of, operation for acute osteomyelitis of	4828
Toenail, ingrowing, excision of nail bed	7872/7878
wedge resection for	7872/7878
removal of	7861
Toilet, suction ear, for removal of cholesteatoma	5181
Tongue, diathermy of	3330-3346
partial or complete excision of	3480,3490
tie, repair of	3496,3505
Tonography	844
Tonsils, lingual, or lateral pharyngeal bands, removal of	5431
or tonsils and adenoids,	
— arrest of haemorrhage, requiring general anaesthesia, following removal of	5396/5401
— removal of in a person twelve years of age or over	5389/5392
— removal of in a person aged less than twelve years	5363/5366

Service	Item
Tonsils, or tonsils and adenoids,	
— with cauterisation and diathermy of any one or more of septum, turbinates or pharynx	5378/5383
— with operation for abscess or inflammation of middle ear	5370/5374
Torek (testis) operations	4307-4313
Torkildsen's operation	8362
Torn extra-ocular muscle, repair of	6934
Torticollis, congenital, operation for	8386
Total hysterectomy, abdominal or vaginal	6519/6523
lung volume, estimation of	921
synovectomy of knee	8079
Trachea, removal of foreign body from	5601
Trachelorrhaphy	6436/6441
Tracheo-oesophageal fistula, with or without atresia, ligation and division of	8390
Tracheostomy	5572/5598
Trachoma, crushing operation for	6814
Transantral ethmoidectomy with radical antrostomy	5277
ligation of maxillary artery	5268
Vidian neurectomy	5333
Transfer, intermediate, for delayed indirect flap or tubed pedicle	8496
Transfusion, blood — with venesection and complete replacement of blood, using blood already collected	904
— with venesection and complete replacement of blood including collection from donor	902
collection of blood for	949
using blood already collected and related procedures	940-947
Transillumination, retrobulbar	6914
Translabyrinthine removal of cerebello-pontine angle tumour, transmastoid	5108,5112
Transluminal angioplasty including associated radiology	4801
Transmastoid decompression of endolymphatic sac	5116
removal of glomus tumour including mastoidectomy	5158
Transmetacarpal amputation of hand	4972/4976
Transmetatarsal amputation of foot	5038
Transplant, Abbe, secondary correction of, for cleft lip muscle, (Hummelsheim type, etc.) for squint	8632
renal	6930
Transplantation, adductor hallucis tendon with osteotomy or osteectomy of phalanx or metatarsal for correction of hallux valgus	8135
cornea, including collection of implant	6828,6832
digit, plastic — complete procedure	8540
iliopsoas tendon to greater trochanter	8254
ligament	8251
parotid duct into conjunctival sac	6790
tendon	8251
undescended testis	4307-4313
ureter	5763-5807
Transplants, hair, multiple punch or similar technique	8534-8538
Transpleural drainage of liver abscess	3777
Transposition of nerve	7143
stomach, with oesophagectomy	6986
Trans-sphenoidal hypophysectomy	5337,5339
Transthoracic drainage, of pericardium	6995
repair of hernia	6997

Service	Item
Transtympanic excision of glomus tumour	5152
Transvenous electrode, insertion or replacement of	7028
— and pacemaker	7023
pacemaking electrode, temporary, insertion of	7042
Transverse process, spine, fracture of	7774/7777,7789
Traumatic diaphragmatic hernia, repair of	4238
wounds, repair of	3046-3101
Treadmill, exercise test during electrocardiographic monitoring	916
Trephine of frontal sinus	5308
Trephining of eye	6873
Trigeminal ganglion, injection into with alcohol	7079
Trigger finger, correction of	8271
Trimming of ileostomy	*
Triple arthrodesis of foot or ankle region	8116
Triquetrum, fracture of	7533
Trochanter, greater, transplantation of iliopsoas tendon to	8254
Trochanteric, sub-, osteotomy or femur	8206
Trunk, major artery of, repair of wound of, with restoration of continuity	4696
nerve, primary suture of	7124
secondary suture of	7132
Tube, Eustachian, catheterisation of	5343
Fallopian, hydrotubation of	6636,6641
indwelling oesophageal, gastrostomy for fixation of	3870
insertion of, for drainage of middle ear	5172
or tubes, extended indwelling subcutaneous operation for	
lymphoedema	3643
Fallopian, implantation of, into uterus	6631
Tubed pedicle or indirect flap	
— delay, intermediate transfer or detachment of	8496
— formation of	8494
— preparation of site and attachment to site	8494
— spreading of pedicle	8500
Tubes, Fallopian, transection or resection via laparoscopy	6611/6612
Souttar's, insertion of	5474
with oesophagoscopy	5470
Tumour, bladder, biopsy of, with cystoscopy	5868
diathermy or resection of, with cystoscopy	5871,5875
suprapubic, diathermy of	5919
bone, innocent, excision of	3425
broad ligament, removal of	6643/6644, 6648/6649
carotid body, removal of — without arterial anastomosis	4804
cerebello-pontine angle, transmastoid, translabyrinthine	
removal of	5108,5112
diathermy of, with urethroscopy	6053
glomus, transmastoid removal of including mastoidectomy	5153
transtympanic removal of	5152
intracerebral, craniotomy and removal	7198
intracranial, biopsy or decompression via osteoplastic flap	7194
burr-hole biopsy for	7192
craniotomy and removal	7198,7203
intra-oral, radical excision of	3495
involving ciliary body or iris and ciliary body, excision of	6894
iris, excision of	6891
laminectomy for	7341,7353
larynx, removal of	5530

\*Payable on attendance basis



Service	Item
Tumour, limbic, removal of	6846
lip, excision of	3219-3237
liver, removal of, other than by biopsy	3754
malignant, operations for	3271,3276,3295,3301
mandible, segmental resection for	8560
microlaryngoscopy with removal of	5540
nasopharyngeal, operation for removal of, involving hard palate	5351
parathyroid, removal of	3547
parotid gland, removal of with exposure of facial nerve	3450
peripheral nerve, removal from	7148-7156
rectal, diathermy or resection of with sigmoidoscopy	4365
removal of by urethrectomy, partial or complete	6077
from peripheral nerve	7148/7152,7156
urethra by urethrectomy, partial or complete	6077
with direct examination of larynx	5530
laminectomy	7341,7353
retroperitoneal, removal of	4173
sacrococcygeal and presacral	4179
simple, vagina or vulva, removal of	6267,6321
soft tissue excision of	
— with skin graft	3289
— without skin graft	3281
spinal, operation for	7341,7353
thyroid, localised, excision of	3576
vagina or vulva, simple, removal of	6267,6321
villous of rectum	4397
vocal cord, removal from	5530
vulva, simple, removal of	6267,6321
not otherwise covered, removal of	3219-3265
(N.B. — There are other operations which may be undertaken for treatment of tumours but which are not described as such in the Schedule. Regard should be had to the part of the body in which the tumour occurs and reference made to the operation usually associated with that Part.)	
Turbinate, dislocation of	5237
and septoplasty or submucous resection of nasal septum	5225
Turbinates, cauterisation or diathermy of	5229
— and removal of tonsils and/or adenoids in a person aged less than twelve years	5378/5383
— and septoplasty or submucous resection of nasal septum	5221
submucous resection of	5241
Turbinectomy	5237
and septoplasty or submucous resection of nasal septum	5225
Turn-buckle jacket, application of, body and head	7932
body only	7928
'Turning-in' operation for ectopic bladder, congenital	8414
Tympani, paracentesis of	5162
Tympanic membrane, micro-inspection of	5185
Tympanum, perforation of, cauterisation or diathermy of	5176
Typhoid, inoculation against	*
Typhus, inoculation against	*

\*Payable on attendance basis

Service	Item
U	
Ulcer, corneal, ionisation of	*
dendritic, epithelial debridement of cornea for	6824
duodenal, perforated, suture of	3910/3916
gastric, perforated, suture of	3910/3916
peptic, perforated, suture of	3910/3916
rodent, operation for	3219-3253
Ulna, bone graft to	7985,7993
dislocation of	7430/7432
fracture of	7559/7563
distal end of	7547
fragmentation and rodding in fragilitas ossium	8302
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8193
or osteotomy of	8190
Ultrasonic echography	
— bidimensional	797
— unidimensional	794
localisation of placenta, by Doppler technique	*
Umbilical artery catheterisation	897
hernia, repair of	4246-4254
vein catheterisation	895
Uncomplicated fracture, closed, involving joint surfaces	7847
requiring open operation	7802,7803,7808,7809
Undescended testis, transplantation of	4307
Urachal fistula, congenital, operation for	8412
Ureter, divided, repair of	5741
retrocaval, correction of	5734
transplantation of, into another ureter	5799
bladder	5773-5780
bowel	5753,5757
intestine	5785,5792
isolated intestinal loop	5804,5807
skin	5763,5769
Ureterectomy, complete or partial with bladder repair	5747
nephro-, complete, with bladder repair	5675
Ureteric calculus, endoscopic removal or manipulation of, with	
cystoscopy	5885
catheterisation with cystoscopy	5851
meatotomy, with cystoscopy	5878
reflux	5984,5993
Ureterolithotomy	5705
Ureterolysis for retroperitoneal fibrosis or ovarian vein syndrome	5821,5827
Ureteroplasty, bilateral	5836
unilateral	5831
Ureterostomy, cutaneous closure	5837
Ureterotomy	5812,5816
Urethra, cauterisation of	6290
correction of male urinary incontinence	6157
diathermy of	6140
examination of, involving the use of an urethroscope, with	
cystoscopy	6061
excision of, diverticulum of	6152

\*Payable on attendance basis

Service	Item
Urethra, prolapsed, excision of	6146,6389
ruptured, repair of	6041
Urethral abscess, drainage of	6170
caruncle, cauterisation of	6290
excision of	6292/6296
dilatation with cystoscopy	5845
fistula, closure of	6044, 6079,6083
reconstruction for hypospadias	6110-6118
sounds, passage of, as an independent procedure	6036
stricture, cystoscopy and dilatation	5847
dilatation of	6039
plastic repair of	6086-6095
tumour, removal of by urethrectomy	6077
urethroscopy and diathermy	6053
valves, congenital, open removal of	8418
or urethral membrane, endoscopic transurethral or	
perineal resection	6175
transvesical, removal of	5973
Urethrectomy, partial or complete, for removal of tumour	6077
Urethrocele, operation for	6389
Urethrography preparation for	5840
Urethropexy (Marshall-Marchetti operation)	5977
Urethroplasty	6086-6095
Urethroscopy, as an independent procedure	6047
removal of stone or foreign body	6056
with cystoscopy	6061
diathermy of tumour	6053
Urethrotomy (external)	6069
(internal)	6073
perineal (external), as an independent procedure	6069
Urinary, infection — bladder washout test	839
meatotomy	6066
Urinary meatus, pinhole, congenital — meatotomy	8416
tract, X-ray of, preparation for	5851
Urine, incontinence of, congenital — plastic operation to sphincter	8420
Uterine adenomyoma, excision of	6561/6563
adnexae, removal of, with vaginal hysterectomy	6544
lavage — saline flushing	*
tubes, insufflation of, as test for patency (Rubin test)	6599
Uterus, bicornuate, plastic reconstruction for	6570
curettagage of	6460/6464
by suction aspiration (menstrual aspiration)	6460/6464
— AND colpoplasty, Donald Fothergill or	
Manchester operation	6379/6384
— AND cone biopsy of cervix	6428/6434
— WITH cauterisation, ionisation or diathermy	
of cervix	6501/6506
— AND total hysterectomy (other than vaginal)	6528/6530
— including curettagage for incomplete miscarriage	6460/6464
— with colposcopy, cervical biopsy and radical	
diathermy	6483
gravid, evacuation of the contents of, by curettagage or suction	
curettagage	6469
implantation of Fallopian tube or tubes into	6631
manipulative correction of acute inversion of	365,368

\*Payable on attendance basis

Service	Item
Uterus, suspension or fixation of	6585/6594
Uvula, excision of	5449
Uvulotomy	5449

Service	Item
V	
Vaccinations	*
Vaccines injection of	*
Vacuum extraction with antenatal care, confinement and postnatal care for nine days	208/209
Vagina, artificial formation of	6327
complete removal of	6325
dilatation of, as an independent procedure	6313
removal of simple tumour of	6321
Vaginal fistula, repair of, or closure of	5941, 6079,6401
hysterectomy or abdominal hysterectomy — total	6519/6523
with removal of uterine adnexae	6544
orifice, plastic repair to enlarge	6336
reconstruction in congenital absence or gynatresia	6327
septum, excision of, for correction of double vagina	6332
vault, suspension of, abdominal approach	6396
Vagotomy, selective	3882
trunkal	3875
with pyloroplasty or gastroenterostomy	3889
Valgus, calcaneus — manipulation and plaster under general anaesthesia	8340
under general anaesthesia	8338
hallux, and hammer toe, correction of with subcutaneous tenotomy, one or more tendons	8140/8143
correction of	8124/8127
— with osteotomy or osteectomy of phalanx, metacarpal or metatarsal	8131
— with osteotomy or osteectomy of phalanx or metatarsal and transplantation of adductor hallucis tendon	8135
Vallecular cysts, removal of	5456
Valvectomy for mitral stenosis	6999,7046
Valves, heart, operations on	7046,7057
urethral, operation for congenital abnormalities of	8418
transvesical removal of	5973
Valvulotomy for pulmonary stenosis	6999,7050
Varicocele, removal of	4282/4285
Varicose veins, excision of	4637-4649
injection of sclerosing fluid	4629
ligation of	4651-4662
multiple simultaneous injection by continuous compression techniques	4633
Vascular anastomosis for portal hypertension	4766
Vas deferens, operations on	6238-6253
Vasectomy (unilateral or bilateral)	6249/6253
Vasoepididymostomy	6238,6241
Vasoepididymography and vasovesiculography as an independent operative procedure, preparation for by open operation	6246
Vasotomy (unilateral or bilateral)	6249/6253
Vein and/or artery, operations on	4629-4822
graft for priapism	6166
saphenous, crossed by-pass	4665
scalp, catheterisation of	899
umbilical, catheterisation of	895

\*Payable on attendance basis

Service	Item
Vein, varicose, injection of sclerosing fluid	4629
multiple simultaneous injection by continuous compression techniques	4633
operations for	4637-4662
Vena cava, inferior, plication of	4721
Venesection	902,904,954
Venography	(see Phlebography)
Venous arterio-, shunt, external, insertion of	4808
graft or by-pass	4754
to fenestration cavity	5131
Ventral hernia, repair of	4258/4262
Ventricle, cerebral, puncture of	7099
Ventricular cable shunt for hydrocephalus, congenital	8370
puncture, cerebral	7099
left	7003
Ventriculo-atrial shunt for hydrocephalus, congenital	8366
revision or removal of	8368
jugular shunt, congenital	8364
Ventriculostomy, third, for hydrocephalus, congenital	8362
Vermilionectomy	8616
Version, external	295
internal	298
Vertebral bodies, osteectomy of	8209
body, fracture of	7781/7785,7793,7798
Vesical fistula, cutaneous, operation for	5935
closure of	5941-5956
reflux, operation for	5984,5993
Vesicles, seminal, excision of, with orchidectomy	6230
Vessel, great, ligation of involving gradual occlusion of vessel by mechanical device	4715
Vidian neurectomy, transantral	5333
Villous tumour of rectum	4397
Viscera, abdominal, operation on, involving laparotomy	3739/3745
multiple ruptured, repair or removal of	4165
Viscus, hydatid cyst of, operation for	3783
ruptured, repair or removal of	4149/4158
Vital capacity, estimation of	921
Vitamin products, injection of	*
Vitreotomy via posterior sclerotomy with removal of vitreous by cutting and suction and replacement by saline, Hartmann's or similar solution	6828
Vitreous body, division of fibrinous bands in	6885
Vocal cord, biopsy of	5524
removal of nodule from	5530
tumour from	5530
Volkman's contracture, operation for	8300
Volume, reserve (expiratory or inspiratory), residual, tidal or total lung, estimation of	921
Volvulus, reduction of, with laparotomy	4020/4021
Vulva, simple tumour of, removal of	6267
Vulvectomy (radical)	6306
(simple)	6302

\*Payable on attendance basis

Service	Item
W	
Wart, electrosurgical destruction or chemotherapy of	3330-3346
perineal, diathermy of	3330-3346
plantar, removal of	3320
Washout, antrum	5245-5264
for ingested poison	974
stomach	*
Water, drinking test, for glaucoma, provocative	849
Wedge excision for axillary hyperidrosis	3314
of contracted bladder neck, congenital	8410
lip, full thickness	8614
resection for ingrowing toenail	7872/7878
Wertheim's operation	6536
Whipples operation, (pancreatico-duodenectomy)	4115
Whooping cough immunisation	*
Williams and Richardsons' operation for suspension of vaginal vault	6396
Window, round, repair of	5147
Wire, orthopaedic, insertion of	7883
removal of	3113-3124
Wolfe graft	8518
Wound, deep or extensive contaminated, debridement of, under	
general anaesthesia	3041
recent, repair of by sticking plaster	*
resuturing of, following intraocular procedures	6938
surgical, resuturing of (excluding repair of burst abdomen)	*
traumatic suture of	3046-3101
Wrist, Colles' fracture	7540/7544
fracture of	7540-7547
synovectomy of	8290,8292
Wry neck, operation for	8386

\*Payable on attendance basis

Service	Item
X	
Xanthelasma, treatment of Xenon arc photo-coagulation	3219-3253 6904



Service	Item
Z	
Zinc, ionisation of nostrils in the treatment of hay fever	*
Zygapophyseal joints, arthrectomy of	8028
Zygoma, fracture of	7764/7766

\*Payable on attendance basis

## **SECTION 3B**

# **INDEX TO MEDICAL BENEFITS SCHEDULE**

- PART 7 — PATHOLOGY SERVICES**
- PART 7A — NUCLEAR MEDICINE**
- PART 8 — RADIOLOGICAL SERVICES**
- PART 8A — RADIOTHERAPY**

Service	Item
A	
Abdominal X-ray, plain	2699/2703
Acetone, examination of urine for	1536/1537, 1673/1674
Acid, haemolysis test for paroxysmal nocturnal haemoglobinuria	1044-1049
phosphatase, estimation of	1342/1343
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A.C.T.H. stimulation test (procedural service)	1504/1505
Adhesion test, platelet	1263/1264
Adrenal insufflation and X-ray	2697
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Adrenaline tolerance test (procedural service)	1504/1505
Agglutination tests (quantitative)	1760-1767
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Aggregation test, platelet	1242/1243, 1277-1280
Air contrast study with opaque enema	2718
encephalography	2756
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Albumin, estimation of	1301-1310
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Aldosterone, estimation of	Pay under 1475-1485
Alimentary tract, X-ray of	2699-2718
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Angiocardiography, serial, bi-plane direct roll-film method	2748
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single plane — direct roll-film method	2746
Angiography, cerebral	2758
percutaneous, preparation for	2882
preparation for by catheter or open exposure	2884
vertebral	2758
Animal inoculation, examination by	1712/1713
Ankle, X-ray of	2524/2528, 2532/2537
Antibiotic agents, assay of	1743/1744
determination of minimum inhibitory concentration	1721-1725
Antibodies, examination of serum for	1122-1130
heterophile, estimation of	1190-1195
tissue, immunofluorescent detection of	1911-1919
Antihaemophilic globulin, assay of	1271/1272
Antistreptolysin O titre test	1843/1844
Aortography	2770
preparation for	2892
Appendix, X-ray of	2714
Arginine infusion test (procedural service)	1504/1505
Arm (elbow to shoulder), X-ray of	2508/2512
Arsenic, estimation of	1345/1346

Service	Item
Arteriography, cerebral	2758
preparation for	2882,2884
peripheral	2766,2776
preparation for	2894,2906
selective, coronary	2751
Arthrography contrast	2788
double contrast	2790
Aspiration, renal cyst with injection of radio-opaque material	2909
A.S.T. (Aspartate aminotransferase)	1301-1310
Australia antigen, detection of	1336/1337
Autogenous vaccines, preparation of	1858/1859

Service	Item
<b>B</b>	
Barbiturates, assay of	1380-1387
Barium meal	2709-2714
oesophagus, stomach and duodenum	2709
— and follow through to colon	2711
— with small bowel series	2711
small bowel series only	2714
Basophilic stippling, examination of blood film by special stains for	1019-1022
Bicarbonate, estimation of	1301-1310
Bile pigments, examination of urine for	1536/1537, 1673/1674
Biliary atresia, X-ray of	2720-2728
Bilirubin, direct and indirect	1301-1310
neo-natal, direct or indirect	1345/1346
Bleeding time	1234-1239
Blood coagulation factor (quantitative)	1271/1272
time	1234-1239
count	1006/1007
culture	1633/1634
examination of urine for	1536/1537, 1673/1674
film examination	1014/1015
by special stains	1019-1032
(Division 9)	2334-2336
gases	1364/1366
grouping ABO and Rh (D antigen)	1080-1090
Duffy system	1101-1108
Kell system	1101-1108
Rh phenotypes	1101-1108
spectroscopic examination of	1215/1216
transfusion intrauterine foetal, control X-ray for	2742
procedures	1080-1167
volume by dye method	1211/1212
B lymphocyte cell count	1987/1988
Body fluids and tissues, chemistry of	1301-1517
assay of an antibiotic or chemotherapeutic agent,	
quantitative	1743/1744
microscopical examination for parasites, cysts or ova	1687/1688
Bone, age study	2614,2617
marrow examinations	1062-1065
scan of	2499
Bowel, small, barium X-ray of (small bowel series only)	2714
with barium meal examination of stomach	2711
Brain, scan	2451
Breast, X-ray of	2734,2736
Bromide, estimation of	1342/1343
Bromsulphthalein, estimation of	1342/1343
test (procedural service)	1504/1505
Bronchial secretion, examination for malignant cells	2091/2092
Bronchography	2764
preparation for	2890
Brucellosis, agglutination tests for	1760-1767
BSP (Bromsulphthalein) estimation of	1330/1331

Service	Item
C	
Caeruloplasmin, estimation of	1342/1343
Calcium, estimation of	1301-1310
Calculus, analysis of	1354/1355
salivary, X-ray of	2579
Carbamazepine, assay of	1380-1387
Carbohydrate tolerance test (procedural service)	1504/1505
Carboxyhaemoglobin, quantitative estimation	Pay under 1339/1340
Cardiac examination, including barium swallow	2642/2646
measurements with kymography	2642/2646
Carotene, estimation of	1342/1343
Casoni test	2013/2014
(Division 9)	2382
Catecholamines, estimation of	1364/1366
Cell count, total and differential on body fluids, other than urine	1851/1852
Cerebral angiography, preparation for	
— by catheter or open exposure	2884
— percutaneous	2882
scan	2451
ventriculography	2760
preparation for	2886
Cerebrospinal fluid, examination for malignant cells	2091/2092
Cervical smear, examination for pathological change	2081/2082
Chemistry of body fluids and tissues	1301-1517
Chemopallidectomy, control X-ray for	2560
Chemotherapeutic agent, assay of	1743/1744
determination of	1721-1725
Chest, X-ray of	2625-2638
Chloride, estimation of	1301-1310
Cholangiogram, transhepatic, preparation for	2940
Cholangiography	2722-2728
Cholecystography, including preparation	2720
Choledochography	2722-2728
Cholegram, transhepatic, preparation for	2940
Cholegraphy	
— drip infusion	2728
preparation for	2918
— intravenous	2724
— operative, or post-operative	2722
— percutaneous transhepatic	2726
Cholesterol, estimation of	1301-1310
Cholinesterase, quantitative estimation of	1345/1346
Chorionic gonadotrophin, qualitative estimation of	2272/2273
quantitative estimation of	2285/2286
Chromatography, qualitative (of a substance not specified in any other item)	1330/1331
quantitative (of a substance not specified in any other item)	1368/1370
Chromium, radio-active, for estimation of gastro-intestinal blood loss	2438
Chromosome studies	2148-2174
Cisternal puncture, preparation for radiological procedure	2930
scan	2454
Clavicle, X-ray of	2543/2545
Clot retraction	1234-1239

Service	Item
Coagulation factors	1271/1272
time	1234-1239
Coccyx, X-ray of	2604
Cold agglutinins, qualitative estimation of	1202/1203
quantitative estimation of	1206/1207
Colloidal gold reaction	Pay under 1330/1331
Colon, X-ray of	2711,2716,2718
Colonic washings, examination for malignant cells	2096/2097
Compatibility testing	1112-1116
Complement fixation tests,	1781-1785
on human tissue antibody	1924-1927
fraction, estimation of	1342/1343
Contrast media injection for radiological procedures	2880-2940
X-ray	2744-2794
study, air with opaque enema	2718
Coombs test — direct	1136/1137
— indirect	1112/1116, 1144/1145
Coproporphyrin, estimation of	1345/1346
Copper, estimation of	1345/1346
Coronary, selective arteriography	2751
Creatine, estimation of	1342/1343
kinase, estimation of	1301-1310
Creatinine, clearance test (procedural service)	1504/1505
estimation of	1301-1310
Cryoglobulins, qualitative estimation	1319-1323
Cryoproteins, qualitative estimation	1319-1323
Cultural examination for mycobacteria	1622/1623
parasites	1702-1706
of a specimen other than urine	1609-1616
urine	1673-1683
Cyst, renal, aspiration with injection of radio-opaque material	2909
Cystography	2690
Cystourethrography, retrograde	2690
micturating	2694
preparation for	2920
Cytogenetics	2131-2174
Cytological examination for malignancy	2091-2097
pathological change	2081/2082
of vagina for assessment of hormones	2104-2112
sex determination	2131-2142
Cytology	2081-2112

Service	Item
D	
Dacryocystography	2754
preparation for	2888
Delta aminolaevulinic acid, estimation of	1345/1346
Dermatophytes, microscopical examination for	1586-1589
Diazepam, assay of	1392-1398
Dibucaine number, estimation of	1348/1349
Differential cell count	1014/1015
leucocyte count (Division 9)	2334-2336
Digit, X-ray of	2502/2505
Digoxin, assay of	1380-1387
Discography	2752
preparation for	2923
Drip-infusion pyelography	2672
preparation for	2918
Drug assays, qualitative estimations or screening procedures	1376/1378
Duodenal washings, examination for malignant cells	2096/2097
Duodenum, X-ray of	2709,2711



Service	Item
E	
Effective thyroxine ratio	1434-1442
Elbow and arm, X-ray of	2516/2520
X-ray of	2508/2512
Electrophoresis qualitative	1333/1334
quantitative	1360/1362
Elements, unspecified, estimation of	1345/1346
Encephalography	2756
preparation for	2880
Enema, opaque X-ray	2716,2718
Enteric fever, agglutination tests for	1760-1767
Eosinophils (wet preparation or film)	1019-1022
Erythrocyte, autohaemolysis test	1036-1040
count	1006-1011
(Division 9)	2334-2336
fragility test, mechanical	1036-1049
to hypotonic saline	1044-1049
glucose-6-phosphate dehydrogenase	
— qualitative estimation	1036-1040
— quantitative estimation	1044-1049
glutathione deficiencies test	1036-1040
stability test	1044-1049
morphology	1014-1015
paroxysmal nocturnal haemoglobinuria	
— acid haemolysis test	1044-1049
— sugar water test (or similar)	1036-1040
pyruvate kinase	
— qualitative estimation	1036-1040
— quantitative estimation	1044-1049
radio-active uptake survival time	2430
screening test, volume Cr51	2432
sedimentation rate	1006-1011
(Division 9)	2334-2336
Ethosuximide, assay of	1392-1398
Euglobulin lysis time	1267/1268
Euglobulins, qualitative estimation of	1319-1323
Exudate, dark ground illumination microscopical examination for	
trichomonas pallidum	1604/1606
Eye, foreign body in, X-ray for	2730
X-ray of	2583

Service	Item
F	
Facial bones, X-ray of	2573
Factor III availability, platelet	1271/1272
13, test	1251/1252
Faecal fat, estimation of	1364/1366
Faeces or body fluids, microscopical examination for parasites, cysts or ova	1687/1688
Fallopian tubes, X-ray of, using opaque media	2762
— preparation for	2921
Femur (thigh), X-ray of	2524/2528
Fibrin degeneration products, determination of	1263/1264
Fibrinogen titre, determination of	1247/1248
Fibrinogenolysis	1244/1246
Finger, X-ray of	2502/2505
Fistula, injection into, in preparation for radiological procedure	2932
Fistulae, X-ray of	2782
Flocculation tests, including V.D.R.L., Kahn, Kline or similar	1772-1776
Fluorescent serum antibody test	1793-1797
Fluoroscopic examination	2800,2802
screening of chest (lung fields) with X-ray	2630
palate and/or pharynx, with X-ray	2591
Fluoroscopy, alimentary tract and biliary system	2699-2728
Foetal blood transfusion, intrauterine, control X-ray for	2742
haemoglobin, examination of blood film for	1028-1032
Foetoprotein, detection of	1327/1328
Folic acid, estimation of	1345/1346
Foot, X-ray of	2524/2537
Forearm, X-ray of	2508-2512
Foreign body, localisation of and report	2732
X-ray for — eye	2730
oesophagus	2706
other than in eye or oesophagus	2732
Frozen section, immediate, diagnosis of	2048-2057
Fungi, screening for in skin, hair, nails (Division 9)	2369

Service	Item
G	
Gallbladder, X-ray of	2720-2728
Gamma-glutamyl transpeptidase	1301-1310
Gastric acidity by dye test	1327/1328
function test (procedural service)	1504/1505
washings, examination for malignant cells	2096/2097
Gastro-intestinal blood loss estimation	2438
Giemsa stain	1545-1549
Globulin, antihæmophilic, assay of	1271/1272
estimation of	1301-1310
Glucagon tolerance test (procedural service)	1504/1505
Glucose, estimation of	1301-1310
Glucose-6-phosphate dehydrogenase estimation of	1036-1049
Glutathione deficiencies test	1036-1040
stability test	1044-1049
Gold, estimation of	1345/1346
Gonadotrophin releasing hormone, administration of (procedural service)	1516/1517
stimulation test (procedural service)	1511/1512
Graham's test	2720
Gram stain	1545-1549
(Division 9)	2357

Service	Item
H	
Haemagglutination, inhibition tests	1823-1827
tests	1805-1809
Haematocrit estimation	1006-1011
(Division 9)	2334-2336
Haematology	1006-1049
Haemoglobin estimation	1006-1011
(Division 9)	2334-2336
H, examination of blood film for	1019-1022
Haemolysin, examination of serum for blood group	1152-1153
Haemostasis	1234-1263
Hand, wrist and lower forearm, X-ray of	2516/2520
X-ray of	2508/2512
Heart, measurement (X-ray) and kymography	2642/2646
scan	2477
and liver	2476
Heinz bodies, examination of blood film for	1028-1032
Helminths, identification of	1693/1694
Heterophile antibodies, qualitative estimation	1190/1191
quantitative estimation	1194/1195
Hexosamine, estimation of	1342/1343
Hip, X-ray of	2548
Histidine loaded figlu test (procedural service)	1504/1505
Histopathology	2041-2057
examination of frozen section	2048-2057
Hormonal assessment by cytological examination of vagina	2104-2112
immunoassay by radio-active techniques	2446
Hormone assays	1419-1485
using beta emitting labels or by bioassay	1475-1485
gamma emitting labels or any other unspecified technique	1452-1462
Huhner's test	2211/2212
Hydroxybutyric dehydrogenase, estimation of	1301-1310
— methoxy mandelic acid (HMMA), estimation of	1364/1366
— proline, estimation of	1364/1366
5-Hydroxyindole acetic acid, quantitative estimation of	1345/1346
Hyperthyroidism or thyroid cancer, radio-iodine for	2874
Hysterosalpingography	2762
preparation for	2921

Service	Item
Immediate frozen section diagnosis	2048-2057
Immunoelectrophoresis	1877-1885
Immunofluorescent detection of tissue antibodies	
— qualitative	1911-1914
— qualitative and quantitative	1918/1919
Immunoglobulins G, A, M or D quantitative estimation of	1888-1892
E quantitative estimation of	1897/1898
Immunology	1877-2023
Indican, test for	1351/1352
Infertility and pregnancy tests	2201-2286
Inhibitory substances to micro-organisms in body fluids, detection of	1732/1733
Injection, of radio-opaque material into renal cyst with aspiration	2909
opaque or contrast media for radiological procedures	2880-2940
Inlet, thoracic, X-ray of	2634
Insufflation, adrenal and X-ray	2697
with lipiodol	2762
perirenal for radiography, preparation for	2900
X-ray of	2697
Insulin hypoglucaemia stimulation test (procedural service)	1511/1512
Intra-osseous venography, preparation for	2925
— uterine foetal blood transfusion	
— control X-ray for	2742
— venous cholangiography including preparation	2724
Iron and iron-binding capacity, estimation of	1345/1346
examination of blood film for	1028-1032
Isotopes, radio-active, studies	2430-2500

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Service	Item
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J

Joint or long bone scan of	2498
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Service	Item
K	
Kahn, flocculation tests	1772-1776
Kaolin clotting time	1234-1239
Kline, flocculation tests	1772-1776
Knee, and wrist, bone age study of	2614
X-ray of	2524/2528, 2532/2537
Kymography with cardiac measurements (radiological)	2642/2646

Service	Item
L	
Lactate, estimation of	1342/1343
Laryngography	2784
preparation for	2936
Larynx, X-ray of	2595
Latex flocculation test	1935/1936
Lead, estimation of	1345/1346
Lecithin/sphingomyelin ratio of amniotic fluid	1372/1374
Leg, upper, or lower, X-ray of	2524-2537
Leucocyte agglutinins, detection of	1159/1160
count	1006-1011
(Division 9)	2334-2336
fractionation test	1965/1966
L-dopa stimulation test (procedural service)	1504/1505
Lipase, estimation of	1342/1343
Lipiodol insufflation of Fallopian tubes	2762
Lithium, estimation of	1342/1343
Liver and spleen, scan of	2486
scan	2480
and heart	2476
lungs	2479
Loeffler stain	1545-1549
Long bone or joint, scan of	2498
Lung fields, X-ray of	2625-2630
or lungs, scan of	2474
Lupus erythematosus cells, preparation and examination of film for	1948/1949
Luteinizing hormone	Pay under 1475-1485
Lymphangiography including follow-up radiography	2792
preparation	2934
Lymphocytes cell count	1981/1982
function tests	1995-1998



Service	Item
M	
Macroglobulins, estimation of	1319-1323
Magnesium, estimation of	1342/1343
Malar bones, X-ray of	2573
Malarial or other parasites, examination of blood film for	1028-1032
Mammography	2734,2736
Mandible, X-ray of	2576
Mantoux test	2013/2014
(Division 9)	2374
Mastoids, X-ray of	2560,2566
Maxilla, X-ray of	2573
Meal, opaque, X-ray	2709-2714
Mediastinal scan	2473
Mercury, estimation of	1345/1346
Methotrexate	1392-1398
Methylene blue dye test for toxoplasmosis stain	Pay under 1793/1794 1545-1549
Microbiology	1529-1859
Micro-organisms in body fluids, detection of inhibitory substances pathogenic, identification of	1732/1733 1644-1665
Micturating cysto-urethrography preparation for	2694 2920
Miniature X-ray of chest	2638
Morphine, assay of	1392-1398
Mucous membrane, cytological examination of	2081/2082
Myelography one region	2773
two regions	2774
three regions	2775

Service	Item
N	
Neo-natal bilirubin, direct and indirect, estimation of	1345/1346
Nephrography	2665-2687
Neutrophil alkaline phosphatase, examination of blood film for function test	1028-1032 1971-1974
Non-pregnancy oestrogens, estimation of	1364/1366
Normalised thyroxine, assay of	1434-1442
Nose, X-ray of	2581

Service	Item
O	
Occult blood, qualitative estimation of	1319-1323
(Division 9)	2362
Oesophageal washings, examination for malignant cells	2096/2097
Oesophagus, X-ray of	2706,2709,2711
Oestriol, urine, estimation of	1345/1346
Oestrogens, non-pregnancy, estimation of	1364/1366
Opaque enema X-ray	2716,2718
meal	2709-2714
media, preparation for radiological procedures using	2880-2940
Orbit, X-ray of	2573
Osmolality, estimation of	1339/1340
Oxalate, estimation of	1345/1346
Oxogenic steroids	1345/1346
Oxosteroids, estimation of	1345/1346
Oxygen saturation (blood gases) estimation of	1364/1366

Service	Item
P	
Palato-pharyngeal studies	2591-2593
Pancreas, scan of	2481
Parasites, cultural examination for	1702-1706
Parathyroid scan	2462
Pathogenic micro-organisms, identification of	1644-1665
Pelvic girdle, X-ray of	2551
Pelvimetry	2740
Pelvis, scan of	2496
X-ray of	2551
Percutaneous cerebral angiography, preparation for	2882
Periodic acid, Schiff reaction (P.A.S.)	1028-1032
Perirenal insufflation for radiography, preparation for	2900
X-ray	2697
Peritoneal fluid, examination for malignant cells	2091/2092
Petrous temporal bones X-ray of	2569
PH, examination of urine for	1536/1537, 1673/1674
Phalanges, X-ray of	2502/2505
Phalanx, X-ray of	2502/2505
Phenolsulphthalein excretion test (procedural service)	1504/1505
Phenytoin, assay of	1380-1387
Phlebography	2768
preparation for	2896
selective, preparation for	2903
Phosphate, estimation of	1301-1310
Pituitary gonadotrophins	Pay under 1475-1485
Placenta, scan of	2491
Placentography	2740
Plain abdominal X-ray	2699/2703
renal X-ray	2665
Plasma, recalcified clotting time	1244/1246
Platelet, adhesion test	1263/1264
agglutinins, detection of	1166/1167
aggregation test (qualitative)	1242/1243
— using adenine dinucleotide phosphate, collagen, 5 hydroxytryptamine, ristocetin	1277-1280
antibodies, detection of	1271/1272
count	1006-1011
factor III availability test	1271/1272
Platelets, qualitative estimation of	1014-1015
Pleura, X-ray of	2625/2627
Pneumoarthrography	2786
preparation for	2912
-encephalography	2756
preparation for	2880
-mediastinum	2794
preparation for, radiological	2938
-peritoneum, preparation for radiography of	2916
PO <sub>2</sub> and pCO <sub>2</sub> and pH and oxygen saturation and bicarbonate, estimation of	1364/1366
Porphobilinogen, qualitative estimation of	1319-1323
quantitative estimation of	1345/1346
Porphyrin factors	1345/1346
Porphyrins, qualitative test for	1327/1328
Potassium, estimation of	1301-1310

Service	Item
Pregnancy test	2272/2273
(Division 9)	2346
X-ray	2738,2740
Pregnanediol, estimation of	1364/1366
Pregnanetriol, estimation of	1364/1366
Procainamide, estimation of	1392-1398
Procedural services	1504-1517
Protamine sulphate titration	1263/1264
Protein, specific, assay of	1342/1343
radio-active iodine test	2443
total, estimation of	1301-1310
Prothrombin consumption test	1263/1264
time, estimation of	1234-1239, 1259/1260
Pyelography, drip-infusion	2672
preparation for	2918
intravenous, including preparation for	2676,2681
retrograde	2687
Pyruvate, estimation of	1342/1343
kinase deficiency in erythrocytes	
— qualitative estimation of	1036-1040
— quantitative estimation of	1044-1049

Service	Item
Q	
Qualitative estimation of a substance not specified in any other item	1319-1323
Quantitative estimation of a substance not specified in any other item	1329-1340
Quinidine, assay of	1392-1398

Service	Item
R	
Radio-active B12 absorption test	2448
chromium, for estimation of gastrointestinal blood loss	2438
iodine test, protein bound	2443
mould	2862-2870
sources	
- sealed	2842-2860
- unsealed	2872-2878
thyroid clearance	2434,2441
uptake survival time, erythrocyte	2430
-iodine, for hyperthyroidism or thyroid cancer, by single dose	
technique	2874
thyroid uptake	2434
urinary, estimation	2441
-isotope studies	2430-2500
therapeutic dose, oral	2872
intracavitary	2878
intravenous	2876
Radiological procedures — examination and report	2502-2802
Radiotherapy, deep or orthovoltage	2818-2828
megavoltage or teletherapy	2830-2840
radio-active — sealed	2842-2870
superficial	2804-2816
Radioallergosorbent tests	1903-1906
Recalcified plasma clotting time	1244/1246
Red cell morphology	1014-1015
Renal cyst, aspiration with injection of radio-opaque material	2909
scan	2484
and differential renal scan	2489
differential	2487
X-ray, plain	2665
Reticulocytes, examination of blood film for	1019-1022
Retrograde pyelography	2687
Retroperitoneal pneumogram	2697
Rib, X-ray of	2650-2662
Rose Waaler test, quantitative	1941/1942

Service	Item
S	
Sacral X-ray	2601-2611
Sacro-iliac joint, X-ray of	2554
Sacrum, and vertebral column, scan of	2495
Salicylate, estimation of	1342/1343
Salivary calculus, X-ray of	2579
Scan bone	2499
brain	2451
cisternal	2454
heart	2477
and liver	2476
joint or long bone	2498
liver	2480
and heart	2476
lungs	2479
spleen	2483
lung or lungs	2474
and liver	2479
mediastinal	2473
pancreas	2481
parathyroid	2462
pelvis	2496
placental	2491
renal	2484
and differential renal scan	2489
differential	2487
skull	2493
spinal cord	2457
spleen	2483
and liver	2486
thyroid	2470
vertebral column and sacrum	2495
Scapula, X-ray of	2539/2541
Schick test	2013/2014
Schilling's test	2448
Semen, analysis	2225-2228
examination	2201-2216
Seminal examination for presence of spermatozoa (Division 9)	2392
Sensitivity testing, body fluids, (other than urine)	1609-1616, 1633/1634
urine	1673/1674
skin	2013-2023
Serial angiocardiology — bi-plane — direct roll-film method	2748
indirect roll-film method	2750
— rapid cassette changing	2744
single plane — direct	
roll-film method	2746
Serum, examination of, for blood group antibodies	1121-1130
haemolysins	1152-1153
Sex chromatin studies, cytological	2419
determination, cytological, from blood film	2131
Shoulder, X-ray of	2539/2541
Sia test	1319-1323
Sialography	2778
Sickle cells, examination of blood film for	1028-1032
Sinus, injection into, in preparation for radiological procedure	2932



Service	Item
Sinuses, X-ray of	2563
using opaque or contrast media	2782
Skeletal survey	2621
Skin, examination for pathological change	2081/2082
sensitivity testing	2013-2023
Skull, scan of	2493
X-ray of	2560
Small bowel, barium X-ray of (small bowel series only)	2714
with barium meal examination of stomach	2711
Smith-Petersen nail, X-ray of	2557
Sodium, estimation of	1301/1310
Specific gravity, examination of urine for	1536/1537, 1673/1674
Spectrophotometric analysis of amniotic fluid	1339/1340
Spectroscopic examination of blood	1211/1212
Sperm penetrability, tests for	2264/2265
Spermagglutinating and immobilising antibodies, tests for	2247-2250
Spinal cord scan	2457
Spine, functional view of	2611
X-ray of cervical region	2597
lumbar-sacral region	2601
sacrococcygeal region	2604
thoracic region	2599
two regions	2607
three or more regions	2609
Spleen, and liver, scan of	2486
scan	2483
Splenography	2772
preparation for	2898
Sputum, examination for malignant cells	2091/2092
Stain, Gram or similar	1545-1549
special	1556-1567
Stereoscopic examination (X-ray)	2798
Stereotactic procedure control X-ray for	2560
Sternum, X-ray of	2650/2654
Steroid fractions	1364/1366
Steroids, oxogenic, estimation of	1345/1346
Strontium, estimation of	1345/1346
Sudan black positive granules, examination of blood film for	1028-1032
Sugar, examination of urine for	1536/1537, 1673/1674
water tests for paroxysmal nocturnal haemoglobinuria	1036-1040
Sweet's method (localisation of foreign body in eye) — X-ray	2730

Service	Item
T	
Tanned erythrocyte haemagglutination test for tissue antibodies	1955-1958
Teeth, X-ray of	
— full mouth	2589
— single area	2587
Temporomandible joints, X-ray of	2585
Thermography of breasts	2736
Thigh (femur), X-ray of	2524/2528
Thoracic inlet, X-ray of	2634
region, X-ray of	2625-2638
Thoracography	2625/2627
Thorax, X-ray of	2625-2638
Thrombin time, determination of	1244/1246
Thromboplastin generation screening test	1255/1256
time (partial)	1234-1239
Thyroid cancer or hyperthyroidism, therapeutic dose of radio-iodine for,	
by single dose technique	2874
scan	2470
stimulation hormone administration of (procedural service)	1516/1517
stimulation test (procedural service)	1504/1505
uptake test, radio-iodine	2434
Thyrotrophin releasing hormone administration of (procedural service)	1516/1517
stimulation test (procedural service)	1511/1512
Thyroxine, normalised	1434/1435
and (T4) and T3 resin uptake	1441/1442
(T4) or T3 resin uptake	1419/1420
(T4) and T3 resin uptake	1427/1428
Tissue antibodies immunofluorescent detection of	
— qualitative	1911-1914
— qualitative and quantitative	1918/1919
group typing (HLA phenotypes)	2006/2007
Toe, X-ray of	2502/2505
Tolbutamide test (procedural service)	1511/1512
Tomography	2796
Trachea, radiographic examination of	2634
Tract, alimentary, X-ray of	2699-2718
Transfusion, intrauterine foetal blood, control X-ray for	2742
Transketolase, estimation of	1345/1346
Triglycerides, estimation of	1301-1310

Service	Item
U	
Upper forearm and elbow, X-ray of leg and knee, X-ray of	2516/2520 2524-2437
Urate, estimation of	1301-1310
Urea, clearance test (procedural service)	1504/1505
concentration test (procedural service)	1504/1505
estimation of	1301-1310
Urethrography	2690
cysto-micturating	2694
preparation for	2920
Urinary, estimation, radio-iodine tract, X-ray of	2441 2665-2697
preparation for	2900,5851
Urine, acidification test (procedural service)	1511/1512
assay of an antibiotic or chemotherapeutic agent, quantitative	1743/1744
examination for malignant cells	2091/2092
microscopical examination of	1536/1537,1673-1683
(Division 9)	2342
oestriol	1345/1346
Urobilinogen, examination of urine for qualitative estimation of	1536/1537,1673/1674 1319-1323
Uroporphyrin, estimation of	1345/1346
Uterine lipiodol X-ray	2762
preparation for	2921
Uterus, pregnant, X-ray of	2738

Service	Item
<b>V</b>	
Vaginal epithelium, hormonal assessment by cytological examination of	2104/2105,2111/2112
smears, examination for pathological change	2081/2082, 2111/2112
Vasoepididymography	2780
Vasopressin, stimulation test (procedural service)	1504/1505
V.D.R.L. (Venereal Disease Research Laboratory) flocculation tests	1772-1776
Venography, intraosseous, preparation for	2925
Ventriculography, cerebral	2760
preparation for	2886
Vertebral angiography	2758
column and sacrum, scan of	2495
Vesiculography	2780
Vitamin B12, estimation of	1345/1346
Vitamins, unspecified, estimation of	1345/1346

Service	Item
W	
Wet film, microscopical examination	1529/1530
(Division 9)	2352
White cell count	1006-1011
Wrist, and knee, bone age study of	2614,2617
bone age study of	2617
X-ray of	2508/2512

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Service	Item
X	
X-ray image intensification services	2800,2802 2502-2802
Xylose, absorption test (procedural service) estimation of	1504/1505 1342/1343

Service	Item
Z	
Zinc, estimation of	1345/1346
Ziehl Neelsen stain of body fluids	1556/1557

SECTION 4A

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**ADDRESSES**  
**of**  
**STATE OFFICES**  
**and**  
**PROCESSING CENTRES**  
**of the**  
**HEALTH INSURANCE COMMISSION,**  
**DEPARTMENT OF HEALTH**  
**STATE HEADQUARTERS**  
**and**  
**HEALTH BENEFITS AND SERVICES**  
**BRANCHES**

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## HEALTH INSURANCE COMMISSION STATE HEADQUARTERS

*Location**Postal Address*

### NEW SOUTH WALES

State Manager,  
Health Insurance Commission,  
9th Floor,  
Centrepont,  
Market Street,  
Sydney. 2000

State Manager,  
Health Insurance Commission,  
P.O. Box Q119,  
Queen Victoria Buildings,  
Sydney. 2000

### VICTORIA

State Manager,  
Health Insurance Commission,  
29 Ellingworth Parade,  
Box Hill. 3128

State Manager,  
Health Insurance Commission,  
P.O. Box 22,  
Box Hill. 3128

### QUEENSLAND

State Manager,  
Health Insurance Commission,  
1st Floor,  
Lutwyche Shopping Village,  
Lutwyche Road,  
Lutwyche. 4030

State Manager,  
Health Insurance Commission,  
P.O. Box 268,  
Lutwyche. 4030

### SOUTH AUSTRALIA

State Manager,  
Health Insurance Commission,  
Sun Alliance House,  
45 Grenfell Street,  
Adelaide. 5000

State Manager,  
Health Insurance Commission,  
G.P.O. Box 9999,  
Adelaide. 5001

### WESTERN AUSTRALIA

State Manager,  
Health Insurance Commission,  
7th Floor,  
City Mutual Building,  
5 Mill Street,  
Perth. 6000

State Manager,  
Health Insurance Commission,  
P.O. Box 7027,  
Cloisters Square,  
Perth. 6000

### TASMANIA

State Manager,  
Health Insurance Commission,  
77 Collins Street,  
Hobart. 7000

State Manager,  
Health Insurance Commission,  
G.P.O. Box 9999,  
Hobart. 7001

### AUSTRALIAN CAPITAL TERRITORY

General Manager,  
Health Insurance Commission,  
Albemarle Building,  
Furzer Street,  
Woden. 2606

General Manager,  
Health Insurance Commission,  
P.O. Box 40,  
Woden. 2606

Regional Manager,  
Health Insurance Commission,  
13 Botany Street,  
Phillip. 2606

Regional Manager,  
Health Insurance Commission,  
P.O. Box 40,  
Woden. 2606

## HEALTH INSURANCE COMMISSION PROCESSING CENTRES

### NEW SOUTH WALES

**Centrepoint**

9th Floor,  
100 Market Street,  
Sydney. 2000

Tel. 231-4022

**Newcastle**

384 Hunter Street,  
Newcastle. 2300

Tel. 26-1455

**Chatswood**

3rd Floor Univac House,  
754 Pacific Highway,  
Chatswood. 2067

Tel. 411-2522

**Orange**

1st Floor,  
Orange Arcade,  
Summers Street,  
Orange. 2800

Tel. 62-5555

**Liverpool**

157-161 George Street,  
Liverpool. 2170

Tel. 601-3311

**Parramatta**

55-65 Phillip Street,  
Parramatta, 2150

Tel. 633-3933

**Miranda**

Lower Floor Level,  
524 The Kingsway,  
Miranda. 2228

Tel. 525-8000

**Wollongong**

Shop 72,  
Westfield Shopping Complex,  
Princes Highway,  
Figtree. 2525

Tel. 28-5622

### VICTORIA

**Box Hill**

16-18 Ellingworth Parade,  
Box Hill. 3128

Tel. 89-0641

**Melbourne**

123 Lonsdale Street,  
Melbourne. 3000

Tel. 662-3344

**Dandenong**

The Hub,  
24-26 McCrae Street,  
Dandenong. 3175

Tel. 791-4666

**Moonee Ponds**

641-649 Mt. Alexander Road,  
Moonee Ponds. 3039

Tel. 370-1111

**Geelong**

Belcher Arcade,  
171-181 Moorabool Street,  
Geelong. 3220

Tel. 94-1111

### QUEENSLAND

**Ipswich**

24 East Street,  
Ipswich. 4305

Tel. 81-7799

**Mt. Gravatt**

14 Capalaba Road,  
Upper Mt. Gravatt. 4122

Tel. 43-4011

**Lutwyche**

1st Floor,  
Lutwyche Shopping Village,  
Lutwyche Road,  
Lutwyche. 4030

Tel. 57-6444

**SOUTH AUSTRALIA****Adelaide**

45 Grenfell Street,  
Adelaide. 5000

Tel. 212-1799

**Unley**

35-39 King William Road,  
Unley. 5061

Tel. 212-1799

**WESTERN AUSTRALIA****Fremantle**

Wesleyway,  
Cantonment Street,  
Fremantle. 6160

Tel. 35-7066

**Perth**

City Mutual Building,  
5 Mill Street,  
Perth. 6000

Tel. 22-1133

**TASMANIA****Hobart**

77 Collins Street,  
Hobart. 7000

Tel. 34-4388

**AUSTRALIAN CAPITAL TERRITORY****Canberra**

Botany Street,  
Phillip. 2606

Tel. 89-6799

## **COMMONWEALTH DEPARTMENT OF HEALTH ADDRESSES**

### **NEW SOUTH WALES**

State Headquarters,  
Australian Government Centre,  
Chifley Square,  
Sydney. 2000

Health Benefits & Services Branch,  
220 George Street,  
Sydney. 2000

### **VICTORIA**

State Headquarters,  
Australian Government Centre,  
Cnr. Spring & Latrobe Streets,  
Melbourne. 3000

Health Benefits & Services Branch,  
123 Lonsdale Street,  
Melbourne. 3000

### **QUEENSLAND**

State Headquarters,  
Australian Government Offices,  
Anzac Square,  
Brisbane. 4000

Health Benefits & Services Branch,  
Australian Government Centre,  
232 Adelaide Street,  
Brisbane. 4000

### **SOUTH AUSTRALIA**

State Headquarters,  
A.M.P. Building,  
1 King William Street,  
Adelaide. 5000

Health Benefits & Services Branch,  
10th Floor,  
National Bank Building,  
26 King William Street,  
Adelaide. 5000

### **WESTERN AUSTRALIA**

State Headquarters,  
Victoria Centre,  
2 St. George's Terrace,  
Perth. 6000

Health Benefits & Services Branch,  
Mt. Newman House,  
200 St. George's Terrace,  
Perth. 6000

### **TASMANIA**

State Headquarters,  
Kirksway House,  
6 Kirksway Place,  
Hobart. 7000

Health Benefits & Services Branch,  
Australian Government Centre,  
188 Collins Street,  
Hobart. 7000

### **AUSTRALIAN CAPITAL TERRITORY**

Department of Health,  
Alexander Building,  
Furzer Street,  
Phillip. 2606

### **NORTHERN TERRITORY**

Department of Health,  
The Esplanade,  
Darwin. 5790

**SECTION 4B**

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**NAMES AND ADDRESSES  
of  
REGISTERED PRIVATE  
MEDICAL BENEFITS ORGANISATIONS**

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**REGISTERED MEDICAL BENEFITS ORGANISATIONS**

The names and addresses of medical benefits organisations registered by the Commonwealth Government for the purposes of payment of medical benefits are listed below. Membership application forms and details of their benefits, rates of contribution and other conditions are obtainable from the organisations themselves.

**NEW SOUTH WALES (including AUSTRALIAN CAPITAL TERRITORY)**

Australian Catholic Guild Friendly Society, 363 Pitt Street, Sydney, 2000  
 Commercial Banking Company Health Society, 343 George Street, Sydney, 2000  
 Commonwealth Bank Health Society, Cnr Pitt Street and Martin Place, Sydney, 2000  
 Grand United Order of Oddfellows Friendly Society of New South Wales, 147-149 Castlereagh Street, Sydney, 2000  
 Health Insurance Commission, 9th Floor, Centrepoint, Market Street, Sydney, 2000  
 Hibernian Australasian Catholic Benefit Society of New South Wales, Hibernian Buildings, 342 Elizabeth Street, Sydney, 2000  
 Hospitals Contribution Fund of Australia, 403 George Street, Sydney, 2000  
 Hunter Medical Benefit Fund Ltd, 73 Vincent Street, Cessnock, 2325  
 Independent Order of Oddfellows of New South Wales, I.O.O.F. Building, 100 Clarence Street, Sydney, 2000  
 Independent Order of Rechabites S.U. New South Wales District, No. 85, Rechabite Hall, 85 Campbell Street, Surry Hills, 2010  
 Local Government Employees' Medical and Hospital Club, 234 Keira Street, Wollongong, 2500  
 Lysaghts Hospital and Medical Club, Springhill Road, Port Kembla, 2505  
 Manchester Unity Independent Order of Oddfellows Friendly Society in New South Wales, M.U.I.O.O.F. Building, 160 Castlereagh Street, Sydney, 2000  
 Medical Benefits Fund of Australia Ltd, 258-262 George Street, Sydney, 2000  
 Newcastle Industrial Benefits Ltd, 366 Hunter Street, Newcastle, 2300  
 New South Wales Teachers' Federation Health Society, 300 Sussex Street, Sydney, 2000  
 Phoenix Welfare Association Ltd, c/-Stewarts & Lloyds (Australia) Pty. Ltd., Bull Street, Mayfield, 2304  
 Protestant Alliance Friendly Society of Australasia, Grand Council of New South Wales, 243 Elizabeth Street, Sydney, 2000  
 Reserve Bank Health Society, c/-Reserve Bank of Australia, 65 Martin Place, Sydney, 2000  
 Store Hospital and Medical Fund, Hunter Street, Newcastle West, 2302  
 United Ancient Order of Druids, Registered Friendly Society, Grand Lodge of New South Wales, Druids House, 302 Pitt Street, Sydney, 2000  
 Western District Medical Benefits Fund, 79 Main Street, Lithgow, 2790  
 Wollongong Hospital and Medical Benefits Contribution Fund, Crown Street, Wollongong, 2500

**VICTORIA**

Ancient Order of Foresters in Victoria, Friendly Society, Friendly Societies House, 55-57 Elizabeth Street, Melbourne, 3000  
 Army Health Benefits Society, Chancery House, 485 Bourke Street, Melbourne, 3000  
 Australian Natives' Association, 28-32 Elizabeth Street, Melbourne, 3000  
 Cheetham Hospital Benefits Fund, P.O. Box 272, Geelong, 3220  
 Geelong Medical and Hospital Benefits Association, 60-68 Moorabool Street, Geelong, 3220  
 Grand United Hospital Benefit Society, 185-187 Bourke Street, Melbourne, 3000  
 Health Insurance Commission, 29 Ellingworth Parade, Box Hill, 3128  
 Hibernian Australasian Catholic Benefit Society Victoria District No. 1, Hibernian House, 289 Latrobe Street, Melbourne, 3000  
 Hospital Benefits Association, H.B.A. House, 620 Bourke Street, Melbourne, 3000  
 Independent Order of Oddfellows of Victoria, 380-384 Russell Street, Melbourne, 3000

Independent Order of Rechabites, Victoria District, 518 Elizabeth Street, Melbourne, 3000  
 Irish National Foresters' Benefit Society, 11th Floor, 118 Queen Street, Melbourne, 3000  
 Latrobe Valley Hospitals and Health Services Association, 32 McDonald Street, Morwell, 3840  
 Manchester Unity Independent Order of Oddfellows in Victoria, Manchester Unity Building, 105 Swanston Street, Melbourne, 3000  
 Mildura District Hospital and Medical Fund, 79 Deakin Avenue, Mildura, 3500  
 Naval Health Benefits Society, Room 303, Block 'N,' Navy Office, Melbourne, 3004.  
 Order of the Sons of Temperance National Division, Friendly Society, 130 Little Collins Street, Melbourne, 3000  
 Protestant Alliance Friendly Society of Australasia, Grand Council of Victoria, 373 Lonsdale Street, Melbourne, 3000  
 United Ancient Order of Druids, Druids House, 407-409 Swanston Street, Melbourne, 3000  
 Yallourn Medical and Hospital Society, 34 Darlimurla Avenue, Newborough, 3828

#### **QUEENSLAND**

Ancient Order of Foresters' Friendly Society in Queensland, 47-53 Elizabeth Street, Brisbane, 4000  
 Grand United Order of Oddfellows, 274 Barry Parade, Fortitude Valley, 4006  
 Health Insurance Commission, Lutwyche Road, Lutwyche, 4030  
 Hibernian Australasian Catholic Benefit Society, Queensland District No. 5, 246 Queen Street, Brisbane, 4000  
 Independent Order of Rechabites, Queensland District No. 87, 53-61 Edward Street, Brisbane, 4000  
 Medical Benefits Fund of Australia Limited, M.B.F. House, 187 Edward Street, Brisbane, 4000  
 Protestant Alliance Friendly Society of Australasia in Queensland, 13 Railway Terrace, Milton, 4064  
 Queensland Teachers' Union Health Society, 73 Elizabeth Street, Brisbane, 4000

#### **SOUTH AUSTRALIA**

Fire Service Health Fund, c/-91 Wakefield Street, Adelaide, S.A., 5000  
 Health Insurance Commission, Sun Alliance House, 45 Grenfell Street, Adelaide, 5000  
 Independent Order of Rechabites Friendly Society, South Australian District No. 81, Rechabite Hall, 12 Grote Street, Adelaide, 5000  
 Independent Order of Rechabites, Salford Unity (Albert District) No. 83, Rechabite Chambers, 195 Victoria Square, Adelaide, 5000  
 Mutual Hospital Association Ltd., 41 Rundle Street, Adelaide, 5000  
 National Health Services Association of South Australia, 2nd Floor, A.N.A. Building, 45 Flinders Street, Adelaide, 5000

#### **WESTERN AUSTRALIA**

Friendly Societies Health Services, Friendly Societies House, 98 William Street, Perth, 6000  
 Goldfields Medical Fund, 85 Burt Street, Boulder, 6432  
 Government Employees' Hospital and Medical Benefits Fund Inc., 60-62 Stirling Street, Perth, 6000  
 Health Insurance Commission, 7th Floor, City Mutual Building, 5 Mill Street, Perth, 6000  
 Hospital Benefit Fund of Western Australia Inc., H.B.F. House, Cnr Murray and Pier Streets, Perth, 6000

**TASMANIA**

Associated Pulp and Paper Makers' Council Medical Benefits Fund, Marine Terrace,  
Burnie, 7320  
Coats Patons Employees' Medical Benefit Association, Glen Dhu Mills, Launceston,  
7250  
Druids Friendly Society of Tasmania, Druid House, 83 Cameron Street, Launceston,  
7250  
Electrolytic Zinc Employees' Medical Union, c/-Electrolytic Zinc Community Council,  
Hobart, 7000  
Health Insurance Commission, 77 Collins Street, Hobart, 7000  
Medical Benefits Fund of Australia Limited, 29 Elizabeth Street, Hobart, 7000  
Queenstown Medical Union Ancillary Medical Benefits Fund, Cutten Street,  
Queenstown, 7467  
Rosebery Hospital and Medical Benefits Society, Agnes Street, Rosebery, 7470  
St Luke's Medical and Hospital Benefit Association, 3 The Quadrant, Launceston,  
7250  
Tasmanian Government Insurance Office, Medical Benefits Plan, 34 Argyle Street,  
Hobart, 7000