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**Commonwealth of Australia  
Department of Health**

**MEDICAL BENEFITS  
SCHEDULE BOOK**

**Medicare Benefits Schedule**

**1 November 1984**

**Amendments**

**1 July 1985**

**1 January 1986**

**1 August 1986**

**BIB No: 22530**

**COPY No: 320582**

**MEDICARE BENEFITS SCHEDULE BOOK**  
**REPLACEMENT PAGES — 1 AUGUST 1986**

**Corrigendum**

The following corrections should be made to the 1 August 1986 Medicare Benefits Schedule book amendments:

- (a) Page 147, Section 2 — delete item 5108 and insert the following items:-
- 5108 — Cerebello — pontine angle tumour, removal of by two surgeons operating conjointly, by transmastoid, translabyrinthine approach — transmastoid, translabyrinthine procedure (including after-care)  
All States: Fee \$1330.00 (1/8/86 Fee Level)  
Anaesthetic 39 units — Item nos 478G/549S
  - 5112 — Cerebello — pontine angle tumour, removal of by two surgeons operating conjointly, by transmastoid, translabyrinthine approach — intracranial procedure (including after-care)  
All States: Fee \$1330.00 (1/8/86 Fee Level)  
Anaesthetic 39 units — Item nos 478G/549S
- (b) Page 199, Section 2 — amend item 7056 to read 7057.

**Department of Health**  
**Canberra ACT**  
**1 August 1986**

# COMMONWEALTH DEPARTMENT OF HEALTH

## MEDICARE BENEFITS SCHEDULE BOOK

### REPLACEMENT PAGES — 1 AUGUST 1986

(Note: The attached pages should be substituted for the corresponding pages in the current edition of the Medicare Benefits Schedule Book, i.e. 1 November 1984.)

1. The Medicare Benefits Schedule is being amended from 1 August 1986 to incorporate amendments resulting from:

- (i) recommendations of the Medical Benefits Schedule Revision Committee; and
- (ii) implementation of a number of reforms adopted by the Government in respect of pathology services in response to the Report of the Joint Parliamentary Committee of Public Accounts on Pathology Fraud and Overservicing.

2. As from 1 August 1986 the Table of Medical Services contained in the Schedule to the Health Insurance Act is to be divided into two sections ie, *Schedule 1* "General Medical Services" and *Schedule 1A* "Pathology Services".

3. Likewise, pathology services have been included in a separate section (Section 2A) of the Medicare Benefits Schedule and should be inserted at the end of the existing "Section 2". Item numbers for pathology services have been retained. These pages are coloured lilac for easier identification. The existing pages located in Part 7 of Section 2 should be destroyed.

4. The attention of all practitioners ordering or rendering pathology services is directed particularly to the new provisions relating to pathology services as outlined in the explanatory notes accompanying the new "Section 2A".

5. A number of changes have also been made to the other section of the Medicare Benefits Schedule (which will be known as "Section 2 — General Medical Services") following recommendations by the Medical Benefits Schedule Revision Committee.

6. These amendments have been incorporated in the attached replacement pages which are light green in colour and are further identified by the date 1 August 1986, appearing at the bottom left hand corner of each page. These pages should be inserted in Section 2 of the Medicare Benefits Schedule Book in place of existing pages *with corresponding page numbers*.

7. The fees shown in the replacement pages are expressed in 15 June 1984 values (unless otherwise indicated) to correspond with fee levels quoted in the existing pages. Conversion to the current (1 July 1986) values will be facilitated by reference to the existing Ready Reckoner.

8. New and amended services are identified in the replacement pages to Section 2 (and also the Pathology services in Section 2A) by the following symbols in the margin.

- |                                    |   |
|------------------------------------|---|
| (a) New services                   | † |
| (b) Description of service amended | ‡ |
| (c) Fees amended                   | + |
| (d) Anaesthetic units changed      | a |

9. 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 and Medicare benefit assessors.

#### Item 290 — Antenatal cardiotocography

10. It is to be noted that benefits for this service are not attracted when performed during the course of the confinement.

**Item 862 — Non-determinate audiometry**

11. This refers to screening audiometry covering those services, one or more, referred to in items 863-878 when not performed in a sound attenuated environment in accordance with conditions set out in Standards Association of Australia AS2586-1983.

**Item 863-878 — Audiology Services**

12. See preamble to these items for conditions to be fulfilled in order for benefits to be attracted for these items.

**Item 932 — Administration of cytotoxic agent**

13. This item has been restored to the Schedule with the omission of injection from the item description. Intravenous drip infusion includes injection into tubing of running intravenous drip and administration through a Y connection.

**Item 3722 — Laparotomy**

14. This item now covers drainage of pancreas, the previous item 4130 having been deleted.

**Item 4087/4093 — Laparotomy for drainage**

15. Drainage of pelvic abscess is now included in this item, former items 6677/6681 having been deleted.

**Item 5070 — Meatoplasty**

16. When this procedure is associated with item 5078, 5091, 5095, 5098 or 5100 the multiple operation rule applies.

**Item 5074 — Reconstruction of auditory canal**

17. When associated with item 5095, 5098 or 5100 the multiple operation rule applies.

**Items 5538 and 5539 — Microlaryngoscopy**

18. This item covers the removal of papillomata, in children, by mechanical means, eg cup forceps. Item 5539 refers to the removal by laser beams.

**NEW ITEMS**

19. The following is a list of new items introduced into the Schedule:

290	5073	5148	5349	5538
862	5074	5173	5350	5539
875	5079	5174	5358	5541
883	5080	5177	5361	5557
932	5093	5234	5362	5700
5069	5094	5292	5499	
5070	5101	5293	5500	

**AMENDED ITEMS**

20. The descriptions of the following items have been amended:

481	4087	5230	5556	6799
552	4093	5237	6513	7898
748	4824	5241	6517	8179
865	5108	5348	6532	8182
2557	5147	5354	6533	8594
3722	5217	5492	6544	8656

**AMENDED FEES**

21. The fees for the following items have been amended:

3664

4824

**DELETED ITEMS**

22. The following items have been deleted:

955

4130

5112

6677

6681

**ANAESTHETIC UNITS CHANGED**

23. The anaesthetic units for the following items have been changed:

755

756

7079

7085

**MEDICARE BENEFITS SCHEDULE BOOK — REPRINT**

24. It is hoped to effect a full reprint of the Medicare Benefits Schedule Book by the end of the year which will incorporate the above changes as well as some structural modifications to give effect to recommendations made by the Medicare Benefits Review (Layton) Committee.

# NOTICE TO MEDICAL PRACTITIONERS

## MEDICAL SERVICES NOT LISTED IN THE MEDICAL BENEFITS SCHEDULE

From time to time practitioners discover that services which they are carrying out do not fit precisely within the definitions of items contained in the Schedule. It is emphasised that under these circumstances practitioners should not incorrectly describe the service they have performed, for example by choosing the item number which most nearly fits the service.

The procedures to be followed in these circumstances are outlined in paragraphs 108 to 111 of the Notes for Guidance of Medical Practitioners (pages 1C-1 and 1C-2 of Section 1 of the Medicare Benefits Schedule Book). Enquiries concerning services not listed or on matters of interpretation should be directed to the appropriate office of the Health Insurance Commission. Postal addresses are on the last page of this Book. Telephone enquiries should be directed to the numbers below; these numbers are reserved for enquiries concerning the Schedule:

N.S.W.— 02 7639277 or 7639279

Vic. — 03 6079273

Qld. — 07 2285258

S.A. — 08 2746629

W.A. — 09 3220044

Tas. — 002 347920

A.C.T.— 062 835618

N.T. — use either Queensland or South Australian enquiry number.

**Department of Health,  
Canberra. A.C.T. 2606**

**1 November, 1984.**

**COMMONWEALTH DEPARTMENT OF HEALTH**  
**MEDICARE BENEFITS SCHEDULE BOOK**  
**REPLACEMENT PAGES—1 JANUARY 1986**

(Please note the attached pages should be substituted for the *corresponding* pages in the existing—1 November 1984—Medicare Benefits Schedule Book).

1. The Medicare Benefits Schedule is being amended as from 1 January 1986 to incorporate amendments resulting from recommendations by the Medical Benefits Schedule Revision Committee. The amendments will apply to services rendered on and after 1 January 1986.
2. Attached is a set of replacement pages incorporating the amendments for insertion into Section 2 "Medicare Benefits Schedule" of the Medicare Benefits Schedule Book. The replacement pages are printed on pink paper and are further identified by the date 1 January 1986 appearing at the bottom left hand corner of each page.
3. The amended services are identified in Section 2 by the following symbols in the margin:

(a) new services	†
(b) description of service amended	‡
(c) fees amended	+
4. All the fees shown in the replacement pages incorporating the 1 January 1986 amendments to the Schedule are expressed at 15 June 1984 values in order to keep the fees shown in Section 2 of the Book uniform. As the item number and fees for new services will not appear in the list "Medicare Benefits Schedule fees by Item and State" at pages 1 to 50 of the 1 July 1985 amendments, or the "Ready Reckoner" showing 1 July 1985 Schedule fees and Medicare Benefit levels, these have, therefore, been set out hereunder.
5. While the majority of the amendments are self explanatory some items require clarification. Accordingly the following notes have been prepared for guidance.

**Item 818**

Electrocochleography is covered by this item while the insertion of electrodes (both ears) attracts benefits under item 3004(72) with a Schedule fee of \$104.00.

**Item 4319—Circumcision of person under six months of age**

The restriction on the payment of benefits for this procedure was removed as from 1 September 1985.

**Items 4744, 4749, 4754 and 4762**

These items have been amended so that local endarterectomy necessary to prepare for anastomosis or graft does not attract additional benefits.

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

Benefits are not payable for item 6900 in association with item 6902 (Detached retina, resection of, or buckling operation for, or revision operation for).

**Items 7178/7182**

Benefits are not attracted for both this service and that covered by item 7133 (Neurolysis of nerve trunk, internal) at the same operation.

**NEW SERVICES**

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Item No.	1/7/85 Fee (All States)	Medicare Benefit 85%/ \$10 maximum gap
	\$	\$
818	105.00	95.00
931	48.50	41.25
939	182.00	172.00
953	130.00	120.00
954	32.50	27.65
985	164.00	154.00
4131	280.00	270.00
4139	490.00	480.00
5841	235.00	225.00
5842	310.00	300.00
5843	390.00	380.00
7118	130.00	120.00
7119	168.00	158.00

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**Medicare Benefits Schedule Book  
Replacement Pages — 1 July 1985**

**Corrigendum**

The following corrections should be made to the 1 July 1985 Medicare Benefits Schedule Book Amendments:

Page (v). Delete paragraphs 42 and 43 and insert the following paragraphs:

"42. The Minister for Health, under the authority vested in him by Sub-section 19(5) of the Health Insurance Act, has directed that Medicare benefits will now be payable in respect of a medical examination of, and/or the collection of blood for testing from, persons occupationally exposed to sexual transmission of disease where the purpose of such an examination or collection is the collection of specimens for testing in accordance with conditions determined by the health authority of the State or Territory in which the service is performed.

43. Medicare benefits will be payable for only one such medical examination and/or collection of blood per person per week. Medicare benefits are not payable in respect of the pathology tests carried out on the specimens collected."

Insert the following sub-paragraph 217(3) in lieu of that shown in the "Errata" amendments:

"(3) The "SP" Schedule fee in Division 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 223 to 226) 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 in-patient or in receipt of an out-patient service at a recognised hospital; and
- (d) recognised hospital or Government (including university and Government authority) laboratory facilities and/or staff were not used in the performance of the pathology service."

Page 34 of Item Fee List —

Item 6085 — insert "\$142.00" in Tasmanian Fee Column.

Page 135, Part 2 Schedule Amendments.

Change Item No. "4640" to "4641".

**Department of Health  
Canberra ACT**

**1 JULY 1985**



# **MEDICARE BENEFITS SCHEDULE BOOK**

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**SCHEDULE FEES  
AT 1 NOVEMBER 1984**

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Printed by Canberra Publishing and Printing Co.  
Canberra A.C.T.

**Medicare Benefits Schedule Book  
Replacement Pages — 1 July 1985**

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Page 135, Part 2 Schedule Amendments.

Change Item No. "4640" to "4641".

**Department of Health  
Canberra ACT**

**1 JULY 1985**

# COMMONWEALTH DEPARTMENT OF HEALTH

## MEDICARE BENEFITS SCHEDULE BOOK

### REPLACEMENT PAGES — 1 JULY 1985

1. The Government has accepted the determination of Mr. K. C. McKenzie, Deputy President of the Australian Conciliation and Arbitration Commission, made following an independent public enquiry to vary medical fees on which the payment of Medicare benefits is based.

2. The Table of Medical Services contained in the Schedule to the Health Insurance Act will be amended with effect from 1 July 1985 so as to increase the Schedule fees as follows:

	<b>Schedule Item Numbers</b>	<b>Percentage Increase</b>
Group A -	952, 956, 958, 963 and 1006 - 2392	3.87%
Group B -	2502-2859, 2861-2941 and 2960-2981	3.59%
Group C -	1-68, 82, 160-164, 190, 192, 242, 246, 273, 955, 980, 996-998, 3006, 7601, 7694, 7701, 7774 and 7781	3.73%
Group D -	110-152, 803-839, 886-921, 934-938, 966-977, 981-989 and 8700-8850	3.56%
Group E -	85-103, 194-241, 250-267, 274-383, 770-794, 844-884, 940-951, 957, 960, 2951, 2953, 3004, 3012-7597, 7605-7691, 7697, 7706-7766, 7777 and 7785-8683	3.52%
Group F -	401-577, 748-764, 767 and 922-929	3.42%

3. Appropriately increased Medicare benefits apply automatically under the provisions of the Act.

4. The increased fees and benefits will apply to all services rendered on and after 1 July 1985.

5. To facilitate the implementation of the new fees and benefits the enclosed 'Item-Fee List' has been prepared for use by medical practitioners, the Health Insurance Commission and other interested parties.

6. A 'Ready Reckoner' showing 1 July 1985 Schedule fees and Medicare benefits is also enclosed.

7. The determination increasing fees generally also included provision for the amounts specified in the description of Items 2951 and 2953 to be similarly increased. The reference in Item 2951 "or the aggregate of the fees exceeds \$134.00 but does not exceed \$235.00" should be amended to read "or the aggregate of the fees exceeds \$138.00 but does not exceed \$245.00" and the reference in Item 2953 "exceeds \$235.00" should be amended to read "exceeds \$245.00".

8. The amounts mentioned in certain items which have a 'derived fee' should also be amended as follows:

Page 86	Item 2732—substitute	'\$17.20'	for	'\$16.60'
Page 89	Item 2782—substitute	'\$18.20'	for	'\$17.60'
Page 90	Item 2798—substitute	'\$10.80'	for	'\$10.40'
Page 94	Item 2863—substitute	'\$ 4.20'	for	'\$ 4.10'
	Item 2867—substitute	'\$ 5.20'	for	'\$ 5.00'
	Item 2871—substitute	'\$10.20'	for	'\$ 9.90'
Page 95	Item 2877—substitute	'\$ 5.20'	for	'\$ 5.00'
	Item 2881—substitute	'\$ 6.10'	for	'\$ 5.90'
	Item 2885—substitute	'\$13.00'	for	'\$12.60'
	Item 2889—substitute	'\$ 7.90'	for	'\$ 7.60'
Page 96	Item 2893—substitute	'\$10.80'	for	'\$10.40'
	Item 2897—substitute	'\$18.20'	for	'\$17.60'

1 JULY 1985

## Special Arrangements—Transitional Period

9. Where an item refers to a service in which treatment continues over a period of time in excess of one day and the treatment commenced before 1 July 1985 and continues beyond that date, the general rule is that the 15 June 1984 level of fees and benefits would apply.

10. However, in the case of the relevant obstetric items a special rule will apply in that the fee and benefit will depend on the date of the actual confinement. If the confinement takes place before 1 July 1985, fees and benefits at the 15 June 1984 level will apply. If the confinement takes place on or after 1 July 1985, fees and Medicare benefits at the new (1 July 1985) level will apply.

## AMENDMENTS TO THE MEDICARE BENEFITS SCHEDULE BOOK

11. As a result of recommendations made by the Medical Benefits Schedule Revision Committee and following consultation with the Australian Medical Association, the Medicare Benefits Schedule is being amended as from 1 July 1985. The amendments will apply to services rendered on and after that date.

12. Attached is a set of replacement pages incorporating the amendments, for insertion into Section 2 "Medicare Benefits Schedule" of the Medicare Benefits Schedule Book. The replacement pages are of a pale blue colour and are further identified by the date 1 July 1985, appearing at the bottom left hand corner of each page.

13. The fees shown in the replacement pages are expressed in 15 June 1984 values. Conversion to current (1 July 1985) values will be facilitated by reference to the Ready Reckoner.

14. New and amended services are identified in the replacement pages to the Schedule in Part 2 by the following symbols in the margin:-

- (a) New services ..... †
- (b) Description of service amended ..... ‡
- (c) Fees amended ..... +
- (d) Item transferred ..... #
- (e) Anaesthetic units changed ..... a

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

### Item 748 — Regional or Field Nerve Block

16. The term "major block" has been deleted from this item. Instead, those field blocks to which the fee and benefit applies are listed in the description. Item 752 (Subsequent major block) has been deleted so that when a block covered by Item 748 is repeated, other than by 'topping up', benefit is attracted again under Item 748.

### Item 751 — Maintenance of Regional or Field Block

17. Medicare benefit is attracted under this item only when the service is performed other than by the operating surgeon.

18. When the service is performed by the surgeon during the post-operative period of an operation it is considered to be part of the normal after-care. In these circumstances benefit is not attracted.

### Item 753 — Introduction at end of an operation of narcotic or local anaesthetic for control of post-operative pain...

19. This item has been amended to include caudal epidural administration.

### Item 949 — Collection of blood...

20. The change in the description of this item means that collection of blood from relatives (or other persons) of a patient for storage prior to an operation (directed blood donations) does not attract benefit.

### **Items 981 and 982**

21. These items were previously numbered 841 and 843 respectively.

### **Items 1401/1402 — HDL Cholesterol, estimation of...**

22. These items have been amended to provide for the payment of benefit in respect of two estimations in any twelve month period.

### **Items 1905/1906 — RAST tests**

23. It should be noted that benefits for RAST tests are now restricted to a maximum of four allergens.

### **Items 2287/2288 — Pregnancy assessment**

24. These items include all the pathology services which, it is considered, should be performed early in an uncomplicated pregnancy. For benefit to be attracted under Item 2287 or 2288 all the services enumerated must be undertaken. Services other than those listed should be requested in addition only when medically indicated. Later during the course of the pregnancy it may be necessary to have other pathology services performed.

### **Items 2980 and 2981 — Magnetic Resonance Imaging**

25. These items enable Medicare benefit to be paid for magnetic resonance imaging only where the service is rendered with the use of magnetic resonance imaging equipment of a recognised hospital or a radiology unit included in a prescribed class of radiology units.

### **Item 3148 — Drill biopsy...**

26. Needle aspiration no longer attracts benefit under this item. Needle aspiration biopsy attracts benefit on an attendance basis.

### **Item 4319 — Circumcision...**

27. Benefits are not payable for routine neonatal circumcision when a medical reason for circumcision does not exist.

### **Items 4637, 4649, 4651 — Varicose veins items**

28. It should be noted that multiple ligations of varicose veins (Item 4637) now attracts benefit in association with other items relating to varicose veins surgery except Items 4641, 4649 and 4664.

29. Where applicable, the words 'complete stripping or excision' have been revised to 'stripping or excision'.

30. The description of Item 4651 has been revised to describe more appropriately the operation currently performed.

### **Items 4633-4824 — Vascular surgery**

31. Attention is drawn to the reconstruction of items relating to vascular surgery which involves deletion or amendment of existing items and the introduction of new items.

### **Items 5229/5230 — Cauterisation...**

32. These items have been amended to provide benefit for nasal cauterisation by chemical agents when the service is performed under general anaesthesia.

### **Item 5520 — Larynx, direct examination**

33. Benefit is not attracted under this item when an anaesthetist examines the larynx during the course of administration of a general anaesthetic.

**Item 6299 Clitoris, amputation of****Item 6302 Vulvectomy (simple), vulvoplasty or labioplasty**

34. Medicare benefit is attracted under these items only when the procedure is medically indicated.

**Item 6929 — Readjustment of adjustable sutures**

35. This item refers to the occasion when readjustment has to be made to the sutures to vary the angle of deviation of the eye. It does not cover the mere tightening of the loosely tied sutures without repositioning.

**NEW ITEMS**

36. The following is a list of new items introduced into the Schedule:

479	983	2094	4641 ✓	4802 ✓	6085 ✓	6931 ✓
550	984	2287	4688 ✓	4823 ✓	6862 ✓	7140 ✓
576	1052	2288	4755 ✓	4824 ✓	6864 ✓	7153 ✓
577	1053	2980	4792 ✓	5050 ✓	6929 ✓	8159 ✓
751	2093	2981	4801 ✓			

**AMENDED ITEMS**

37. The descriptions of the following items have been amended:

568	1401	2962	3505	4709	5230	6863
569	1402	2963	3668	4738	5520	6924
748	1905	2964	3673	4749	6005	7124
753	1906	2965	4319	4754	6232	7129
816	2091	2966	4327	4762	6299	7132
817	2092	2967	4637	4778	6302	7138
909	2847	2968	4649	4784	6638	7148
915	2951	2969	4651	4794	6767	7152
949	2953	2970	4699	4806	6799	
1342	2960	2971	4702	4822	6802	
1343	2961	3148	4705	5229	6861	

**AMENDED FEES**

38. The fees for the following items have been amended:

2732 ✓	2863 ✓	2877 ✓	2885 ✓	2893 ✓	4327 ✓	4766 ✓
2782 ✓	2867 ✓	2881 ✓	2889 ✓	2897 ✓	4696 ✓	4822 ✓
2798 ✓	2871 ✓					

**ITEMS TRANSFERRED**

39. The following items have been transferred:  
981 (Old Item 841) 982 (Old Item 843).

**Anaesthetic Units Changed**

40. Anaesthetic units have been inserted or changed in the following items:  
950 951 2859 6631

**Items Deleted**

41. The following items have been deleted:

752 ✓	2097 ✓	2141 ✓	4640 ✓	4670 ✓	4678 ✓	5048 ✓
932 ✓	2131 ✓	2142 ✓	4643 ✓	4676 ✓	5045 ✓	6928 ✓
2096 ✓	2132 ✓					



**Medicare Benefits for Services to Persons Occupationally  
Exposed to Sexual Transmission of Disease**

42. The Minister for Health, under the authority vested in him by Sub-section 19(5) of the Health Insurance Act, has directed that Medicare benefits will now be payable in respect of a medical examination of, or the collection of blood for testing from, persons occupationally exposed to sexual transmission of disease where the purpose of such an examination or collection is the collection of specimens for testing in accordance with conditions determined by the health authority of the State or Territory in which the service is performed.

43. Medicare benefits will be payable for only one such medical examination and/or collection of blood per person per week. This restriction does not apply to the pathology tests carried out on the specimens collected.

**Exclusion of Medicare Benefits in respect of Chelation Therapy**

44. Following the acceptance by the Minister for Health of a recommendation of the Medicare Benefits Advisory Committee, the Health Insurance Regulations have been amended to preclude the payment of Medicare benefits for professional services rendered in connection with chelation therapy. The amending Regulation was notified in the Commonwealth of Australia Gazette of 4 April 1985, with effect from that date.

45. Chelation therapy is defined in the Regulations as the intravenous administration of ethylenediamine tetraacetic acid or any of its salts, otherwise than for the treatment of heavy metal poisoning.

**INDEX**

46. The index to the Medicare Benefits Schedule will be revised when the book is next reprinted.

\* \* \* \* \*

**Errata**

The following corrections should be made to the book —

**Section 1**

Page 1B-10. Note — paragraph numbers 78 to 100 have not been used.

Page 1C-13. Delete sub-paragraph 217(3) and insert the following:

“(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 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 223 to 226) 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 in-patient in receipt of an out-patient service at a recognised hospital; and
- (d) recognised hospital or Government (including university and Government authority) laboratory facilities and/or staff were not used in the performance of the pathology service.”

Page 1C-19. Paragraph 260 — amend the reference in the second line to “paragraph 216” to read “paragraph 257”.

\* \* \* \* \*

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1	11.20	10.80	10.80	10.80	10.80	10.80
2	19.80	18.60	18.60	18.60	18.60	18.60
5	15.60	14.80	13.40	13.40	13.40	14.80
6	24.00	22.50	22.00	22.00	22.00	22.50
7	28.50	27.50	26.50	26.50	26.50	27.50
8	38.00	35.50	34.50	34.50	34.50	35.50
9	44.50	41.50	40.00	40.00	40.00	41.50
10	54.00	50.00	49.50	49.50	49.50	50.00
11	17.40	15.80	15.80	15.80	15.80	15.80
12	26.00	25.00	25.00	25.00	25.00	25.00
15	22.50	21.50	21.50	21.50	21.50	21.50
16	31.50	28.50	28.50	28.50	28.50	28.50
17	38.00	37.50	35.50	35.50	35.50	37.50
18	45.50	44.50	43.50	43.50	43.50	44.50
21	54.00	50.00	50.00	50.00	50.00	50.00
22	61.00	58.00	56.00	56.00	56.00	58.00
27	22.50	21.50	21.50	21.50	21.50	21.50
28	31.50	28.50	28.50	28.50	28.50	28.50
29	15.60	14.80	13.40	13.40	13.40	14.80
30	22.00	20.50	20.00	20.00	20.00	20.50
31	15.60	14.80	13.40	13.40	13.40	14.80
32	13.20	12.40	12.20	12.20	12.20	12.40
34	11.20	10.80	10.80	10.80	10.80	10.80
41	22.50	21.50	21.50	21.50	21.50	21.50
42	31.50	28.50	28.50	28.50	28.50	28.50
45	13.20	12.40	12.20	12.20	12.20	12.40
46	11.20	10.80	10.80	10.80	10.80	10.80
55	11.20	10.80	10.80	10.80	10.80	10.80
56	19.80	18.60	18.60	18.60	18.60	18.60
61	15.60	14.80	13.40	13.40	13.40	14.80
62	24.00	22.50	22.00	22.00	22.00	22.50
63	28.50	27.50	26.50	26.50	26.50	27.50
64	38.00	35.50	34.50	34.50	34.50	35.50
67	44.50	41.50	40.00	40.00	40.00	41.50
68	54.00	50.00	49.50	49.50	49.50	50.00
82	15.60	14.80	13.40	13.40	13.40	14.80
85	22.50	20.50	20.50	20.50	20.50	18.40
88	44.50	41.00	41.00	41.00	41.00	37.50
94	22.50	20.50	20.50	20.50	20.50	18.40
100	64.00	61.00	61.00	61.00	61.00	55.00
103	41.00	40.50	40.50	40.50	40.50	38.00
110	78.00	71.00	71.00	71.00	71.00	71.00
116	39.00	39.00	39.00	39.00	39.00	39.00
122	94.00	90.00	90.00	90.00	90.00	90.00
128	57.00	57.00	57.00	57.00	57.00	57.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
134	22.50	20.50	20.50	20.50	20.50	20.50
136	44.50	41.00	41.00	41.00	41.00	41.00
138	65.00	62.00	62.00	62.00	62.00	62.00
140	90.00	82.00	82.00	82.00	82.00	82.00
142	110.00	106.00	106.00	106.00	106.00	106.00
144	41.00	40.50	40.50	40.50	40.50	40.50
146	64.00	61.00	61.00	61.00	61.00	61.00
148	89.00	81.00	81.00	81.00	81.00	81.00
150	108.00	102.00	102.00	102.00	102.00	102.00
152	128.00	124.00	124.00	124.00	124.00	124.00
160	62.00	62.00	62.00	62.00	62.00	62.00
161	102.00	102.00	102.00	102.00	102.00	102.00
162	142.00	142.00	142.00	142.00	142.00	142.00
163	180.00	180.00	180.00	180.00	180.00	180.00
164	220.00	220.00	220.00	220.00	220.00	220.00
190	15.60	14.80	13.40	13.40	13.40	14.80
192	156.00	148.00	134.00	134.00	134.00	148.00
194	130.00	120.00	120.00	102.00	102.00	102.00
196	196.00	152.00	152.00	152.00	152.00	152.00
198	130.00	120.00	120.00	120.00	120.00	120.00
200	225.00	205.00	196.00	180.00	180.00	180.00
207	300.00	255.00	225.00	255.00	225.00	225.00
208	315.00	280.00	265.00	260.00	245.00	245.00
209	390.00	320.00	285.00	320.00	285.00	285.00
211	259.50	239.50	230.50	214.50	214.50	214.50
213	334.50	289.50	259.50	289.50	259.50	259.50
216	310.50	290.50	281.50	265.50	265.50	265.50
217	385.50	340.50	310.50	340.50	310.50	310.50
234	280.00	280.00	265.00	265.00	265.00	255.00
241	380.00	325.00	325.00	325.00	325.00	300.00
242	11.20	10.80	10.80	10.80	10.80	10.80
246	11.20	10.80	10.80	10.80	10.80	10.80
250	90.00	90.00	90.00	90.00	90.00	90.00
258	120.00	120.00	120.00	120.00	120.00	120.00
267	34.50	34.50	34.50	34.50	34.50	34.50
273	11.20	10.80	10.80	10.80	10.80	10.80
274	130.00	130.00	130.00	130.00	130.00	130.00
275	162.00	162.00	162.00	162.00	162.00	162.00
278	34.50	34.50	34.50	34.50	34.50	34.50
284	48.50	48.50	48.50	48.50	48.50	48.50
295	34.50	34.50	34.50	34.50	34.50	34.50
298	62.00	62.00	62.00	62.00	62.00	62.00
354	34.50	34.50	34.50	34.50	34.50	34.50
360	130.00	130.00	130.00	130.00	130.00	130.00
362	41.50	41.50	41.50	41.50	41.50	41.50

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
365	152.00	152.00	152.00	152.00	152.00	152.00
368	225.00	225.00	225.00	225.00	225.00	225.00
383	69.00	69.00	69.00	69.00	69.00	69.00
401	7.70	7.60	7.60	7.40	7.40	6.50
403	15.40	15.20	15.20	14.80	14.80	13.00
404	23.00	22.50	22.50	22.50	22.50	19.60
405	31.00	30.50	30.50	29.50	29.50	26.00
406	38.50	38.00	38.00	37.00	37.00	32.50
407	46.50	45.50	45.50	44.50	44.50	39.00
408	54.00	53.00	53.00	52.00	52.00	45.50
409	62.00	61.00	61.00	59.00	59.00	52.00
443	69.00	68.00	68.00	67.00	67.00	59.00
450	77.00	76.00	76.00	74.00	74.00	65.00
453	85.00	83.00	83.00	82.00	82.00	72.00
454	93.00	91.00	91.00	89.00	89.00	78.00
457	100.00	99.00	99.00	97.00	97.00	85.00
458	108.00	106.00	106.00	104.00	104.00	91.00
459	116.00	114.00	114.00	112.00	112.00	98.00
460	124.00	122.00	122.00	118.00	118.00	104.00
461	132.00	128.00	128.00	126.00	126.00	110.00
462	138.00	136.00	136.00	134.00	134.00	118.00
463	146.00	144.00	144.00	142.00	142.00	124.00
464	154.00	152.00	152.00	148.00	148.00	130.00
465	162.00	160.00	160.00	156.00	156.00	138.00
466	170.00	166.00	166.00	164.00	164.00	144.00
467	178.00	174.00	174.00	170.00	170.00	150.00
468	186.00	182.00	182.00	178.00	178.00	156.00
469	192.00	190.00	190.00	186.00	186.00	164.00
470	200.00	198.00	198.00	194.00	194.00	170.00
471	210.00	205.00	205.00	200.00	200.00	176.00
472	215.00	210.00	210.00	210.00	210.00	182.00
473	225.00	220.00	220.00	215.00	215.00	190.00
474	230.00	225.00	225.00	225.00	225.00	196.00
475	245.00	245.00	245.00	240.00	240.00	210.00
476	280.00	275.00	275.00	265.00	265.00	235.00
477	295.00	290.00	290.00	280.00	280.00	250.00
478	300.00	295.00	295.00	290.00	290.00	255.00
479	310.00	305.00	305.00	295.00	295.00	260.00
480	46.50	45.50	45.50	44.50	44.50	39.00
481	54.00	53.00	53.00	52.00	52.00	45.50
482	0.00	0.00	0.00	0.00	0.00	0.00
483	0.00	0.00	0.00	0.00	0.00	0.00
484	0.00	0.00	0.00	0.00	0.00	0.00
485	0.00	0.00	0.00	0.00	0.00	0.00
486	7.70	7.60	7.60	7.40	7.40	6.50

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
487	77.00	76.00	76.00	74.00	74.00	65.00
489	62.00	61.00	61.00	59.00	59.00	52.00
490	62.00	61.00	61.00	59.00	59.00	52.00
492	260.00	260.00	260.00	250.00	250.00	220.00
493	270.00	265.00	265.00	260.00	260.00	230.00
497	365.00	355.00	355.00	350.00	350.00	305.00
500	9.30	9.20	9.20	9.00	9.00	8.10
505	18.60	18.40	18.40	18.00	18.00	16.20
506	28.00	27.50	27.50	27.00	27.00	24.50
509	37.50	37.00	37.00	36.00	36.00	32.50
510	46.50	46.00	46.00	45.00	45.00	40.50
513	56.00	55.00	55.00	54.00	54.00	49.00
514	65.00	65.00	65.00	63.00	63.00	57.00
517	75.00	74.00	74.00	72.00	72.00	65.00
518	84.00	83.00	83.00	81.00	81.00	73.00
521	93.00	92.00	92.00	90.00	90.00	81.00
522	102.00	102.00	102.00	100.00	100.00	90.00
523	112.00	110.00	110.00	108.00	108.00	98.00
524	122.00	120.00	120.00	118.00	118.00	106.00
525	130.00	130.00	130.00	126.00	126.00	114.00
526	140.00	138.00	138.00	136.00	136.00	122.00
527	150.00	148.00	148.00	144.00	144.00	130.00
528	158.00	156.00	156.00	154.00	154.00	138.00
529	168.00	166.00	166.00	162.00	162.00	146.00
531	178.00	176.00	176.00	172.00	172.00	154.00
533	186.00	184.00	184.00	180.00	180.00	162.00
535	196.00	194.00	194.00	190.00	190.00	172.00
537	205.00	205.00	205.00	200.00	200.00	180.00
538	215.00	210.00	210.00	210.00	210.00	188.00
539	225.00	220.00	220.00	215.00	215.00	196.00
540	235.00	230.00	230.00	225.00	225.00	205.00
541	245.00	240.00	240.00	235.00	235.00	210.00
542	250.00	250.00	250.00	245.00	245.00	220.00
543	260.00	260.00	260.00	255.00	255.00	230.00
544	270.00	265.00	265.00	260.00	260.00	235.00
545	280.00	275.00	275.00	270.00	270.00	245.00
546	300.00	295.00	295.00	290.00	290.00	260.00
547	335.00	330.00	330.00	325.00	325.00	295.00
548	355.00	350.00	350.00	345.00	345.00	310.00
549	365.00	360.00	360.00	355.00	355.00	320.00
550	375.00	370.00	370.00	360.00	360.00	325.00
551	56.00	55.00	55.00	54.00	54.00	49.00
552	65.00	65.00	65.00	63.00	63.00	57.00
553	0.00	0.00	0.00	0.00	0.00	0.00
554	0.00	0.00	0.00	0.00	0.00	0.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
556	0.00	0.00	0.00	0.00	0.00	0.00
557	0.00	0.00	0.00	0.00	0.00	0.00
558	9.30	9.20	9.20	9.00	9.00	8.10
559	93.00	92.00	92.00	90.00	90.00	81.00
561	75.00	74.00	74.00	72.00	72.00	65.00
562	75.00	74.00	74.00	72.00	72.00	65.00
563	320.00	315.00	315.00	310.00	310.00	275.00
564	325.00	325.00	325.00	315.00	315.00	285.00
565	440.00	435.00	435.00	425.00	425.00	385.00
566	31.00	30.50	30.50	29.50	29.50	26.00
567	37.50	37.00	37.00	36.00	36.00	32.50
568	46.50	45.50	45.50	44.50	44.50	39.00
569	56.00	55.00	55.00	54.00	54.00	49.00
570	62.00	61.00	61.00	59.00	59.00	52.00
571	75.00	74.00	74.00	72.00	72.00	65.00
572	46.50	45.50	45.50	44.50	44.50	39.00
573	56.00	55.00	55.00	54.00	54.00	49.00
574	77.00	76.00	76.00	74.00	74.00	65.00
575	93.00	92.00	92.00	90.00	90.00	81.00
576	54.00	53.00	53.00	52.00	52.00	45.50
577	65.00	65.00	65.00	63.00	63.00	57.00
748	51.00	51.00	51.00	51.00	51.00	51.00
751	22.00	22.00	22.00	22.00	22.00	22.00
753	27.50	27.50	27.50	27.50	27.50	27.50
755	75.00	74.00	74.00	73.00	73.00	65.00
756	84.00	83.00	83.00	81.00	81.00	74.00
760	37.50	37.50	37.50	37.50	37.50	37.50
764	48.50	48.50	48.50	48.50	48.50	48.50
767	74.00	74.00	74.00	74.00	74.00	74.00
770	38.00	38.00	38.00	35.50	35.50	32.50
774	76.00	76.00	76.00	76.00	76.00	76.00
777	122.00	122.00	122.00	122.00	122.00	122.00
787	102.00	102.00	102.00	102.00	102.00	102.00
790	152.00	152.00	152.00	152.00	152.00	152.00
791	26.50	26.50	26.50	26.50	26.50	26.50
793	102.00	102.00	102.00	102.00	102.00	102.00
794	46.00	46.00	46.00	46.00	46.00	46.00
803	75.00	75.00	75.00	75.00	75.00	75.00
806	91.00	91.00	91.00	91.00	91.00	91.00
809	124.00	124.00	124.00	124.00	124.00	124.00
810	61.00	61.00	61.00	61.00	61.00	61.00
811	82.00	82.00	82.00	82.00	82.00	82.00
813	122.00	122.00	122.00	122.00	122.00	122.00
814	82.00	82.00	82.00	82.00	82.00	82.00
816	62.00	62.00	62.00	62.00	62.00	62.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

<b>Item No.</b>	<b>N.S.W.</b>	<b>Vic.</b>	<b>Qld.</b>	<b>S.A.</b>	<b>W.A.</b>	<b>Tas.</b>
817	92.00	92.00	92.00	92.00	92.00	92.00
821	75.00	75.00	75.00	75.00	75.00	75.00
824	39.00	39.00	39.00	39.00	39.00	39.00
831	66.00	66.00	66.00	66.00	66.00	66.00
833	124.00	124.00	124.00	124.00	124.00	124.00
836	75.00	75.00	75.00	75.00	75.00	75.00
839	41.00	41.00	41.00	41.00	41.00	41.00
844	38.00	31.00	38.00	38.00	31.00	31.00
849	22.50	22.50	22.50	22.50	22.50	22.50
851	66.00	66.00	66.00	66.00	66.00	66.00
853	60.00	60.00	60.00	60.00	60.00	60.00
854	89.00	89.00	89.00	89.00	89.00	89.00
856	38.50	38.50	38.50	38.50	38.50	38.50
859	75.00	75.00	75.00	75.00	75.00	75.00
860	92.00	92.00	92.00	92.00	92.00	92.00
863	14.20	14.20	14.20	14.20	14.20	14.20
865	20.50	20.50	20.50	20.50	20.50	20.50
870	27.00	27.00	27.00	27.00	27.00	27.00
874	33.00	33.00	33.00	33.00	33.00	33.00
877	20.50	20.50	20.50	20.50	20.50	20.50
878	12.80	12.80	12.80	12.80	12.80	12.80
882	24.50	24.50	24.50	24.50	24.50	24.50
884	24.50	24.50	24.50	24.50	24.50	24.50
886	31.00	31.00	31.00	31.00	31.00	31.00
887	27.00	27.00	27.00	27.00	27.00	27.00
888	35.50	35.50	35.50	35.50	35.50	35.50
889	53.00	53.00	53.00	53.00	53.00	53.00
890	28.50	27.00	27.00	27.00	27.00	27.00
893	64.00	59.00	59.00	59.00	59.00	59.00
895	31.00	31.00	31.00	31.00	31.00	31.00
897	46.00	46.00	46.00	46.00	46.00	46.00
902	182.00	182.00	182.00	182.00	182.00	182.00
904	156.00	156.00	156.00	156.00	156.00	156.00
907	15.60	15.60	15.60	15.60	15.60	15.60
908	26.50	26.50	26.50	26.50	26.50	26.50
909	13.00	13.00	13.00	13.00	13.00	13.00
912	39.50	39.50	39.50	39.50	39.50	39.50
913	65.00	65.00	65.00	65.00	65.00	65.00
915	102.00	102.00	102.00	102.00	102.00	102.00
916	92.00	92.00	92.00	92.00	92.00	92.00
917	53.00	53.00	53.00	53.00	53.00	53.00
918	91.00	91.00	91.00	91.00	91.00	91.00
920	76.00	76.00	76.00	76.00	76.00	76.00
921	11.20	11.20	11.20	11.20	11.20	11.20
922	245.00	245.00	245.00	245.00	245.00	245.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
923	350.00	350.00	350.00	350.00	350.00	350.00
925	60.00	60.00	60.00	60.00	60.00	60.00
927	19.60	19.60	19.60	19.60	19.60	19.60
929	32.50	32.50	32.50	32.50	32.50	32.50
934	46.00	46.00	46.00	46.00	46.00	46.00
936	71.00	71.00	71.00	71.00	71.00	71.00
938	71.00	71.00	71.00	71.00	71.00	71.00
940	65.00	65.00	65.00	65.00	65.00	65.00
944	45.50	45.50	45.50	45.50	45.50	45.50
947	124.00	124.00	124.00	124.00	124.00	124.00
949	26.50	26.50	26.50	26.50	26.50	26.50
950	124.00	124.00	124.00	124.00	124.00	124.00
951	46.50	46.50	46.50	46.50	46.50	46.50
952	65.00	65.00	65.00	65.00	65.00	65.00
955	3.40	3.40	3.40	3.40	3.40	3.40
956	12.40	12.40	12.40	12.40	12.40	12.40
957	38.00	38.00	38.00	38.00	38.00	38.00
958	20.00	20.00	20.00	20.00	20.00	20.00
960	28.00	28.00	28.00	28.00	28.00	28.00
963	19.40	19.40	19.40	19.40	19.40	19.40
966	51.00	51.00	51.00	51.00	51.00	51.00
968	98.00	98.00	98.00	98.00	98.00	98.00
970	196.00	196.00	196.00	196.00	196.00	196.00
974	32.50	32.50	32.50	32.50	32.50	32.50
976	295.00	295.00	295.00	295.00	295.00	295.00
977	71.00	71.00	71.00	71.00	71.00	71.00
980	15.60	14.80	13.40	13.40	13.40	14.80
981	15.60	15.60	15.60	15.60	15.60	15.60
982	41.00	41.00	41.00	41.00	41.00	41.00
983	41.00	41.00	41.00	41.00	41.00	41.00
984	61.00	61.00	61.00	61.00	61.00	61.00
987	21.00	21.00	21.00	21.00	21.00	21.00
989	32.00	32.00	32.00	32.00	32.00	32.00
994	146.00	146.00	146.00	146.00	146.00	146.00
996	35.50	35.50	35.50	35.50	35.50	35.50
997	25.00	25.00	25.00	25.00	25.00	25.00
998	18.20	18.20	18.20	18.20	18.20	18.20
1006	5.70	5.70	5.70	5.70	5.70	5.70
1007	4.30	4.30	4.30	4.30	4.30	4.30
1008	9.20	9.20	9.20	9.20	9.20	9.20
1009	6.90	6.90	6.90	6.90	6.90	6.90
1010	5.80	5.80	5.80	5.80	5.80	5.80
1011	13.80	13.80	13.80	13.80	13.80	13.80
1012	10.35	10.35	10.35	10.35	10.35	10.35
1013	6.90	6.90	6.90	6.90	6.90	6.90



**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

<b>Item No.</b>	<b>N.S.W.</b>	<b>Vic.</b>	<b>Qld.</b>	<b>S.A.</b>	<b>W.A.</b>	<b>Tas.</b>
1014	11.40	11.40	11.40	11.40	11.40	11.40
1015	8.55	8.55	8.55	8.55	8.55	8.55
1016	5.70	5.70	5.70	5.70	5.70	5.70
1019	4.60	4.60	4.60	4.60	4.60	4.60
1020	3.45	3.45	3.45	3.45	3.45	3.45
1121	6.90	6.90	6.90	6.90	6.90	6.90
1022	5.20	5.20	5.20	5.20	5.20	5.20
1028	6.90	6.90	6.90	6.90	6.90	6.90
1029	5.20	5.20	5.20	5.20	5.20	5.20
1030	11.40	11.40	11.40	11.40	11.40	11.40
1032	8.55	8.55	8.55	8.55	8.55	8.55
1036	11.40	11.40	11.40	11.40	11.40	11.40
1037	8.55	8.55	8.55	8.55	8.55	8.55
1038	23.00	23.00	23.00	23.00	23.00	23.00
1040	17.25	17.25	17.25	17.25	17.25	17.25
1044	23.00	23.00	23.00	23.00	23.00	23.00
1045	17.25	17.25	17.25	17.25	17.25	17.25
1048	46.00	46.00	46.00	46.00	46.00	46.00
1049	34.50	34.50	34.50	34.50	34.50	34.50
1052	9.10	9.10	9.10	9.10	9.10	9.10
1053	6.90	6.90	6.90	6.90	6.90	6.90
1062	69.00	69.00	69.00	69.00	69.00	69.00
1063	51.75	51.75	51.75	51.75	51.75	51.75
1064	114.00	114.00	114.00	114.00	114.00	114.00
1065	85.50	85.50	85.50	85.50	85.50	85.50
1080	11.40	11.40	11.40	11.40	11.40	11.40
1081	8.55	8.55	8.55	8.55	8.55	8.55
1089	20.50	20.50	20.50	20.50	20.50	20.50
1090	15.40	15.40	15.40	15.40	15.40	15.40
1101	23.00	23.00	23.00	23.00	23.00	23.00
1102	17.25	17.25	17.25	17.25	17.25	17.25
1104	46.00	46.00	46.00	46.00	46.00	46.00
1105	34.50	34.50	34.50	34.50	34.50	34.50
1106	11.40	11.40	11.40	11.40	11.40	11.40
1108	8.55	8.55	8.55	8.55	8.55	8.55
1111	46.00	46.00	46.00	46.00	46.00	46.00
1112	34.50	34.50	34.50	34.50	34.50	34.50
1113	23.00	23.00	23.00	23.00	23.00	23.00
1114	17.20	17.20	17.20	17.20	17.20	17.20
1116	12.90	12.90	12.90	12.90	12.90	12.90
1117	8.60	8.60	8.60	8.60	8.60	8.60
1121	17.20	17.20	17.20	17.20	17.20	17.20
1122	12.90	12.90	12.90	12.90	12.90	12.90
1124	46.00	46.00	46.00	46.00	46.00	46.00
1125	34.50	34.50	34.50	34.50	34.50	34.50

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

<b>Item No.</b>	<b>N.S.W.</b>	<b>Vic.</b>	<b>Qld.</b>	<b>S.A.</b>	<b>W.A.</b>	<b>Tas.</b>
1126	34.50	34.50	34.50	34.50	34.50	34.50
1128	25.90	25.90	25.90	25.90	25.90	25.90
1129	23.00	23.00	23.00	23.00	23.00	23.00
1130	17.25	17.25	17.25	17.25	17.25	17.25
1136	11.40	11.40	11.40	11.40	11.40	11.40
1137	8.55	8.55	8.55	8.55	8.55	8.55
1144	17.20	17.20	17.20	17.20	17.20	17.20
1145	12.90	12.90	12.90	12.90	12.90	12.90
1152	23.00	23.00	23.00	23.00	23.00	23.00
1153	17.25	17.25	17.25	17.25	17.25	17.25
1159	23.00	23.00	23.00	23.00	23.00	23.00
1160	17.25	17.25	17.25	17.25	17.25	17.25
1166	23.00	23.00	23.00	23.00	23.00	23.00
1167	17.25	17.25	17.25	17.25	17.25	17.25
1190	9.20	9.20	9.20	9.20	9.20	9.20
1191	6.90	6.90	6.90	6.90	6.90	6.90
1194	23.00	23.00	23.00	23.00	23.00	23.00
1195	17.25	17.25	17.25	17.25	17.25	17.25
1202	9.20	9.20	9.20	9.20	9.20	9.20
1203	6.90	6.90	6.90	6.90	6.90	6.90
1206	23.00	23.00	23.00	23.00	23.00	23.00
1207	17.25	17.25	17.25	17.25	17.25	17.25
1211	11.40	11.40	11.40	11.40	11.40	11.40
1212	8.55	8.55	8.55	8.55	8.55	8.55
1215	11.40	11.40	11.40	11.40	11.40	11.40
1216	8.55	8.55	8.55	8.55	8.55	8.55
1234	11.40	11.40	11.40	11.40	11.40	11.40
1235	8.55	8.55	8.55	8.55	8.55	8.55
1236	17.20	17.20	17.20	17.20	17.20	17.20
1237	12.90	12.90	12.90	12.90	12.90	12.90
1238	23.00	23.00	23.00	23.00	23.00	23.00
1239	17.25	17.25	17.25	17.25	17.25	17.25
1242	11.40	11.40	11.40	11.40	11.40	11.40
1243	8.55	8.55	8.55	8.55	8.55	8.55
1244	11.40	11.40	11.40	11.40	11.40	11.40
1246	8.55	8.55	8.55	8.55	8.55	8.55
1247	11.40	11.40	11.40	11.40	11.40	11.40
1248	8.55	8.55	8.55	8.55	8.55	8.55
1251	17.20	17.20	17.20	17.20	17.20	17.20
1252	12.90	12.90	12.90	12.90	12.90	12.90
1255	17.20	17.20	17.20	17.20	17.20	17.20
1256	12.90	12.90	12.90	12.90	12.90	12.90
1259	17.20	17.20	17.20	17.20	17.20	17.20
1260	12.90	12.90	12.90	12.90	12.90	12.90
1261	13.80	13.80	13.80	13.80	13.80	13.80

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

<b>Item No.</b>	<b>N.S.W.</b>	<b>Vic.</b>	<b>Qld.</b>	<b>S.A.</b>	<b>W.A.</b>	<b>Tas.</b>
1262	10.35	10.35	10.35	10.35	10.35	10.35
1263	17.20	17.20	17.20	17.20	17.20	17.20
1264	12.90	12.90	12.90	12.90	12.90	12.90
1267	34.50	34.50	34.50	34.50	34.50	34.50
1268	25.90	25.90	25.90	25.90	25.90	25.90
1271	34.50	34.50	34.50	34.50	34.50	34.50
1272	25.90	25.90	25.90	25.90	25.90	25.90
1277	34.50	34.50	34.50	34.50	34.50	34.50
1278	25.90	25.90	25.90	25.90	25.90	25.90
1279	69.00	69.00	69.00	69.00	69.00	69.00
1280	51.75	51.75	51.75	51.75	51.75	51.75
1296	17.20	17.20	17.20	17.20	17.20	17.20
1297	12.90	12.90	12.90	12.90	12.90	12.90
1298	8.60	8.60	8.60	8.60	8.60	8.60
1301	17.20	17.20	17.20	17.20	17.20	17.20
1302	12.90	12.90	12.90	12.90	12.90	12.90
1303	8.60	8.60	8.60	8.60	8.60	8.60
1304	23.00	23.00	23.00	23.00	23.00	23.00
1305	17.25	17.25	17.25	17.25	17.25	17.25
1306	11.50	11.50	11.50	11.50	11.50	11.50
1307	28.50	28.50	28.50	28.50	28.50	28.50
1308	21.40	21.40	21.40	21.40	21.40	21.40
1309	14.25	14.25	14.25	14.25	14.25	14.25
1310	31.50	31.50	31.50	31.50	31.50	31.50
1311	23.65	23.65	23.65	23.65	23.65	23.65
1312	15.75	15.75	15.75	15.75	15.75	15.75
1313	20.50	20.50	20.50	20.50	20.50	20.50
1314	15.40	15.40	15.40	15.40	15.40	15.40
1319	5.70	5.70	5.70	5.70	5.70	5.70
1320	4.30	4.30	4.30	4.30	4.30	4.30
1322	11.40	11.40	11.40	11.40	11.40	11.40
1323	8.55	8.55	8.55	8.55	8.55	8.55
1324	46.00	46.00	46.00	46.00	46.00	46.00
1325	34.50	34.50	34.50	34.50	34.50	34.50
1326	23.00	23.00	23.00	23.00	23.00	23.00
1327	23.00	23.00	23.00	23.00	23.00	23.00
1328	17.25	17.25	17.25	17.25	17.25	17.25
1330	23.00	23.00	23.00	23.00	23.00	23.00
1331	17.25	17.25	17.25	17.25	17.25	17.25
1333	23.00	23.00	23.00	23.00	23.00	23.00
1334	17.25	17.25	17.25	17.25	17.25	17.25
1336	23.00	23.00	23.00	23.00	23.00	23.00
1337	17.25	17.25	17.25	17.25	17.25	17.25
1339	23.00	23.00	23.00	23.00	23.00	23.00
1340	17.25	17.25	17.25	17.25	17.25	17.25

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1342	23.00	23.00	23.00	23.00	23.00	23.00
1343	17.25	17.25	17.25	17.25	17.25	17.25
1345	34.50	34.50	34.50	34.50	34.50	34.50
1346	25.90	25.90	25.90	25.90	25.90	25.90
1348	34.50	34.50	34.50	34.50	34.50	34.50
1349	25.90	25.90	25.90	25.90	25.90	25.90
1351	34.50	34.50	34.50	34.50	34.50	34.50
1352	25.90	25.90	25.90	25.90	25.90	25.90
1354	34.50	34.50	34.50	34.50	34.50	34.50
1355	25.90	25.90	25.90	25.90	25.90	25.90
1357	34.50	34.50	34.50	34.50	34.50	34.50
1358	25.90	25.90	25.90	25.90	25.90	25.90
1360	34.50	34.50	34.50	34.50	34.50	34.50
1362	25.90	25.90	25.90	25.90	25.90	25.90
1364	46.00	46.00	46.00	46.00	46.00	46.00
1366	34.50	34.50	34.50	34.50	34.50	34.50
1368	46.00	46.00	46.00	46.00	46.00	46.00
1370	34.50	34.50	34.50	34.50	34.50	34.50
1372	46.00	46.00	46.00	46.00	46.00	46.00
1374	34.50	34.50	34.50	34.50	34.50	34.50
1376	11.40	11.40	11.40	11.40	11.40	11.40
1378	8.55	8.55	8.55	8.55	8.55	8.55
1380	28.50	28.50	28.50	28.50	28.50	28.50
1381	21.40	21.40	21.40	21.40	21.40	21.40
1382	46.00	46.00	46.00	46.00	46.00	46.00
1384	34.50	34.50	34.50	34.50	34.50	34.50
1385	57.00	57.00	57.00	57.00	57.00	57.00
1387	42.75	42.75	42.75	42.75	42.75	42.75
1392	34.50	34.50	34.50	34.50	34.50	34.50
1393	25.90	25.90	25.90	25.90	25.90	25.90
1394	57.00	57.00	57.00	57.00	57.00	57.00
1395	42.75	42.75	42.75	42.75	42.75	42.75
1397	69.00	69.00	69.00	69.00	69.00	69.00
1398	51.75	51.75	51.75	51.75	51.75	51.75
1401	23.00	23.00	23.00	23.00	23.00	23.00
1402	17.25	17.25	17.25	17.25	17.25	17.25
1421	17.20	17.20	17.20	17.20	17.20	17.20
1422	12.90	12.90	12.90	12.90	12.90	12.90
1424	28.50	28.50	28.50	28.50	28.50	28.50
1425	21.40	21.40	21.40	21.40	21.40	21.40
1452	34.50	34.50	34.50	34.50	34.50	34.50
1453	25.90	25.90	25.90	25.90	25.90	25.90
1455	52.00	52.00	52.00	52.00	52.00	52.00
1456	39.00	39.00	39.00	39.00	39.00	39.00
1458	69.00	69.00	69.00	69.00	69.00	69.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

<b>Item No.</b>	<b>N.S.W.</b>	<b>Vic.</b>	<b>Qld.</b>	<b>S.A.</b>	<b>W.A.</b>	<b>Tas.</b>
1459	51.75	51.75	51.75	51.75	51.75	51.75
1461	6.90	6.90	6.90	6.90	6.90	6.90
1462	5.20	5.20	5.20	5.20	5.20	5.20
1469	92.00	92.00	92.00	92.00	92.00	92.00
1470	69.00	69.00	69.00	69.00	69.00	69.00
1475	57.00	57.00	57.00	57.00	57.00	57.00
1476	42.75	42.75	42.75	42.75	42.75	42.75
1478	92.00	92.00	92.00	92.00	92.00	92.00
1479	69.00	69.00	69.00	69.00	69.00	69.00
1481	114.00	114.00	114.00	114.00	114.00	114.00
1482	85.50	85.50	85.50	85.50	85.50	85.50
1484	11.40	11.40	11.40	11.40	11.40	11.40
1485	8.55	8.55	8.55	8.55	8.55	8.55
1504	11.40	11.40	11.40	11.40	11.40	11.40
1505	8.55	8.55	8.55	8.55	8.55	8.55
1511	34.50	34.50	34.50	34.50	34.50	34.50
1512	25.90	25.90	25.90	25.90	25.90	25.90
1516	28.50	28.50	28.50	28.50	28.50	28.50
1517	21.40	21.40	21.40	21.40	21.40	21.40
1529	6.90	6.90	6.90	6.90	6.90	6.90
1530	5.20	5.20	5.20	5.20	5.20	5.20
1536	9.20	9.20	9.20	9.20	9.20	9.20
1537	6.90	6.90	6.90	6.90	6.90	6.90
1545	9.20	9.20	9.20	9.20	9.20	9.20
1546	6.90	6.90	6.90	6.90	6.90	6.90
1548	11.40	11.40	11.40	11.40	11.40	11.40
1549	8.55	8.55	8.55	8.55	8.55	8.55
1556	11.40	11.40	11.40	11.40	11.40	11.40
1557	8.55	8.55	8.55	8.55	8.55	8.55
1566	17.20	17.20	17.20	17.20	17.20	17.20
1567	12.90	12.90	12.90	12.90	12.90	12.90
1586	11.40	11.40	11.40	11.40	11.40	11.40
1587	8.55	8.55	8.55	8.55	8.55	8.55
1588	23.00	23.00	23.00	23.00	23.00	23.00
1589	17.25	17.25	17.25	17.25	17.25	17.25
1604	28.50	28.50	28.50	28.50	28.50	28.50
1606	21.40	21.40	21.40	21.40	21.40	21.40
1609	23.00	23.00	23.00	23.00	23.00	23.00
1610	17.25	17.25	17.25	17.25	17.25	17.25
1611	14.50	14.50	14.50	14.50	14.50	14.50
1612	40.00	40.00	40.00	40.00	40.00	40.00
1613	30.00	30.00	30.00	30.00	30.00	30.00
1614	20.00	20.00	20.00	20.00	20.00	20.00
1615	34.50	34.50	34.50	34.50	34.50	34.50
1616	25.90	25.90	25.90	25.90	25.90	25.90

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1618	21.75	21.75	21.75	21.75	21.75	21.75
1619	60.00	60.00	60.00	60.00	60.00	60.00
1620	45.00	45.00	45.00	45.00	45.00	45.00
1621	30.00	30.00	30.00	30.00	30.00	30.00
1622	23.00	23.00	23.00	23.00	23.00	23.00
1623	17.25	17.25	17.25	17.25	17.25	17.25
1633	34.50	34.50	34.50	34.50	34.50	34.50
1634	25.90	25.90	25.90	25.90	25.90	25.90
1636	17.25	17.25	17.25	17.25	17.25	17.25
1637	5.70	5.70	5.70	5.70	5.70	5.70
1638	4.30	4.30	4.30	4.30	4.30	4.30
1640	5.70	5.70	5.70	5.70	5.70	5.70
1641	4.30	4.30	4.30	4.30	4.30	4.30
1644	11.40	11.40	11.40	11.40	11.40	11.40
1645	8.55	8.55	8.55	8.55	8.55	8.55
1647	23.00	23.00	23.00	23.00	23.00	23.00
1648	17.25	17.25	17.25	17.25	17.25	17.25
1661	11.40	11.40	11.40	11.40	11.40	11.40
1662	8.55	8.55	8.55	8.55	8.55	8.55
1664	17.20	17.20	17.20	17.20	17.20	17.20
1665	12.90	12.90	12.90	12.90	12.90	12.90
1668	43.50	43.50	43.50	43.50	43.50	43.50
1669	32.65	32.65	32.65	32.65	32.65	32.65
1670	21.75	21.75	21.75	21.75	21.75	21.75
1673	32.00	32.00	32.00	32.00	32.00	32.00
1674	24.00	24.00	24.00	24.00	24.00	24.00
1676	16.00	16.00	16.00	16.00	16.00	16.00
1682	11.40	11.40	11.40	11.40	11.40	11.40
1683	8.55	8.55	8.55	8.55	8.55	8.55
1687	17.20	17.20	17.20	17.20	17.20	17.20
1688	12.90	12.90	12.90	12.90	12.90	12.90
1693	11.40	11.40	11.40	11.40	11.40	11.40
1694	8.55	8.55	8.55	8.55	8.55	8.55
1702	23.00	23.00	23.00	23.00	23.00	23.00
1703	17.25	17.25	17.25	17.25	17.25	17.25
1705	40.00	40.00	40.00	40.00	40.00	40.00
1706	30.00	30.00	30.00	30.00	30.00	30.00
1721	23.00	23.00	23.00	23.00	23.00	23.00
1722	17.25	17.25	17.25	17.25	17.25	17.25
1724	28.50	28.50	28.50	28.50	28.50	28.50
1725	21.40	21.40	21.40	21.40	21.40	21.40
1732	5.70	5.70	5.70	5.70	5.70	5.70
1733	4.30	4.30	4.30	4.30	4.30	4.30
1743	23.00	23.00	23.00	23.00	23.00	23.00
1744	17.25	17.25	17.25	17.25	17.25	17.25

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
1747	23.00	23.00	23.00	23.00	23.00	23.00
1748	17.25	17.25	17.25	17.25	17.25	17.25
1756	5.70	5.70	5.70	5.70	5.70	5.70
1757	4.30	4.30	4.30	4.30	4.30	4.30
1758	6.90	6.90	6.90	6.90	6.90	6.90
1759	5.20	5.20	5.20	5.20	5.20	5.20
1760	17.20	17.20	17.20	17.20	17.20	17.20
1761	12.90	12.90	12.90	12.90	12.90	12.90
1763	9.20	9.20	9.20	9.20	9.20	9.20
1764	6.90	6.90	6.90	6.90	6.90	6.90
1766	4.60	4.60	4.60	4.60	4.60	4.60
1767	3.45	3.45	3.45	3.45	3.45	3.45
1772	5.70	5.70	5.70	5.70	5.70	5.70
1773	4.30	4.30	4.30	4.30	4.30	4.30
1775	6.90	6.90	6.90	6.90	6.90	6.90
1776	5.20	5.20	5.20	5.20	5.20	5.20
1781	23.00	23.00	23.00	23.00	23.00	23.00
1782	17.25	17.25	17.25	17.25	17.25	17.25
1784	5.70	5.70	5.70	5.70	5.70	5.70
1785	4.30	4.30	4.30	4.30	4.30	4.30
1793	17.20	17.20	17.20	17.20	17.20	17.20
1794	12.90	12.90	12.90	12.90	12.90	12.90
1796	9.20	9.20	9.20	9.20	9.20	9.20
1797	6.90	6.90	6.90	6.90	6.90	6.90
1805	11.40	11.40	11.40	11.40	11.40	11.40
1806	8.55	8.55	8.55	8.55	8.55	8.55
1808	5.70	5.70	5.70	5.70	5.70	5.70
1809	4.30	4.30	4.30	4.30	4.30	4.30
1823	11.40	11.40	11.40	11.40	11.40	11.40
1824	8.55	8.55	8.55	8.55	8.55	8.55
1826	5.70	5.70	5.70	5.70	5.70	5.70
1827	4.30	4.30	4.30	4.30	4.30	4.30
1839	5.70	5.70	5.70	5.70	5.70	5.70
1840	4.30	4.30	4.30	4.30	4.30	4.30
1843	17.20	17.20	17.20	17.20	17.20	17.20
1844	12.90	12.90	12.90	12.90	12.90	12.90
1846	26.00	26.00	26.00	26.00	26.00	26.00
1847	19.50	19.50	19.50	19.50	19.50	19.50
1851	11.40	11.40	11.40	11.40	11.40	11.40
1852	8.55	8.55	8.55	8.55	8.55	8.55
1858	46.00	46.00	46.00	46.00	46.00	46.00
1859	34.50	34.50	34.50	34.50	34.50	34.50
1877	34.50	34.50	34.50	34.50	34.50	34.50
1878	25.90	25.90	25.90	25.90	25.90	25.90
1884	5.70	5.70	5.70	5.70	5.70	5.70

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

<b>Item No.</b>	<b>N.S.W.</b>	<b>Vic.</b>	<b>Qld.</b>	<b>S.A.</b>	<b>W.A.</b>	<b>Tas.</b>
1885	4.30	4.30	4.30	4.30	4.30	4.30
1888	23.00	23.00	23.00	23.00	23.00	23.00
1889	17.25	17.25	17.25	17.25	17.25	17.25
1891	11.40	11.40	11.40	11.40	11.40	11.40
1892	8.55	8.55	8.55	8.55	8.55	8.55
1897	34.50	34.50	34.50	34.50	34.50	34.50
1898	25.90	25.90	25.90	25.90	25.90	25.90
1903	11.40	11.40	11.40	11.40	11.40	11.40
1904	8.55	8.55	8.55	8.55	8.55	8.55
1905	5.70	5.70	5.70	5.70	5.70	5.70
1906	4.30	4.30	4.30	4.30	4.30	4.30
1911	23.00	23.00	23.00	23.00	23.00	23.00
1912	17.25	17.25	17.25	17.25	17.25	17.25
1913	11.40	11.40	11.40	11.40	11.40	11.40
1914	8.55	8.55	8.55	8.55	8.55	8.55
1918	28.50	28.50	28.50	28.50	28.50	28.50
1919	21.40	21.40	21.40	21.40	21.40	21.40
1924	23.00	23.00	23.00	23.00	23.00	23.00
1925	17.25	17.25	17.25	17.25	17.25	17.25
1926	11.40	11.40	11.40	11.40	11.40	11.40
1927	8.55	8.55	8.55	8.55	8.55	8.55
1935	11.40	11.40	11.40	11.40	11.40	11.40
1936	8.55	8.55	8.55	8.55	8.55	8.55
1941	23.00	23.00	23.00	23.00	23.00	23.00
1942	17.25	17.25	17.25	17.25	17.25	17.25
1943	11.40	11.40	11.40	11.40	11.40	11.40
1944	8.55	8.55	8.55	8.55	8.55	8.55
1948	17.20	17.20	17.20	17.20	17.20	17.20
1949	12.90	12.90	12.90	12.90	12.90	12.90
1955	23.00	23.00	23.00	23.00	23.00	23.00
1956	17.25	17.25	17.25	17.25	17.25	17.25
1957	11.40	11.40	11.40	11.40	11.40	11.40
1958	8.55	8.55	8.55	8.55	8.55	8.55
1965	34.50	34.50	34.50	34.50	34.50	34.50
1966	25.90	25.90	25.90	25.90	25.90	25.90
1971	34.50	34.50	34.50	34.50	34.50	34.50
1972	25.90	25.90	25.90	25.90	25.90	25.90
1973	57.00	57.00	57.00	57.00	57.00	57.00
1974	42.75	42.75	42.75	42.75	42.75	42.75
1981	46.00	46.00	46.00	46.00	46.00	46.00
1982	34.50	34.50	34.50	34.50	34.50	34.50
1987	46.00	46.00	46.00	46.00	46.00	46.00
1988	34.50	34.50	34.50	34.50	34.50	34.50
1995	46.00	46.00	46.00	46.00	46.00	46.00
1996	34.50	34.50	34.50	34.50	34.50	34.50



**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

<b>Item No.</b>	<b>N.S.W.</b>	<b>Vic.</b>	<b>Qld.</b>	<b>S.A.</b>	<b>W.A.</b>	<b>Tas.</b>
1997	69.00	69.00	69.00	69.00	69.00	69.00
1998	51.75	51.75	51.75	51.75	51.75	51.75
2006	57.00	57.00	57.00	57.00	57.00	57.00
2007	42.75	42.75	42.75	42.75	42.75	42.75
2013	11.40	11.40	11.40	11.40	11.40	11.40
2014	8.55	8.55	8.55	8.55	8.55	8.55
2022	23.00	23.00	23.00	23.00	23.00	23.00
2023	17.25	17.25	17.25	17.25	17.25	17.25
2041	80.00	80.00	80.00	80.00	80.00	80.00
2042	60.00	60.00	60.00	60.00	60.00	60.00
2048	104.00	104.00	104.00	104.00	104.00	104.00
2049	78.00	78.00	78.00	78.00	78.00	78.00
2056	148.00	148.00	148.00	148.00	148.00	148.00
2057	111.00	111.00	111.00	111.00	111.00	111.00
2060	104.00	104.00	104.00	104.00	104.00	104.00
2061	78.00	78.00	78.00	78.00	78.00	78.00
2062	120.00	120.00	120.00	120.00	120.00	120.00
2063	90.00	90.00	90.00	90.00	90.00	90.00
2081	17.20	17.20	17.20	17.20	17.20	17.20
2082	12.90	12.90	12.90	12.90	12.90	12.90
2091	34.50	34.50	34.50	34.50	34.50	34.50
2092	25.90	25.90	25.90	25.90	25.90	25.90
2093	46.00	46.00	46.00	46.00	46.00	46.00
2094	34.50	34.50	34.50	34.50	34.50	34.50
2104	17.20	17.20	17.20	17.20	17.20	17.20
2105	12.90	12.90	12.90	12.90	12.90	12.90
2111	28.50	28.50	28.50	28.50	28.50	28.50
2112	21.40	21.40	21.40	21.40	21.40	21.40
2148	172.00	172.00	172.00	172.00	172.00	172.00
2149	129.00	129.00	129.00	129.00	129.00	129.00
2155	114.00	114.00	114.00	114.00	114.00	114.00
2156	85.50	85.50	85.50	85.50	85.50	85.50
2161	138.00	138.00	138.00	138.00	138.00	138.00
2162	103.50	103.50	103.50	103.50	103.50	103.50
2170	114.00	114.00	114.00	114.00	114.00	114.00
2171	85.50	85.50	85.50	85.50	85.50	85.50
2173	172.00	172.00	172.00	172.00	172.00	172.00
2174	129.00	129.00	129.00	129.00	129.00	129.00
2201	6.90	6.90	6.90	6.90	6.90	6.90
2202	5.20	5.20	5.20	5.20	5.20	5.20
2211	23.00	23.00	23.00	23.00	23.00	23.00
2212	17.25	17.25	17.25	17.25	17.25	17.25
2215	34.50	34.50	34.50	34.50	34.50	34.50
2216	25.90	25.90	25.90	25.90	25.90	25.90
2225	17.20	17.20	17.20	17.20	17.20	17.20

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2226	12.90	12.90	12.90	12.90	12.90	12.90
2227	28.50	28.50	28.50	28.50	28.50	28.50
2228	21.40	21.40	21.40	21.40	21.40	21.40
2247	17.20	17.20	17.20	17.20	17.20	17.20
2248	12.90	12.90	12.90	12.90	12.90	12.90
2249	23.00	23.00	23.00	23.00	23.00	23.00
2250	17.25	17.25	17.25	17.25	17.25	17.25
2264	23.00	23.00	23.00	23.00	23.00	23.00
2265	17.25	17.25	17.25	17.25	17.25	17.25
2272	11.40	11.40	11.40	11.40	11.40	11.40
2273	8.55	8.55	8.55	8.55	8.55	8.55
2285	34.50	34.50	34.50	34.50	34.50	34.50
2286	25.90	25.90	25.90	25.90	25.90	25.90
2287	72.00	72.00	72.00	72.00	72.00	72.00
2288	54.00	54.00	54.00	54.00	54.00	54.00
2294	4.60	4.60	4.60	4.60	4.60	4.60
2295	3.45	3.45	3.45	3.45	3.45	3.45
2334	3.45	3.45	3.45	3.45	3.45	3.45
2335	5.20	5.20	5.20	5.20	5.20	5.20
2336	6.90	6.90	6.90	6.90	6.90	6.90
2342	3.45	3.45	3.45	3.45	3.45	3.45
2346	8.55	8.55	8.55	8.55	8.55	8.55
2352	5.20	5.20	5.20	5.20	5.20	5.20
2357	6.90	6.90	6.90	6.90	6.90	6.90
2362	1.75	1.75	1.75	1.75	1.75	1.75
2369	5.20	5.20	5.20	5.20	5.20	5.20
2374	8.55	8.55	8.55	8.55	8.55	8.55
2382	8.55	8.55	8.55	8.55	8.55	8.55
2388	8.55	8.55	8.55	8.55	8.55	8.55
2392	5.20	5.20	5.20	5.20	5.20	5.20
2502	29.00	29.00	22.50	22.50	22.50	22.50
2505	33.00	33.00	27.50	27.50	27.50	27.50
2508	29.00	29.00	22.50	22.50	22.50	22.50
2512	33.00	33.00	27.50	27.50	27.50	27.50
2516	39.50	39.50	33.00	33.00	33.00	33.00
2520	45.00	45.00	39.00	39.00	39.00	39.00
2524	29.00	29.00	26.00	26.00	26.00	26.00
2528	36.50	36.50	30.50	30.50	30.50	30.50
2532	41.50	41.50	36.50	36.50	36.50	36.50
2537	55.00	55.00	41.50	41.50	41.50	41.50
2539	39.50	39.50	33.00	33.00	33.00	33.00
2541	45.00	45.00	39.00	39.00	39.00	39.00
2543	31.50	31.50	26.00	26.00	26.00	26.00
2545	36.50	36.50	30.50	30.50	30.50	30.50
2548	39.50	39.50	33.00	33.00	33.00	33.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

<b>Item No.</b>	<b>N.S.W.</b>	<b>Vic.</b>	<b>Qld.</b>	<b>S.A.</b>	<b>W.A.</b>	<b>Tas.</b>
2551	51.00	51.00	35.00	35.00	35.00	35.00
2554	51.00	51.00	35.00	35.00	35.00	35.00
2557	83.00	83.00	83.00	83.00	83.00	83.00
2560	51.00	54.00	41.50	41.50	41.50	41.50
2563	39.50	39.50	35.00	35.00	35.00	35.00
2566	51.00	54.00	41.50	41.50	41.50	41.50
2569	51.00	54.00	41.50	41.50	41.50	41.50
2573	39.50	39.50	35.00	35.00	35.00	35.00
2576	39.50	39.50	35.00	39.50	35.00	35.00
2579	39.50	39.50	35.00	39.50	35.00	35.00
2581	33.00	39.50	30.50	30.50	30.50	30.50
2583	33.00	39.50	30.50	30.50	30.50	30.50
2585	41.50	41.50	39.00	41.50	39.00	39.00
2587	27.50	27.50	25.00	27.50	25.00	25.00
2589	65.00	65.00	63.00	65.00	63.00	63.00
2591	54.00	54.00	54.00	54.00	54.00	54.00
2593	41.50	41.50	41.50	41.50	41.50	41.50
2595	36.50	36.50	30.50	30.50	31.50	30.50
2597	54.00	54.00	45.00	45.00	45.00	45.00
2599	46.00	46.00	39.00	39.00	39.00	39.00
2601	63.00	63.00	51.00	51.00	51.00	51.00
2604	39.00	39.00	31.50	31.50	31.50	31.50
2607	80.00	80.00	70.00	70.00	70.00	70.00
2609	110.00	110.00	90.00	90.00	90.00	90.00
2611	17.20	17.20	17.20	17.20	17.20	17.20
2614	39.50	39.50	39.50	39.50	39.50	39.50
2617	33.00	33.00	27.50	27.50	27.50	27.50
2621	75.00	75.00	75.00	75.00	75.00	75.00
2625	31.50	35.00	29.00	29.00	29.00	29.00
2627	36.50	39.50	33.00	33.00	33.00	33.00
2630	51.00	51.00	40.50	40.50	40.50	40.50
2634	33.00	33.00	30.50	33.00	33.00	31.50
2638	18.20	18.20	17.20	17.20	17.20	17.20
2642	41.50	41.50	36.50	36.50	36.50	36.50
2646	51.00	51.00	45.00	45.00	45.00	45.00
2655	36.50	36.50	36.50	36.50	36.50	36.50
2656	47.00	47.00	47.00	47.00	47.00	47.00
2657	58.00	58.00	58.00	58.00	58.00	58.00
2665	36.50	39.50	33.00	33.00	33.00	33.00
2672	110.00	110.00	110.00	110.00	110.00	110.00
2676	99.00	99.00	94.00	94.00	94.00	94.00
2678	124.00	124.00	120.00	120.00	120.00	120.00
2681	126.00	126.00	116.00	116.00	116.00	116.00
2687	83.00	83.00	79.00	79.00	79.00	79.00
2690	55.00	55.00	54.00	54.00	54.00	54.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2694	65.00	65.00	65.00	65.00	65.00	65.00
2697	39.50	41.50	36.50	36.50	36.50	35.00
2699	31.50	35.00	29.00	29.00	29.00	29.00
2703	36.50	39.50	33.00	33.00	33.00	33.00
2706	56.00	56.00	51.00	51.00	51.00	51.00
2709	75.00	77.00	65.00	65.00	65.00	65.00
2711	90.00	91.00	79.00	79.00	79.00	79.00
2714	65.00	65.00	65.00	65.00	65.00	65.00
2716	75.00	77.00	65.00	65.00	65.00	65.00
2718	90.00	91.00	83.00	83.00	83.00	83.00
2720	57.00	65.00	55.00	55.00	55.00	55.00
2722	58.00	63.00	56.00	56.00	54.00	54.00
2724	90.00	91.00	83.00	83.00	83.00	83.00
2726	63.00	75.00	58.00	58.00	58.00	58.00
2728	108.00	124.00	99.00	99.00	99.00	99.00
2730	55.00	55.00	55.00	55.00	55.00	55.00
2732	0.00	0.00	0.00	0.00	0.00	0.00
2734	65.00	65.00	65.00	65.00	65.00	65.00
2736	39.50	39.50	39.50	39.50	39.50	39.50
2738	36.50	40.50	33.00	33.00	33.00	33.00
2740	75.00	75.00	55.00	55.00	55.00	55.00
2742	55.00	55.00	55.00	55.00	55.00	55.00
2744	65.00	65.00	65.00	65.00	65.00	65.00
2746	91.00	91.00	91.00	91.00	91.00	91.00
2748	91.00	91.00	91.00	91.00	91.00	91.00
2750	91.00	91.00	91.00	91.00	91.00	91.00
2751	250.00	250.00	250.00	250.00	250.00	250.00
2752	55.00	58.00	51.00	51.00	58.00	55.00
2754	39.50	39.50	39.50	39.50	39.50	39.50
2756	86.00	86.00	86.00	86.00	86.00	86.00
2758	65.00	65.00	65.00	65.00	65.00	65.00
2760	75.00	75.00	75.00	75.00	75.00	75.00
2762	56.00	56.00	45.00	51.00	45.00	45.00
2764	83.00	83.00	65.00	65.00	65.00	65.00
2766	83.00	83.00	65.00	65.00	65.00	65.00
2768	83.00	83.00	65.00	65.00	65.00	65.00
2770	83.00	83.00	65.00	65.00	65.00	65.00
2772	83.00	83.00	65.00	65.00	65.00	65.00
2773	99.00	99.00	99.00	99.00	99.00	99.00
2774	166.00	166.00	166.00	166.00	166.00	166.00
2775	225.00	225.00	225.00	225.00	225.00	225.00
2776	83.00	83.00	65.00	65.00	65.00	65.00
2778	56.00	56.00	56.00	56.00	56.00	56.00
2780	56.00	56.00	56.00	56.00	56.00	56.00
2782	0.00	0.00	0.00	0.00	0.00	0.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

<b>Item No.</b>	<b>N.S.W.</b>	<b>Vic.</b>	<b>Qld.</b>	<b>S.A.</b>	<b>W.A.</b>	<b>Tas.</b>
2784	41.50	41.50	41.50	41.50	41.50	41.50
2786	35.00	35.00	35.00	35.00	35.00	35.00
2788	41.50	41.50	41.50	41.50	41.50	41.50
2790	73.00	73.00	73.00	73.00	73.00	73.00
2792	55.00	55.00	55.00	55.00	55.00	55.00
2794	51.00	51.00	46.00	46.00	46.00	45.00
2796	51.00	51.00	51.00	51.00	51.00	51.00
2798	0.00	0.00	0.00	0.00	0.00	0.00
2800	36.50	36.50	36.50	36.50	36.50	36.50
2802	25.00	25.00	25.00	25.00	25.00	25.00
2804	17.20	17.20	17.20	17.20	17.20	17.20
2805	116.00	152.00	116.00	116.00	116.00	116.00
2807	99.00	99.00	99.00	99.00	99.00	99.00
2811	140.00	124.00	124.00	124.00	124.00	124.00
2813	33.00	33.00	33.00	33.00	33.00	33.00
2815	51.00	51.00	51.00	51.00	51.00	51.00
2817	51.00	51.00	51.00	51.00	51.00	51.00
2819	39.50	39.50	39.50	39.50	39.50	39.50
2823	31.50	31.50	31.50	31.50	31.50	31.50
2825	39.50	39.50	39.50	39.50	39.50	39.50
2827	31.50	31.50	31.50	31.50	31.50	31.50
2831	51.00	51.00	51.00	51.00	51.00	51.00
2833	40.50	40.50	40.50	40.50	40.50	40.50
2837	26.00	26.00	26.00	26.00	26.00	26.00
2839	57.00	57.00	57.00	57.00	57.00	57.00
2841	51.00	51.00	51.00	51.00	51.00	51.00
2843	33.00	33.00	33.00	33.00	33.00	33.00
2845	33.00	33.00	33.00	33.00	33.00	33.00
2847	99.00	99.00	99.00	99.00	99.00	99.00
2848	138.00	138.00	138.00	138.00	138.00	138.00
2849	65.00	65.00	65.00	65.00	65.00	65.00
2851	17.20	17.20	17.20	17.20	17.20	17.20
2853	99.00	99.00	99.00	99.00	99.00	99.00
2855	51.00	51.00	51.00	51.00	51.00	51.00
2857	65.00	65.00	65.00	65.00	65.00	65.00
2859	99.00	99.00	99.00	99.00	99.00	99.00
2861	22.00	22.00	22.00	22.00	22.00	22.00
2863	0.00	0.00	0.00	0.00	0.00	0.00
2865	26.00	26.00	26.00	26.00	26.00	26.00
2867	0.00	0.00	0.00	0.00	0.00	0.00
2869	51.00	51.00	51.00	51.00	51.00	51.00
2871	0.00	0.00	0.00	0.00	0.00	0.00
2873	29.00	29.00	29.00	29.00	29.00	29.00
2875	26.00	26.00	26.00	26.00	26.00	26.00
2877	0.00	0.00	0.00	0.00	0.00	0.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
2879	30.50	30.50	30.50	30.50	30.50	30.50
2881	0.00	0.00	0.00	0.00	0.00	0.00
2883	65.00	65.00	65.00	65.00	65.00	65.00
2885	0.00	0.00	0.00	0.00	0.00	0.00
2887	39.50	39.50	39.50	39.50	39.50	39.50
2889	0.00	0.00	0.00	0.00	0.00	0.00
2891	54.00	54.00	54.00	54.00	54.00	54.00
2893	0.00	0.00	0.00	0.00	0.00	0.00
2895	91.00	91.00	91.00	91.00	91.00	91.00
2897	0.00	0.00	0.00	0.00	0.00	0.00
2899	154.00	154.00	154.00	154.00	154.00	154.00
2901	108.00	108.00	108.00	108.00	108.00	108.00
2904	220.00	220.00	220.00	220.00	220.00	220.00
2907	315.00	315.00	315.00	315.00	315.00	315.00
2910	250.00	250.00	250.00	250.00	250.00	250.00
2913	154.00	154.00	154.00	154.00	154.00	154.00
2915	63.00	63.00	63.00	63.00	63.00	63.00
2917	98.00	98.00	98.00	98.00	98.00	98.00
2919	41.50	41.50	41.50	41.50	41.50	41.50
2922	31.50	31.50	31.50	31.50	31.50	31.50
2924	102.00	102.00	102.00	102.00	102.00	102.00
2926	31.50	31.50	31.50	31.50	31.50	31.50
2928	63.00	63.00	63.00	63.00	63.00	63.00
2931	77.00	77.00	77.00	77.00	77.00	77.00
2933	22.00	22.00	22.00	22.00	22.00	22.00
2935	22.50	22.50	22.50	22.50	22.50	22.50
2937	91.00	91.00	91.00	91.00	91.00	91.00
2939	39.00	39.00	39.00	39.00	39.00	39.00
2941	39.00	39.00	39.00	39.00	39.00	39.00
2951	47.00	47.00	47.00	47.00	47.00	47.00
2953	0.00	0.00	0.00	0.00	0.00	0.00
2960	91.00	91.00	91.00	91.00	91.00	91.00
2961	91.00	91.00	91.00	91.00	91.00	91.00
2962	158.00	158.00	158.00	158.00	158.00	158.00
2963	158.00	158.00	158.00	158.00	158.00	158.00
2964	130.00	130.00	130.00	130.00	130.00	130.00
2965	130.00	130.00	130.00	130.00	130.00	130.00
2966	255.00	255.00	255.00	255.00	255.00	255.00
2967	255.00	255.00	255.00	255.00	255.00	255.00
2968	255.00	255.00	255.00	255.00	255.00	255.00
2969	255.00	255.00	255.00	255.00	255.00	255.00
2970	320.00	320.00	320.00	320.00	320.00	320.00
2971	320.00	320.00	320.00	320.00	320.00	320.00
2980	570.00	570.00	570.00	570.00	570.00	570.00
2981	465.00	465.00	465.00	465.00	465.00	465.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
3004	10.00	10.00	10.00	10.00	10.00	10.00
3006	15.60	14.80	13.40	13.40	13.40	14.80
3012	25.50	25.50	25.50	25.50	25.50	25.50
3016	33.00	33.00	33.00	33.00	33.00	33.00
3022	40.50	40.50	40.50	40.50	40.50	40.50
3027	71.00	71.00	71.00	71.00	71.00	71.00
3033	85.00	85.00	85.00	85.00	85.00	85.00
3038	178.00	178.00	178.00	178.00	178.00	178.00
3039	345.00	345.00	345.00	345.00	345.00	345.00
3041	178.00	178.00	178.00	178.00	178.00	178.00
3046	28.50	28.50	28.50	28.50	28.50	28.50
3050	49.00	40.50	42.50	40.50	40.50	39.50
3058	45.00	34.50	34.50	34.50	34.50	34.50
3063	64.00	64.00	64.00	64.00	64.00	64.00
3073	49.00	45.00	40.50	40.50	40.50	40.50
3082	79.00	79.00	79.00	79.00	79.00	79.00
3087	100.00	100.00	100.00	100.00	100.00	100.00
3092	64.00	64.00	64.00	64.00	64.00	64.00
3098	82.00	82.00	82.00	82.00	82.00	82.00
3101	102.00	102.00	102.00	102.00	102.00	102.00
3104	138.00	138.00	138.00	138.00	138.00	138.00
3106	40.50	40.50	40.50	40.50	40.50	40.50
3110	79.00	79.00	79.00	79.00	79.00	79.00
3113	12.80	12.00	10.80	10.80	10.80	10.80
3116	60.00	60.00	60.00	60.00	60.00	60.00
3120	122.00	122.00	122.00	108.00	108.00	108.00
3124	152.00	152.00	152.00	138.00	138.00	138.00
3130	28.50	27.50	28.50	27.50	27.50	27.50
3135	64.00	62.00	62.00	62.00	62.00	62.00
3142	82.00	78.00	78.00	78.00	78.00	78.00
3148	26.50	26.50	26.50	26.50	26.50	26.50
3157	60.00	60.00	60.00	60.00	60.00	60.00
3158	32.00	32.00	32.00	32.00	32.00	32.00
3160	16.20	16.20	16.20	16.20	16.20	16.20
3168	100.00	100.00	100.00	100.00	100.00	100.00
3173	49.00	49.00	49.00	49.00	49.00	49.00
3178	82.00	82.00	82.00	82.00	82.00	82.00
3183	100.00	100.00	100.00	100.00	100.00	100.00
3194	85.00	85.00	85.00	85.00	67.00	67.00
3199	120.00	120.00	100.00	100.00	89.00	89.00
3208	156.00	122.00	122.00	122.00	122.00	122.00
3213	205.00	152.00	152.00	152.00	152.00	152.00
3217	205.00	205.00	205.00	205.00	205.00	205.00
3219	53.00	53.00	53.00	53.00	53.00	53.00
3220	69.00	69.00	69.00	69.00	69.00	69.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
3221	138.00	138.00	138.00	138.00	138.00	138.00
3222	178.00	178.00	178.00	178.00	178.00	178.00
3223	184.00	184.00	184.00	184.00	184.00	184.00
3224	225.00	225.00	225.00	225.00	225.00	225.00
3225	275.00	275.00	275.00	275.00	275.00	275.00
3226	380.00	380.00	380.00	380.00	380.00	380.00
3233	78.00	78.00	71.00	71.00	71.00	71.00
3237	94.00	94.00	85.00	85.00	85.00	85.00
3247	108.00	108.00	97.00	97.00	97.00	97.00
3253	134.00	134.00	124.00	124.00	124.00	124.00
3261	150.00	178.00	150.00	150.00	150.00	128.00
3265	178.00	205.00	178.00	178.00	178.00	162.00
3271	215.00	215.00	215.00	215.00	215.00	215.00
3276	455.00	455.00	455.00	455.00	455.00	455.00
3281	275.00	275.00	275.00	275.00	275.00	275.00
3289	320.00	320.00	320.00	320.00	320.00	320.00
3295	455.00	455.00	455.00	455.00	455.00	455.00
3301	215.00	215.00	215.00	215.00	215.00	215.00
3306	250.00	250.00	250.00	250.00	250.00	250.00
3307	250.00	250.00	250.00	250.00	250.00	250.00
3308	380.00	380.00	380.00	380.00	380.00	380.00
3310	380.00	380.00	380.00	380.00	380.00	380.00
3311	540.00	540.00	540.00	540.00	540.00	540.00
3314	75.00	75.00	75.00	75.00	75.00	75.00
3320	26.00	24.50	24.50	24.50	24.50	24.50
3330	28.50	34.50	26.50	26.50	26.50	26.50
3332	38.50	38.50	28.50	28.50	28.50	28.50
3338	47.00	45.00	45.00	45.00	45.00	45.00
3342	51.00	47.00	47.00	47.00	47.00	47.00
3346	60.00	53.00	53.00	53.00	53.00	53.00
3349	28.50	34.50	26.50	26.50	26.50	26.50
3350	69.00	69.00	69.00	69.00	69.00	69.00
3351	174.00	174.00	174.00	174.00	174.00	174.00
3352	225.00	225.00	225.00	225.00	225.00	225.00
3356	24.50	24.50	24.50	24.50	24.50	24.50
3363	89.00	89.00	89.00	89.00	89.00	89.00
3366	12.80	15.00	10.20	10.20	10.00	10.20
3371	12.80	15.00	12.80	12.80	12.80	12.80
3379	64.00	64.00	54.00	54.00	54.00	54.00
3384	89.00	89.00	75.00	67.00	67.00	67.00
3391	82.00	82.00	82.00	82.00	82.00	82.00
3399	150.00	150.00	150.00	150.00	150.00	150.00
3404	122.00	122.00	122.00	122.00	122.00	122.00
3407	162.00	162.00	162.00	162.00	162.00	162.00
3417	82.00	82.00	82.00	82.00	82.00	82.00



**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

<b>Item No.</b>	<b>N.S.W.</b>	<b>Vic.</b>	<b>Qld.</b>	<b>S.A.</b>	<b>W.A.</b>	<b>Tas.</b>
3425	194.00	194.00	194.00	194.00	194.00	194.00
3431	194.00	194.00	194.00	194.00	194.00	194.00
3437	405.00	405.00	405.00	405.00	405.00	405.00
3444	685.00	685.00	685.00	685.00	685.00	685.00
3450	455.00	455.00	455.00	455.00	455.00	455.00
3455	194.00	245.00	194.00	194.00	194.00	194.00
3459	108.00	108.00	108.00	108.00	108.00	108.00
3465	32.00	32.00	32.00	32.00	32.00	32.00
3468	64.00	64.00	64.00	64.00	64.00	64.00
3472	82.00	82.00	82.00	82.00	82.00	82.00
3477	82.00	82.00	82.00	82.00	82.00	82.00
3480	162.00	162.00	162.00	162.00	162.00	162.00
3495	965.00	965.00	965.00	965.00	965.00	965.00
3496	25.50	25.50	25.50	25.50	25.50	25.50
3505	65.00	65.00	65.00	65.00	65.00	65.00
3509	85.00	85.00	85.00	85.00	85.00	85.00
3516	112.00	112.00	112.00	112.00	112.00	112.00
3526	215.00	215.00	215.00	215.00	215.00	215.00
3530	275.00	275.00	275.00	275.00	275.00	275.00
3532	525.00	525.00	525.00	525.00	525.00	525.00
3542	540.00	540.00	540.00	540.00	540.00	540.00
3547	600.00	600.00	600.00	600.00	600.00	600.00
3555	685.00	685.00	685.00	685.00	685.00	685.00
3563	395.00	395.00	395.00	395.00	395.00	395.00
3576	275.00	285.00	275.00	275.00	275.00	275.00
3581	210.00	210.00	210.00	210.00	210.00	210.00
3591	315.00	315.00	315.00	315.00	315.00	315.00
3597	245.00	245.00	245.00	245.00	245.00	245.00
3616	965.00	965.00	965.00	965.00	965.00	965.00
3618	205.00	205.00	205.00	205.00	205.00	205.00
3622	540.00	540.00	540.00	540.00	540.00	540.00
3634	134.00	134.00	134.00	134.00	134.00	134.00
3638	395.00	395.00	395.00	395.00	395.00	395.00
3647	178.00	178.00	178.00	178.00	178.00	178.00
3652	245.00	245.00	245.00	245.00	245.00	245.00
3654	108.00	108.00	108.00	108.00	108.00	108.00
3664	138.00	138.00	138.00	138.00	138.00	138.00
3668	142.00	142.00	142.00	142.00	142.00	142.00
3673	178.00	178.00	178.00	178.00	178.00	178.00
3678	142.00	142.00	142.00	142.00	142.00	142.00
3683	178.00	178.00	178.00	178.00	178.00	178.00
3698	320.00	320.00	320.00	320.00	320.00	320.00
3700	300.00	300.00	300.00	300.00	300.00	300.00
3702	470.00	470.00	470.00	470.00	470.00	470.00
3707	82.00	82.00	82.00	82.00	82.00	82.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

<b>Item No.</b>	<b>N.S.W.</b>	<b>Vic.</b>	<b>Qld.</b>	<b>S.A.</b>	<b>W.A.</b>	<b>Tas.</b>
3713	205.00	205.00	205.00	205.00	205.00	205.00
3718	265.00	265.00	265.00	265.00	265.00	265.00
3722	285.00	285.00	285.00	285.00	285.00	285.00
3726	285.00	285.00	285.00	285.00	285.00	285.00
3730	600.00	600.00	600.00	600.00	600.00	600.00
3734	182.00	182.00	182.00	182.00	182.00	182.00
3739	280.00	280.00	280.00	280.00	280.00	280.00
3745	345.00	345.00	345.00	345.00	345.00	345.00
3750	285.00	285.00	285.00	285.00	285.00	285.00
3752	94.00	94.00	94.00	94.00	94.00	94.00
3754	320.00	320.00	320.00	320.00	320.00	320.00
3759	820.00	820.00	820.00	820.00	820.00	820.00
3764	285.00	285.00	285.00	285.00	285.00	285.00
3783	320.00	320.00	320.00	320.00	320.00	320.00
3789	102.00	102.00	102.00	102.00	102.00	102.00
3793	320.00	310.00	310.00	285.00	280.00	280.00
3798	405.00	405.00	405.00	345.00	380.00	345.00
3818	102.00	102.00	102.00	102.00	102.00	102.00
3820	470.00	470.00	470.00	470.00	470.00	470.00
3822	555.00	555.00	555.00	555.00	555.00	555.00
3825	555.00	555.00	555.00	555.00	555.00	555.00
3831	470.00	470.00	470.00	470.00	470.00	470.00
3834	805.00	805.00	805.00	805.00	805.00	805.00
3847	124.00	124.00	124.00	124.00	124.00	124.00
3849	154.00	154.00	154.00	154.00	154.00	154.00
3851	194.00	194.00	194.00	194.00	194.00	194.00
3860	205.00	205.00	205.00	205.00	205.00	205.00
3862	275.00	275.00	275.00	275.00	275.00	275.00
3875	320.00	320.00	320.00	320.00	320.00	320.00
3882	385.00	385.00	385.00	385.00	385.00	385.00
3889	455.00	455.00	455.00	455.00	455.00	455.00
3891	540.00	540.00	540.00	540.00	540.00	540.00
3892	470.00	470.00	470.00	470.00	470.00	470.00
3893	665.00	665.00	665.00	665.00	665.00	665.00
3894	285.00	285.00	285.00	285.00	285.00	285.00
3898	385.00	385.00	385.00	385.00	385.00	385.00
3900	485.00	485.00	485.00	485.00	485.00	485.00
3902	385.00	385.00	385.00	385.00	385.00	385.00
3922	540.00	540.00	540.00	540.00	540.00	540.00
3930	685.00	685.00	685.00	685.00	685.00	685.00
3938	805.00	805.00	805.00	805.00	805.00	805.00
3952	245.00	245.00	245.00	245.00	245.00	245.00
3976	164.00	164.00	164.00	164.00	164.00	164.00
3981	205.00	205.00	205.00	205.00	205.00	205.00
3986	285.00	285.00	285.00	285.00	285.00	285.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
4003	128.00	128.00	128.00	128.00	128.00	128.00
4012	470.00	525.00	470.00	470.00	470.00	470.00
4018	490.00	490.00	490.00	490.00	490.00	490.00
4039	380.00	395.00	380.00	380.00	380.00	380.00
4043	470.00	525.00	470.00	470.00	470.00	470.00
4046	540.00	540.00	540.00	540.00	540.00	540.00
4048	685.00	685.00	685.00	685.00	685.00	685.00
4052	822.50	822.50	822.50	822.50	822.50	822.50
4054	700.00	700.00	700.00	700.00	700.00	700.00
4059	245.00	245.00	245.00	245.00	245.00	245.00
4068	685.00	685.00	685.00	685.00	685.00	685.00
4074	194.00	178.00	178.00	178.00	178.00	162.00
4080	225.00	245.00	245.00	205.00	225.00	194.00
4084	67.00	67.00	67.00	67.00	67.00	67.00
4087	215.00	215.00	215.00	215.00	215.00	215.00
4093	270.00	270.00	270.00	270.00	270.00	270.00
4099	97.00	97.00	97.00	97.00	97.00	97.00
4104	49.00	49.00	49.00	49.00	49.00	49.00
4109	650.00	650.00	650.00	650.00	650.00	650.00
4115	965.00	965.00	965.00	965.00	965.00	965.00
4130	280.00	280.00	280.00	280.00	280.00	280.00
4133	685.00	685.00	685.00	685.00	685.00	685.00
4141	385.00	395.00	385.00	385.00	385.00	385.00
4144	405.00	405.00	405.00	405.00	405.00	405.00
4165	600.00	600.00	600.00	600.00	600.00	600.00
4173	470.00	470.00	470.00	470.00	470.00	470.00
4179	470.00	470.00	470.00	470.00	470.00	470.00
4185	255.00	255.00	255.00	255.00	255.00	255.00
4192	120.00	120.00	120.00	120.00	120.00	120.00
4193	156.00	156.00	156.00	156.00	156.00	156.00
4194	225.00	225.00	225.00	225.00	225.00	225.00
4197	28.50	28.50	28.50	28.50	28.50	28.50
4202	677.50	677.50	677.50	677.50	677.50	677.50
4209	555.00	555.00	555.00	555.00	555.00	555.00
4214	245.00	245.00	245.00	245.00	245.00	245.00
4217	835.00	835.00	835.00	835.00	835.00	835.00
4222	194.00	194.00	184.00	184.00	184.00	164.00
4227	245.00	245.00	245.00	225.00	255.00	205.00
4233	285.00	285.00	285.00	285.00	285.00	285.00
4238	425.00	425.00	425.00	425.00	425.00	425.00
4241	525.00	490.00	490.00	490.00	490.00	490.00
4242	320.00	320.00	320.00	320.00	320.00	320.00
4243	490.00	490.00	490.00	490.00	490.00	490.00
4244	490.00	490.00	490.00	490.00	490.00	490.00
4245	585.00	585.00	585.00	585.00	585.00	585.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

<b>Item No.</b>	<b>N.S.W.</b>	<b>Vic.</b>	<b>Qld.</b>	<b>S.A.</b>	<b>W.A.</b>	<b>Tas.</b>
4246	144.00	144.00	144.00	144.00	144.00	144.00
4249	194.00	194.00	194.00	194.00	194.00	194.00
4251	164.00	164.00	164.00	164.00	164.00	164.00
4254	225.00	225.00	225.00	225.00	225.00	225.00
4258	245.00	245.00	245.00	245.00	245.00	245.00
4262	285.00	285.00	285.00	285.00	285.00	285.00
4265	19.40	19.40	19.40	19.40	19.40	19.40
4269	128.00	128.00	128.00	128.00	128.00	128.00
4273	160.00	160.00	160.00	160.00	160.00	160.00
4288	164.00	164.00	164.00	164.00	164.00	164.00
4293	225.00	225.00	225.00	225.00	225.00	225.00
4296	285.00	285.00	285.00	285.00	285.00	285.00
4307	285.00	285.00	275.00	275.00	275.00	275.00
4313	62.00	62.00	62.00	62.00	62.00	62.00
4319	25.50	25.50	25.50	25.50	25.50	25.50
4327	59.00	59.00	59.00	59.00	59.00	59.00
4338	82.00	82.00	82.00	82.00	82.00	82.00
4345	102.00	102.00	102.00	102.00	102.00	102.00
4351	26.00	26.00	26.00	26.00	26.00	26.00
4354	30.00	30.00	30.00	30.00	30.00	30.00
4363	45.50	45.50	45.50	45.50	45.50	45.50
4366	78.00	78.00	78.00	78.00	78.00	78.00
4367	102.00	102.00	102.00	102.00	102.00	102.00
4380	89.00	89.00	89.00	89.00	89.00	89.00
4383	69.00	69.00	69.00	69.00	69.00	69.00
4386	124.00	124.00	124.00	124.00	124.00	124.00
4388	205.00	205.00	205.00	205.00	205.00	205.00
4394	285.00	285.00	285.00	285.00	285.00	285.00
4397	215.00	215.00	215.00	215.00	215.00	215.00
4399	345.00	345.00	345.00	345.00	345.00	345.00
4413	450.00	450.00	450.00	450.00	450.00	450.00
4455	38.50	38.50	38.50	38.50	38.50	38.50
4467	64.00	64.00	64.00	64.00	64.00	64.00
4482	154.00	154.00	154.00	154.00	154.00	154.00
4490	144.00	144.00	144.00	144.00	144.00	144.00
4492	310.00	310.00	310.00	310.00	310.00	310.00
4509	30.00	30.00	30.00	30.00	30.00	30.00
4523	158.00	158.00	158.00	158.00	158.00	158.00
4527	200.00	200.00	200.00	200.00	200.00	200.00
4534	55.00	55.00	55.00	55.00	55.00	55.00
4537	110.00	110.00	110.00	110.00	110.00	110.00
4544	138.00	138.00	138.00	138.00	138.00	138.00
4552	124.00	124.00	124.00	124.00	124.00	124.00
4557	162.00	162.00	162.00	162.00	162.00	162.00
4568	178.00	178.00	178.00	178.00	178.00	178.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

<b>Item No.</b>	<b>N.S.W.</b>	<b>Vic.</b>	<b>Qld.</b>	<b>S.A.</b>	<b>W.A.</b>	<b>Tas.</b>
4573	215.00	215.00	215.00	215.00	215.00	215.00
4590	385.00	385.00	385.00	385.00	385.00	385.00
4606	194.00	245.00	194.00	194.00	194.00	194.00
4611	164.00	164.00	156.00	156.00	156.00	156.00
4617	205.00	205.00	194.00	194.00	194.00	194.00
4622	53.00	50.00	50.00	50.00	50.00	50.00
4633	77.00	77.00	77.00	77.00	77.00	77.00
4637	146.00	146.00	146.00	146.00	146.00	146.00
4641	270.00	270.00	270.00	270.00	270.00	270.00
4649	405.00	405.00	405.00	405.00	405.00	405.00
4651	178.00	178.00	178.00	178.00	178.00	178.00
4655	178.00	178.00	178.00	178.00	178.00	178.00
4658	110.00	110.00	110.00	110.00	110.00	110.00
4662	275.00	275.00	275.00	275.00	275.00	275.00
4664	295.00	295.00	295.00	295.00	295.00	295.00
4665	450.00	450.00	450.00	450.00	450.00	450.00
4688	166.00	166.00	166.00	166.00	166.00	166.00
4690	275.00	275.00	275.00	275.00	275.00	275.00
4693	395.00	395.00	395.00	395.00	395.00	395.00
4695	595.00	595.00	595.00	595.00	595.00	595.00
4696	650.00	650.00	650.00	650.00	650.00	650.00
4699	650.00	650.00	650.00	650.00	650.00	650.00
4702	395.00	395.00	395.00	395.00	395.00	395.00
4705	650.00	650.00	650.00	650.00	650.00	650.00
4709	595.00	595.00	595.00	595.00	595.00	595.00
4715	285.00	285.00	285.00	285.00	285.00	285.00
4721	385.00	385.00	385.00	385.00	385.00	385.00
4733	320.00	320.00	320.00	320.00	320.00	320.00
4738	395.00	395.00	395.00	395.00	395.00	395.00
4744	730.00	730.00	730.00	730.00	730.00	730.00
4749	705.00	705.00	705.00	705.00	705.00	705.00
4754	730.00	730.00	730.00	730.00	730.00	730.00
4755	825.00	825.00	825.00	825.00	825.00	825.00
4756	1110.00	1110.00	1110.00	1110.00	1110.00	1110.00
4762	650.00	650.00	650.00	650.00	650.00	650.00
4764	970.00	970.00	970.00	970.00	970.00	970.00
4766	730.00	730.00	730.00	730.00	730.00	730.00
4778	385.00	385.00	385.00	385.00	385.00	385.00
4784	490.00	490.00	490.00	490.00	490.00	490.00
4789	345.00	345.00	345.00	345.00	345.00	345.00
4791	805.00	805.00	805.00	805.00	805.00	805.00
4792	1375.00	1375.00	1375.00	1375.00	1375.00	1375.00
4794	965.00	965.00	965.00	965.00	965.00	965.00
4798	685.00	685.00	685.00	685.00	685.00	685.00
4800	275.00	275.00	275.00	275.00	275.00	275.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
4801	465.00	465.00	465.00	465.00	465.00	465.00
4802	585.00	585.00	585.00	585.00	585.00	585.00
4806	275.00	275.00	275.00	275.00	275.00	275.00
4808	130.00	130.00	130.00	130.00	130.00	130.00
4812	102.00	102.00	102.00	102.00	102.00	102.00
4817	540.00	540.00	540.00	540.00	540.00	540.00
4822	265.00	265.00	265.00	265.00	265.00	265.00
4823	176.00	176.00	176.00	176.00	176.00	176.00
4824	156.00	156.00	156.00	156.00	156.00	156.00
4832	67.00	67.00	67.00	67.00	67.00	67.00
4838	112.00	112.00	112.00	112.00	112.00	112.00
4844	194.00	194.00	194.00	194.00	194.00	194.00
4853	194.00	194.00	194.00	194.00	194.00	194.00
4860	194.00	194.00	194.00	194.00	194.00	194.00
4864	194.00	194.00	194.00	194.00	194.00	194.00
4867	320.00	320.00	320.00	320.00	320.00	320.00
4870	255.00	255.00	255.00	255.00	255.00	255.00
4877	320.00	320.00	320.00	320.00	320.00	320.00
4927	85.00	85.00	85.00	85.00	85.00	85.00
4930	106.00	106.00	106.00	106.00	106.00	106.00
4934	128.00	128.00	128.00	128.00	128.00	128.00
4940	158.00	158.00	158.00	158.00	158.00	158.00
4943	152.00	152.00	152.00	152.00	152.00	152.00
4948	184.00	184.00	184.00	184.00	184.00	184.00
4950	170.00	170.00	170.00	170.00	170.00	170.00
4954	205.00	205.00	205.00	205.00	205.00	205.00
4957	194.00	194.00	194.00	194.00	194.00	194.00
4961	245.00	245.00	245.00	245.00	245.00	245.00
4965	100.00	100.00	100.00	100.00	100.00	100.00
4969	124.00	124.00	124.00	124.00	124.00	124.00
4972	124.00	124.00	124.00	124.00	124.00	124.00
4976	162.00	162.00	162.00	162.00	162.00	162.00
4979	194.00	194.00	194.00	194.00	194.00	194.00
4983	320.00	320.00	320.00	320.00	320.00	320.00
4987	650.00	650.00	650.00	650.00	650.00	650.00
4990	64.00	64.00	64.00	64.00	64.00	64.00
4993	79.00	79.00	79.00	79.00	79.00	79.00
4995	97.00	97.00	97.00	97.00	97.00	97.00
4997	120.00	120.00	120.00	120.00	120.00	120.00
4999	112.00	112.00	112.00	112.00	112.00	112.00
5002	138.00	138.00	138.00	138.00	138.00	138.00
5006	128.00	128.00	128.00	128.00	128.00	128.00
5009	158.00	158.00	158.00	158.00	158.00	158.00
5015	144.00	144.00	144.00	144.00	144.00	144.00
5018	180.00	180.00	180.00	180.00	180.00	180.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

<b>Item No.</b>	<b>N.S.W.</b>	<b>Vic.</b>	<b>Qld.</b>	<b>S.A.</b>	<b>W.A.</b>	<b>Tas.</b>
5024	79.00	79.00	79.00	79.00	79.00	79.00
5029	100.00	100.00	100.00	100.00	100.00	100.00
5034	194.00	194.00	194.00	194.00	194.00	194.00
5038	162.00	162.00	162.00	162.00	162.00	162.00
5050	285.00	285.00	285.00	285.00	285.00	285.00
5051	395.00	395.00	395.00	395.00	395.00	395.00
5055	805.00	805.00	805.00	805.00	805.00	805.00
5059	45.00	45.00	45.00	45.00	45.00	45.00
5062	130.00	130.00	130.00	130.00	130.00	130.00
5066	79.00	79.00	79.00	79.00	79.00	79.00
5068	89.00	89.00	89.00	89.00	89.00	89.00
5072	505.00	505.00	505.00	505.00	505.00	505.00
5075	320.00	320.00	320.00	320.00	320.00	320.00
5078	525.00	525.00	525.00	525.00	525.00	525.00
5081	595.00	595.00	595.00	595.00	595.00	595.00
5085	650.00	650.00	650.00	650.00	650.00	650.00
5087	285.00	285.00	285.00	285.00	285.00	285.00
5091	380.00	380.00	380.00	380.00	380.00	380.00
5095	595.00	595.00	595.00	595.00	595.00	595.00
5098	650.00	650.00	650.00	650.00	650.00	650.00
5100	805.00	805.00	805.00	805.00	805.00	805.00
5102	650.00	650.00	650.00	650.00	650.00	650.00
5104	730.00	730.00	730.00	730.00	730.00	730.00
5106	565.00	565.00	565.00	565.00	565.00	565.00
5108	1330.00	1330.00	1330.00	1330.00	1330.00	1330.00
5112	1330.00	1330.00	1330.00	1330.00	1330.00	1330.00
5116	650.00	650.00	650.00	650.00	650.00	650.00
5122	805.00	805.00	805.00	805.00	805.00	805.00
5127	650.00	650.00	650.00	650.00	650.00	650.00
5131	320.00	320.00	320.00	320.00	320.00	320.00
5138	595.00	595.00	595.00	595.00	595.00	595.00
5143	385.00	385.00	385.00	385.00	385.00	385.00
5147	595.00	595.00	595.00	595.00	595.00	595.00
5152	450.00	450.00	450.00	450.00	450.00	450.00
5158	650.00	650.00	650.00	650.00	650.00	650.00
5162	54.00	79.00	54.00	54.00	54.00	54.00
5166	245.00	285.00	245.00	245.00	245.00	245.00
5172	130.00	120.00	94.00	94.00	94.00	94.00
5176	26.00	26.00	26.00	26.00	26.00	26.00
5182	60.00	60.00	60.00	60.00	60.00	60.00
5186	60.00	60.00	60.00	60.00	60.00	60.00
5192	39.50	39.50	39.50	39.50	39.50	39.50
5196	67.00	67.00	67.00	67.00	67.00	67.00
5201	42.50	42.50	42.50	42.50	42.50	42.50
5205	45.00	45.00	45.00	45.00	45.00	45.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
5210	94.00	94.00	78.00	78.00	94.00	78.00
5214	120.00	120.00	94.00	94.00	120.00	94.00
5217	245.00	265.00	178.00	178.00	245.00	178.00
5229	55.00	55.00	55.00	55.00	55.00	55.00
5230	49.00	49.00	49.00	49.00	49.00	49.00
5233	89.00	89.00	89.00	89.00	89.00	89.00
5235	39.50	39.50	39.50	39.50	39.50	39.50
5237	75.00	75.00	75.00	75.00	75.00	75.00
5241	97.00	97.00	97.00	97.00	97.00	97.00
5245	17.80	17.80	17.80	17.80	17.80	17.80
5254	50.00	50.00	50.00	50.00	50.00	50.00
5264	15.00	15.00	15.00	15.00	15.00	15.00
5268	245.00	245.00	245.00	245.00	245.00	245.00
5270	245.00	285.00	245.00	245.00	245.00	245.00
5277	330.00	330.00	330.00	330.00	330.00	330.00
5280	150.00	150.00	162.00	120.00	120.00	120.00
5284	64.00	64.00	64.00	64.00	64.00	64.00
5288	320.00	320.00	320.00	320.00	320.00	320.00
5295	425.00	425.00	425.00	425.00	425.00	425.00
5298	555.00	555.00	555.00	555.00	555.00	555.00
5301	205.00	265.00	205.00	205.00	205.00	205.00
5305	32.00	32.00	32.00	32.00	32.00	32.00
5308	184.00	184.00	184.00	184.00	184.00	184.00
5318	425.00	425.00	425.00	425.00	425.00	425.00
5320	330.00	330.00	330.00	330.00	330.00	330.00
5330	162.00	162.00	162.00	162.00	162.00	162.00
5343	22.50	25.50	20.50	19.40	19.40	19.40
5345	64.00	64.00	64.00	64.00	64.00	64.00
5348	67.00	67.00	67.00	67.00	67.00	67.00
5354	385.00	385.00	385.00	385.00	385.00	385.00
5357	320.00	320.00	320.00	320.00	320.00	320.00
5360	385.00	385.00	385.00	385.00	385.00	385.00
5363	120.00	120.00	102.00	102.00	102.00	102.00
5366	162.00	150.00	128.00	128.00	128.00	128.00
5389	152.00	152.00	128.00	128.00	128.00	128.00
5392	205.00	205.00	156.00	156.00	156.00	156.00
5396	62.00	62.00	62.00	62.00	62.00	62.00
5401	79.00	79.00	79.00	79.00	79.00	79.00
5407	64.00	53.00	53.00	53.00	53.00	53.00
5411	89.00	75.00	75.00	75.00	75.00	67.00
5431	49.00	49.00	49.00	49.00	49.00	49.00
5445	38.50	38.50	38.50	38.50	38.50	38.50
5449	19.40	19.40	19.40	19.40	19.40	19.40
5456	194.00	194.00	194.00	194.00	194.00	194.00
5464	102.00	102.00	102.00	102.00	102.00	102.00



**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
5470	196.00	196.00	196.00	196.00	196.00	196.00
5480	130.00	130.00	130.00	130.00	130.00	130.00
5486	194.00	194.00	194.00	194.00	194.00	194.00
5490	28.50	28.50	28.50	28.50	28.50	28.50
5492	124.00	124.00	124.00	124.00	124.00	124.00
5498	705.00	705.00	705.00	705.00	705.00	705.00
5508	730.00	730.00	730.00	730.00	730.00	730.00
5520	102.00	102.00	102.00	102.00	102.00	102.00
5524	120.00	150.00	120.00	120.00	120.00	120.00
5530	130.00	162.00	130.00	130.00	130.00	130.00
5534	158.00	158.00	158.00	158.00	158.00	158.00
5540	225.00	225.00	225.00	225.00	225.00	225.00
5542	250.00	250.00	250.00	250.00	250.00	250.00
5545	320.00	320.00	320.00	320.00	320.00	320.00
5556	320.00	320.00	320.00	320.00	320.00	320.00
5572	100.00	100.00	100.00	100.00	100.00	100.00
5598	130.00	130.00	130.00	130.00	130.00	130.00
5601	97.00	97.00	97.00	97.00	97.00	97.00
5605	97.00	97.00	97.00	97.00	97.00	97.00
5611	128.00	128.00	128.00	128.00	128.00	128.00
5613	200.00	200.00	200.00	200.00	200.00	200.00
5619	134.00	134.00	134.00	134.00	134.00	134.00
5636	470.00	470.00	470.00	470.00	470.00	470.00
5642	805.00	805.00	805.00	805.00	805.00	805.00
5644	555.00	555.00	555.00	555.00	555.00	555.00
5645	460.00	460.00	460.00	460.00	460.00	460.00
5647	450.00	450.00	450.00	450.00	450.00	450.00
5654	425.00	425.00	425.00	425.00	425.00	425.00
5661	525.00	525.00	525.00	525.00	525.00	525.00
5665	595.00	595.00	595.00	595.00	595.00	595.00
5667	765.00	765.00	765.00	765.00	765.00	765.00
5675	655.00	655.00	655.00	655.00	655.00	655.00
5679	595.00	595.00	595.00	595.00	595.00	595.00
5683	405.00	405.00	405.00	405.00	405.00	405.00
5691	525.00	525.00	525.00	525.00	525.00	525.00
5699	600.00	600.00	600.00	600.00	600.00	600.00
5705	470.00	470.00	470.00	470.00	470.00	470.00
5715	425.00	425.00	425.00	425.00	425.00	425.00
5721	320.00	320.00	320.00	320.00	320.00	320.00
5724	380.00	380.00	380.00	380.00	380.00	380.00
5726	94.00	94.00	94.00	94.00	94.00	94.00
5729	194.00	194.00	194.00	194.00	194.00	194.00
5732	265.00	265.00	265.00	265.00	265.00	265.00
5734	525.00	525.00	525.00	525.00	525.00	525.00
5737	595.00	595.00	595.00	595.00	595.00	595.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
5741	525.00	525.00	525.00	525.00	525.00	525.00
5744	525.00	525.00	525.00	525.00	525.00	525.00
5747	425.00	425.00	425.00	425.00	425.00	425.00
5753	730.00	730.00	730.00	730.00	730.00	730.00
5757	965.00	965.00	965.00	965.00	965.00	965.00
5763	425.00	425.00	425.00	425.00	425.00	425.00
5769	525.00	525.00	525.00	525.00	525.00	525.00
5773	470.00	470.00	470.00	470.00	470.00	470.00
5777	595.00	595.00	595.00	595.00	595.00	595.00
5780	525.00	525.00	525.00	525.00	525.00	525.00
5785	525.00	525.00	525.00	525.00	525.00	525.00
5792	645.00	645.00	645.00	645.00	645.00	645.00
5799	525.00	525.00	525.00	525.00	525.00	525.00
5804	645.00	645.00	645.00	645.00	645.00	645.00
5807	730.00	730.00	730.00	730.00	730.00	730.00
5812	380.00	380.00	380.00	380.00	380.00	380.00
5816	425.00	425.00	425.00	425.00	425.00	425.00
5821	425.00	425.00	425.00	425.00	425.00	425.00
5827	525.00	525.00	525.00	525.00	525.00	525.00
5831	405.00	405.00	405.00	405.00	405.00	405.00
5836	525.00	525.00	525.00	525.00	525.00	525.00
5837	255.00	255.00	255.00	255.00	255.00	255.00
5840	16.20	17.80	16.20	16.20	17.80	15.80
5845	81.00	79.00	79.00	79.00	79.00	79.00
5851	106.00	120.00	106.00	106.00	106.00	106.00
5853	130.00	130.00	130.00	130.00	130.00	130.00
5861	53.00	53.00	53.00	53.00	53.00	53.00
5864	158.00	158.00	158.00	158.00	158.00	158.00
5868	130.00	130.00	130.00	130.00	130.00	130.00
5871	184.00	184.00	184.00	184.00	184.00	184.00
5875	395.00	395.00	395.00	395.00	395.00	395.00
5878	150.00	150.00	150.00	150.00	150.00	150.00
5881	265.00	265.00	265.00	265.00	265.00	265.00
5883	265.00	265.00	265.00	265.00	265.00	265.00
5885	194.00	245.00	194.00	194.00	194.00	194.00
5888	265.00	265.00	265.00	265.00	265.00	265.00
5891	320.00	320.00	320.00	320.00	320.00	320.00
5894	395.00	395.00	395.00	395.00	395.00	395.00
5897	194.00	194.00	194.00	194.00	194.00	194.00
5901	245.00	245.00	245.00	245.00	245.00	245.00
5903	45.00	45.00	45.00	45.00	45.00	45.00
5905	595.00	595.00	595.00	595.00	595.00	595.00
5916	395.00	395.00	395.00	395.00	395.00	395.00
5919	395.00	395.00	395.00	395.00	395.00	395.00
5929	425.00	425.00	425.00	425.00	425.00	425.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

<b>Item No.</b>	<b>N.S.W.</b>	<b>Vic.</b>	<b>Qld.</b>	<b>S.A.</b>	<b>W.A.</b>	<b>Tas.</b>
5935	245.00	245.00	245.00	245.00	245.00	245.00
5941	470.00	470.00	470.00	470.00	470.00	470.00
5947	380.00	380.00	380.00	380.00	380.00	380.00
5956	425.00	425.00	425.00	425.00	425.00	425.00
5964	26.50	26.50	26.50	26.50	26.50	26.50
5968	265.00	265.00	265.00	265.00	265.00	265.00
5977	380.00	380.00	380.00	380.00	380.00	380.00
5981	965.00	965.00	965.00	965.00	965.00	965.00
5984	525.00	525.00	525.00	525.00	525.00	525.00
5993	645.00	645.00	645.00	645.00	645.00	645.00
6001	595.00	595.00	555.00	555.00	555.00	555.00
6005	555.00	620.00	555.00	555.00	555.00	555.00
6010	265.00	265.00	265.00	265.00	265.00	265.00
6017	650.00	650.00	650.00	650.00	650.00	650.00
6022	162.00	162.00	162.00	162.00	162.00	162.00
6027	245.00	245.00	245.00	245.00	245.00	245.00
6030	79.00	79.00	79.00	79.00	79.00	79.00
6033	265.00	265.00	265.00	265.00	265.00	265.00
6036	26.50	26.50	26.50	26.50	26.50	26.50
6039	45.00	42.50	45.00	45.00	45.00	45.00
6041	525.00	525.00	525.00	525.00	525.00	525.00
6044	158.00	158.00	158.00	158.00	158.00	158.00
6047	81.00	81.00	81.00	81.00	81.00	81.00
6053	184.00	184.00	184.00	184.00	184.00	184.00
6056	130.00	130.00	130.00	130.00	130.00	130.00
6061	97.00	97.00	97.00	97.00	97.00	97.00
6066	53.00	53.00	53.00	53.00	53.00	53.00
6069	130.00	130.00	130.00	130.00	130.00	130.00
6077	380.00	380.00	380.00	380.00	380.00	380.00
6079	320.00	320.00	320.00	320.00	320.00	320.00
6083	425.00	425.00	425.00	425.00	425.00	425.00
6085	142.00	142.00	142.00	142.00	142.00	
6086	425.00	425.00	425.00	425.00	425.00	425.00
6089	395.00	395.00	395.00	395.00	395.00	395.00
6092	395.00	395.00	395.00	395.00	395.00	395.00
6095	158.00	158.00	158.00	158.00	158.00	158.00
6098	100.00	100.00	100.00	100.00	100.00	100.00
6105	205.00	205.00	205.00	205.00	205.00	205.00
6107	265.00	265.00	265.00	265.00	265.00	265.00
6110	405.00	405.00	405.00	405.00	405.00	405.00
6118	470.00	470.00	470.00	470.00	470.00	470.00
6122	158.00	158.00	158.00	158.00	158.00	158.00
6130	320.00	320.00	320.00	320.00	320.00	320.00
6135	525.00	525.00	525.00	525.00	525.00	525.00
6140	106.00	106.00	106.00	106.00	106.00	106.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6146	106.00	106.00	106.00	106.00	106.00	106.00
6152	265.00	265.00	265.00	265.00	265.00	265.00
6157	425.00	425.00	425.00	425.00	425.00	425.00
6162	45.00	45.00	45.00	45.00	45.00	45.00
6166	425.00	425.00	425.00	425.00	425.00	425.00
6175	205.00	205.00	205.00	205.00	205.00	205.00
6179	265.00	265.00	265.00	265.00	265.00	265.00
6184	525.00	525.00	525.00	525.00	525.00	525.00
6189	265.00	265.00	265.00	265.00	265.00	265.00
6194	525.00	525.00	525.00	525.00	525.00	525.00
6199	26.50	26.50	26.50	26.50	26.50	26.50
6204	265.00	265.00	265.00	265.00	265.00	265.00
6208	380.00	380.00	380.00	380.00	380.00	380.00
6210	425.00	425.00	425.00	425.00	425.00	425.00
6212	162.00	162.00	162.00	162.00	162.00	162.00
6218	106.00	106.00	106.00	106.00	106.00	106.00
6221	128.00	128.00	128.00	128.00	128.00	128.00
6224	158.00	158.00	158.00	158.00	158.00	158.00
6228	158.00	158.00	158.00	158.00	158.00	158.00
6231	485.00	485.00	485.00	485.00	485.00	485.00
6232	375.00	375.00	375.00	375.00	375.00	375.00
6236	178.00	178.00	178.00	178.00	178.00	178.00
6245	410.00	410.00	410.00	410.00	410.00	410.00
6246	106.00	106.00	106.00	106.00	106.00	106.00
6247	270.00	270.00	270.00	270.00	270.00	270.00
6249	106.00	106.00	106.00	106.00	106.00	106.00
6253	130.00	130.00	130.00	130.00	130.00	130.00
6258	45.50	45.50	45.50	45.50	45.50	45.50
6262	30.00	30.00	30.00	30.00	30.00	30.00
6264	30.00	30.00	30.00	30.00	30.00	30.00
6271	50.00	50.00	50.00	50.00	50.00	50.00
6274	100.00	100.00	100.00	100.00	100.00	100.00
6277	124.00	124.00	124.00	124.00	124.00	124.00
6278	65.00	65.00	65.00	65.00	65.00	65.00
6280	82.00	82.00	82.00	82.00	82.00	82.00
6284	32.50	32.50	32.50	32.50	32.50	32.50
6290	32.50	32.50	32.50	32.50	32.50	32.50
6292	65.00	65.00	65.00	65.00	65.00	65.00
6296	82.00	82.00	82.00	82.00	82.00	82.00
6299	152.00	152.00	152.00	152.00	152.00	152.00
6302	196.00	196.00	196.00	196.00	196.00	196.00
6306	665.00	665.00	665.00	665.00	665.00	665.00
6308	385.00	385.00	385.00	385.00	385.00	385.00
6313	24.50	24.50	24.50	24.50	24.50	24.50
6321	120.00	120.00	120.00	120.00	120.00	120.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6325	385.00	385.00	385.00	385.00	385.00	385.00
6327	385.00	385.00	385.00	385.00	385.00	385.00
6332	225.00	225.00	225.00	225.00	225.00	225.00
6336	90.00	90.00	90.00	90.00	90.00	90.00
6342	69.00	69.00	69.00	69.00	69.00	69.00
6347	194.00	164.00	164.00	164.00	164.00	164.00
6352	240.00	205.00	205.00	205.00	205.00	205.00
6358	240.00	240.00	240.00	240.00	240.00	240.00
6363	300.00	300.00	300.00	300.00	300.00	300.00
6367	285.00	285.00	285.00	285.00	285.00	285.00
6373	355.00	355.00	355.00	355.00	380.00	355.00
6389	98.00	98.00	98.00	98.00	98.00	98.00
6396	300.00	300.00	300.00	300.00	300.00	300.00
6401	385.00	385.00	385.00	385.00	385.00	385.00
6406	380.00	380.00	380.00	380.00	380.00	380.00
6407	380.00	380.00	380.00	380.00	380.00	380.00
6408	205.00	205.00	205.00	205.00	205.00	205.00
6411	35.50	35.50	35.50	35.50	35.50	35.50
6415	35.50	35.50	35.50	35.50	35.50	35.50
6430	97.00	97.00	97.00	97.00	97.00	97.00
6431	120.00	120.00	120.00	120.00	120.00	120.00
6446	45.50	45.50	45.50	45.50	45.50	45.50
6451	60.00	60.00	60.00	60.00	60.00	60.00
6460	76.00	76.00	76.00	76.00	76.00	76.00
6464	97.00	102.00	97.00	97.00	97.00	97.00
6469	122.00	122.00	122.00	122.00	122.00	122.00
6483	164.00	164.00	164.00	164.00	164.00	164.00
6508	300.00	300.00	300.00	300.00	300.00	300.00
6513	300.00	300.00	300.00	300.00	300.00	300.00
6517	380.00	380.00	380.00	380.00	380.00	380.00
6532	395.00	395.00	395.00	395.00	395.00	395.00
6533	500.00	500.00	500.00	500.00	500.00	500.00
6536	630.00	630.00	630.00	630.00	630.00	630.00
6542	455.00	455.00	455.00	455.00	455.00	455.00
6544	425.00	425.00	425.00	425.00	425.00	425.00
6553	240.00	240.00	240.00	240.00	240.00	240.00
6557	300.00	300.00	300.00	300.00	300.00	300.00
6570	325.00	325.00	325.00	325.00	325.00	325.00
6585	196.00	196.00	180.00	196.00	180.00	180.00
6594	245.00	265.00	245.00	245.00	245.00	245.00
6611	182.00	182.00	182.00	182.00	182.00	182.00
6612	225.00	225.00	225.00	225.00	225.00	225.00
6631	355.00	355.00	355.00	355.00	355.00	355.00
6633	410.00	410.00	410.00	410.00	410.00	410.00
6638	38.00	38.00	38.00	38.00	38.00	38.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6641	24.50	24.50	24.50	24.50	24.50	24.50
6643	205.00	205.00	205.00	205.00	205.00	205.00
6644	255.00	255.00	255.00	255.00	255.00	255.00
6648	245.00	245.00	245.00	245.00	245.00	245.00
6649	305.00	305.00	305.00	305.00	305.00	305.00
6655	380.00	380.00	380.00	380.00	380.00	380.00
6677	205.00	205.00	205.00	205.00	205.00	205.00
6681	255.00	255.00	255.00	255.00	255.00	255.00
6686	56.00	56.00	56.00	56.00	56.00	56.00
6688	265.00	265.00	265.00	265.00	265.00	265.00
6692	330.00	330.00	330.00	330.00	330.00	330.00
6697	265.00	265.00	265.00	265.00	265.00	265.00
6699	330.00	330.00	330.00	330.00	330.00	330.00
6701	194.00	194.00	194.00	194.00	194.00	194.00
6703	112.00	112.00	112.00	112.00	112.00	112.00
6705	225.00	225.00	225.00	225.00	225.00	225.00
6707	345.00	345.00	345.00	345.00	345.00	345.00
6709	225.00	225.00	225.00	225.00	225.00	225.00
6715	455.00	455.00	455.00	455.00	455.00	455.00
6722	645.00	645.00	645.00	645.00	645.00	645.00
6724	275.00	275.00	275.00	275.00	275.00	275.00
6728	345.00	345.00	345.00	345.00	345.00	345.00
6730	405.00	405.00	405.00	405.00	405.00	405.00
6736	565.00	565.00	565.00	565.00	565.00	565.00
6740	225.00	225.00	225.00	225.00	225.00	225.00
6742	285.00	285.00	285.00	285.00	285.00	285.00
6744	405.00	405.00	405.00	405.00	405.00	405.00
6747	565.00	565.00	565.00	565.00	565.00	565.00
6752	64.00	64.00	64.00	64.00	64.00	64.00
6754	45.50	45.50	45.50	45.50	45.50	45.50
6758	255.00	255.00	255.00	255.00	255.00	255.00
6762	64.00	64.00	64.00	64.00	64.00	64.00
6766	152.00	152.00	152.00	152.00	152.00	152.00
6767	28.50	26.00	26.00	26.00	26.00	26.00
6768	184.00	184.00	184.00	184.00	184.00	184.00
6772	112.00	112.00	112.00	112.00	112.00	112.00
6774	275.00	275.00	275.00	275.00	275.00	275.00
6778	385.00	385.00	385.00	385.00	385.00	385.00
6786	465.00	465.00	465.00	465.00	465.00	465.00
6792	345.00	345.00	345.00	345.00	345.00	345.00
6796	255.00	255.00	255.00	255.00	255.00	255.00
6799	79.00	79.00	54.00	54.00	54.00	54.00
6802	26.50	26.50	26.50	26.50	26.50	26.50
6805	75.00	62.00	45.00	45.00	45.00	45.00
6807	64.00	64.00	64.00	64.00	64.00	64.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6810	205.00	205.00	205.00	205.00	205.00	205.00
6818	39.50	39.50	39.50	39.50	39.50	39.50
6820	112.00	112.00	112.00	112.00	112.00	112.00
6824	39.50	39.50	39.50	39.50	39.50	39.50
6828	730.00	730.00	730.00	730.00	730.00	730.00
6832	490.00	490.00	490.00	490.00	490.00	490.00
6833	490.00	490.00	490.00	490.00	490.00	490.00
6835	33.00	33.00	33.00	33.00	33.00	33.00
6837	138.00	150.00	128.00	128.00	128.00	128.00
6842	64.00	64.00	64.00	64.00	64.00	64.00
6846	152.00	152.00	152.00	152.00	152.00	152.00
6848	650.00	595.00	540.00	525.00	525.00	525.00
6852	345.00	345.00	345.00	345.00	345.00	345.00
6857	255.00	255.00	255.00	255.00	255.00	255.00
6858	435.00	435.00	435.00	435.00	435.00	435.00
6859	650.00	650.00	650.00	650.00	650.00	650.00
6861	285.00	285.00	285.00	285.00	285.00	285.00
6862	310.00	310.00	310.00	310.00	310.00	310.00
6863	730.00	730.00	730.00	730.00	730.00	730.00
6864	830.00	830.00	830.00	830.00	830.00	830.00
6865	166.00	166.00	166.00	166.00	166.00	166.00
6871	345.00	345.00	345.00	345.00	345.00	345.00
6873	525.00	490.00	490.00	490.00	490.00	490.00
6879	385.00	385.00	385.00	385.00	385.00	385.00
6881	285.00	285.00	285.00	285.00	285.00	285.00
6885	285.00	285.00	285.00	285.00	285.00	285.00
6889	194.00	194.00	194.00	194.00	194.00	194.00
6894	595.00	595.00	595.00	595.00	595.00	595.00
6898	162.00	162.00	162.00	162.00	162.00	162.00
6900	490.00	490.00	490.00	490.00	490.00	490.00
6902	650.00	730.00	650.00	650.00	650.00	650.00
6904	194.00	194.00	194.00	194.00	194.00	194.00
6906	91.00	91.00	91.00	91.00	91.00	91.00
6908	320.00	320.00	320.00	320.00	320.00	320.00
6914	49.00	49.00	49.00	49.00	49.00	49.00
6918	38.50	38.50	38.50	38.50	38.50	38.50
6922	320.00	320.00	285.00	285.00	285.00	285.00
6924	385.00	385.00	330.00	330.00	330.00	330.00
6929	104.00	104.00	104.00	104.00	104.00	104.00
6930	385.00	385.00	320.00	285.00	330.00	285.00
6931	0.00	0.00	0.00	0.00	0.00	0.00
6932	225.00	225.00	225.00	225.00	225.00	225.00
6938	225.00	225.00	225.00	225.00	225.00	225.00
6940	38.00	38.00	38.00	38.00	38.00	38.00
6942	61.00	61.00	61.00	61.00	61.00	61.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
6953	61.00	61.00	61.00	61.00	61.00	61.00
6955	260.00	260.00	260.00	260.00	260.00	260.00
6958	500.00	500.00	500.00	500.00	500.00	500.00
6962	745.00	745.00	745.00	745.00	745.00	745.00
6964	540.00	540.00	540.00	540.00	540.00	540.00
6966	745.00	745.00	745.00	745.00	745.00	745.00
6968	390.00	390.00	390.00	390.00	390.00	390.00
6972	655.00	655.00	655.00	655.00	655.00	655.00
6974	156.00	156.00	156.00	156.00	156.00	156.00
6980	745.00	745.00	745.00	745.00	745.00	745.00
6986	745.00	745.00	745.00	745.00	745.00	745.00
6988	925.00	925.00	925.00	925.00	925.00	925.00
6992	225.00	225.00	225.00	225.00	225.00	225.00
6995	540.00	540.00	540.00	540.00	540.00	540.00
6999	745.00	745.00	745.00	745.00	745.00	745.00
7001	245.00	245.00	245.00	245.00	245.00	245.00
7002	345.00	345.00	345.00	345.00	345.00	345.00
7003	285.00	285.00	285.00	285.00	285.00	285.00
7006	345.00	345.00	345.00	345.00	345.00	345.00
7011	245.00	245.00	245.00	245.00	245.00	245.00
7013	405.00	405.00	405.00	405.00	405.00	405.00
7021	655.00	655.00	655.00	655.00	655.00	655.00
7028	325.00	325.00	325.00	325.00	325.00	325.00
7033	205.00	205.00	205.00	205.00	205.00	205.00
7042	164.00	164.00	164.00	164.00	164.00	164.00
7044	1050.00	1050.00	1050.00	1050.00	1050.00	1050.00
7046	1050.00	1050.00	1050.00	1050.00	1050.00	1050.00
7057	1515.00	1515.00	1515.00	1515.00	1515.00	1515.00
7066	1200.00	1200.00	1200.00	1200.00	1200.00	1200.00
7079	150.00	150.00	150.00	150.00	150.00	150.00
7081	156.00	156.00	156.00	156.00	156.00	156.00
7085	41.50	41.50	41.50	41.50	41.50	41.50
7089	47.00	47.00	47.00	47.00	47.00	47.00
7099	106.00	106.00	106.00	106.00	106.00	106.00
7106	69.00	69.00	69.00	69.00	69.00	69.00
7111	85.00	85.00	85.00	85.00	85.00	85.00
7112	120.00	120.00	120.00	120.00	120.00	120.00
7116	110.00	110.00	110.00	110.00	110.00	110.00
7117	142.00	142.00	142.00	142.00	142.00	142.00
7120	194.00	194.00	194.00	194.00	194.00	194.00
7121	255.00	255.00	255.00	255.00	255.00	255.00
7124	245.00	245.00	245.00	245.00	245.00	245.00
7129	390.00	390.00	390.00	390.00	390.00	390.00
7132	265.00	265.00	265.00	265.00	265.00	265.00
7133	250.00	250.00	250.00	250.00	250.00	250.00



**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
7138	425.00	425.00	425.00	425.00	425.00	425.00
7139	470.00	470.00	470.00	470.00	470.00	470.00
7140	360.00	360.00	360.00	360.00	360.00	360.00
7143	245.00	245.00	245.00	245.00	245.00	245.00
7148	102.00	102.00	102.00	102.00	102.00	102.00
7152	128.00	128.00	128.00	128.00	128.00	128.00
7153	81.00	81.00	81.00	81.00	81.00	81.00
7156	245.00	245.00	245.00	245.00	245.00	245.00
7157	245.00	245.00	245.00	245.00	245.00	245.00
7170	645.00	645.00	645.00	645.00	645.00	645.00
7171	845.00	845.00	845.00	845.00	845.00	845.00
7175	205.00	205.00	205.00	205.00	205.00	205.00
7178	142.00	142.00	120.00	120.00	120.00	120.00
7182	178.00	178.00	150.00	150.00	150.00	150.00
7184	45.00	45.00	45.00	45.00	45.00	45.00
7186	128.00	128.00	128.00	128.00	128.00	128.00
7190	205.00	205.00	205.00	205.00	205.00	205.00
7192	260.00	260.00	260.00	260.00	260.00	260.00
7194	540.00	540.00	540.00	540.00	540.00	540.00
7198	885.00	885.00	885.00	885.00	885.00	885.00
7203	1330.00	1330.00	1330.00	1330.00	1330.00	1330.00
7204	970.00	970.00	970.00	970.00	970.00	970.00
7212	260.00	260.00	260.00	260.00	260.00	260.00
7216	595.00	595.00	595.00	595.00	595.00	595.00
7231	395.00	395.00	395.00	395.00	395.00	395.00
7240	505.00	505.00	505.00	505.00	505.00	505.00
7244	595.00	595.00	595.00	595.00	595.00	595.00
7248	595.00	595.00	595.00	595.00	595.00	595.00
7251	490.00	490.00	490.00	490.00	490.00	490.00
7265	1330.00	1330.00	1330.00	1330.00	1330.00	1330.00
7270	705.00	705.00	705.00	705.00	705.00	705.00
7274	345.00	345.00	345.00	345.00	345.00	345.00
7279	395.00	395.00	395.00	395.00	395.00	395.00
7283	780.00	780.00	780.00	780.00	780.00	780.00
7287	260.00	260.00	260.00	260.00	260.00	260.00
7291	395.00	395.00	395.00	395.00	395.00	395.00
7298	490.00	490.00	490.00	490.00	490.00	490.00
7312	595.00	595.00	595.00	595.00	595.00	595.00
7314	500.00	500.00	500.00	500.00	500.00	500.00
7316	500.00	500.00	500.00	500.00	500.00	500.00
7318	265.00	265.00	265.00	265.00	265.00	265.00
7320	395.00	395.00	395.00	395.00	395.00	395.00
7324	395.00	395.00	395.00	395.00	395.00	395.00
7326	555.00	555.00	555.00	555.00	555.00	555.00
7328	500.00	500.00	500.00	500.00	500.00	500.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

<b>Item No.</b>	<b>N.S.W.</b>	<b>Vic.</b>	<b>Qld.</b>	<b>S.A.</b>	<b>W.A.</b>	<b>Tas.</b>
7331	525.00	525.00	525.00	525.00	525.00	525.00
7336	595.00	595.00	595.00	595.00	595.00	595.00
7341	595.00	595.00	595.00	595.00	595.00	595.00
7346	730.00	730.00	730.00	730.00	730.00	730.00
7353	885.00	885.00	885.00	885.00	885.00	885.00
7355	595.00	595.00	595.00	595.00	595.00	595.00
7361	310.00	310.00	310.00	310.00	310.00	310.00
7365	310.00	310.00	310.00	310.00	310.00	310.00
7370	525.00	525.00	525.00	525.00	525.00	525.00
7376	390.00	390.00	390.00	390.00	390.00	390.00
7381	345.00	345.00	345.00	345.00	345.00	345.00
7397	26.00	26.00	26.00	26.00	26.00	26.00
7410	40.50	40.50	40.50	40.50	40.50	40.50
7412	49.00	49.00	49.00	49.00	49.00	49.00
7416	40.50	40.50	40.50	40.50	40.50	40.50
7419	32.00	32.00	32.00	32.00	32.00	32.00
7423	60.00	60.00	60.00	60.00	60.00	60.00
7426	38.50	38.50	38.50	38.50	38.50	38.50
7430	78.00	78.00	78.00	78.00	78.00	78.00
7432	97.00	97.00	97.00	97.00	97.00	97.00
7435	16.40	16.40	16.40	16.40	16.40	16.40
7436	49.00	49.00	49.00	49.00	49.00	49.00
7440	124.00	124.00	124.00	124.00	124.00	124.00
7443	162.00	162.00	162.00	162.00	162.00	162.00
7446	91.00	91.00	91.00	91.00	91.00	91.00
7451	112.00	112.00	112.00	112.00	112.00	112.00
7457	38.50	38.50	38.50	38.50	38.50	38.50
7461	64.00	64.00	64.00	64.00	64.00	64.00
7464	19.40	19.40	19.40	19.40	19.40	19.40
7468	49.00	49.00	49.00	49.00	49.00	49.00
7472	150.00	150.00	150.00	150.00	150.00	150.00
7480	65.00	65.00	65.00	65.00	65.00	65.00
7483	0.00	0.00	0.00	0.00	0.00	0.00
7505	24.50	24.50	24.50	24.50	24.50	24.50
7508	50.00	50.00	50.00	50.00	50.00	50.00
7512	75.00	75.00	75.00	75.00	75.00	75.00
7516	33.00	33.00	33.00	33.00	33.00	33.00
7520	75.00	75.00	75.00	75.00	75.00	75.00
7524	102.00	102.00	102.00	102.00	102.00	91.00
7527	85.00	85.00	85.00	85.00	85.00	85.00
7530	120.00	120.00	120.00	120.00	120.00	120.00
7533	38.50	38.50	38.50	38.50	38.50	38.50
7535	75.00	75.00	75.00	75.00	75.00	75.00
7538	89.00	89.00	89.00	89.00	89.00	89.00
7540	94.00	94.00	100.00	94.00	94.00	94.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
7544	130.00	120.00	150.00	130.00	130.00	120.00
7547	75.00	75.00	75.00	75.00	75.00	75.00
7550	79.00	85.00	79.00	79.00	85.00	79.00
7552	102.00	120.00	94.00	94.00	120.00	94.00
7559	78.00	78.00	78.00	78.00	78.00	78.00
7563	94.00	94.00	94.00	94.00	94.00	94.00
7567	112.00	112.00	112.00	112.00	112.00	112.00
7572	164.00	164.00	164.00	164.00	164.00	164.00
7588	53.00	53.00	53.00	53.00	53.00	53.00
7593	75.00	71.00	75.00	64.00	64.00	64.00
7597	64.00	64.00	64.00	64.00	64.00	64.00
7601	15.60	14.80	13.40	13.40	13.40	14.80
7605	22.50	20.50	20.50	20.50	20.50	18.40
7608	97.00	97.00	97.00	97.00	97.00	97.00
7610	128.00	128.00	128.00	128.00	128.00	128.00
7615	75.00	75.00	75.00	75.00	75.00	75.00
7619	97.00	97.00	97.00	97.00	97.00	97.00
7624	225.00	225.00	225.00	225.00	225.00	225.00
7627	285.00	285.00	285.00	285.00	285.00	285.00
7632	56.00	56.00	56.00	56.00	56.00	56.00
7637	78.00	81.00	71.00	75.00	75.00	75.00
7641	85.00	89.00	78.00	75.00	82.00	75.00
7643	120.00	120.00	102.00	102.00	102.00	102.00
7647	144.00	144.00	144.00	144.00	144.00	144.00
7652	194.00	194.00	194.00	194.00	194.00	194.00
7673	51.00	51.00	51.00	51.00	51.00	51.00
7677	75.00	75.00	75.00	75.00	75.00	75.00
7681	20.50	20.50	20.50	20.50	20.50	20.50
7683	32.00	32.00	32.00	32.00	32.00	32.00
7687	50.00	50.00	50.00	50.00	50.00	50.00
7691	50.00	50.00	50.00	50.00	50.00	50.00
7694	15.60	14.80	13.40	13.40	13.40	14.80
7697	22.50	20.50	20.50	20.50	20.50	18.40
7701	15.60	14.80	13.40	13.40	13.40	14.80
7706	22.50	20.50	20.50	20.50	20.50	18.40
7709	94.00	94.00	94.00	75.00	75.00	75.00
7712	130.00	130.00	120.00	94.00	94.00	94.00
7715	265.00	265.00	265.00	265.00	265.00	265.00
7719	86.00	86.00	86.00	86.00	86.00	86.00
7722	225.00	225.00	225.00	225.00	225.00	225.00
7725	240.00	240.00	240.00	240.00	240.00	240.00
7728	255.00	255.00	255.00	255.00	255.00	255.00
7764	65.00	65.00	65.00	65.00	65.00	65.00
7766	89.00	89.00	89.00	89.00	89.00	89.00
7774	15.60	14.80	13.40	13.40	13.40	14.80

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
7777	22.50	20.50	20.50	20.50	20.50	18.40
7781	15.60	14.80	13.40	13.40	13.40	14.80
7785	22.50	20.50	20.50	20.50	20.50	18.40
7789	112.00	112.00	112.00	112.00	112.00	112.00
7793	194.00	194.00	194.00	194.00	194.00	194.00
7798	490.00	490.00	490.00	490.00	490.00	490.00
7802	65.00	65.00	65.00	65.00	65.00	65.00
7803	0.00	0.00	0.00	0.00	0.00	0.00
7808	65.00	65.00	65.00	65.00	65.00	65.00
7809	0.00	0.00	0.00	0.00	0.00	0.00
7815	65.00	65.00	65.00	65.00	65.00	65.00
7817	0.00	0.00	0.00	0.00	0.00	0.00
7821	65.00	65.00	65.00	65.00	65.00	65.00
7823	0.00	0.00	0.00	0.00	0.00	0.00
7828	0.00	0.00	0.00	0.00	0.00	0.00
7834	0.00	0.00	0.00	0.00	0.00	0.00
7839	0.00	0.00	0.00	0.00	0.00	0.00
7844	0.00	0.00	0.00	0.00	0.00	0.00
7847	0.00	0.00	0.00	0.00	0.00	0.00
7853	156.00	156.00	156.00	156.00	156.00	156.00
7855	112.00	112.00	112.00	112.00	112.00	112.00
7857	156.00	156.00	156.00	156.00	156.00	156.00
7861	19.40	19.40	15.60	15.60	15.60	15.60
7864	16.40	16.40	16.40	16.40	16.40	16.40
7868	39.50	39.50	39.50	39.50	39.50	39.50
7872	91.00	67.00	67.00	67.00	67.00	67.00
7878	120.00	89.00	89.00	85.00	89.00	85.00
7883	67.00	67.00	67.00	67.00	67.00	67.00
7886	102.00	102.00	102.00	102.00	102.00	102.00
7898	540.00	540.00	540.00	540.00	540.00	540.00
7902	200.00	200.00	200.00	200.00	200.00	200.00
7911	62.00	62.00	62.00	62.00	62.00	62.00
7915	78.00	78.00	78.00	78.00	78.00	78.00
7926	100.00	100.00	100.00	100.00	100.00	100.00
7928	164.00	164.00	164.00	164.00	164.00	164.00
7932	164.00	164.00	164.00	164.00	164.00	164.00
7934	845.00	845.00	845.00	845.00	845.00	845.00
7937	275.00	275.00	275.00	275.00	275.00	275.00
7938	1050.00	1050.00	1050.00	1050.00	1050.00	1050.00
7939	1330.00	1330.00	1330.00	1330.00	1330.00	1330.00
7940	184.00	184.00	184.00	184.00	184.00	184.00
7942	395.00	395.00	395.00	395.00	395.00	395.00
7945	700.00	700.00	700.00	700.00	700.00	700.00
7947	600.00	600.00	600.00	600.00	600.00	600.00
7951	775.00	775.00	775.00	775.00	775.00	775.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
7957	700.00	700.00	700.00	700.00	700.00	700.00
7961	935.00	935.00	935.00	935.00	935.00	935.00
7967	685.00	685.00	685.00	685.00	685.00	685.00
7969	935.00	935.00	935.00	935.00	935.00	935.00
7975	470.00	470.00	470.00	470.00	470.00	470.00
7977	380.00	380.00	380.00	380.00	380.00	380.00
7983	470.00	470.00	470.00	470.00	470.00	470.00
7993	330.00	330.00	330.00	330.00	330.00	330.00
7999	310.00	310.00	310.00	310.00	310.00	310.00
8001	275.00	275.00	275.00	275.00	275.00	275.00
8003	415.00	415.00	415.00	415.00	415.00	415.00
8009	156.00	156.00	156.00	156.00	156.00	156.00
8014	164.00	164.00	164.00	164.00	164.00	164.00
8017	425.00	425.00	425.00	425.00	425.00	425.00
8019	500.00	500.00	500.00	500.00	500.00	500.00
8022	180.00	180.00	152.00	134.00	134.00	134.00
8024	245.00	245.00	245.00	245.00	245.00	245.00
8026	50.00	50.00	50.00	50.00	50.00	50.00
8028	260.00	260.00	260.00	260.00	260.00	260.00
8032	285.00	285.00	285.00	285.00	285.00	285.00
8036	260.00	260.00	260.00	260.00	260.00	260.00
8040	184.00	184.00	184.00	184.00	184.00	184.00
8044	655.00	655.00	655.00	655.00	655.00	655.00
8048	455.00	455.00	455.00	455.00	455.00	455.00
8053	455.00	455.00	455.00	455.00	455.00	455.00
8069	645.00	645.00	645.00	645.00	645.00	645.00
8070	845.00	845.00	845.00	845.00	845.00	845.00
8074	330.00	330.00	330.00	330.00	330.00	330.00
8080	122.00	122.00	122.00	122.00	122.00	122.00
8082	225.00	225.00	225.00	225.00	225.00	225.00
8085	265.00	265.00	265.00	265.00	265.00	265.00
8088	410.00	410.00	410.00	410.00	410.00	410.00
8090	410.00	410.00	410.00	410.00	410.00	410.00
8092	525.00	525.00	525.00	525.00	525.00	525.00
8105	17.80	17.80	17.80	17.80	17.80	17.80
8113	225.00	225.00	225.00	225.00	225.00	225.00
8116	330.00	380.00	330.00	330.00	330.00	330.00
8120	200.00	200.00	200.00	200.00	200.00	200.00
8131	280.00	280.00	255.00	255.00	265.00	255.00
8135	380.00	345.00	320.00	320.00	320.00	320.00
8151	122.00	122.00	122.00	122.00	122.00	122.00
8153	152.00	152.00	152.00	152.00	152.00	152.00
8158	330.00	330.00	330.00	330.00	330.00	330.00
8159	465.00	465.00	465.00	465.00	465.00	465.00
8161	265.00	265.00	265.00	265.00	265.00	265.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8166	200.00	200.00	200.00	200.00	200.00	200.00
8169	122.00	122.00	122.00	122.00	122.00	122.00
8173	152.00	152.00	152.00	152.00	152.00	152.00
8179	150.00	150.00	150.00	150.00	150.00	150.00
8182	184.00	184.00	184.00	184.00	184.00	184.00
8185	156.00	156.00	142.00	142.00	156.00	142.00
8187	164.00	164.00	164.00	164.00	164.00	164.00
8190	164.00	164.00	164.00	164.00	164.00	164.00
8193	200.00	200.00	200.00	200.00	200.00	200.00
8195	225.00	225.00	225.00	225.00	225.00	225.00
8198	380.00	380.00	380.00	380.00	380.00	380.00
8201	540.00	540.00	540.00	540.00	540.00	540.00
8206	380.00	380.00	380.00	380.00	380.00	380.00
8209	345.00	345.00	345.00	345.00	345.00	345.00
8211	380.00	380.00	380.00	380.00	380.00	380.00
8214	91.00	91.00	91.00	91.00	91.00	91.00
8217	184.00	184.00	184.00	184.00	184.00	184.00
8219	158.00	158.00	158.00	158.00	158.00	158.00
8222	200.00	200.00	200.00	200.00	200.00	200.00
8225	225.00	225.00	225.00	225.00	225.00	225.00
8227	82.00	82.00	82.00	82.00	82.00	82.00
8230	100.00	100.00	100.00	100.00	100.00	100.00
8233	156.00	156.00	156.00	156.00	156.00	156.00
8235	196.00	196.00	196.00	196.00	196.00	196.00
8238	250.00	250.00	250.00	250.00	250.00	250.00
8241	67.00	67.00	67.00	67.00	67.00	67.00
8243	100.00	100.00	100.00	100.00	100.00	100.00
8246	62.00	62.00	62.00	62.00	62.00	62.00
8249	152.00	152.00	152.00	152.00	152.00	152.00
8251	275.00	275.00	275.00	275.00	275.00	275.00
8257	380.00	380.00	380.00	380.00	380.00	380.00
8259	280.00	280.00	280.00	280.00	280.00	280.00
8262	164.00	164.00	164.00	164.00	164.00	164.00
8267	122.00	122.00	122.00	122.00	122.00	122.00
8275	178.00	178.00	178.00	178.00	178.00	178.00
8279	102.00	102.00	102.00	102.00	102.00	102.00
8282	134.00	134.00	134.00	134.00	134.00	134.00
8283	178.00	178.00	178.00	178.00	178.00	178.00
8287	124.00	124.00	124.00	124.00	124.00	124.00
8290	300.00	300.00	300.00	300.00	300.00	300.00
8294	200.00	200.00	200.00	200.00	200.00	200.00
8296	100.00	100.00	100.00	100.00	100.00	100.00
8298	250.00	250.00	250.00	250.00	250.00	250.00
8302	380.00	380.00	380.00	380.00	380.00	380.00
8304	455.00	455.00	455.00	455.00	455.00	455.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8306	600.00	600.00	600.00	600.00	600.00	600.00
8310	225.00	225.00	225.00	225.00	225.00	225.00
8312	225.00	225.00	225.00	225.00	225.00	225.00
8314	310.00	310.00	310.00	310.00	310.00	310.00
8316	310.00	310.00	310.00	310.00	310.00	310.00
8318	620.00	620.00	620.00	620.00	620.00	620.00
8320	285.00	285.00	285.00	285.00	285.00	285.00
8322	270.00	270.00	270.00	270.00	270.00	270.00
8324	310.00	310.00	310.00	310.00	310.00	310.00
8326	310.00	310.00	310.00	310.00	310.00	310.00
8328	225.00	225.00	225.00	225.00	225.00	225.00
8330	310.00	310.00	310.00	310.00	310.00	310.00
8332	108.00	79.00	79.00	79.00	79.00	79.00
8334	26.50	26.50	26.50	26.50	26.50	26.50
8336	33.00	33.00	33.00	33.00	33.00	33.00
8349	54.00	54.00	54.00	54.00	54.00	54.00
8351	33.00	33.00	33.00	33.00	33.00	33.00
8352	26.50	26.50	26.50	26.50	26.50	26.50
8354	40.50	40.50	40.50	40.50	40.50	40.50
8356	40.50	40.50	40.50	40.50	40.50	40.50
8378	500.00	500.00	500.00	500.00	500.00	500.00
8380	490.00	490.00	490.00	490.00	490.00	490.00
8382	122.00	122.00	122.00	122.00	122.00	122.00
8384	265.00	265.00	265.00	265.00	265.00	265.00
8386	200.00	200.00	200.00	200.00	200.00	200.00
8388	600.00	600.00	600.00	600.00	600.00	600.00
8390	600.00	600.00	600.00	600.00	600.00	600.00
8392	745.00	745.00	745.00	745.00	745.00	745.00
8394	525.00	525.00	525.00	525.00	525.00	525.00
8398	685.00	685.00	685.00	685.00	685.00	685.00
8400	595.00	595.00	595.00	595.00	595.00	595.00
8402	665.00	665.00	665.00	665.00	665.00	665.00
8406	225.00	225.00	225.00	225.00	225.00	225.00
8408	645.00	645.00	645.00	645.00	645.00	645.00
8410	330.00	330.00	330.00	330.00	330.00	330.00
8412	285.00	285.00	285.00	285.00	285.00	285.00
8414	655.00	655.00	655.00	655.00	655.00	655.00
8418	395.00	395.00	395.00	395.00	395.00	395.00
8422	205.00	205.00	205.00	205.00	205.00	205.00
8424	450.00	450.00	450.00	450.00	450.00	450.00
8428	26.50	26.50	26.50	26.50	26.50	26.50
8430	67.00	67.00	67.00	67.00	67.00	67.00
8432	97.00	97.00	97.00	97.00	97.00	97.00
8434	124.00	124.00	124.00	124.00	124.00	124.00
8436	265.00	265.00	265.00	265.00	265.00	265.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

<b>Item No.</b>	<b>N.S.W.</b>	<b>Vic.</b>	<b>Qld.</b>	<b>S.A.</b>	<b>W.A.</b>	<b>Tas.</b>
8440	310.00	310.00	310.00	310.00	310.00	310.00
8442	380.00	380.00	380.00	380.00	380.00	380.00
8444	555.00	555.00	555.00	555.00	555.00	555.00
8448	205.00	205.00	205.00	205.00	205.00	205.00
8449	345.00	345.00	345.00	345.00	345.00	345.00
8450	260.00	260.00	260.00	260.00	260.00	260.00
8452	97.00	97.00	97.00	97.00	97.00	97.00
8454	215.00	215.00	215.00	215.00	215.00	215.00
8458	51.00	51.00	51.00	51.00	51.00	51.00
8462	75.00	75.00	60.00	60.00	60.00	51.00
8466	89.00	89.00	89.00	89.00	89.00	89.00
8470	120.00	120.00	120.00	120.00	120.00	120.00
8472	178.00	178.00	178.00	178.00	178.00	178.00
8474	310.00	310.00	310.00	310.00	310.00	310.00
8476	425.00	425.00	425.00	425.00	425.00	425.00
8478	260.00	260.00	260.00	260.00	260.00	260.00
8480	156.00	156.00	156.00	156.00	156.00	156.00
8484	225.00	225.00	225.00	225.00	225.00	225.00
8485	260.00	260.00	260.00	260.00	260.00	260.00
8486	128.00	128.00	128.00	128.00	128.00	128.00
8487	555.00	555.00	555.00	555.00	555.00	555.00
8488	250.00	250.00	250.00	250.00	250.00	250.00
8490	142.00	142.00	142.00	142.00	142.00	142.00
8492	64.00	64.00	64.00	64.00	64.00	64.00
8494	245.00	245.00	245.00	245.00	245.00	245.00
8496	128.00	128.00	128.00	128.00	128.00	128.00
8498	260.00	260.00	260.00	260.00	260.00	260.00
8500	205.00	205.00	205.00	205.00	205.00	205.00
8502	142.00	142.00	142.00	142.00	142.00	142.00
8504	112.00	112.00	112.00	112.00	112.00	112.00
8508	225.00	225.00	225.00	225.00	225.00	225.00
8509	164.00	164.00	164.00	164.00	164.00	164.00
8510	385.00	385.00	385.00	385.00	385.00	385.00
8511	345.00	345.00	345.00	345.00	345.00	345.00
8512	156.00	156.00	156.00	156.00	156.00	156.00
8516	320.00	320.00	320.00	320.00	320.00	320.00
8518	260.00	260.00	260.00	260.00	260.00	260.00
8522	120.00	120.00	120.00	120.00	120.00	120.00
8524	162.00	162.00	162.00	162.00	162.00	162.00
8528	490.00	490.00	490.00	490.00	490.00	490.00
8530	405.00	405.00	405.00	405.00	405.00	405.00
8535	260.00	260.00	260.00	260.00	260.00	260.00
8540	705.00	705.00	705.00	705.00	705.00	705.00
8542	600.00	600.00	600.00	600.00	600.00	600.00
8544	180.00	180.00	180.00	180.00	180.00	180.00



**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8546	395.00	395.00	395.00	395.00	395.00	395.00
8548	455.00	455.00	455.00	455.00	455.00	455.00
8551	485.00	485.00	485.00	485.00	485.00	485.00
8552	265.00	265.00	265.00	265.00	265.00	265.00
8554	490.00	490.00	490.00	490.00	490.00	490.00
8556	385.00	385.00	385.00	385.00	385.00	385.00
8560	320.00	320.00	320.00	320.00	320.00	320.00
8568	450.00	450.00	450.00	450.00	450.00	450.00
8570	260.00	260.00	260.00	260.00	260.00	260.00
8582	320.00	320.00	320.00	320.00	320.00	320.00
8584	128.00	128.00	128.00	128.00	128.00	128.00
8585	178.00	178.00	178.00	178.00	178.00	178.00
8586	425.00	380.00	380.00	380.00	380.00	380.00
8588	178.00	178.00	178.00	178.00	178.00	178.00
8592	260.00	260.00	260.00	260.00	260.00	260.00
8594	280.00	280.00	280.00	280.00	280.00	280.00
8596	320.00	320.00	320.00	320.00	320.00	320.00
8598	555.00	555.00	555.00	555.00	555.00	555.00
8600	700.00	700.00	700.00	700.00	700.00	700.00
8602	81.00	81.00	81.00	81.00	81.00	81.00
8604	194.00	194.00	194.00	194.00	194.00	194.00
8606	275.00	275.00	275.00	275.00	275.00	275.00
8608	285.00	285.00	285.00	285.00	285.00	285.00
8612	385.00	385.00	385.00	385.00	385.00	385.00
8614	178.00	178.00	178.00	178.00	178.00	178.00
8616	178.00	178.00	178.00	178.00	178.00	178.00
8618	455.00	455.00	455.00	455.00	455.00	455.00
8620	132.00	132.00	132.00	132.00	132.00	132.00
8622	345.00	345.00	345.00	345.00	345.00	345.00
8624	470.00	470.00	470.00	470.00	470.00	470.00
8628	150.00	150.00	150.00	150.00	150.00	150.00
8630	280.00	280.00	280.00	280.00	280.00	280.00
8632	650.00	650.00	650.00	650.00	650.00	650.00
8634	194.00	194.00	194.00	194.00	194.00	194.00
8636	345.00	345.00	345.00	345.00	345.00	345.00
8640	450.00	450.00	450.00	450.00	450.00	450.00
8644	225.00	225.00	225.00	225.00	225.00	225.00
8648	320.00	320.00	320.00	320.00	320.00	320.00
8652	320.00	320.00	320.00	320.00	320.00	320.00
8656	405.00	405.00	405.00	405.00	405.00	405.00
8658	530.00	530.00	530.00	530.00	530.00	530.00
8660	675.00	675.00	675.00	675.00	675.00	675.00
8662	765.00	765.00	765.00	765.00	765.00	765.00
8664	880.00	880.00	880.00	880.00	880.00	880.00
8666	970.00	970.00	970.00	970.00	970.00	970.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

<b>Item No.</b>	<b>N.S.W.</b>	<b>Vic.</b>	<b>Qld.</b>	<b>S.A.</b>	<b>W.A.</b>	<b>Tas.</b>
8668	1055.00	1055.00	1055.00	1055.00	1055.00	1055.00
8670	410.00	410.00	410.00	410.00	410.00	410.00
8672	240.00	240.00	240.00	240.00	240.00	240.00
8675	1375.00	1375.00	1375.00	1375.00	1375.00	1375.00
8676	1050.00	1050.00	1050.00	1050.00	1050.00	1050.00
8677	960.00	960.00	960.00	960.00	960.00	960.00
8678	960.00	960.00	960.00	960.00	960.00	960.00
8679	705.00	705.00	705.00	705.00	705.00	705.00
8680	540.00	540.00	540.00	540.00	540.00	540.00
8681	910.00	910.00	910.00	910.00	910.00	910.00
8682	900.00	900.00	900.00	900.00	900.00	900.00
8683	485.00	485.00	485.00	485.00	485.00	485.00
8700	72.00	72.00	72.00	72.00	72.00	72.00
8702	28.50	28.50	28.50	28.50	25.50	28.50
8704	57.00	57.00	57.00	57.00	57.00	57.00
8706	19.60	19.60	19.60	19.60	19.60	19.60
8708	28.50	28.50	28.50	28.50	28.50	28.50
8710	31.50	31.50	31.50	31.50	31.50	31.50
8711	47.00	47.00	47.00	47.00	47.00	47.00
8712	128.00	128.00	128.00	128.00	128.00	128.00
8713	114.00	114.00	114.00	114.00	114.00	114.00
8716	99.00	99.00	99.00	99.00	99.00	99.00
8717	86.00	86.00	86.00	86.00	86.00	86.00
8720	162.00	162.00	162.00	162.00	162.00	162.00
8721	86.00	86.00	86.00	86.00	86.00	86.00
8723	196.00	196.00	196.00	196.00	196.00	196.00
8724	99.00	99.00	99.00	99.00	99.00	99.00
8730	99.00	99.00	99.00	99.00	99.00	99.00
8731	86.00	86.00	86.00	86.00	86.00	86.00
8736	130.00	130.00	130.00	130.00	130.00	130.00
8737	118.00	118.00	118.00	118.00	118.00	118.00
8738	102.00	102.00	102.00	102.00	102.00	102.00
8739	89.00	89.00	89.00	89.00	89.00	89.00
8742	196.00	196.00	196.00	196.00	196.00	196.00
8743	170.00	170.00	170.00	170.00	170.00	170.00
8746	67.00	67.00	67.00	67.00	67.00	67.00
8747	60.00	60.00	60.00	60.00	60.00	60.00
8750	102.00	102.00	102.00	102.00	102.00	102.00
8755	102.00	102.00	102.00	102.00	102.00	102.00
8756	89.00	89.00	89.00	89.00	89.00	89.00
8759	130.00	130.00	130.00	130.00	130.00	130.00
8760	118.00	118.00	118.00	118.00	118.00	118.00
8763	69.00	69.00	69.00	69.00	69.00	69.00
8764	61.00	61.00	61.00	61.00	61.00	61.00
8769	132.00	132.00	132.00	132.00	132.00	132.00

**Medical Benefits Schedule Fees by Item and State  
as from 1 July 1985**

Item No.	N.S.W.	Vic.	Qld.	S.A.	W.A.	Tas.
8770	118.00	118.00	118.00	118.00	118.00	118.00
8773	102.00	102.00	102.00	102.00	102.00	102.00
8774	90.00	90.00	90.00	90.00	90.00	90.00
8779	39.00	39.00	39.00	39.00	39.00	39.00
8780	34.50	34.50	34.50	34.50	34.50	34.50
8783	130.00	130.00	130.00	130.00	130.00	130.00
8784	118.00	118.00	118.00	118.00	118.00	118.00
8787	99.00	99.00	99.00	99.00	99.00	99.00
8788	86.00	86.00	86.00	86.00	86.00	86.00
8793	265.00	265.00	265.00	265.00	265.00	265.00
8794	235.00	235.00	235.00	235.00	235.00	235.00
8797	132.00	132.00	132.00	132.00	132.00	132.00
8798	118.00	118.00	118.00	118.00	118.00	118.00
8799	132.00	132.00	132.00	132.00	132.00	132.00
8800	118.00	118.00	118.00	118.00	118.00	118.00
8803	265.00	265.00	265.00	265.00	265.00	265.00
8804	235.00	235.00	235.00	235.00	235.00	235.00
8807	132.00	132.00	132.00	132.00	132.00	132.00
8808	118.00	118.00	118.00	118.00	118.00	118.00
8813	66.00	66.00	66.00	66.00	66.00	66.00
8814	59.00	59.00	59.00	59.00	59.00	59.00
8817	34.50	34.50	34.50	34.50	34.50	34.50
8818	30.50	30.50	30.50	30.50	30.50	30.50
8821	99.00	99.00	99.00	99.00	99.00	99.00
8824	104.00	104.00	104.00	104.00	104.00	104.00
8825	91.00	91.00	91.00	91.00	91.00	91.00
8828	99.00	99.00	99.00	99.00	99.00	99.00
8829	86.00	86.00	86.00	86.00	86.00	86.00
8850	1.70	1.70	1.70	1.70	1.70	1.70

# COMMONWEALTH DEPARTMENT OF HEALTH

## Preface

1. This Book provides information on the arrangements, which operate under the Health Insurance Act 1973 for the payment of Medicare benefits for professional services rendered by registered medical practitioners.
2. The Medicare arrangements commenced on 1 February 1984 and apply to medical services rendered on and after that date. The manner in which Medicare benefits operate is outlined in Section 1 of this Book.
3. The Medicare Benefits Schedule in Section 2 of this Book shows for each service the item number, description of medical service and Schedule fee for each State. Schedule fees for the Australian Capital Territory and Northern Territory are the same as for New South Wales.
4. The Schedule fees shown apply to medical services rendered on or after 15 June 1984. They are the fees determined by Mr. K. C McKenzie, Deputy President of the Australian Conciliation and Arbitration Commission, following an independent public enquiry to vary medical fees on which the payment of Medicare benefits is based. In the case of services which have an associated anaesthetic, the number or relevant anaesthetic units together with the anaesthetic item number is shown.
5. A "Ready Reckoner" located at the front of Section 2 of this Book shows the Medicare benefit for the various Schedule fees (ie 85% of the Schedule fee with a maximum gap of \$10.00).
6. 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 8 Radiological Services, Part 8A Radiotherapy, Part 9A Computerised Axial Tomography and Part 11 Nuclear Medicine.
7. This edition of the book has been printed for use by medical practitioners and other interest authorities.
8. 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 15 June 1984 and apply to medical services rendered on and after that date except for new items and amendments introduced with effect from 1 November 1984.
9. The Book has four sections:-

<b>Section</b>	<b>Content</b>
<b>1</b>	<b>Outline of the Medicare Benefits and Notes for the Guidance of Medical Practitioners</b> <b>Part A — Explanatory Notes</b> <b>Part B — Outline of Medicare benefit arrangements</b> <b>Part C — Compilation and Information on Interpretation of the Medicare Benefits Schedule</b>
<b>2</b>	<b>The Schedule</b>
<b>3A</b>	<b>Index to Parts 1 to 6, 9 and 10 of the Schedule</b>
<b>3B</b>	<b>Index to Parts 7, 8, 8A, 9A and 11 of the Schedule</b>
<b>3C</b>	<b>List of Acceptable Terms and Abbreviations in Pathology</b>
<b>4</b>	<b>Addresses of the Regional Offices of the Commonwealth Department of Health and State Offices of the Health Insurance Commission</b>

Department of Health,  
CANBERRA. A.C.T. 2606

SECTION 1

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

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# SECTION 1

## TABLE OF CONTENTS

Subject	Para. No.
<b>PART A</b>	
Explanatory Notes	(See pages 1A-1 to 1A-3)
<b>PART B</b>	
Medicare	1-3
Eligible Persons	4-5
Medicare Cards	6
Schedule Fees and Tables of Benefits	7-10
Professional Services	11-18
Aggregate Items	19-21
Where Medical Benefits are not Payable	22-24
Health Screening Service	25-27
Services Rendered to a Doctor's Dependants, Partner, or Partner's Dependants	28
Workers' Compensation, Third Party Insurance, Damages, etc.	29-32
Provision of Excessive Services	33-38
Service of Unusual Length or Complexity	39-45
Visitors to Australia	46-47
Medical Expenses Incurred Overseas	48-49
Penalties	50-51
Billing of the Patient	
Itemised Accounts	52-53
Claiming of Benefits	54
Paid Accounts	55
Unpaid Accounts	56-58
Assignment of Benefits	59
Direct-Billing of Medicare	60-62
Medicare cards	63-66
Assignment of Benefits Arrangements	67
Assignment of Benefit Forms	68
The Medicare Card number	69-70
The Claim for Assigned Benefits	71-73
Time Limits Applicable to Lodgment of Claims	74-76
Direct-Bill Stationery	77
<b>PART C</b>	
Compilation of the Medicare Benefits Schedule	101-103
Medicare Benefits	104-107
Medical Services not Listed in the Schedule	108-111
Interpretation of the Schedule	
Principles of Interpretation	112-115
Consultation and Procedures Rendered at the One Attendance	116-119
Part 1 — Professional Attendances	120-125
Multiple Attendances	126-129
Professional attendance at a hospital	130
Professional attendance on a nursing-home type patient in a hospital	131
Nursing home attendances	132-136
Professional attendances at an institution	137-139

Prolonged Attendance in Treatment of a Critical Condition .....	140
Part 2 — Obstetrics .....	
General .....	141
Antenatal Care .....	142
Confinement .....	143–147
Postnatal Care .....	148
Other Services .....	149
Part 3 — Administration of Anaesthetics .....	150–163
Multiple Anaesthetic Rule .....	164–165
Administration of Anaesthetic for a service not listed in the Schedule .....	166–167
Anaesthetic Services of Unusual Length .....	168–172
Appeals .....	173
Part 4 — Regional Nerve or Field Block .....	174–176
Epidural Injection for Control of Post-operative Pain .....	177
Part 6 — Miscellaneous Procedures .....	
Ultrasonic Cross-sectional Echography .....	178
Routine Ultrasonic Scanning .....	179
Central Nervous System Evoked Responses .....	180–182
Haemodialysis .....	183–184
Contact Lenses .....	185–188
Twelve-lead Electrocardiography .....	189
Twelve-lead Electrocardiography, tracing only or report only .....	190
Electrocardiographic Monitoring of Ambulatory Patient .....	191–192
Electrocardiographic Monitoring During Exercise .....	193
Estimation of Respiratory Function .....	194
Fluids, Intravenous Drip Infusion .....	195
Venepuncture .....	196–198
Acupuncture .....	199–201
Multiphasic Health Screening .....	202
Family Group Therapy .....	203
Part 7 — Pathology Services .....	204
Recognised Specialist Pathologists .....	205–206
Approved Pathology Practitioner Scheme .....	207–213
Pathology Services must be necessary .....	214–215
Prohibited Practices .....	216
Conditions relating to Medicare benefits .....	217–222
Requests in writing .....	223–226
Medicare Benefits not payable for certain tests .....	227–228
HAEMATOLOGY .....	
Blood Grouping .....	229
Compatibility Testing .....	230
Quantitative Estimation of any Substance by Reagent Strip with Reflectance Meter .....	231
Estimation by any Method of Specified Biochemical Substances .....	232
Estimation of glycosylated Haemoglobin .....	233
Cultural Examination .....	234
Blood Culture .....	235
Urine Culture .....	236
RAST Tests .....	237
Cytological Examination of Smears .....	238

Estimation of beta-HCG .....	239
Part 8 — Radiology .....	240
Plain Abdominal Film .....	241
Radiography of the Breast .....	242–243
Part 8A — Radiotherapy .....	244–245
Part 9 — Assistance at Operations .....	246–248
Part 9A — Computerised Axial Tomography .....	249–252
Part 10 — Operations	
As an Independent Procedure .....	254
Not associated with any other Item in this Part .....	255
Not covered by a specific Item in this Part .....	256
Multiple Operation Formula .....	257–261
After-Care .....	262–273
After-Care where Patient is Referred to an Intensive Care Unit .....	274–275
Lipectomy, wedge excision — two or more excisions .....	276
Treatment of Keratoses, warts etc. ....	277
Serial Curettage Excision .....	278
Subcutaneous Mastectomy .....	279
Laparotomy and Other Procedures .....	280
Laparotomy involving division of Peritoneal Adhesions .....	281
Anti-reflux Operations .....	282
Colposcopic Examination .....	283
Dilation of Cervix Under General Anaesthesia .....	284
Curettage of Uterus under General Anaesthesia .....	284
Radical or Debulking Operation for Ovarian Tumour including Omentectomy .....	285
Refractive Keratoplasty .....	286
Intrathoracic Operation on Heart, Lungs, etc. ....	287
Measurement of Intracardiac Conduction Times .....	288
Intracardiac Electrophysiological Investigations .....	289
Fracture of Mandible or Maxilla .....	290–294
Joint Replacement, Revision Operation .....	295
Local skin flap — Definition .....	296–300
Augmentation Mammoplasty .....	301–302
Meloplasty for correction of facial asymmetry .....	303–304
Reduction of Eyelids .....	305
Osteotomy of Jaw .....	306–307
Genioplasty .....	308
Part 11 — Nuclear Medicine .....	309–314
Recognition as a Specialist or Consultant Physician .....	315–320
Referral of Patients to Specialists or Consultant Physicians .....	321–332



**SECTION 1**  
**PART A**  
**EXPLANATORY NOTES**

**AMENDMENTS TO THE MEDICARE BENEFITS SCHEDULE — 1 NOVEMBER 1984**

Note: It is in the doctor's own interest to be conversant with the Notes for Guidance and the details of schedule items he uses.

1. A number of additions, deletions and amendments have been made in this edition of the Medicare Benefits Schedule Book. These adjustments become effective from 1 NOVEMBER 1984 and apply to services rendered on and after that date.
2. 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	‡
(c) Fees amended	+
(d) Item number changed	*
(e) Item transferred	#

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

**Items 160-164 — Prolonged Professional Attendance**

4. Attention is drawn to the new wording of Items 160-164. (See also paragraph 140 in Part C.)

**Items 486 and 558 — Administration of an anaesthetic for a service not listed in the Schedule.**

5. These are non-specific items introduced for the purpose of permitting payment of benefit for an anaesthetic for a professional service not listed in the Schedule or a service in the Schedule which has not been allotted anaesthetic units.
6. For the application of these items, see paras, 108 to 111 page 1C-1.

**Items 816 and 817 — Central nervous system evoked responses**

7. In the context of these items a study refers to one or more averaged samples of electrical activity recorded from one or more sites in the central nervous system in response to the same stimulus.
8. Second or subsequent studies refer to either stimulating the same point of stimulation (e.g. right eye or left median nerve) with a different stimulus or stimulating another point of stimulation (e.g. left eye or right median nerve).
9. Items 816 and 817 are not intended to cover bio-feedback techniques.

**Item 916 — Electrocardiographic monitoring during exercise**

10. The requirement for the payment of benefits under this item is the presence of the medical practitioner with the patient for not less than twenty minutes. Note also the requirement for resuscitative equipment.

**Items 1673/1674/1676 — Urine Culture**

11. Testing for inhibitory substances in urine is included in the items covering urine culture. Items 1732/1733 do not apply in addition to these items.

**Items 1903/1904, 1905/1906 — RAST tests**

12. It should be noted that benefits for RAST tests are now restricted to a maximum of twenty allergens.

**Item 4191 — Peritoneoscopy**

13. This item has been deleted from the Schedule. The service is now covered by Item 4192 or 4193.

**Item 4192 — Laparoscopy, diagnostic**

**Item 4193 — Laparoscopy, with biopsy**

**Item 4194 — Laparoscopy, involving puncture of cysts, etc.**

14. These items replace the former Items 6604 and 6607 in Division 5 — Gynaecology which have been deleted.

**Items 4241-4245 — Anti-reflux operations**

15. These items cover various operations for reflux oesophagitis. Where the only procedure performed is the simple closure of a diaphragmatic hiatus benefit would be attracted under Items 3739/4745 (Laparotomy involving operation on abdominal viscera, not covered by any other item in this Part).

**Items 6604 and 6607**

16. These items have been replaced by Items 4192 and 4193.

**Item 6833 — Refractive Keratoplasty**

17. The description of this item refers to two sets of calculations, one performed some time prior to the operation, the other during the course of the operation. Both of these measurements are included in the Schedule fee and benefit for Item 6833.

**Item 7719 — Fracture of Mandible or Maxilla**

18. If both mandible and maxilla are fractured benefit would be attracted under this item twice with the multiple operation formula applying.

**Item 7722-7728 — Fracture of Mandible or Maxilla**

19. There are two maxillae in the skull and for the purposes of these items the mandible is regarded as comprising two bones. Hence a bilateral fracture of the mandible would be assessed as, say Item 7722x1.1/2; two maxillae and one side of the mandible as Item 7722x1.3/4.

20. Splinting in Item 7722 refers to cap splints, arch bars, silver (cast metal) or acrylic splints.

21. Item 7728 may be associated with Item 7725 or Item 7722. Item 7722 would not be expected to be combined with Item 7725.

22. Open reduction and internal fixation (Item 7809) may be applied in association with Item 7722, 7725 or 7728.

**Items 8658-8668 — Osteotomy of jaw**

23. The fee and benefit for these items include the various forms of internal or dental fixation, jaw immobilisation, the transposition of nerves and vessels and bone grafts taken from the same site. Bone grafts taken from a separate site, e.g. iliac crest, would attract additional benefit under Item 8001 in accordance with the multiple operation rule. The items cover a post-operative period of twelve weeks.

24. It should be noted the "Rules of Interpretation of the Schedule" provide that for the purposes of these items (i.e. Items 8658-8668) a reference to maxilla includes the zygoma.

**Item 8670 and 8672 — Genioplasty**

25. Genioplasty attracts benefit once only although a section is made on both sides of the symphysis of the mandible.

**New items**

26. The following is a list of new items introduced into the Schedule:

**New Items**

486	565	2848	4664	7728	8668	8679
492	1469	3818	5667	7855	8670	8680
493	1470	4193	6833	8658	8672	8681
497	1747	4242	6858	8660	8675	8682
558	1748	4243	7719	8662	8676	8683
563	2062	4244	7722	8664	8677	8850
564	2063	4245	7725	8666	8678	

**Amended Items**

27. The descriptions of the following items have been amended:

160	886	1346	1905	4121	4394	4651
161	912	1673	1906	4269	4523	4655
162	916	1674	2060	4273	4527	4658
163	1319	1676	2061	4288	4633	6342
164	1320	1732	2847	4293	4637	6792
816	1342	1733	3308	4383	4640	6857
817	1343	1903	4192	4386	4643	7198
833	1345	1904	4194	4388	4649	7203

(The amendments to Items 833, 886, 3308, 4523 and 4527 relate to a change in the anaesthetic units).

**Amended Fees**

28. The fee for Item 6786 has been amended.

**Items Transferred**

29. The following items have been transferred:

4192 (Old Item 6604) 4194 (Old Item 6607)

**Items Deleted**

30. The following items have been deleted:

479	4385	6233	6816	7721	7743	8574
550	4389	6604	6997	7727	7749	8578
4191	4629	6607	7718	7739	8564	

**Assignment of Benefits**

31. The attention of doctors and their receptionists is drawn to Section 127 of the Health Insurance Act which requires that (in relation to direct-billing arrangements under Medicare) when a patient assigns to a medical practitioner the right of payment of Medicare benefit for a professional service the medical practitioner must:

- (a) Cause the particulars relating to the professional service that are required by the assignment form to be set out in the agreement before the patient signs the agreement; and
- (b) Cause a copy of the agreement to be given to the patient as soon as practicable after the patient signs the agreement.

\* \* \* \* \*

**SECTION 1**  
**PART B**  
**OUTLINE OF THE MEDICARE BENEFITS ARRANGEMENTS**

**Medicare.**

1. The Australian Medicare Program came into operation on 1 February 1984.
2. The Health Insurance Commission is responsible for the operation of Medicare and Medicare benefits based on the Schedule in Section 2 of this book will be paid only by Medicare.
3. Where an eligible person incurs medical expenses in respect of a professional service Medicare will pay benefits for that service as outlined in the following paragraphs.

**Eligible Persons.**

4. An "eligible person" means all permanent Australian residents and any other person who has approval to remain in Australia for more than six months, (see also paragraphs 46 and 47).
5. The Health Insurance Act gives the Minister discretionary powers to either include or exclude certain persons or categories of persons for eligibility purposes under the Medicare arrangements.

**Medicare Cards**

6. Eligible persons will be issued with a uniquely numbered Medicare card. These cards may be issued on an individual or family basis. Up to twelve persons may be listed under the one Medicare card number.

**Schedule Fees and Tables of Benefits**

7. Medicare 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 Medicare 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".
8. The Medicare benefit for each medical service is the amount shown in the "Medicare Benefits (85%/\$10 Maximum Gap" column of the "Ready Reckoner" located at the front of Section 2. 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.
9. It should be noted that the Health Insurance Act prohibits the provision of private medical insurance to cover the "patient gap".
10. Where it can be established that payments of \$150 have been made for a patient during a financial year in respect of the difference between the Medicare benefit and the Schedule fee, benefits will be paid for expenses incurred for that patient for professional services rendered during the rest of the financial year up to 100% of the Schedule fee. This does not apply to the Assignment of Benefit arrangements.

**Professional Services**

11. Professional services which attract Medicare benefits include 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.
12. The following medical services will attract benefits only if they have been physically performed by a medical practitioner on not more than one patient on the one occasion (i.e. two or more patients can not be attended simultaneously although patients may be seen consecutively). The requirement of "physical performance" is

met whether or not assistance is provided in the performance of the service according to accepted medical standards:

- (a) All Part 1 (Professional Attendances) items,
  - (b) All Part 2 (Obstetrics) items,
  - (c) All Part 3 (Anaesthetics) items,
  - (d) All Part 4 (Regional Nerve or Field Block) items,
  - (e) All Part 5 (Assistance in Administration of an Anaesthetic) items,
  - (f) All Part 9 (Assistance at Operations) items,
  - (g) All Part 10 (Operations) items,
  - (h) Each of the following items in Part 6 (Miscellaneous Procedures) — Item Nos: 770, 774, 777, 787, 790, 810, 811, 813, 814, 821, 824, 831, 833, 836, 839, 841, 843, 851, 856, 886, 890, 893, 895, 897, 902, 904, 907, 916, 917, 918, 922, 923, 925, 927, 929, 932, 934, 936, 938, 940, 944, 947, 949, 950, 951, 956, 957, 960, 963, 968, 970, 974, 976, 977, 980, 987, 989.
13. For the group psychotherapy and family group therapy services covered by Items 887, 888, 889, 996, 997 and 998, benefits are payable only if the services have been conducted by the medical practitioner himself.
14. Medicare benefits are not payable for these group items or any of the items listed in (a)-(h) above when the service is rendered by a medical practitioner employed by the proprietor of a hospital other than when the practitioner is exercising his or her right of private practice or is performing a medical service outside the hospital. For example, benefits are not attracted when a hospital intern or registrar performs a service at the request of a staff specialist or visiting medical officer.
15. Medical services not included in the above list (i.e. the items in Parts 8, 8A, 9A and 11 of the Schedule together with those items in Part 6 not specified above) continue to attract Medicare benefits if the service is rendered by:-

- (i) a medical practitioner;
- (ii) a person employed by a medical practitioner; or
- (iii) a person employed by a hospital or other institution when acting under the supervision of a medical practitioner in accordance with accepted medical practice.

Benefits are not payable for these services when a medical practitioner refers patients to self-employed paramedical personnel, such as radiographers, audiologists or other technicians, who either bill the patient or the practitioner requesting the service.

16. Medicare benefits are not payable for telephone or wireless consultations, for the issue of repeat prescriptions when the patient is not in attendance, and for group attendances (other than group attendances covered by items 887, 888, 889, 996, 997 and 998) such as group counselling, health education and weight reduction or fitness classes.

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

18. 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 an oral surgery nature rendered by approved dental practitioners in an operating theatre of a hospital;
- consultations by participating optometrists;
- services by accredited dental practitioners in the treatment of cleft lip and cleft palate conditions.

#### **Aggregate Items**

19. 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 2863 — Superficial radiotherapy of two or more fields — is an example.

20. 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. When the appropriate fee has been determined, Medicare benefits applicable may be ascertained by reference to the "Ready Reckoner" located at the front of Section 2.

21. Examples of the services to which this aggregation principle applies are items 482, 483, 484, 485, 553, 554, 556, 557, 2732, 2782, 2798, 2863, 2867, 2871, 2877, 2881, 2885, 2889, 2893, 2897, 7483, 7803, 7809 7817, 7823, 7828, 7834, 7839, 7844 and 7847.

#### **Where Medicare Benefits are not payable**

22. Medicare 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, except where the medical service is a prescribed item rendered to a private patient of a recognised (public) hospital by a medical practitioner exercising his right of private practice under an agreement with the hospital. In this case Medicare benefits are only payable where the agreement is in a form accepted by the Commonwealth Minister for Health;
- (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 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 Medicare benefit payable will be determined by the Health Insurance Commission in respect of Medicare benefits;
- (v) 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;
- (vi) where the service was rendered in the course of the carrying out of a mass immunisation.

23. Unless the Minister for Health otherwise directs, Medicare 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;
- (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; or
- (d) the service was a health screening service (see below).

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

#### **Health Screening Service**

25. Unless the Minister for Health otherwise directs Medicare benefits are not payable for Health Screening Services.

26. A health screening service is defined as a medical examination or test that is not reasonably required for the management of the medical condition of the patient.

Services covered by this proscription include such items as — multiphasic health screening; testing of fitness to undergo physical training programs, vocational activities or weight reduction programs; compulsory examinations and tests to obtain a driving, flying or other licence, entrance to schools and other educational facilities, for travel requirements and for the purposes of legal proceedings; compulsory examinations to determine eligibility for social security pensions and allowances; compulsory examinations for admission to aged persons' accommodation and pathology tests associated with orthomolecular medicine.

27. Ministerial directions have been issued in respect of the following categories of health screening services that enable Medicare benefits to be payable:-

- a medical examination or a test on a symptomless patient by that patient's own medical practitioner in the course of normal medical practice, to ensure the patient receives any medical advice or treatment necessary to maintain his state of health. In such cases benefits would be payable for the attendance and such test which would be considered reasonably necessary according to the circumstances of the patient such as age, physical condition, past personal and family history. Examples would be Papanicolaou test in a women, blood lipid estimation in an overweight person, a chest X-ray where one has not been recently performed. However, it would not be accepted that a routine check up would necessarily be accompanied by an extensive battery of diagnostic investigations.
- a service rendered either by the Medichcek Referral Centre, Sydney, or the Shepherd Foundation, Melbourne (on condition that their patient records be used for research studies designed to establish the value of health screening services).
- a pathology service requested by the National Heart Foundation of Australia, Risk Evaluation Service.
- compulsory medical examinations for drivers over 70 years and drivers suffering from epilepsy or diabetes, to obtain or renew a licence to drive a motor vehicle.
- a medical examination provided to an unemployed person at the request of a person to whom the unemployed person has applied for employment.

#### **Services Rendered to a Doctor's Dependants, Partner, or Partner's Dependants**

28. Medicare benefits are not generally payable in respect of professional services rendered by a medical practitioner to his dependants or his partners or their dependants. However, benefits are not necessarily excluded in all such cases. Each case has to be examined, having regard to the particular circumstances which apply.

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

29. 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, Medicare benefit is not payable in respect of that service.

30. Where the medical expenses for a service to a person are only partly covered by such compensation etc., Medicare benefits may be paid in respect of that portion of the expense for which the person was not compensated.

31. 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.

32. Where a claim is made for Medicare 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 Medicare 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.

#### **Provision of Excessive Services**

33. Medicare benefits are only payable in respect of professional services listed in

the Schedule to the Health Insurance Act and then, only when those services are reasonably necessary for the adequate medical care of the patient concerned.

34. It is recognised that medical practitioners will sometimes be called upon to provide services which cannot be considered as being medically necessary. Accounts for these services should not be itemised as attracting Medicare benefits. The fee charged for such services is a private matter between the practitioner and the patient.

35. The Department has a computerised monitoring program which records the types and number of services attracting Medicare benefits provided by every practitioner. A doctor whose practice pattern demonstrates a higher than usual servicing rate when compared with his professional colleagues, is visited by a Departmental medical counsellor who will discuss this servicing pattern with the practitioner. Where it appears that excessive medical services may have been rendered, the counsellor will warn the practitioner that failure to reduce his Medicare servicing could result in the practitioner having to explain the need for each service to a Medical Services Committee of Inquiry. These are committees of medical practitioners established in each State under the Health Insurance Act for the purpose of inquiring into matters including the possible provision of excessive services.

36. If a Medical Services Committee of Inquiry is satisfied that excessive services have been provided it may make one or more of the following recommendations to the Minister:-

- that the practitioner be reprimanded;
- that the practitioner be counselled;
- in the case of an approved pathology provider, that the acceptance of his undertaking be revoked;
- that the practitioner reimburse the Commonwealth an amount equal to the Medicare benefits paid in respect of services identified as excessive.

It should be noted that under the provisions of the Act:-

- a practitioner can be required to reimburse the Commonwealth for part of Medicare benefits paid, when a practitioner has been paid benefit for a particular service he has claimed to have rendered and a Committee is of the opinion that a less costly service would have been satisfactory e.g. an "after hours" consultation claimed and paid for in lieu of an "in hours" consultation or a long consultation in lieu of a standard consultation.

37. The Act also provides for the Minister's decision on the recommendation to be reviewed by the Medical Services Review Tribunal which is established under the Health Insurance Act for this specific purpose.

38. Where a determination becomes effective, the Act provides for the details of the determination to be tabled in Parliament and to be published in the Commonwealth of Australia Gazette.

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

39. 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 Health Insurance 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.

40. Any such application for a higher fee under Section 11 of the Health Insurance Act should be made to the Health Insurance Commission and should be 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. The doctor rendering the service should advise the patient to forward this statement with the claim form and account to the relevant Medicare office. Where the doctor direct-bills the Health Insurance



Commission, his statement should be attached to the assignment form.

41. 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.

42. Generally, such applications are referred for consideration by the Medicare 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.

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

44. Where the Health Insurance Commission notifies a person of a decision based on the application of principles determined by the Committee, that person may, within one month after receipt of notification of the Health Insurance Commission's decision in the matter of an increased fee, appeal to the Minister to have the decision reviewed.

45. The Minister will forward the appeal to the Medicare 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 Health Insurance 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.

#### **Visitors to Australia**

46. Medicare benefits are generally not payable to persons visiting Australia for six months or less, although the Minister for Health has power to extend eligibility to certain categories of short term visitors.

47. Visitors to Australia who obtain approval to stay for more than six months are eligible for Medicare benefits from the date of their arrival. Those who originally obtain approval to stay for six months or less but who are granted an extension which makes the total approved stay more than six months will be entitled to Medicare benefits from the date the extension is granted.

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

48. Medicare benefits are generally payable for medical expenses incurred for medical services rendered outside Australia to "permanent Australian residents". 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 has been rendered in Australia by a medical practitioner. The amount of Medicare benefit payable in such cases will be the amount which would be payable if the medical service had been rendered in New South Wales.

49. Medicare does not cover hospital expenses incurred outside Australia. It is recommended that Australian residents travelling overseas take out private hospital insurance.

#### **Penalties**

50. Penalties of up to \$10,000 or imprisonment for up to five years may be imposed on any person who makes a statement (either orally or in writing) or who issues or presents a document that is false or misleading in a material particular and which is

capable of being used in connection with a claim for benefits. In addition, any practitioner who is found by a Court to have committed two or more such offences on or after 1 November 1982 is liable to have services automatically disqualified from the Medicare benefit arrangements for three years.

51. A penalty of up to \$1000 or imprisonment for up to three months, or both, may be imposed on any person who obtains a patient's signature on a direct-billing form without the necessary details having been entered on the form before signature or who fails to cause a patient to be given a copy of the completed form.

### **Billing of the Patients**

#### **Itemised Accounts**

52. Where the doctor bills the patient for medical services rendered, the patient needs a properly itemised account and receipt or combined account/receipt to enable him to claim Medicare benefits.

53. Under the provisions of the Health Insurance Act and Regulations, Medicare benefits are not payable in respect of a professional service unless there is recorded on the account setting out the fee for the service or on the receipt for the fee in respect of the service, the following particulars:-

- (i) Patient's surname, first Christian or given name, initials of any subsequent Christian or given name;
- (ii) The date on which the professional service was rendered;
- (iii) A description of the professional service sufficient to identify the item that relates to that service;
- (iv) Medicare Benefits Schedule Item Number;
- (v) The name, practice address and provider number of the practitioner who actually rendered the service; (Where the practitioner has more than one practice location recorded with the Department of Health, the provider number used should be that which is applicable to the practice location at or from which the service was given.):-  
 Note — For accounts or receipts issued in respect of pathology (other than the Specified Simple Basic Pathology Tests), radiology and radiotherapy services, CAT and nuclear medicine — i.e. services listed in Part 7 (other than Division 9) and Parts 8, 8A, 9A or 11 of the Schedule — the name, address and provider number of the practitioner who actually rendered the service need not be included;
- (vi) the name, practice address and provider number of the practitioner claiming or receiving payment is to be shown:-
  - for services in Parts 1-6, Part 7 (Division 9), and Parts 9, 10 and 11 — where the person claiming payment is NOT the person who rendered the service;
  - for services in Part 7 (Division 1-8) and Parts 8, 8A, 9A and 11 — for every service;
- (vii) If the service was a Specified Simple Basic Pathology Test (listed in Part 7, Division 9 of the Schedule) that was determined necessary by a practitioner who is another member of the same group medical practice, the surname and initials of that other practitioner must be included;
- (viii) Where a practitioner has attended the patient on more than one occasion on the same day and on each occasion rendered a professional service to which an item in Part 1 of the Medicare Benefits Schedule relates (i.e. professional attendances), the time at which each such attendance commenced;
- (ix) Where the professional service was rendered by a consultant physician or a specialist in the practice of his specialty to a patient who has been referred:-
  - (a) the name of the referring medical practitioner; and
  - (b) the number of the referral form;
- (x) For pathology services determined to be necessary and requested by a medical or dental practitioner the name and provider number of the practitioner who determined that the service was necessary and the date on which the service was determined to be necessary must be included;
- (xi) Where the approved pathology practitioner is NOT a medical practitioner and

the service was rendered under the supervision of an employee (who is a medical practitioner) — the surname, initials and provider number of that medical practitioner must be included;

- (xii) For self determined pathology services the abbreviation "s.d." and, if the service was determined to be necessary by a medical practitioner employed by the approved pathology practitioner the employee practitioner's initials, surname and provider number must be included;
- (xiii) If the information required to be recorded on accounts, receipts or assignment of benefit forms is included by an employee of the practitioner, the practitioner claiming payment for the service bears responsibility for the accuracy and completeness of the information.

### **Claiming of Benefits**

54. The patient, upon receipt of a doctor's account, has two courses open to him for paying the account and receiving benefits. These are explained in paragraphs 55 to 58.

### **Paid Accounts**

55. The patient may pay the account and subsequently present the account , supporting receipt (and referral notice where applicable) and a covering Medicare claim form to Medicare for assessment and payment of Medicare benefit.

### **Unpaid Accounts**

56. Where the patient has not paid the account he may present the unpaid account (and referral notice where applicable) to Medicare with a Medicare claim form. In this case Medicare will forward to the claimant a benefit cheque made payable to the doctor.

57. 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. "Pay doctor cheques" involving Medicare benefits cannot be sent direct to medical practitioners or to patients at a doctor's address (even if requested by the patient to do so). Pay doctor cheques will be forward to the patient's normal address.

58. When issuing a receipt to a patient in respect of an account that is being paid wholly or in part by a Medicare "pay doctor cheque" the medical practitioner should indicate on the receipt that a "Medicare" cheque for \$..... was involved in the payment of the account.

### **Assignment of Benefits**

59. Under the Health Insurance Act Assignment of Benefit (direct-billing) facility for professional services is available to all persons in Australia who are eligible for benefit under the Medicare program. This facility is NOT confined to pensioners or people in special need.

### **Direct-Billing of Medicare**

60. The administration of the direct-billing arrangements under Medicare as well as the payment of Medicare benefits on patient claims is the responsibility of the Health Insurance Commission. Medical practitioners have been provided with more detailed information by Medicare and any enquiries in regard to these matters should therefore be directed to the Commission's Medicare offices or enquiry points.

61. Under Medicare any medical practitioner can accept assignment of benefit and direct-bill for any eligible person.

62. It should be noted that when a doctor direct-bills he undertakes to accept the relevant Medicare benefits as full payment for the service. He therefore must not raise any additional charge against the patient in respect of that service to cover the patient gap, administrative cost or any other cost. (Note — The Health Insurance Act prohibits the provision of private medical insurance to cover the "patient gap").

### **Medicare Cards**

63. An eligible person who applies to enrol for Medicare benefits (using a Medicare Enrolment Application) will be issued with a Medicare Card which shows the Medicare Card number and the applicant's first given name, initial of second given

name, and surname. An application may be made to enrol a family under the one Medicare number and up to 6 persons can be listed on the one card.

64. The Medicare Card plays an important part in direct billing because it not only confirms the patient's eligibility for Medicare benefits, but can be used to imprint the patient details (including Medicare number) on the basic direct-billing forms. A special Medicare imprinter has been developed for the purpose and is available free of charge, on request, from Medicare.

65. The patient details can of course be entered on the direct-bill forms by hand, but the use of a card to imprint patient details assists practitioners and ensures accuracy of information. The latter is essential to ensure that the processing of a claim by Medicare is expedited.

66. Because of the role that the Medicare Card number plays in direct-billing and the fact that the number does not change for a patient unless, for example, a family regroups or a family member applies for an individual card, practitioners who direct-bill may care to record patient's Medicare number on the patient's records in the event that a patient presents without the card.

### **Assignment of Benefits Arrangements**

67. The Health Insurance Commission has responsibility for administering Medicare including the Assignment of Benefits Arrangements. Under these arrangements:-

- Practitioners may direct-bill for all persons eligible for Medicare benefits.
- The patient's Medicare Card number must be quoted on all direct bill forms for that patient. This applies to all eligible persons including pensioners and persons in special need who may also have a Health Care, Health Benefits or Pensioner Health Benefits Card. If the Medicare Card number is not quoted benefits cannot be paid.
- The basic forms provided are loose leave to enable the patient details to be imprinted from the Medicare Card.
- The forms include information required by regulations under Section 19(6) of the Health Insurance Act.
- The doctor must cause the particulars relating to the professional service to be set out on the assignment form before the patient signs the form and cause the patient to receive a copy of the form as soon as practicable after the patient signs it.
- Where a patient is unable to sign the assignment form the signature of the patient's parent, guardian or other responsible person (other than the doctor, doctor's staff, hospital proprietor, hospital staff, nursing home proprietor or nursing home staff) is acceptable. In the absence of a "responsible person" the patient signature section should be left blank and in the section headed 'Practitioner's Use' or on the back of the assignment form, an explanation should be given as to why the patient was unable to sign (e.g. unconscious, injured hand etc.) and this note should be signed or initialled by the doctor.

### **Assignment of Benefit Forms**

68. To meet varying requirements the following types of stationery are available from Medicare. Note that these forms are approved forms under the Health Insurance Act, and no other forms can be used to assign benefits without the approval of the Health Insurance Commission.

(a)

#### *Form DB2.*

This form is used to assign benefits for services other than requested pathology. It is loose leaf for imprinting and comprises a throw away cover sheet (after imprinting), a Medicare copy, a Patient copy and a Practitioner copy. This form can also be used as an "offer to assign" when a request for pathology services is sent to an approved pathology practitioner and the patient does not need to attend the laboratory.

(b)

#### *Form DB4.*

Is a continuous stationery version of Form DB2, and has been designed for use on most office accounting machines.

(c)

*Form DB3.*

Is used to assign benefits for pathology tests rendered by approved pathology practitioners. It is loose leaf to enable imprinting of patient details from the Medicare Card and is similar in most respects to Form DB2, except for content variations. The form may contain a mixture of "requested" or "self determined" pathology but no other services.

(d)

*Form DB5.*

This is a continuous stationery form for pathology which can be used on most office machines. It cannot be used to assign benefits and must therefore be accompanied by an "offer to assign" (Form DB2) or assignment (Form DB3) or other form approved by the Health Insurance Commission for that purpose.

**The Medicare Card Number**

69. This number must be quoted on direct-bill forms. If the patient presents without a card but the number is contained on patient records then of course it can be transcribed on the direct bill form. Alternatively, the patient could call back with the card. However, if the number is not available, then the assignment of benefit facility cannot be used.

70. Where a patient presents without a Medicare card (and a card number is not recorded on patient records) and indicates that he/she has been issued with a card but does not know the details, the practitioner may contact a Medicare telephone enquiry number to obtain the number.

**The Claim for Assigned Benefits (Form DB1)**

71. Practitioners who accept assigned benefits must claim on Medicare using Form DB1, the Claim for Assigned Benefits.

72. The claim form must be accompanied by the Assignment forms to which the claim relates together with relevant documentation relating to an assignment (e.g. a referral notice for an initial specialist consultation).

73. Form DB1 is also loose leaf similar to forms DB2 and DB3 to enable imprinting of practitioner details using the special Medicare imprinter. For this purpose, practitioner cards, showing the practitioner's name, practice address and provider number are available from Medicare on request.

**Time Limits Applicable to Lodgement of Claims for Medicare Benefits**

74. A time limit of six months applies to the lodgement of claims with Medicare under the direct-billing (assignment of benefits) arrangements. This means that Medicare benefits are not payable for any service where the service was rendered more than six months earlier than the date the claims was lodged with Medicare. It should be noted that these arrangements are quite different from those relating to claims lodged by patients with Medicare.

75. For claims lodged by patients with Medicare a time limit of two years (from the date of service to the date of lodgement of claim) will apply.

76. A provision exists under both arrangements whereby in certain circumstances (e.g. hardship cases, third party workers' compensation cases), the Minister may waive the time limits. Special forms for this purpose are available, if required, from the processing centre to which you direct your assigned claims.

**Direct-Bill Stationery**

77. Medical Practitioners, Approved Dentists and Participating Optometrists wishing to direct-bill may obtain direct-bill stationery by contacting any Medicare Office. Information on the completion of the forms and direct-bill procedures are provided with the forms. Information on direct-billing is available from any Medicare office.

\* \* \* \* \*

**SECTION 1**  
**PART C**  
**COMPILATION AND INFORMATION ON INTERPRETATION OF THE**  
**MEDICARE BENEFITS SCHEDULE**

**Compilation of the Medicare Benefits Schedule**

101. The professional services have been grouped into Parts 1 to 11 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.

102. 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.

103. An index to Parts 1 to 6, 9 and 10 of the Schedule appears in Section 3A of this Book while an index to Parts 7, 8, 8A, 9A and 11 of the Schedule appears in Section 3B.

**Medicare Benefits**

104. The amounts of Medicare 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.) Details of the Schedule fees for each medical service are contained in the Schedule at Section 2 of this Book. The amount of Medicare benefits may be ascertained by reference to the "Ready Reckoner" at the front of Section 2. Medicare benefit applicable is the amount shown in the "Medicare Benefit @ 85%/\$10 maximum gap" column of the "Ready Reckoner".

105. In some cases two levels of fees (special arrangements apply in respect of Pathology services — see paragraph 217, Computerised Axial Tomography — see paragraphs 249 to 251 and Nuclear Medicine — see paragraphs 309 to 311) are shown for the same service with each level being allocated separated item numbers in the Medicare 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 specialty 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 — with the exception of Items 2734 and 2736 — see paragraph 329).

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

107. Conditions of referral for Medicare benefit purposes are set out in paragraphs 321 to 332.

**Medical Services not listed in the Schedule**

108. Instances may arise where a particular medical service rendered by a medical practitioner is not listed in the Schedule or in the index to the Schedule. To enable Medicare benefits to be paid in respect of professional services rendered which are not covered by specific items in the Schedule, six non-specific items are included in the Medicare Benefits Schedule i.e., Items Nos. 486, 558, 2294, 2295, 2804 and 3004.

109. It is realised that the Schedule fees listed for these items will generally be regarded as inadequate for the services which may be claimed under these items. However, it is intended that an appropriate Schedule fee for each service itemised under the new "non specific" items will be determined by the Medicare Benefits Advisory Committee under Section 11 of the Health Insurance Act. For an explanation

of the provisions of Section 11 see paragraphs 39 to 45 Part B, Section 1, Outline of the Medicare Benefits Scheme.

110. To facilitate the Committee's consideration of such cases, medical practitioners are requested to provide as much information as possible in respect of the particular service. Cases of this nature should be referred to the local office of the Health Insurance Commission for transmission to the Medicare Benefits Advisory Committee for consideration.

111. Practitioners must not use existing item numbers on their accounts in respect of procedures that are not listed in the Schedule

## INTERPRETATION OF THE SCHEDULE

### Principles of Interpretation

112. 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.

113. 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.

114. 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.

115. 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

116. Where there are rendered, during the course of a single attendance, a consultation (under Part 1 of the Medicare 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. Medicare benefits are not payable for the consultation in addition to the following items rendered on the same occasion:-

- (i) Items with descriptions qualified by the words
  - (a) "Each Attendance...", "At an Attendance" or "Attendance at which," e.g. Items 920, \*2861, 2863, 2865, 2867, 2869, 2871, 2873, 2875, 2877, 2879, 2881, 2883, 2885, 2887, 2889, 2891, 2893, 2895, 2897, 2926, 2933, 3330, 3332, 3338, 3342, 3346, 7601, 7605, 7694, 7697, 7701, 7706, 7774, 7777, 7781, 7785;
    - (\* see para. 117 in relation to radiotherapy);
  - (b) "including all related attendances" Item 198; and
  - (c) "including associated consultation" Items 836, 886, 887, 888, 889, 996, 997, 998, 3006, 3012, 3016, 3022, 3027, 3033, 4629, 5229, 5264, 6313, 6835;

- (ii) those items in Part 2 of the Schedule which cover or include a component for antenatal or postnatal care, 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, Items 242, 246, 273;
- (iv) those items in the Schedule where the attendance is an integral part of the service, Items 821, 824; and
- (v) all items in Parts 3, 5 and 9 of the Schedule.

117. Where a service listed in paragraph 116 sub-paragraph (i)(a) is performed in conjunction with a consultation, benefit is payable for either the consultation or the service but not for both. For those services covered by sub-paragraphs (i)(b), (i)(c), (ii), (iii), (iv) and (v) above, benefits are payable only for the procedure specified in the item, that is, benefits are not payable under any item in Part 1 of the Schedule. However, in the case of radiotherapy treatment, benefits are payable for both the radiotherapy and an initial referred consultation.

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

119. 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**

120. The physical attendance of the medical practitioner upon the patient is necessary before a "consultation" may be regarded as a professional attendance. In itemising a consultation covered by an item which refers to a period of time (e.g., general practitioner attendances, consultations by consultant psychiatrists) only that time during which a patient is receiving active attention should be counted. Periods such as when a patient is resting between blood pressure readings, waiting for pupils to dilate after the instillation of a mydriatic, or receiving short wave therapy etc., should not be included in the time of the consultation. Similarly, the time taken by a doctor to travel to a patient's home should not be taken into consideration in the determination of the length of the consultation. While the doctor is free to charge a fee for "travelling time" when patients are seen away from the surgery, benefits are payable only in respect of the time a patient is receiving active attention.

121. Telephone or wireless consultations, letters of advice by medical practitioners, the issue of repeat prescriptions when the patient is not in attendance, post mortem examinations, the issue of death or cremation certificates, counselling of relatives (Note — Items 890 and 893 are not counselling services), group attendances (other than group attendances covered by items 887, 888, 889, 996, 997 and 998) such as group counselling, health education, weight reduction or fitness classes do not qualify for benefit.

122. 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.

123. 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.

124. 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.

125. 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 itemising a "standard", "long" or "prolonged" service on a patient's account the service is identified by reference to the appropriate Medicare Benefits Schedule item number.



**Multiple Attendances**

126. Payment of benefit may be made for each of several attendances on a patient on the same day by the same medical practitioner provided the subsequent attendances are not a continuation of the initial or earlier attendances.

127. However, there should be a reasonable lapse of time between such attendances before they can be regarded as separate attendances.

128. Where two or more attendances are made on the one day by the same medical practitioner the time of each attendance should be stated on the account (e.g., 10.30 a.m. and 3.15 p.m.) in order to assist in the assessment of benefits.

129. In some circumstances a subsequent attendance on the same day does in fact constitute a continuation of an earlier attendance. For example, a preliminary eye examination may be concluded with the instillation of mydriatic drops and then an hour or so later eye refraction is undertaken. These sessions are regarded as being one attendance for benefit purposes. A further example is in the case of skin sensitivity testing.

**Professional Attendance at a Hospital (Items 27, 28, 39, 30, 31)**

130. These items refer to attendances on hospital in-patients. Where medical practitioners have made arrangements with a local hospital to use out-patient facilities to see their private patients, surgery consultation items would apply.

**Professional Attendance on a Nursing-home Type Patient in a Hospital (Items 32, 34)**

131. Under the Health Insurance Act provisions exist that after 35 days hospitalisation in-patients of public and private hospitals may be reclassified as "nursing-home type" patients. Attendance on in-patients so classified is covered by Item 32 or 34 if more than one in-patient (hospital-type or nursing-home type) is seen. Where the only in-patient seen at the hospital is a nursing-home type patient Item 27 or 28 applies.

**Nursing Home Attendance (Items 41, 42, 45, 46)**

132. These items referring to attendances on patients in nursing homes include attendances on patients in aged persons' accommodation such as hostels attached to or in the grounds of a nursing home.

133. Where a medical practitioner attends a patient in a self-contained unit, within a nursing home complex, the attendance attracts benefits under the appropriate home visit item.

134. Where a patient living in a self-contained unit is attended by a medical practitioner within the precincts of the nursing home or hostel the appropriate surgery consultation item applies.

135. An attendance by a patient living in a self-contained unit at a surgery established by a medical practitioner within a nursing home complex but outside the nursing home or hostel, attracts benefits under the usual surgery consultation items.

136. If a patient, who is accommodated in the nursing home or hostel, visits a medical practitioner at a surgery established by a medical practitioner within a nursing home complex, but outside the nursing home or hostel, benefits would be attracted under the appropriate nursing home attendance item (i.e., Item 41, 42, 45 or 46).

**Professional Attendances at an Institution (Items 55, 56, 61, 62, 63, 64, 67, 68)**

137. For the purposes of these items an "institution" means a place (not being a hospital, nursing home, aged persons' accommodation attached to a nursing home or aged persons' accommodation situated within a nursing home complex) at which residential accommodation or day care or both such accommodation and such care is made available to:—

- (a) disadvantaged children;
- (b) juvenile offenders;
- (c) aged persons;
- (d) chronically ill psychiatric patients;
- (e) homeless persons;
- (f) unemployed persons;

- (g) persons suffering from alcoholism;
- (h) persons addicted to drugs; or
- (i) physically or mentally handicapped persons.

138. These items apply where two or more patients are attended in one institution on the one occasion.

139. Where only one patient is attended in an institution the appropriate "home visit" attendance item is payable (Item 11, 12, 15, 16, 17, 18, 21 or 22).

#### **Prolonged Attendance in Treatment of a Critical condition (Items 160-164)**

140. The conditions to be met before services covered by Items 160-164 attract benefits are —

- (i) the patient must be in imminent danger of death;
- (ii) the patient must be receiving continuous life-saving emergency treatment;
- (iii) the constant presence of the medical practitioner must be necessary for treatment to be maintained; and
- (iv) the attention rendered in that period must be to the exclusion of all other patients.

### **PART 2 — OBSTETRICS**

#### **General**

141. 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**

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

- (a) Items 242, 246 (when treatment is given in a hospital or nursing home), 250/258, 267, 273 (but not normally before the 24th week of pregnancy), 278, 284, 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**

143. Benefits for the confinement for which there is a component in Items 194/196, 200/207, 208/209, 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.

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

145. 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.

146. 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.

147. At a high risk delivery benefits will be payable for the attendance of any medical practitioner (called in by the doctor in charge of the delivery) for the purposes of resuscitation and subsequent supervision of the neonate. Examples of high risk deliveries include cases of difficult vaginal delivery, caesarean section or the delivery of babies with Rh problems and babies of toxæmic mothers.

**Postnatal Care — Items 194/196, 200/207, 208/209, 211/213, 216/217, 234/241**

148. 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, except in the following circumstances:—

- (i) where the medical services rendered are outside those covered by a consultation, e.g., repair of third degree tear, blood transfusion, etc.;
- (ii) where the condition of the mother and/or baby during the nine day postnatal period is such as to require the services of a consultant (e.g., paediatrician, specialist gynaecologist, etc.);
- (iii) where it is necessary during the postnatal period to treat a condition not directly related to the pregnancy or the confinement or the neonatal condition of the baby; or
- (iv) in the management of premature babies (i.e. babies born prior to the end of the 37th week of pregnancy or where the birth weight of the baby is less than 2500 grams) during the period that close supervision is necessary.

**Other Services**

149. 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**

150. 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.

151. 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.

152. 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 benefits. The appropriate anaesthetic units and item numbers are also shown below each procedure likely to be performed under anaesthesia.

153. 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.

154. 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.

155. 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.

156. 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 anaesthetic administered by the anaesthetist has an anaesthetic unit value of not less than 21 units.

157. 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.

158. 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 151. 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.

159. 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.

160. 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.

161. 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.

162. 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.

163. 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.

#### **Multiple Anaesthetic Rule**

164. 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.

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 highest 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.

165. Where fees have been derived by using this formula, calculation of the relevant benefit may be assisted by reference to the Ready Reckoner located at the front of Section 2. The rounding rule set out in Note (a) above applies.

#### **Administration of an Anaesthetic for a service not listed in the Schedule (Items 486/558)**

166. These are non-specific items for the purpose of permitting payment of benefit

for an anaesthetic for a professional service not listed in the Schedule or a service in the Schedule which has not been allotted anaesthetic units.

167. For the application of these items, see paras, 108 to 111.

### Anaesthetic Services of Unusual Length

168. The Medicare Benefits Advisory Committee has formulated principles for the determination of increased Schedule fees in respect of individual anaesthetic services which are of unusual length.

169. These principles are based solely on the unusual length of time involved in the administration of the anaesthetic, rather than considerations of unusual complexity. Applications for increased fees for anaesthetic services of unusual length will, as a general rule, be finalised by Medicare. However, applications relating to anaesthetic services involving unusual complexity or multiple anaesthetic services of less than 6 hours duration should be forwarded, in the usual manner, to the local Medicare office for consideration.

170. Details of the principles formulated by the Committee and which also apply to dental anaesthetics are:—

#### (a) Single Anaesthetic Services

(i) if the time involved in the administration of the anaesthetic in the particular case does not exceed the usual time allowed in the M.B. Schedule item for the service [see Explanatory Note (a)] by more than 2 time units (i.e. 30 minutes) the claim should be disallowed;

(ii) if the claim satisfies the requirements of (i), the benefit may be determined by dividing the total time involved [see Explanatory Note (b)] into units of 15 minutes and, to the total of these units, adding 4 additional units. Benefit may then be determined by reference to the Schedule item corresponding to the equivalent number of anaesthetic units [see Explanatory Note (c)].

#### (b) Multiple Anaesthetic Services

(i) in relation to prolonged multiple anaesthetic services, where the time involved is six (6) hours or more, all such services are assessed on a time basis;

(ii) claims for prolonged multiple anaesthetic services where the time involved is less than six (6) hours should be referred to the local Medicare office for advice on assessment.

### Explanatory Notes

(a) The usual time allowed in the Schedule item may be determined by deducting 4 anaesthetic units from the total provided under the Item, and multiplying the resultant number of units by 15 to arrive at the time expressed in minutes.

(b) "Total time involved" is defined as the time in which the anaesthetist is in continuous attendance on the patient and incorporates the supervised period of recovery.

(c) Where the total anaesthetic units derived from the application of the statement of principles produces an anaesthetic unit value which is not currently covered by an item in the Schedule, the procedure to be followed is to take the Schedule item covering the number of anaesthetic units nearest to but **below** the anaesthetic unit value derived and then to add the Schedule item covering the number of anaesthetic units necessary to make up the balance. For example, the fee for an anaesthetic unit value of 37 units (N.S.W. specialist rate) would be calculated as follows:—

Item 547 (36 units) — \$325.00

Item 500 (1 unit) — \$ 9.00

\$334.00 (Total fee)

171. Where fees have been derived by using this formula, calculation of the relevant benefit may be assisted by reference to the Ready Reckoner located at the front of Section 2. The rounding rule set out in Note (a) of paragraph 164 applies.

172. In respect of dental anaesthetics it should be noted that the increased benefits for prolonged dental anaesthetics are calculated in the same manner as for other

prolonged anaesthetics. The increased benefits should be paid under the appropriate general anaesthetic items and not under the dental anaesthetic items.

### **Appeals**

173. Appeals against assessments made in accordance with the above principles should be referred through the local Medicare office for consideration by the Medicare Benefits Advisory Committee.

### **PART 4 — REGIONAL NERVE OR FIELD BLOCK**

174. A major nerve block is interpreted as the anaesthetising of a substantial segment of the body innervated by a large nerve or an area supplied by a smaller nerve where the technique demands expert anatomical knowledge and a high degree of precision. Benefits are not payable for nerve blocks which are not of a major nature.

175. Digital ring analgesia, local infiltration into tissue surrounding a lesion or paracervical (uterine) analgesia are not regarded as major nerve or field blocks and therefore are not eligible for payment of Medicare benefits under Items 748 or 752.

176. Where an anaesthetic combines a regional nerve block with a general anaesthetic for an operative procedure, benefit will be paid under the anaesthetic item relevant to the operation. Additional benefits are not payable under Part 4.

### **Epidural Injection for Control of Post-operative Pain (Item 753)**

177. This item provides benefit for the epidural injection of a narcotic or local anaesthetic in the lumbar or thoracic region administered at the end of an operation for the purpose of controlling pain in the post-operative period. Where a sacral epidural injection is given in such circumstances Item 753 should not be itemised as additional benefits are not attracted for the sacral procedure.

### **PART 6 — MISCELLANEOUS PROCEDURES**

#### **Ultrasonic Cross-sectional Echography (Items 791 and 793)**

178. Item 791 covers ultrasonic cross-sectional echography where the examination is rendered by a practitioner on his own or partner's patient. Item 793 covers the examination where the patient has been referred to a medical practitioner outside the referring practitioner's practice especially for ultrasound scanning. Doctors itemising Item 793 should indicate the name of the referring practitioner on their accounts.

#### **Routine Ultrasonic Scanning**

179. Medicare benefits are not attracted for routine ultrasonic screening associated with the termination of pregnancy.

#### **Central Nervous System Evoked Responses (Items 816 and 817)**

180. In the context of these items a study refers to one or more averaged samples of electrical activity recorded from one or more sites in the central nervous system in response to the same stimulus.

181. Second or subsequent studies refer to either stimulating the point of stimulation (e.g. right eye or left median nerve) with a different stimulus or stimulating another point of stimulation (e.g. left eye or right median nerve).

182. Items 816 and 817 are not intended to cover bio-feedback techniques.

#### **Haemodialysis (Items 821, 824)**

183. Item 821 covers the management of dialysis in the patient who is not stabilised where the total attendance time during the period of the dialysis exceeds 45 minutes.

184. Item 824 relates to the dialysis in the stabilised patient or, in the case of the unstabilised patient, where the total attendance time during the dialysis does not exceed 45 minutes.

#### **Contact Lenses (Item 851)**

185. Benefits are not attracted under this item unless the lenses are prescribed during the attendance. Evaluation and fitting without the issue of a prescription do not qualify under the item.

186. Benefits are payable for an initial referred consultation rendered in association with the fitting and prescribing of the lenses.

187. Subsequent follow-up attendances attract benefits on a consultation basis.

188. Where patients require more frequent fitting of contact lenses than once in

three years, the case may be referred to the Medicare Benefits Advisory Committee under Section 11 of the Health Insurance Act (see paragraphs 39 to 45).

**Twelve-lead Electrocardiography (Item 908)**

189. Benefits are precluded under this item unless a full 12-lead ECG is performed. Examinations involving less than twelve leads are regarded as part of the accompanying consultation. A 12-lead ECG refers to the recordings produced of 12 views of the heart by various combinations of placement of electrodes.

**Twelve-lead Electrocardiography, Tracing Only or Report Only (Item 909)**

190. This item provides a benefit where tracings are referred to a medical practitioner for a report without an attendance on the patient by that practitioner. Where a patient is referred to a consultant for a consultation and takes ECG tracings with him/her, benefits are not attracted for the consultant's interpretation of the tracings.

**Electrocardiographic Monitoring of Ambulatory Patient (Item 915)**

191. This item requires the continuous monitoring of an ambulatory patient for twelve hours or more and the analysis of the recording on a Holter scan system.  
192. The electrocardiographic monitoring of ambulatory patients in other circumstances does not attract a benefit under this item.

**Electrocardiographic Monitoring During Exercise (Item 916)**

193. The requirements for the payment of benefits under this item is the presence of the medical practitioner with the patient for not less than twenty minutes and the premises to be equipped with mechanical respirator and defibrillator.

**Estimation of Respiratory Function (Item 921)**

194. Medicare benefit is attracted under this only where a directly recorded tracing is produced while the patient is exhaling into the spirometer. Where a machine produces only a visual numerical display or a digital printout, benefits are not payable.

**Fluids, Intravenous Drip Infusion (Items 927 and 929)**

195. The introduction of fluids manually by syringe and needle does not attract benefits under these items.

**Venepuncture (Item 955)**

196. Medicare benefits are available for the collection of a blood specimen by venepuncture for sending away for pathology investigation. Conditions of eligibility for benefits are set out hereunder.

197. Medicare benefits are payable once only under this item irrespective of the number of blood samples collected during any one attendance and provided that:—

- (a) the collection is done for forwarding to an approved pathology practitioner outside the requesting practitioner's partnership or group practice; and
- (b) the collection is not associated with the performance of pathology test(s) on any blood collected for the same patient episode by any member including an approved pathology practitioner within the requesting practitioner's partnership or group practice.

198. Medicare benefits will NOT be payable for this item in the following circumstances:—

- (a) when the service is rendered in conjunction with any of the items in Division 9 of Part 7 nor with procedural services in Division 2 (Procedural Services) of Part 7 of the Schedule;
- (b) when the service is in respect of in-patients or out-patients of private or recognised hospitals;
- (c) when the collection is done on private or recognised hospital premises (excepting rooms privately rented from the hospital which are defined as not being hospital premises);
- (d) when the collection is done by Governmental or non-profit instrumentalities or institutions (including university departments).

**Acupuncture (Item 980)**

199. The service of "acupuncture" must be performed by a medical practitioner and itemised under Item 980 to attract benefits. This item covers not only the performance of the acupuncture but includes any consultation on the same occasion and any other attendance on the same day for the condition for which acupuncture was given.

200. Items in Part 1 of the Schedule should not be itemised for professional attendances when the service "acupuncture" is provided.

201. For the purpose of payment of Medicare benefits "acupuncture" is interpreted as including treatment by means other than the use of acupuncture needles where the same effect is achieved without puncture, e.g., by application of ultrasound, laser beams, pressure or moxibustion, etc.

**Multiphasic Health Screening (Item 994)**

202. This item covers multiphasic screening services rendered only by the Medicare Referral Centre in Sydney and the Shepherd Foundation in Melbourne. Claims for Medicare benefits in respect of screening services rendered by other than the above two organisations will be rejected.

**Family Group Therapy (Items 996, 997, 998)**

203. These items refer to family group therapy supervised by medical practitioners other than consultant psychiatrists. Other types of group attendances do not attract benefits. It should be noted that there is a limitation of a maximum of 6 patients in Item 998.

**PART 7 — PATHOLOGY SERVICES**

204. Pathology items listed in Divisions 1 to 8 of 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**

205. Recognised specialist pathologists (see paragraph 206) must become approved pathology practitioners for services in Divisions 1-8 performed and billed in their own right to be eligible for Medicare benefits.

206. 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 315 to 320). 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**

207. For pathology services in Divisions 1 to 8 of Part 7 of the Schedule, Medicare 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 211) and the other conditions specified in the undertaking.
- (ii) Pay a fee, currently \$10.

208. 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.

209. Forms of undertaking are available from the Regional Office of the Commonwealth Department of Health in each State capital city. Enquiries about the Scheme should be directed to the local Regional Director, Commonwealth Department of Health.

210. 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 Medicare 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.
211. 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.

212. An approved pathology practitioner would not be in breach of an undertaking by way of the ordinary partnership/group practice arrangements regarding costs and income, where the pathology services are necessary for the adequate medical care of patients. That is, bona fide arrangements where pathology services are necessary in the terms of the Health Insurance Act would not be regarded as breaches of undertakings.

213. The critical issue, whether partnership or group practice arrangements are involved or not, is whether the requesting or rendering of pathology services eligible for Medicare benefits is influenced by considerations other than the need for the services for the adequate medical care of the patients concerned.

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

214. The Health Insurance Act stipulates that Medicare 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.

215. 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.

#### **Prohibited Practices**

216. The Health Insurance Act prohibits certain practices whereby an approved pathology practitioner might induce a medical practitioner to request excessive pathology services. The legislation specifically prohibits:

- (a) The making of any payment to the requesting practitioner, either directly or indirectly, or the making of such payment in respect of the staff of the requesting practitioner for the purpose of taking pathology specimens.
- (b) The performance of a pathology service at the request of a practitioner with whom he has an arrangement for the sharing of the costs of staff or equipment.
- (c) The provision of nursing or other staff at the premises of a practitioner for the taking of pathology specimens.
- (d) The performance of a pathology service at the request of a practitioner with whom he has an arrangement where space in a building is shared or is provided by one to the other, and the charges payable under that arrangement are not fixed at normal commercial rates.

#### **Conditions Relating to Medicare Benefits**

217. For the purposes of assessing Medicare benefits for an item listed in Part 7 which is requested or determined to be necessary 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 223 to 226) 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 in-patient or in receipt of an out-patient service at a recognised hospital; or recognised hospital or Government (including university and Government authority) laboratory facilities and/or staff were not used in the performance of the pathology service.
- (4) The "HP" Schedule fee applies to specified items in Divisions 1-8 where pathology services are rendered to private in-patients of recognised hospitals where recognised hospital or Government laboratory equipment and/or staff is used. (See paragraph 222 for details of prescribed laboratories).
- (5) The "OP" Schedule fee in Division 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.
- (6) 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 provider number of the requesting practitioner;
    - (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\*

(\*Provider numbers may be obtained by enquiry to the Office of the Commonwealth Department of Health in the nearest State capital city).  
 (NOTE: The legislation also provides that the request may be other than in writing (e.g. using magnetic media to take advantage of modern technology). However, prior approval must be obtained from the Commonwealth Department of Health before such alternative medium may be used. References to "written requests" in respect of Pathology Services appearing in these "Explanatory Notes" should also be read in the same context as indicated in the previous paragraph).
- 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. In practice this requirement would be met by a notation "S.D."

- (7) (a) In respect of a pathology item in Division 9, the medical practitioner who renders the service must ensure his account, receipt or direct-billing assignment form includes his name, address, provider number, the date of the service, the relevant item number and a brief description to clearly identify the service; and
- (b) If the service was determined necessary by another medical practitioner who is a member of the same group practice as the practitioner who rendered the service, the surname and initials of the requesting practitioner must also be included.

218. An approved pathology practitioner who has been requested to perform one or more pathology services may deem it necessary in the interest of the patient to carry out additional tests to those requested. This situation may be handled in two ways:

- (a) The approved pathology practitioner may arrange with the referring practitioner to forward an amended or a second request. His account will then be issued in the ordinary way and the additional services will attract full benefits at the "SP" rate where the approved pathology practitioner is a recognised specialist.
- (b) He may determine that the services were necessary. In this case his account or receipt for the requested services will observe the requirements of paragraph 217 (6) (a). His account or receipt for the additional services will indicate that he determined the services were necessary and the date the determination was made (paragraph 217 (6) (b)). These services attract benefit at the "OP" rate.

219. 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.

220. Exemption may be sought to the inbuilt multiple services rule under Section 4B(3) 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, involving substantial additional expense for the approved pathology practitioner. An exemption may be sought 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 time the services were performed. Alternatively, an exemption may be sought by the approved pathology practitioner approaching the office of the local Commonwealth Director of Health. If exemption is granted, the approved pathology practitioner will have to endorse his accounts that "the exemption was approved by ..... on .....". Approval is not automatic. The practitioner may be asked to verify that the patient was seriously ill, that the special tests were necessary, that they were requested and substantial additional expenses were incurred. Exemptions would not normally apply in the instance of tests provided in a recognised (public) hospital nor in respect of tests listed under procedural services (Items 1504-1517). A typical case for exemption would be where a pathology practitioner is required to make special visits at intervals to a hospital to collect specimens from a critically ill person.

221. 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.

222. The following laboratories have been prescribed for the purposes of payment of Medicare benefits as outlined in paragraphs 217(3) (d) and (4):

- (a) Laboratories operated by the Commonwealth (these include Commonwealth health laboratories operated by the Department of Health as well as the laboratories operated by other Departments e.g. the Departments of Defence and Veterans' Affairs conduct laboratories from which pathology services are provided);
- (b) Laboratories operated by a State Government or authority of a State. (Laboratories operated or associated with recognised hospitals are also included);
- (c) Laboratories operated by Capital Territory Health Commission; and
- (d) Laboratories operated by the following universities —
  - University of N.S.W.
  - University of Sydney
  - University of New England
  - Monash University
  - University of Melbourne
  - University of Queensland
  - University of Adelaide
  - University of Western Australia
  - University of Tasmania
  - Australian National University

### Requests in Writing

223. Approved pathology practitioners must hold a request in writing for all services requested by any other practitioner before billing patients [but see "Note" following paragraph 217 (6) (a) (iii)]. This includes requests from partners and other members of a group practice. Requests in writing are not required for self-determined tests or for items listed in division 9 of Part 7. The request in writing must show:

- (i) 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 (see Section 3 C for list of acceptable terms and abbreviations);
- (ii) the requesting practitioner's signature;
- (iii) the name, address and requesting practitioner's provider number (the provider number may be obtained by enquiry to the Regional Office of the Commonwealth Department of Health in the nearest State capital city);
- (iv) the name and address of the patient;
- (v) the date the pathology services were determined to be necessary;
- (vi) whether, at the time the request was made, the patient was an out-patient of a recognised hospital, a hospital patient in a recognised hospital, a private patient in a recognised hospital or a private patient in a private hospital; and
- (vii) the name and address of the approved pathology practitioner requested to perform the pathology services.

224. 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 223 above) before an account is issued. A request in writing is required within a partnership or group practice for services in Division 1-8 — see also paragraph 226 below for referrals as between approved pathology practitioners.

225. 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. If the requests were made other than in writing (e.g. using magnetic media) the records of such requests must remain retrievable for a period of 18 months.

226. 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 223 above —
- (i) name and provider number of the original requesting practitioner; and
  - (ii) date of initial request;
- (c) the patient is billed by each approved pathology practitioner for the service he performs.

#### **Medicare Benefits Not Payable for Certain Tests**

227. Certain tests of public health significance do not qualify for payment of Medicare benefits. Example of services in the category are:—

- culture of viruses;
- estimation of chlorinated hydrocarbons (Dieldrin);
- examination of animal inoculation;
- Guthrie test for phenylketonuria;
- neonatal screening for hypothyroidism (T4 estimation);
- identification of M Tuberculosis by bio-chemical tests or sub-culture; or
- treponema pallidum immobilisation test (TPIT or TIT).

228. In addition to the above, certain other tests do not qualify for payment of Medicare benefits. These include:—

- cytotoxic food testing;
  - pathology services performed for the purposes of tissue audit;
  - pathology services performed for the purposes of control estimation, repeat tests or duplication of tests (e.g., for confirmation of earlier tests, etc.);
  - pathology services which are performed routinely in association with the termination of pregnancy without there being any indication for the necessity of the services. However, benefits would be payable for the following pathology tests in all instances:—
- Item 1006/1007 — haemoglobin estimation,  
 Item 1080/1081 — blood grouping, ABO and Rh (D antigen);  
 Item 1121/1122 — examination of serum for Rh and/or other blood group antibodies.

#### **HAEMATOLOGY**

##### **Blood Grouping (Items 1080/1081 and 1089/1090)**

229. Repeat blood grouping may be performed each time cross-matching of fresh units of blood for transfusion is carried out. This is an internal quality control measure and should not attract benefits on each occasion. Benefits are payable for blood grouping once only during any period of hospitalisation.

##### **Compatibility Testing (Items 1111–1117)**

230. If further blood is requested after the initial compatibility testing and a separate attendance is involved, benefits are again attracted under Items 1111–1113 for one or two units of blood.

##### **Quantitative Estimation of Any Substance by Reagent Strip with Reflectance Meter (Items 1296, 1297, 1298)**

231. These items cover tests performed by instruments such as the Ame's 'SERALYZER'. It is a condition for the payment of benefit that the patient or specimen must have been referred to an approved pathology practitioner who is not a member of the same group of practitioners as the referring practitioner.

##### **Estimation by Any Method of specified Biochemical Substances (Items 1301–1312)**

232. Benefits are not attracted under these items for estimations carried out by means of reagent strips with or without reflectance meters.

##### **Estimation of Glycosylated Haemoglobin (Items 1313/1314)**

233. Glycosylated haemoglobin estimation (HbA1 or HbA1c) has a role in the management of problem diabetes. It is not intended that the items should be used in the diagnosis of diabetes or in the routine assessment of the controlled diabetic.

**Cultural Examination (Items 1612-1621)**

234. In these items the words "where processed independently" indicate that material from each site must be treated separately for culture then individually identified and reported on.

**Blood Culture (Items 1633/1634)**

235. The usual practice is to take one set of cultures every 2-3 hours for a total of 3-4 sets. One set consists of aerobic or anaerobic or both media. Benefits under the items are attracted for each set to a maximum of three sets.

**Urine Culture (Items 1673/1674/1676)**

236. Testing for inhibitory substances in urine is included in the items covering urine culture. Items 1732/1733 do not apply in addition to these items.

**RAST Tests (Items 1903/1904, 1905/1906)**

237. It should be noted that benefits for RAST tests are restricted to a maximum of twenty allergens.

**Cytological Examination of Smears (Items 2081/2082)**

238. Benefit if not payable under these items for cytological examination of nasal smears which is covered by Items 1545/1546.

**Estimation of beta-HCG (Items 2272/2273)**

239. Estimation of beta-HCG is serum or urine as a diagnostic test for pregnancy, attracts benefit under Items 2272/2273 not under Items 1345/1346 or 1452/1453.

**PART 8 — RADIOLOGY**

240. A "Notice of Referral" is not required in the case of services contained in Part 8 of the Schedule (except in relation to items 2734 and 2736) to which higher fees apply when rendered by specialist radiologists.

**Plain Abdominal Film (Items 2699/2703)**

241. Benefits are not attracted for Items 2699/2703 in association with barium meal examinations or cholecystograms. Benefits are payable for the preliminary plain film in conjunction with barium enema studies.

Radiography of the Breast (Items 2734 and 2736)

242. The descriptions of these items were recommended by the Medicare Benefits Advisory Committee. The Committee's recommendation was based on the generally accepted view that mammography should not be used as a primary screening procedure in apparently well people and that it should only be performed by specialist radiologists on patients referred specifically for the examination.

243. To facilitate these requirements the Regulations to the Health Insurance Act require the referring medical practitioner to complete a Notice of Referral (to be personally signed by the medical practitioner) indicating that the patient has been referred for mammography in accordance with the requirements outlined in the description of the items.

**PART 8A — RADIOTHERAPY**

244. 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 2875 plus twice Item 2877.

245. Benefits are attracted for an initial referred consultation and radiotherapy treatment where both take place at the same attendance.

**PART 9 — ASSISTANCE AT OPERATIONS**

246. For an operation (or combination of operations) for which the Schedule fee exceeds \$134.00 but does not exceed \$235.00 benefits for assistance have been based on a fee of \$45.50. Where the Schedule fee for the operation (or combination of operations) exceeds \$235.00 an assistance fee of one-fifth of the Schedule fee has been determined for benefit purposes.

247. 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.

248. 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 9A — COMPUTERISED AXIAL TOMOGRAPHY**

249. It will be noted that there are two separate items in respect of each computerised axial tomography service, i.e. "HR" or "OR".

250. The "HR" Schedule fee applies to specified items in Part 9 A where the service is rendered using any computerised axial tomography equipment of a recognised hospital or a radiology unit included in a prescribed class of radiology units.

251. The "OR" Schedule fee applies to specified items in Part 9 A in other circumstances, i.e. where the service is rendered without using any computerised axial tomography equipment of a recognised hospital or a radiology unit included in a prescribed class of radiology units.

252. Each of the following classes of radiology units is a prescribed class of radiology units:

- (a) radiology units operated by the Commonwealth;
- (b) radiology units operated by a State or an authority of a State;
- (c) radiology units operated by the Northern Territory of Australia;
- (d) radiology units operated by the Australian Capital Territory Health Commission;
- and
- (e) radiology units operated by an Australian University.

#### **PART 10 — OPERATIONS**

253. Many items in Part 10 of the Schedule are qualified by one of the following phrases:

- "as an independent procedure";
- "not associated with any other item in this Part"; or
- "not covered by a specific item in this Part".

An explanation of each of these phrases is contained in the following paragraphs.

##### **As an Independent Procedure**

254. The inclusion of this phrase in the description of an item precludes payment of benefits when —

- (i) a procedure so qualified is associated with another procedure that is performed through the same incision, e.g. removal of a calculus (Item 5968) in the course of an open operation on the bladder for another purpose;
- (ii) such procedure is combined with another in the same body area, e.g. direct examination of larynx (Item 5520) with another operation on the larynx or trachea;
- (iii) the procedure is an integral part of the performance of another procedure, e.g. removal of foreign body (Item 3120/3124) in conjunction with debridement of deep or extensive contaminated wound of soft tissue, including suturing of that wound when performed under general anaesthetic (Item 3041).

##### **Not Associated with any other item in this Part**

255. "Not associated with any other item in this Part" means that benefit is not attracted for that item when the service is performed on the same occasion as any other Part 10 service.

##### **Not covered by a Specific Item in this Part**

256. "Not covered by a specific item in this Part" means that this item may be itemised if there is no specific item relating to the service performed in the Schedule, e.g., Items 3739/3745 (Laparotomy involving operation on abdominal viscera, not covered by any other item in this Part). Benefits may be attracted for an item with this qualification as well as benefits for another service during the course of the same operation.

### Multiple Operation Formula

257. The fees for two or more operations, other than amputations, performed on a patient on the one occasion (except as provided in paragraph 259) are calculated by the following rule:—

100 percent for the item with the greatest Schedule fee, plus 50 per cent 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.

258. Where fees have been derived by using this formula, calculation of the relevant benefit may be assisted by reference to the Ready Reckoner located at the front of Section 2. The rounding rule set out in Note (a) above applies.

259. 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 specified in the Schedule apply.

260. Where to medical practitioners operate independently and either performs more than one operation, the method of assessment outlined in paragraph 216 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.

261. 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

262. 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.

263. 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.

264. 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.

265. Attendances which form part of normal after-care, whether at hospitals, rooms, or at 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".

266. Subject to the approval of the local Medicare office, benefits may be paid for professional services for the treatment of an intercurrent condition or an unusual complication arising from the operation.

267. 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, 4633, 5162, 5196, 6802, 6816, 6818, 6824, 6940, 6942, 6953 and 7864.

268. Where a patient has been operated on in a recognised hospital as a hospital



patient (as defined in Section 3(i) of the Health Insurance Act), post-operative attendances by a medical practitioner in the patient's home or the practitioner's rooms, attract Medicare benefits on an attendance basis.

269. When a surgeon delegates aftercare to a local doctor, Medicare benefit may be apportioned on the basis of 75% for the operation and 25% for the aftercare. Where the benefit is apportioned between two or more medical practitioners, no more than 100% of the benefit for the procedure will be paid.

270. In respect of fractures, where the after-care is delegated to a doctor at a place other than the place where the initial reduction is carried out, benefit may be apportioned on a 50:50 basis rather than on the 75:25 basis suggested for surgical operations.

271. Where the reduction of a fracture (Items 7505-7847) is carried out by hospital staff in the out-patient or casualty department of a recognised hospital and the patient is then referred to a private practitioner for supervision of the after-care, Medicare benefits are payable for the after-care treatment on an attendance basis (including an initial consultation where the patient has been referred to a specialist and one or more subsequent attendances are involved).

272. However, these arrangements do not over-ride the provisions of Items 7828, 7834 or 7839, which normally apply where the initial or subsequent attempts at reducing a fracture are not successful.

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

<i>Item No.</i>	<i>Treatment of fracture of</i>	<i>After-care Period</i>
7505	Terminal phalanx of finger or thumb	6 weeks
7508/7512	Proximal phalanx of finger or thumb	6 weeks
7516	Middle phalanx of finger	6 weeks
7520/7524	One or more metacarpals not involving base of first carpometacarpal joint	6 weeks
7527/7530	First metacarpal involving carpometacarpal joint (Bennett' fracture)	8 weeks
7533	Carpus (excluding navicular)	6 weeks
7535/7538	Navicular or carpal scaphoid	3 months
7540/7544	Colles' fracture of wrist	3 months
7547	Distal end of radius or ulna, involving wrist	8 weeks
7550/7552	Radius	8 weeks
7559/7563	Ulna	8 weeks
7567/7572	Both shafts of forearm or humerus	3 months
7588/7593	Clavicle or sternum	4 weeks
7597	Scapula	6 weeks
7608/7610	Pelvis (excluding symphysis pubis) or sacrum	4 months
7615/7619	Symphysis pubis	4 months
7624/7627	Femur	6 months
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, ankle (Potts fracture) with or without dislocation, os calcis (calcaneus) or os talus	4 months
7673/7677	Metatarsals — one or more	6 weeks
7681	Phalanx of toe (other than great toe)	6 weeks
7683	More than one phalanx of toe (other than great toes)	6 weeks
7687	Distal phalanx of great toe	8 weeks
7691	Proximal phalanx of great toe	8 weeks
7709/7712	Nasal bones, requiring reduction	4 weeks
7715	Nasal bones, requiring reduction and involving osteotomies	4 weeks
7718/7721	Maxilla — not requiring splinting	6 weeks

7727	Maxilla — with external fixation, wiring of teeth or internal fixation	3 months
7739/7743	Mandible — not requiring splinting	6 weeks
7749	Mandible — by means of wiring of teeth, internal fixation, or skeletal pinning with external fixation	3 months
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 months
7798	Spine (excluding sacrum), vertebral body, with involvement of cord	6 months

#### **After-care where patient is referred to an Intensive Care Unit**

274. Benefits are payable for post-operative attendances by an intensivist in an intensive care unit provided that the intensivist or the surgeon, who referred the surgical patient to the unit, supplies a brief explanation (to be submitted with the medical account covering the patient's treatment in the intensive care unit) of the intercurrent condition or the unusual complication on account of which the post-operative care was not regarded as normal after-care.

275. Routine admissions to an intensive care unit after major surgery do not attract additional benefits in the absence of significant complications.

#### **Lipectomy, Wedge Excision — Two or More Excisions (Items 3308)**

276. Multiple lipectomies, e.g., both buttocks and both thighs attract benefits under Item 3308 once only, i.e. the multiple operation rule does not apply.

#### **Treatment of Keratoses, Warts etc. (Items 3330–3346)**

277. The application of topical agents such as podophyllin or silver nitrate in the treatment of keratoses, warts, etc. do not attract benefits under these items.

#### **Serial Curettage Excision (Items 3350, 3351, 3352)**

278. Serial curettage excision as opposed to simple curettage refers to the technique where the margin having been defined, the lesion is carefully excised by a skin curette using a series of dissections and cauterisations so that all extensions and infiltrations of the lesion are removed.

#### **Subcutaneous Mastectomy (Item 3700)**

279. When, after completing a subcutaneous mastectomy a prosthesis is inserted, benefits are payable for the latter procedure under Item 8478 (Foreign implant for contour reconstruction), the multiple operation formula applying.

#### **Laparotomy and Other Procedures (Item 3722)**

280. This item covers several operations on abdominal viscera not dissimilar in time and complexity. Where more than one of the procedures are performed during the one operation, each procedure may be itemised according to the multiple operation formula.

#### **Laparotomy involving Division of Peritoneal Adhesions (Item 3726)**

281. Although the division of peritoneal adhesions carries the restriction "where no other listed intra-abdominal procedure is performed", benefits on the multiple operation basis will be attracted under Item 3726 when itemised in association with another intra-abdominal operation where:—

- (i) extensive peritoneal adhesions are encountered;
- (ii) the division of the adhesions is not related solely to the course of the principal procedure (e.g. removal of a retro-caecal appendix or a closely adherent gall-bladder would not qualify);
- (iii) the additional time required is in excess of 45 minutes; and
- (iv) the surgeon provides sufficient details on his account to indicate that the requirements of sub-paragraphs (i) (ii) and (iii) have been met.

**Anti-reflux Operations (Items 4241–4245)**

282. These items cover various operations for reflux oesophagitis. Where the only procedure performed is the simple closure of a diaphragmatic hiatus benefit would be attracted under Items 3739/3745 (Laparotomy involving operation on abdominal viscera, not covered by any other item in this Part).

**Colposcopic Examination (Item 6415)**

283. It should be noted that colposcopic examination (screening) of women during the course of a consultation does not attract medical benefits under Item 6415 except in the following circumstances:—

- (i) where the patient has had an abnormal cervical smear;
- (ii) where there is a history of ingestion of oestrogen by the patient's mother during her pregnancy; or
- (iii) where the patient has been referred by another medical practitioner because of suspicious signs of genital cancer.

**Dilatation of Cervix under General Anaesthesia (Item 6446)****Curettage of Uterus under General Anaesthesia (Items 6460/6464)**

284. Benefits are payable under these items only when the procedures are performed under general anaesthesia. Uterine scraping or biopsy using small curettes (e.g., Sharman's or Zeppelin's) and requiring minimal dilatation of the cervix, not necessitating a general anaesthesia, does not attract benefits under these items but would be paid on an attendance basis.

**Radical or Debulking Operation for Ovarian Tumour including Omentectomy (Item 6655)**

285. This item refers to the operation for carcinoma of the ovary where the bulk of the tumour and the omentum are removed. Where this procedure is undertaken in association with hysterectomy benefits are payable under both item numbers with the application of the multiple operation formula.

**Refractive Keratoplasty (Item 6833)**

286. The description of this item refers to two sets of calculations, one performed some time prior to the operation, the other during the course of the operation. Both of these measurements are included in the Schedule fee and benefit for Item 6833.

**Intrathoracic Operation on Heart, Lungs, etc. (Item 6999)**

287. This item covers the operation for patent ductus arteriosus.

**Measurement of Intracardiac Conduction Times (Item 7001)**

288. Measurement of intracardiac conduction times by right heart catheterisation when performed alone attracts benefits under this item. If performed in association with other studies Item 7002 only applies.

**Intracardiac Electrophysiological Investigations (Item 7002)**

289. Benefits are payable under this item once only for one or more intracardiac electrophysiological investigations performed on the one occasion.

**Fracture of Mandible or Maxilla (Item 7719)**

290. If both mandible and maxilla are fractured benefit would be attracted under this item twice with the multiple operation formula applying.

**Fracture of Mandible or Maxilla (Items 7722–7728)**

291. There are two maxillae in the skull and for the purposes of these items the mandible is regarded as comprising two bones. Hence a bilateral fracture of the mandible would be assessed as, say Item 7722x1.1/2; two maxillae and one side of the mandible as Item 7722x1.3/4.

292. Splinting in Item 7722 refers to cap splints, arch bars, silver (cast metal) or acrylic splints.

293. Item 7728 may be associated with Item 7725 or Item 7722. Item 7722 would not be expected to be combined with Item 7725.

294. Open reduction and internal fixation (Item 7809) may be applied in association with Item 7722, 7725 or 7728.

**Joint Replacement, Revision Operation (Item 8070)**

295. This Item 8070 covers the total joint replacement revision operation with removal of the old prosthesis and replacement with a new one.

**Local Skin flap — Definition**

296. A local skin flap is an area of skin and subcutaneous tissue designed to be elevated from the skin adjoining a defect needing closure. The flap remains partially attached by its pedicle and is moved into the defect by rotation, advancement or transposition, or a combination of these manoeuvres. A secondary defect will be created which may be closed by direct suture, skin grafting or sometimes a further local skin flap. This latter procedure will also attract benefit if closed by graft or flap repair but not when closed by direct suture.

297. By definition, direct wound closure (e.g. by suture) does not constitute skin flap repair. Similarly angled, curved or trapdoor incisions which are used for exposure and which are sutured back in the same position relative to the adjacent tissues are not skin flap repairs. Undermining of the edges of a wound prior to suturing is considered a normal part of wound closure and is not considered a skin flap repair.

298. A "Z" plasty is a particular type of transposition flap repair. Although 2 flaps are created, rebate will be paid on the basis of Item 8480 or 8484 once only.

299. Common Items where local skin flap repair is payable include:

3041	3276	7815	8470
3219/3220	3295	7817	8472
3221/3222	3301	7821	8474
3233/3237	3314	7823	8522
3247/3253	3320	8298	8524
3261/3265	3477	8462	8588
3271	6044	8466	

Note: This list is not all-inclusive and there are circumstances where other services might involve flap repair.

300. Items where a local flap repair should not be payable in addition are:

3046-3101	3223-3226	8530	8608
3104	3306-3311	8542	8612
3173-3183	3597	8551	8622-8652
3194-3217	8528	8594-8600	

**Augmentation Mammoplasty (Item 8530)**

301. Medicare benefit is generally not attracted under this item unless the asymmetry in breast size is greater than 10%. Augmentation of a second breast some time after an initial augmentation of one side would not attract benefits. Benefits are not payable for augmentation mammoplasty in association with reduction mammoplasty (Item 8528) for correction of breast ptosis.

302. Where bilateral mammoplasty is indicated because of disease, trauma or congenital malformation, details of such cases including, where possible, colour photographs taken before treatment, should be submitted to the local Medicare office for forwarding to the Medicare Benefits Advisory Committee for consideration. The photographs should be forwarded in a sealed envelope marked "Medical — In Confidence".

**Meloplasty for Correction of Facial Asymmetry (Item 8551)**

303. Benefits are payable under this item for unilateral face-lift operations performed to correct soft tissue abnormalities of the face due to causes other than the aging process.

304. Occasionally bilateral face-lift might be indicated for conditions such as drooling from the angles of the mouth and deep pitting of the skin due to acne scars. Details of such cases including, where possible, colour photographs of the condition taken before treatment, should be submitted to the local Medicare office for forwarding to the Medicare Benefits Advisory Committee for consideration. The photographs should be forwarded in a sealed envelope marked "Medical — In Confidence".

**Reduction of Eyelids (Items 8548, 8585)**

305. Where a reduction is performed for a medical condition of one eyelid, it may be necessary to undertake a similar compensating procedure on the other eyelid to restore symmetry. The latter operation would also attract benefits. Where there is doubt as to whether benefits would be payable, advice should be sought from the local Medicare office.

**Osteotomy of Jaw (Items 8658–8668)**

306. The fee and benefit for these items include the various forms of internal or dental fixation, jaw immobilisation, the transposition of nerves and vessels and bone grafts taken from the same site. Bone grafts taken from a separate site, e.g. iliac crest, would attract additional benefit under Item 8001 in accordance with the multiple operation rule. The items cover a post-operative period of twelve weeks.

307. It should be noted the "Rules of Interpretation of the Schedule" provide that for the purposes of these items (i.e., Items 8658–8668) a reference to maxilla includes the zygoma.

**Genioplasty (Items 8670 and 8672)**

308. Genioplasty attracts benefit one only although a section is made on both sides of the symphysis of the mandible.

**PART 11 — NUCLEAR MEDICINE**

309. There is a differential fee structure for items covering nuclear medicine depending on whether or not the service is performed at a computerised installation.

310. The "C" Schedule fee applies only where the service covered by the item is performed in a nuclear medicine installation with computerised processing facilities.

311. The "NC" Schedule fee applies where the service covered by the item is performed in a nuclear medicine installation without computerised processing facilities.

312. It is not required that the computer be actually used in the performance of a particular scan in order that the service will attract the fee and benefit appropriate for a computerised installation.

313. Many items in Part 11 contain more than one service. If two or more services within the one item are rendered, full benefits are attracted for each service.

314. Benefits for a nuclear scanning service cover the preliminary examination of the patient, estimation of dosage, supervision of the administration of the dose and the performance of the scan, and compilation of the final report. Additional benefits will only be attracted for specialist physician or consultant physician attendances under Part 1 of the Schedule where there is a request for a full medical examination accompanied by a Notice of Referral.

**RECOGNITION AS A SPECIALIST OR CONSULTANT PHYSICIAN**

315. 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.

316. 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.

317. 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, experience and standing in the medical profession and the nature of his practice.

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

319. Where a medical practitioner has been recognised as a specialist or consultant physician for the purposes of the Health Insurance Act, Medicare 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 329) the patient has been referred in accordance with paragraphs 321 to 330.

320. 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 of the Department are contained in Section 4A).

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

321. For the purpose of payment of Medicare 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.

322. 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 a consultant physician benefits are payable at the specialist referred rate only.

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

324. 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 Medicare 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 Medicare benefit in respect of that service.

325. The procedure outlined in the previous paragraph also applies to the referral patients by medical practitioners to consultant physicians and to referrals by dental practitioners and optometrists/opticians.

326. For Medicare benefit 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.

327. 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").

328. Except as described in the following paragraph a Notice of Referral must have been issued by the referring doctor, dental practitioner or optometrist/optician in

respect of all services provided by specialist and consultant physicians in order that patients might be eligible for Medicare 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.

329. A Notice of Referral is not required in the case of specialist radiologist (except in the case of items 2734 and 2736 — see paragraphs 242 and 243) 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 161).

330. 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 204 et seq.).

331. Medicare benefit is attracted for an attendance on a patient where the attendance is solely for the purpose of issuing a Notice of Referral. However, if a medical practitioner issues a Notice of Referral without an attendance on the patient, no benefit is payable in respect of that service.

332. It should be noted that where a general practitioner acts as a locum-tenens for a specialist or a consultant physician, or where a specialist acts as a locum-tenens for a consultant physician, Medicare benefit is only payable at the level appropriate for the particular locum-tenens, e.g. general practitioner level for a general practitioner locum-tenens and specialist level for a referred service rendered by a specialist.

\* \* \* \* \*

SECTION 2

**MEDICARE BENEFITS  
SCHEDULED FEES**

ALL STATES

1 NOVEMBER 1984



# THE SCHEDULE

## TABLE OF CONTENTS

	Item Nos.	Page Nos.
Ready Reckoner showing 15 June 1984 Schedule Fees and Medical Benefit Levels .....		i-iii
Part and Division		
Part 1 — Professional Attendances not covered by an item in any other Part of this Schedule .....	1 — 164	1-10
Part 2 — Obstetrics		
Division 1 — General .....	190 — 209	11-12
Division 2 — Special Services .....	211 — 383	12-14
Part 3 — Anaesthetics		
Division 1 — Administration of Anaesthetic by a medical practitioner other than a Specialist Anaesthetist .....	401 — 497	15-21
Division 2 — Administration of Anaesthetic by a Specialist Anaesthetist .....	500 — 565	21-27
Division 3 — Dental Anaesthetics .....	566 — 575	28-29
Part 4 — Regional Nerve or Field Block .....	748 — 764	30
Part 5 — Assistance in the Administration of an Anaesthetic .....	767	31
Part 6 — Miscellaneous Procedures		
Division 1 .....	770 — 790	32
Division 2 .....	791 — 817	32-33
Division 3 .....	821 — 843	34
Division 4 .....	844 — 860	34-35
Division 5 .....	863 — 884	35-36
Division 6 .....	886 — 893	36-37
Division 7 .....	895 — 907	37
Division 8 .....	908 — 980	38-42
Division 9 .....	987 — 989	42
Division 10 .....	994	42
Division 11 .....	996 — 998	42
Part 7 — Pathology Services —		
Division 1 — Haematology .....	1006 — 1280	43-50
Division 2 — Chemistry of Body Fluids and Tissues .....	1296 — 1517	51-58
Division 3 — Microbiology .....	1529 — 1859	59-67
Division 4 — Immunology .....	1877 — 2023	67-71
Division 5 — Histopathology .....	2041 — 2063	71-72
Division 6 — Cytology .....	2081 — 2112	72-73
Division 7 — Cytogenetics .....	2131 — 2174	73-74
Division 8 — Infertility and Pregnancy Tests .....	2201 — 2286	74-75
Division 8A — Examination Not Otherwise Covered .....	2294 — 2295	75
Division 9 — 13 Specified Simple Basic Pathology Tests .....	2334 — 2392	76-77
Part 8 — Radiological Services —		
Division 1 — Radiographic Examination of Extremities and Report (With or Without Fluoroscopy) .....	2502 — 2537	78
Division 2 — Radiographic Examination of Shoulder or Hip Joint and Report .....	2539 — 2557	79

TABLE OF CONTENTS

	Item Nos.	Page Nos.
Part 8 — Radiological Services — Continued		
Division 3 — Radiographic Examination of Head and Report.....	2560 — 2595	79-81
Division 4 — Radiographic Examination of Spine and Report.....	2597 — 2611	81-82
Division 5 — Bone Age Study and Skeletal Surveys.....	2614 — 2621	82
Division 6 — Radiographic Examination of Thoracic Region and Report.....	2625 — 2657	82-83
Division 7 — Radiographic Examination of Urinary Tract and Report.....	2665 — 2697	83-84
Division 8 — Radiographic Examination of Alimentary Tract and Biliary System (With or Without Fluoroscopy) and Report.....	2699 — 2728	84-86
Division 9 — Radiographic Examination for Localisation of Foreign Bodies and Report.....	2730 — 2732	86
Division 10 — Radiographic Examination of Breasts and Report.....	2734 — 2736	86
Division 11 — Radiographic Examination in Connection with Pregnancy and Report.....	2738 — 2742	87
Division 12 — Radiographic Examination with Opaque or Contrast Media and Report.....	2744 — 2794	87-90
Division 13 — Tomography and Report.....	2796	90
Division 14 — Stereoscopic Examination and Report.....	2798	90
Division 15 — Fluoroscopic Examination and Report.....	2800 — 2802	90
Division 15A — Examination Not Otherwise Covered.....	2804	91
Division 16 — 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.....	2805 — 2859	91-93
Part 8A — Radiotherapy.....	2861 — 2941	94-98
Part 9 — Assistance at Operations.....	2951 — 2953	99
Part 9A — Computerised Axial Tomography.....	2960 — 2971	100
Part 10 — Operations		
Division 1 — General Surgical.....	3006 — 4877	101-142
Division 2 — Amputation or Disarticulation of Limb.....	4927 — 5055	142-145
Division 3 — Ear, Nose and Throat.....	5059 — 5619	145-158
Division 4 — Urological.....	5636 — 6253	159-176
Division 5 — Gynaecological.....	6258 — 6681	176-184
Division 6 — Ophthalmological.....	6686 — 6938	185-195
Division 7 — Thoracic.....	6940 — 7066	195-199
Division 8 — Neuro-Surgical.....	7079 — 7381	199-208
Division 9 — Treatment of Dislocations.....	7397 — 7483	208-211
Division 10 — Treatment of Fractures.....	7505 — 7847	211-220
Division 11 — Orthopaedic.....	7853 — 8356	220-236
Division 12 — Paediatric.....	8378 — 8444	237-240
Division 13 — Plastic and Reconstructive.....	8448 — 8683	240-253
Part 11 — Nuclear Medicine.....	8700 — 8850	254-258

**Medicare Benefits Schedule—Parts 1-11  
Ready Reckoner Showing 1 November 1984  
Schedule Fees and Medicare Benefit Levels**

Schedule Fee \$	Medicare Benefit @ 85%/\$10 maximum gap \$	Schedule Fee \$	Medicare Benefit @ 85%/\$10 maximum gap \$	Schedule Fee \$	Medicare Benefit @ 85%/\$10 maximum gap \$
1.65	1.45	13.90	11.85	23.00	19.55
3.30	2.85	14.20	12.10	23.25	19.80
4.15	3.55	14.40	12.25	23.50	20.00
4.40	3.75	14.60	12.45	24.00	20.40
4.95	4.25	14.85	12.65	24.50	20.85
5.50	4.70	15.00	12.75	24.75	21.05
5.55	4.75	15.20	12.95	25.00	21.25
6.30	5.40	15.25	13.00	25.50	21.70
6.60	5.65	15.50	13.20	26.00	22.10
7.20	6.15	15.60	13.30	26.50	22.55
7.30	6.25	15.80	13.45	27.00	22.95
7.50	6.40	16.50	14.05	27.50	23.40
7.90	6.75	16.60	14.15	28.00	23.80
8.25	7.05	16.80	14.30	28.50	24.25
8.30	7.10	17.20	14.65	28.90	24.60
8.80	7.50	17.60	15.00	29.00	24.65
8.90	7.60	17.80	15.15	29.50	25.10
9.00	7.65	18.00	15.30	30.00	25.50
9.70	8.25	18.60	15.85	30.50	25.95
9.80	8.35	18.75	15.95	31.00	26.35
9.90	8.45	18.80	16.00	31.50	26.80
10.40	8.85	19.00	16.15	32.00	27.20
10.80	9.20	19.25	16.40	33.00	28.05
11.00	9.35	19.40	16.50	33.50	28.50
11.60	9.90	19.60	16.70	34.00	28.90
11.80	10.05	19.80	16.85	34.50	29.35
12.00	10.20	20.00	17.00	35.00	29.75
12.40	10.55	20.50	17.45	35.50	30.20
12.45	10.60	20.65	17.60	36.00	30.60
12.60	10.75	20.80	17.70	36.50	31.05
12.80	10.90	21.00	17.85	37.00	31.45
13.00	11.05	21.50	18.30	37.15	31.60
13.20	11.25	22.00	18.70	37.50	31.90
13.75	11.70	22.50	19.15	38.00	32.30
13.80	11.75	22.90	19.50	38.50	32.75

**Medicare Benefits Schedule—Parts 1-11  
Ready Reckoner Showing 1 November 1984  
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Schedule Fee	Medicare Benefit @ 85%/\$10 maximum gap	Schedule Fee	Medicare Benefit @ 85%/\$10 maximum gap	Schedule Fee	Medicare Benefit @ 85%/\$10 maximum gap
\$	\$	\$	\$	\$	\$
39.00	33.15	67.00	57.00	106.00	96.00
39.50	33.60	68.00	58.00	108.00	98.00
40.00	34.00	69.00	59.00	110.00	100.00
41.00	34.85	70.00	60.00	112.00	102.00
41.25	35.10	71.00	61.00	114.00	104.00
42.00	35.70	72.00	62.00	116.00	106.00
43.00	36.55	73.00	63.00	118.00	108.00
43.50	37.00	74.00	64.00	120.00	110.00
44.00	37.40	74.25	64.25	122.00	112.00
44.50	37.85	75.00	65.00	124.00	114.00
45.00	38.25	76.00	66.00	124.50	114.50
45.50	38.70	77.00	67.00	126.00	116.00
47.00	39.95	78.00	68.00	128.00	118.00
47.50	40.40	79.00	69.00	130.00	120.00
48.50	41.25	80.00	70.00	132.00	122.00
49.00	41.65	81.00	71.00	134.00	124.00
49.50	42.10	82.00	72.00	136.00	126.00
50.00	42.50	82.50	72.50	138.00	128.00
51.00	43.35	83.00	73.00	140.00	130.00
52.00	44.20	86.00	76.00	142.00	132.00
53.00	45.05	87.00	77.00	144.00	134.00
54.00	45.90	88.00	78.00	146.00	136.00
55.00	46.75	89.00	79.00	148.00	138.00
56.00	47.60	90.00	80.00	150.00	140.00
57.00	48.45	91.00	81.00	152.00	142.00
57.75	49.10	93.00	83.00	154.00	144.00
58.00	49.30	94.00	84.00	156.00	146.00
59.00	50.15	95.00	85.00	158.00	148.00
60.00	51.00	96.00	86.00	160.00	150.00
61.00	51.85	97.00	87.00	162.00	152.00
62.00	52.70	98.00	88.00	164.00	154.00
63.00	53.55	99.00	89.00	166.00	156.00
64.00	54.40	100.00	90.00	168.00	158.00
65.00	55.25	102.00	92.00	170.00	160.00
66.00	56.10	104.00	94.00	172.00	162.00

**Medicare Benefits Schedule—Parts 1-11  
Ready Reckoner Showing 1 November 1984  
Schedule Fees and Medicare Benefit Levels**

<b>Schedule Fee</b>	<b>Medicare Benefit @ 85%/\$10 maximum gap</b>	<b>Schedule Fee</b>	<b>Medicare Benefit @ 85%/\$10 maximum gap</b>	<b>Schedule Fee</b>	<b>Medicare Benefit @ 85%/\$10 maximum gap</b>
<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
174.00	164.00	278.50	268.50	455.00	445.00
176.00	166.00	280.00	270.00	470.00	460.00
178.00	168.00	280.50	270.50	475.00	465.00
180.00	170.00	285.00	275.00	485.00	475.00
182.00	172.00	290.00	280.00	490.00	480.00
184.00	174.00	295.00	285.00	505.00	495.00
186.00	176.00	297.50	287.50	510.00	500.00
188.00	178.00	300.00	290.00	520.00	510.00
190.00	180.00	305.00	295.00	535.00	525.00
192.00	182.00	310.00	300.00	545.00	535.00
194.00	184.00	315.00	305.00	565.00	555.00
196.00	186.00	320.00	310.00	575.00	565.00
198.00	188.00	323.50	313.50	580.00	570.00
200.00	190.00	325.00	315.00	600.00	590.00
205.00	195.00	327.50	317.50	610.00	600.00
207.50	197.50	335.00	325.00	625.00	615.00
210.00	200.00	340.00	330.00	630.00	620.00
215.00	205.00	345.00	335.00	635.00	625.00
220.00	210.00	350.00	340.00	640.00	630.00
223.50	213.50	360.00	350.00	650.00	640.00
225.00	215.00	365.00	355.00	652.50	642.50
230.00	220.00	370.00	360.00	660.00	650.00
231.50	221.50	372.50	362.50	675.00	665.00
235.00	225.00	375.00	365.00	680.00	670.00
240.00	230.00	380.00	370.00	705.00	695.00
245.00	235.00	390.00	380.00	720.00	710.00
248.50	238.50	395.00	385.00	740.00	730.00
250.00	240.00	400.00	390.00	750.00	740.00
255.00	245.00	410.00	400.00	755.00	745.00
256.50	246.50	420.00	410.00	780.00	770.00
260.00	250.00	425.00	415.00	790.00	780.00
265.00	255.00	435.00	425.00	792.50	782.50
270.00	260.00	440.00	430.00	805.00	795.00
272.50	262.50	445.00	435.00	815.00	805.00
275.00	265.00	450.00	440.00	850.00	840.00

**Medicare Benefits Schedule—Parts 1-11  
Ready Reckoner Showing 1 November 1984  
Schedule Fees and Medicare Benefit Levels**

<b>Schedule Fee</b>	<b>Medicare Benefit @ 85%/\$10 maximum gap</b>	<b>Schedule Fee</b>	<b>Medicare Benefit @ 85%/\$10 maximum gap</b>	<b>Schedule Fee</b>	<b>Medicare Benefit @ 85%/\$10 maximum gap</b>
<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
855.00	845.00				
870.00	860.00				
880.00	870.00				
895.00	885.00				
905.00	895.00				
925.00	915.00				
930.00	920.00				
935.00	925.00				
1015.00	1005.00				
1020.00	1010.00				
1070.00	1060.00				
1160.00	1150.00				
1285.00	1275.00				
1330.00	1320.00				
1465.00	1455.00				

**Medical Benefits Schedule — Parts 1-11  
Ready Reckoner Showing 1 July 1985  
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<b>Schedule Fee</b>	<b>Medicare Benefit @85%/\$10 maximum gap</b>	<b>Schedule Fee</b>	<b>Medicare Benefit @85%/\$10 maximum gap</b>	<b>Schedule Fee</b>	<b>Medicare Benefit @85%/\$10 maximum gap</b>
<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
1.70	1.45	13.40	11.40	23.00	19.55
1.75	1.50	13.80	11.75	23.65	20.15
3.40	2.90	14.20	12.10	24.00	20.40
3.45	2.95	14.25	12.15	24.50	20.85
4.30	3.70	14.50	12.35	25.00	21.25
4.60	3.95	14.80	12.60	25.50	21.70
5.20	4.45	15.00	12.75	25.90	22.05
5.70	4.85	15.20	12.95	26.00	22.10
5.80	4.95	15.40	13.10	26.50	22.55
6.50	5.55	15.60	13.30	27.00	22.95
6.90	5.90	15.75	13.40	27.50	23.40
7.40	6.30	15.80	13.45	28.00	23.80
7.60	6.50	16.00	13.60	28.50	24.25
7.70	6.55	16.20	13.80	29.00	24.65
8.10	6.90	16.40	13.95	29.50	25.10
8.55	7.30	17.20	14.65	30.00	25.50
8.60	7.35	17.25	14.70	30.50	25.95
9.00	7.65	17.40	14.80	31.00	26.35
9.10	7.75	17.80	15.15	31.50	26.80
9.20	7.85	18.00	15.30	32.00	27.20
9.30	7.95	18.20	15.50	32.50	27.65
10.00	8.50	18.40	15.65	32.65	27.80
10.20	8.70	18.60	15.85	33.00	28.05
10.35	8.80	19.40	16.50	34.50	29.35
10.80	9.20	19.50	16.60	35.00	29.75
11.20	9.55	19.60	16.70	35.50	30.20
11.40	9.70	19.80	16.85	36.00	30.60
11.50	9.80	20.00	17.00	36.50	31.05
12.00	10.20	20.50	17.45	37.00	31.45
12.20	10.40	21.00	17.85	37.50	31.90
12.40	10.55	21.40	18.20	38.00	32.30
12.80	10.90	21.50	18.30	38.50	32.75
12.90	11.00	21.75	18.50	39.00	33.15
13.00	11.05	22.00	18.70	39.50	33.60
13.20	11.25	22.50	19.15	40.00	34.00

**Medical Benefits Schedule — Parts 1-11  
Ready Reckoner Showing 1 July 1985  
Schedule Fees and Medicare Benefit Levels.**

<b>Schedule Fee</b>	<b>Medicare Benefit @85%/\$10 maximum gap</b>	<b>Schedule Fee</b>	<b>Medicare Benefit @85%/\$10 maximum gap</b>	<b>Schedule Fee</b>	<b>Medicare Benefit @85%/\$10 maximum gap</b>
<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
40.50	34.45	69.00	59.00	111.00	101.00
41.00	34.85	70.00	60.00	112.00	102.00
41.50	35.30	71.00	61.00	114.00	104.00
42.50	36.15	72.00	62.00	116.00	106.00
42.75	36.35	73.00	63.00	118.00	108.00
43.50	37.00	74.00	64.00	120.00	110.00
44.50	37.85	75.00	65.00	122.00	112.00
45.00	38.25	76.00	66.00	124.00	114.00
45.50	38.70	77.00	67.00	126.00	116.00
46.00	39.10	78.00	68.00	128.00	118.00
46.50	39.55	79.00	69.00	129.00	119.00
47.00	39.95	80.00	70.00	130.00	120.00
48.50	41.25	81.00	71.00	132.00	122.00
49.00	41.65	82.00	72.00	134.00	124.00
49.50	42.10	83.00	73.00	136.00	126.00
50.00	42.50	84.00	74.00	138.00	128.00
51.00	43.35	85.00	75.00	140.00	130.00
51.75	44.00	85.50	75.50	142.00	132.00
52.00	44.20	86.00	76.00	144.00	134.00
53.00	45.05	89.00	79.00	146.00	136.00
54.00	45.90	90.00	80.00	148.00	138.00
55.00	46.75	91.00	81.00	150.00	140.00
56.00	47.60	92.00	82.00	152.00	142.00
57.00	48.45	93.00	83.00	154.00	144.00
58.00	49.30	94.00	84.00	156.00	146.00
59.00	50.15	97.00	87.00	158.00	148.00
60.00	51.00	98.00	88.00	160.00	150.00
61.00	51.85	99.00	89.00	162.00	152.00
62.00	52.70	100.00	90.00	164.00	154.00
63.00	53.55	102.00	92.00	166.00	156.00
64.00	54.40	103.50	93.50	168.00	158.00
65.00	55.25	104.00	94.00	170.00	160.00
66.00	56.10	106.00	96.00	172.00	162.00
67.00	57.00	108.00	98.00	174.00	164.00
68.00	58.00	110.00	100.00	176.00	166.00



**Medical Benefits Schedule — Parts 1-11  
Ready Reckoner Showing 1 July 1985  
Schedule Fees and Medicare Benefit Levels.**

<b>Schedule Fee</b>	<b>Medicare Benefit @85%/\$10 maximum gap</b>	<b>Schedule Fee</b>	<b>Medicare Benefit @85%/\$10 maximum gap</b>	<b>Schedule Fee</b>	<b>Medicare Benefit @85%/\$10 maximum gap</b>
<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
178.00	168.00	289.50	279.50	460.00	450.00
180.00	170.00	290.00	280.00	465.00	455.00
182.00	172.00	290.50	280.50	470.00	460.00
184.00	174.00	295.00	285.00	485.00	475.00
186.00	176.00	300.00	290.00	490.00	480.00
188.00	178.00	305.00	295.00	500.00	490.00
190.00	180.00	310.00	300.00	505.00	495.00
192.00	182.00	310.50	300.50	525.00	515.00
194.00	184.00	315.00	305.00	530.00	520.00
196.00	186.00	320.00	310.00	540.00	530.00
198.00	188.00	325.00	315.00	555.00	545.00
200.00	190.00	330.00	320.00	565.00	555.00
205.00	195.00	334.50	324.50	570.00	560.00
210.00	200.00	335.00	325.00	585.00	575.00
214.50	204.50	340.50	330.50	595.00	585.00
215.00	205.00	345.00	335.00	600.00	590.00
220.00	210.00	350.00	340.00	620.00	610.00
225.00	215.00	355.00	345.00	630.00	620.00
230.00	220.00	360.00	350.00	645.00	635.00
230.50	220.50	365.00	355.00	650.00	640.00
235.00	225.00	370.00	360.00	655.00	645.00
239.50	229.50	375.00	365.00	665.00	655.00
240.00	230.00	380.00	370.00	675.00	665.00
245.00	235.00	385.00	375.00	677.50	667.50
250.00	240.00	385.50	375.50	685.00	675.00
255.00	245.00	390.00	380.00	700.00	690.00
259.50	249.50	395.00	385.00	705.00	695.00
260.00	250.00	405.00	395.00	730.00	720.00
265.00	255.00	410.00	400.00	745.00	735.00
265.50	255.50	415.00	405.00	765.00	755.00
270.00	260.00	425.00	415.00	775.00	765.00
275.00	265.00	435.00	425.00	780.00	770.00
280.00	270.00	440.00	430.00	805.00	795.00
281.50	271.50	450.00	440.00	820.00	810.00
285.00	275.00	455.00	445.00	822.50	812.50

**Medical Benefits Schedule — Parts 1-11  
Ready Reckoner Showing 1 July 1985  
Schedule Fees and Medicare Benefit Levels.**

<b>Schedule Fee</b>	<b>Medicare Benefit @85%/\$10 maximum gap</b>	<b>Schedule Fee</b>	<b>Medicare Benefit @85%/\$10 maximum gap</b>	<b>Schedule Fee</b>	<b>Medicare Benefit @85%/\$10 maximum gap</b>
<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
825.00	815.00				
830.00	820.00				
835.00	825.00				
845.00	835.00				
880.00	870.00				
885.00	875.00				
900.00	890.00				
910.00	900.00				
925.00	915.00				
935.00	925.00				
960.00	950.00				
965.00	955.00				
970.00	960.00				
1 050.00	1 040.00				
1 055.00	1 045.00				
1 110.00	1 100.00				
1 200.00	1 190.00				
1 330.00	1 320.00				
1 375.00	1 365.00				
1 515.00	1 505.00				

Item No.	Medical Service
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**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**

Item No.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
1			10.80	10.40	10.40	10.40	10.40	10.40

**— AFTER HOURS**

Item No.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
2			19.00	18.00	18.00	18.00	18.00	18.00

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

Item No.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
5			15.00	14.20	13.00	13.00	13.00	14.20

**— AFTER HOURS**

Item No.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
6			23.00	21.50	21.00	21.00	21.00	21.50

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

Item No.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
7			27.50	26.50	25.50	25.50	25.50	26.50

	<b>—AFTER HOURS</b>							
8	FEE	\$	NSW 36.50	VIC 34.00	QLD 33.50	SA 33.50	WA 33.50	TAS 34.00
	<b>PROLONGED CONSULTATION</b> of more than 45 minutes duration							
	<b>—IN HOURS</b>							
9	FEE	\$	NSW 43.00	VIC 40.00	QLD 38.50	SA 38.50	WA 38.50	TAS 40.00
	<b>—AFTER HOURS</b>							
10	FEE	\$	NSW 52.00	VIC 48.50	QLD 47.50	SA 47.50	WA 47.50	TAS 48.50
	<b>GENERAL PRACTITIONER—"HOME VISITS"</b>							
	Professional attendance at a place other than consulting rooms, hospital, nursing home or institution (where there is an attendance on two or more patients at the institution on the one occasion)—							
	<b>BRIEF "HOME VISIT"</b> of not more than 5 minutes duration							
	<b>—IN HOURS</b>							
11	FEE	\$	NSW 16.80	VIC 15.20	QLD 15.20	SA 15.20	WA 15.20	TAS 15.20
	<b>—AFTER HOURS</b>							
12	FEE	\$	NSW 25.00	VIC 24.00	QLD 24.00	SA 24.00	WA 24.00	TAS 24.00
	<b>STANDARD "HOME VISIT"</b> of more than 5 minutes duration but not more than 25 minutes duration							
	<b>—IN HOURS</b>							
15	FEE	\$	NSW 21.50	VIC 20.50	QLD 20.50	SA 20.50	WA 20.50	TAS 20.50
	<b>—AFTER HOURS</b>							
16	FEE	\$	NSW 30.50	VIC 27.50	QLD 27.50	SA 27.50	WA 27.50	TAS 27.50

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

## —IN HOURS

17	FEE	\$	NSW 36.50	VIC 36.00	QLD 34.00	SA 34.00	WA 34.00	TAS 36.00
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## —AFTER HOURS

18	FEE	\$	NSW 44.00	VIC 43.00	QLD 42.00	SA 42.00	WA 42.00	TAS 43.00
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## PROLONGED "HOME VISIT" of more than 45 minutes duration

## —IN HOURS

21	FEE	\$	NSW 52.00	VIC 48.50	QLD 48.50	SA 48.50	WA 48.50	TAS 48.50
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## —AFTER HOURS

22	FEE	\$	NSW 59.00	VIC 56.00	QLD 54.00	SA 54.00	WA 54.00	TAS 56.00
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GENERAL PRACTITIONER—CONSULTATION AT HOSPITAL  
(one in-patient)

Professional attendance at a HOSPITAL where only one in-patient is seen.

## —EACH ATTENDANCE

## —IN HOURS

27	FEE	\$	NSW 21.50	VIC 20.50	QLD 20.50	SA 20.50	WA 20.50	TAS 20.50
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## —AFTER HOURS

28	FEE	\$	NSW 30.50	VIC 27.50	QLD 27.50	SA 27.50	WA 27.50	TAS 27.50
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**GENERAL PRACTITIONER—CONSULTATION AT HOSPITAL  
(two in-patients)**

Professional attendance on two in-patients in the one **HOSPITAL** on the one occasion

—**EACH PATIENT** who is not a nursing-home type patient

—**IN HOURS**

29	FEE	\$	NSW 15.00	VIC 14.20	QLD 13.00	SA 13.00	WA 13.00	TAS 14.20
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—**AFTER HOURS**

30	FEE	\$	NSW 21.00	VIC 20.00	QLD 19.40	SA 19.40	WA 19.40	TAS 20.00
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**GENERAL PRACTITIONER—CONSULTATION AT HOSPITAL  
(three or more in-patients)**

Professional attendance on three or more in-patients in the one **HOSPITAL** on the one occasion—**EACH PATIENT** who is not a nursing-home type patient

31	FEE	\$	NSW 15.00	VIC 14.20	QLD 13.00	SA 13.00	WA 13.00	TAS 14.20
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**GENERAL PRACTITIONER—CONSULTATION AT HOSPITAL  
(two in-patients where at least one is a nursing-home type patient)**

Professional attendance on two in-patients in the one **HOSPITAL** on the one occasion where at least one of those in-patients is a nursing-home type patient—

**EACH NURSING-HOME TYPE PATIENT**

32	FEE	\$	NSW 12.80	VIC 12.00	QLD 11.80	SA 11.80	WA 11.80	TAS 12.00
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**GENERAL PRACTITIONER—CONSULTATION AT HOSPITAL  
(three or more in-patients where at least one is a nursing-home type patient)**

Professional attendance on three or more in-patients in the one **HOSPITAL** on the one occasion where at least one of those in-patients is a nursing-home type patient—

**EACH NURSING-HOME TYPE PATIENT**

34	FEE	\$	NSW 10.80	VIC 10.40	QLD 10.40	SA 10.40	WA 10.40	TAS 10.40
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**GENERAL PRACTITIONER—CONSULTATION AT NURSING HOME  
(one patient)**

Professional attendance at a **NURSING HOME**, including **AGED PERSONS' ACCOMMODATION** attached to a nursing home or aged persons' accommodation situated within a complex that includes a nursing home (but excluding a professional attendance at a self-contained unit) or attendance at consulting rooms situated within such a complex where the patient is accommodated in the nursing home or aged persons' accommodation (excluding accommodation in a self-contained unit) where only **ONE PATIENT** is seen

—EACH ATTENDANCE

—IN HOURS

41	FEE	\$	NSW 21.50	VIC 20.50	QLD 20.50	SA 20.50	WA 20.50	TAS 20.50
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—AFTER HOURS

42	FEE	\$	NSW 30.50	VIC 27.50	QLD 27.50	SA 27.50	WA 27.50	TAS 27.50
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**GENERAL PRACTITIONER—CONSULTATION AT NURSING HOME  
(two patients)**

Professional attendance at a **NURSING HOME**, including **AGED PERSONS' ACCOMMODATION** attached to a nursing home or aged persons' accommodation **SITUATED WITHIN A COMPLEX THAT INCLUDES A NURSING HOME** (but excluding a professional attendance at a self-contained unit) or attendance at consulting rooms situated within such a complex where the patient is accommodated in the nursing home or aged persons' accommodation (excluding accommodation in a self-contained unit)—an attendance on **TWO PATIENTS** in the one nursing home or aged persons' accommodation **ON THE ONE OCCASION**

—EACH PATIENT

45	FEE	\$	NSW 12.80	VIC 12.00	QLD 11.80	SA 11.80	WA 11.80	TAS 12.00
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**GENERAL PRACTITIONER—CONSULTATION AT NURSING HOME  
(three or more patients)**

Professional attendance at a **NURSING HOME**, including **AGED PERSONS' ACCOMMODATION** attached to a nursing home or aged persons' accommodation **SITUATED WITHIN A COMPLEX THAT INCLUDES A NURSING HOME** (but excluding a professional attendance at a self-contained unit) or attendance at consulting rooms situated within such a complex where the patient is accommodated in the nursing home or aged persons' accommodation (excluding accommodation in a self-contained unit)—an attendance **ON THREE OR MORE PATIENTS** in the one nursing home or aged persons' accommodation **ON THE ONE OCCASION**

—EACH PATIENT

46	FEE	\$	NSW 10.80	VIC 10.40	QLD 10.40	SA 10.40	WA 10.40	TAS 10.40
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**GENERAL PRACTITIONER—CONSULTATION AT AN INSTITUTION  
(two or more patients)**

Professional attendance on two or more patients in the one **INSTITUTION** on the one occasion—**EACH PATIENT**

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

—IN HOURS

55	FEE	\$	NSW 10.80	VIC 10.40	QLD 10.40	SA 10.40	WA 10.40	TAS 10.40
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— AFTER HOURS

56	FEE	\$	NSW 19.00	VIC 18.00	QLD 18.00	SA 18.00	WA 18.00	TAS 18.00
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**STANDARD CONSULTATION** of more than 5 minutes duration but not more than 25 minutes duration

—IN HOURS

61	FEE	\$	NSW 15.00	VIC 14.20	QLD 13.00	SA 13.00	WA 13.00	TAS 14.20
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—AFTER HOURS

62	FEE	\$	NSW 23.00	VIC 21.50	QLD 21.00	SA 21.00	WA 21.00	TAS 21.50
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**LONG CONSULTATION** of more than 25 minutes duration but not more than 45 minutes duration

—IN HOURS

63	FEE	\$	NSW 27.50	VIC 26.50	QLD 25.50	SA 25.50	WA 25.50	TAS 26.50
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—AFTER HOURS

64	FEE	\$	NSW 36.50	VIC 34.00	QLD 33.50	SA 33.50	WA 33.50	TAS 34.00
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**PROLONGED CONSULTATION** of more than 45 minutes duration

—IN HOURS

67	FEE	\$	NSW 43.00	VIC 40.00	QLD 38.50	SA 38.50	WA 38.50	TAS 40.00
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## —AFTER HOURS

68	FEE	\$	NSW 52.00	VIC 48.50	QLD 47.50	SA 47.50	WA 47.50	TAS 48.50
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**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

82	G. FEE	\$	NSW 15.00	VIC 14.20	QLD 13.00	SA 13.00	WA 13.00	TAS 14.20
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85	S. FEE	\$	NSW 21.50	VIC 20.00	QLD 20.00	SA 20.00	WA 20.00	TAS 17.80
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**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 specialty where the patient is referred to him

—INITIAL attendance in a single course of treatment

88	FEE	\$	NSW 43.00	VIC 39.50	QLD 39.50	SA 39.50	WA 39.50	TAS 36.00
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—Each attendance **SUBSEQUENT** to the first in a single course of treatment

94	FEE	\$	NSW 21.50	VIC 20.00	QLD 20.00	SA 20.00	WA 20.00	TAS 17.80
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**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 specialty where the patient is referred to him

—INITIAL attendance in a single course of treatment

100	FEE	\$	NSW 62.00	VIC 59.00	QLD 59.00	SA 59.00	WA 59.00	TAS 53.00
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—Each attendance **SUBSEQUENT** to the first in a single course of treatment

103	FEE	\$	NSW 39.50	VIC 39.00	QLD 39.00	SA 39.00	WA 39.00	TAS 36.50
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**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	FEE	\$	NSW 75.00	VIC 69.00	QLD 69.00	SA 69.00	WA 69.00	TAS 69.00
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—Each attendance **SUBSEQUENT** to the first in a single course of treatment

116 ALL STATES: FEE \$37.50

**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	FEE	\$	NSW 91.00	VIC 87.00	QLD 87.00	SA 87.00	WA 87.00	TAS 87.00
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—Each attendance **SUBSEQUENT** to the first in a single course of treatment

128 ALL STATES: FEE \$55.00

**CONSULTANT PSYCHIATRIST, REFERRED CONSULTATION  
—SURGERY, HOSPITAL OR NURSING HOME**

Professional attendance at consulting rooms, hospital or nursing home by a consultant psychiatrist 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	FEE	\$	NSW 21.50	VIC 20.00	QLD 20.00	SA 20.00	WA 20.00	TAS 20.00
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—An attendance of more than 15 minutes duration but not more than 30 minutes duration

136	FEE	\$	NSW 43.00	VIC 39.50	QLD 39.50	SA 39.50	WA 39.50	TAS 39.50
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	—An attendance of more than 30 minutes duration but not more than 45 minutes duration							
138	FEE	\$	NSW 63.00	VIC 60.00	QLD 60.00	SA 60.00	WA 60.00	TAS 60.00
	—An attendance of more than 45 minutes duration but not more than 75 minutes duration							
140	FEE	\$	NSW 87.00	VIC 79.00	QLD 79.00	SA 79.00	WA 79.00	TAS 79.00
	—An attendance of more than 75 minutes duration							
142	FEE	\$	NSW 106.00	VIC 102.00	QLD 102.00	SA 102.00	WA 102.00	TAS 102.00
	<b>CONSULTANT PSYCHIATRIST, REFERRED CONSULTATION</b> —“HOME VISITS”							
	Professional attendance by a consultant psychiatrist in the practice of his recognised speciality of PSYCHIATRY 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 39.50	VIC 39.00	QLD 39.00	SA 39.00	WA 39.00	TAS 39.00
	—An attendance of more than 15 minutes duration but not more than 30 minutes duration							
146	FEE	\$	NSW 62.00	VIC 59.00	QLD 59.00	SA 59.00	WA 59.00	TAS 59.00
	—An attendance of more than 30 minutes duration but not more than 45 minutes duration							
148	FEE	\$	NSW 86.00	VIC 78.00	QLD 78.00	SA 78.00	WA 78.00	TAS 78.00
	—An attendance of more than 45 minutes duration but not more than 75 minutes duration							
150	FEE	\$	NSW 104.00	VIC 99.00	QLD 99.00	SA 99.00	WA 99.00	TAS 99.00

	—An attendance of more than 75 minutes duration							
152	FEE	\$	NSW 124.00	VIC 120.00	QLD 120.00	SA 120.00	WA 120.00	TAS 120.00

‡ **PROLONGED PROFESSIONAL ATTENDANCE**

Professional attendance (not covered by any other item in this Part) on a patient in imminent danger of death requiring continuous life saving emergency treatment (not being treatment of a counselling nature) to the exclusion of all other patients

—For a period of not less than ONE hour but less than TWO hours

160 ALL STATES: FEE \$60.00

‡ —For a period of not less than TWO hours but less than THREE hours

161 ALL STATES: FEE \$98.00

‡ —For a period of not less than THREE hours but less than FOUR hours

162 ALL STATES: FEE \$136.00

‡ —For a period of not less than FOUR hours but less than FIVE hours

163 ALL STATES: FEE \$174.00

‡ —For a period of FIVE hours or more

164 ALL STATES: FEE \$210.00

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	FEE	\$	NSW 15.00	VIC 14.20	QLD 13.00	SA 13.00	WA 13.00	TAS 14.20
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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	FEE	\$	NSW 150.00	VIC 142.00	QLD 130.00	SA 130.00	WA 130.00	TAS 142.00
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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.	FEE	\$	NSW 126.00	VIC 116.00	QLD 116.00	SA 99.00	WA 99.00	TAS 99.00
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196	S.	FEE	\$	190.00	146.00	146.00	146.00	146.00	146.00
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CONFINEMENT AS AN INDEPENDENT PROCEDURE BY A SPECIALIST in the practice of his specialty, where the patient is referred by another medical practitioner including all attendances related to the confinement

198	FEE	\$	NSW 126.00	VIC 116.00	QLD 116.00	SA 116.00	WA 116.00	TAS 116.00
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ANTENATAL CARE, CONFINEMENT AND POSTNATAL CARE for nine days (not including any service or services covered by Division 2 of this Part)

200	G.	FEE	\$	NSW 215.00	VIC 198.00	QLD 190.00	SA 174.00	WA 174.00	TAS 174.00
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207	S.	FEE	\$	290.00	245.00	215.00	245.00	215.00	215.00
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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	\$	305.00	270.00	255.00	250.00	235.00	235.00
209	S.	FEE	\$	375.00	310.00	275.00	310.00	275.00	275.00

### 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	\$	248.50	231.50	223.50	207.50	207.50	207.50
213	S.	FEE	\$	323.50	278.50	248.50	278.50	248.50	248.50

ANTENATAL CARE, CONFINEMENT AND POSTNATAL CARE for nine days WITH SURGICAL INDUCTION OF LABOUR INCLUDING MAJOR REGIONAL OR FIELD BLOCK

				NSW	VIC	QLD	SA	WA	TAS
216	G.	FEE	\$	297.50	280.50	272.50	256.50	256.50	256.50
217	S.	FEE	\$	372.50	327.50	297.50	327.50	297.50	297.50

CAESAREAN SECTION and postnatal care for nine days

				NSW	VIC	QLD	SA	WA	TAS
234	G.	FEE	\$	270.00	270.00	255.00	255.00	255.00	245.00
241	S.	FEE	\$	365.00	315.00	315.00	315.00	315.00	290.00

ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S

TREATMENT OF HABITUAL MISCARRIAGE by injection of hormones—each injection up to a maximum of twelve injections, where the injection is not administered during a routine antenatal attendance

				NSW	VIC	QLD	SA	WA	TAS
242		FEE	\$	10.80	10.40	10.40	10.40	10.40	10.40

		THREATENED ABORTION, THREATENED MISCARRIAGE OR HYPEREMESIS GRAVIDARUM, requiring admission to hospital, treatment of—each attendance that is not a routine antenatal attendance						
246	FEE	\$	NSW 10.80	VIC 10.40	QLD 10.40	SA 10.40	WA 10.40	TAS 10.40
		CERVIX, purse string ligation of, for threatened miscarriage						
250	G.	ALL STATES: FEE \$87.00						
258	S.	ALL STATES: FEE \$116.00						
		ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S						
		CERVIX, removal of purse string ligature of, under general anaesthesia						
267		ALL STATES: FEE \$33.50						
		ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S						
		PRE-ECLAMPSIA, ECLAMPSIA OR ANTEPARTUM HAEMORRHAGE, treatment of—each attendance that is not a routine antenatal attendance						
273	FEE	\$	NSW 10.80	VIC 10.40	QLD 10.40	SA 10.40	WA 10.40	TAS 10.40
		INDUCTION and MANAGEMENT of SECOND TRIMESTER LABOUR						
274	G.	ALL STATES: FEE \$126.00						
275	S.	ALL STATES: FEE \$156.00						
		AMNIOSCOPY or AMNIOCENTESIS						
278		ALL STATES: FEE \$33.50						
		AMNIOSCOPY with surgical induction of labour						
284		ALL STATES: FEE \$47.00						
		ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S						

295	<p>VERSION, EXTERNAL, under general anaesthesia, not covered by Items 208/209</p> <p>ALL STATES: FEE \$33.50</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
298	<p>VERSION, INTERNAL, under general anaesthesia, no covered by Items 208/209</p> <p>ALL STATES: FEE \$60.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
354	<p>SURGICAL INDUCTION of labour</p> <p>ALL STATES: FEE \$33.50</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>
360	<p>DECAPITATION, CRANIOTOMY, CLEIDOTOMY OR EVISCERATION OF FOETUS or any two or more of those services, not covered by Items 208/209</p> <p>ALL STATES: FEE \$126.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
362	<p>EVACUATION OF PRODUCTS OF CONCEPTION (such as retained foetus, placenta, membranes or mole) by intrauterine manual removal or TREATMENT OF POSTPARTUM HAEMORRHAGE by special procedures such as packing of uterus</p> <p>ALL STATES: FEE \$40.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
365	<p>MANIPULATIVE CORRECTION OF ACUTE INVERSION OF UTERUS, by vaginal approach, with or without incision of cervix</p> <p>ALL STATES: FEE \$146.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
368	<p>MANIPULATIVE CORRECTION OF ACUTE INVERSION OF UTERUS, by abdominal approach, with or without incision of cervix</p> <p>ALL STATES: FEE \$215.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
383	<p>THIRD DEGREE TEAR, repair of, involving anal sphincter muscles</p> <p>ALL STATES: FEE \$67.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>



## PART 2 DIVISION 2—SPECIAL SERVICES

## OBSTETRICS

	THREATENED ABORTION, THREATENED MISCARRIAGE OR HYPEREMESIS GRAVIDARUM, requiring admission to hospital, treatment of—each attendance that is not a routine antenatal attendance							
246	FEE	\$	NSW 10.80	VIC 10.40	QLD 10.40	SA 10.40	WA 10.40	TAS 10.40
250	G.	CERVIX, purse string ligation of, for threatened miscarriage ALL STATES: FEE \$87.00						
258	S.	ALL STATES: FEE \$116.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S						
267	CERVIX, removal of purse string ligature of, under general anaesthesia ALL STATES: FEE \$33.50 ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S							
273	FEE	\$	NSW 10.80	VIC 10.40	QLD 10.40	SA 10.40	WA 10.40	TAS 10.40
274	G.	INDUCTION and MANAGEMENT of SECOND TRIMESTER LABOUR ALL STATES: FEE \$126.00						
275	S.	ALL STATES: FEE \$156.00						
278	AMNIOSCOPY or AMNIOCENTESIS ALL STATES: FEE \$33.50							
284	AMNIOSCOPY with surgical induction of labour ALL STATES: FEE \$47.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
† 290	ANTENATAL CARDIOTOCOGRAPHY in the management of high risk pregnancy ALL STATES: FEE \$20.00 (1/8/86 FEE LEVEL)							

295	<p>VERSION, EXTERNAL, under general anaesthesia, not covered by Items 208/209</p> <p>ALL STATES: FEE \$33.50</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
298	<p>VERSION, INTERNAL, under general anaesthesia, not covered by items 208/209</p> <p>ALL STATES: FEE \$60.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
354	<p>SURGICAL INDUCTION of labour</p> <p>ALL STATES: FEE \$33.50</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>
360	<p>DECAPITATION, CRANIOTOMY, CLEIDOTOMY OR EVISCERATION OF FOETUS or any two or more of those services, not covered by Items 208/209</p> <p>ALL STATES: FEE \$126.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
362	<p>EVACUATION OF PRODUCTS OF CONCEPTION (such as retained foetus, placenta, membranes or mole) by intrauterine manual removal or TREATMENT OF POSTPARTUM HAEMORRHAGE by special procedures such as packing of uterus</p> <p>ALL STATES: FEE \$40.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
365	<p>MANIPULATIVE CORRECTION OF ACUTE INVERSION OF UTERUS, by vaginal approach, with or without incision of cervix</p> <p>ALL STATES: FEE \$146.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
368	<p>MANIPULATIVE CORRECTION OF ACUTE INVERSION OF UTERUS, by abdominal approach, with or without incision of cervix</p> <p>ALL STATES: FEE \$215.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
383	<p>THIRD DEGREE TEAR, repair of, involving anal sphincter muscles</p> <p>ALL STATES: FEE \$67.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>

## 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	\$ 15.00	14.20	13.00	13.00	13.00	14.20
85	S.	FEE	\$ 21.50	20.00	20.00	20.00	20.00	17.80

**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	\$ 7.50	7.30	7.30	7.20	7.20	6.30

—TWO UNITS

			NSW	VIC	QLD	SA	WA	TAS
403		FEE	\$ 15.00	14.60	14.60	14.40	14.40	12.60

	<b>—THREE UNITS</b>							
404	FEE	\$	NSW 22.50	VIC 22.00	QLD 22.00	SA 21.50	WA 21.50	TAS 19.00
	<b>—FOUR UNITS</b>							
405	FEE	\$	NSW 30.00	VIC 29.50	QLD 29.50	SA 28.50	WA 28.50	TAS 25.00
	<b>—FIVE UNITS</b>							
406	FEE	\$	NSW 37.50	VIC 36.50	QLD 36.50	SA 36.00	WA 36.00	TAS 31.50
	<b>—SIX UNITS</b>							
407	FEE	\$	NSW 44.50	VIC 44.00	QLD 44.00	SA 43.00	WA 43.00	TAS 38.00
	<b>—SEVEN UNITS</b>							
408	FEE	\$	NSW 52.00	VIC 51.00	QLD 51.00	SA 50.00	WA 50.00	TAS 44.00
	<b>—EIGHT UNITS</b>							
409	FEE	\$	NSW 60.00	VIC 59.00	QLD 59.00	SA 57.00	WA 57.00	TAS 50.00
	<b>—NINE UNITS</b>							
443	FEE	\$	NSW 67.00	VIC 66.00	QLD 66.00	SA 65.00	WA 65.00	TAS 57.00
	<b>—TEN UNITS</b>							
450	FEE	\$	NSW 75.00	VIC 73.00	QLD 73.00	SA 72.00	WA 72.00	TAS 63.00
	<b>—ELEVEN UNITS</b>							
453	FEE	\$	NSW 82.00	VIC 81.00	QLD 81.00	SA 79.00	WA 79.00	TAS 69.00

	<b>—TWELVE UNITS</b>							
454	FEE	\$	NSW 89.00	VIC 88.00	QLD 88.00	SA 86.00	WA 86.00	TAS 76.00
	<b>—THIRTEEN UNITS</b>							
457	FEE	\$	NSW 97.00	VIC 95.00	QLD 95.00	SA 93.00	WA 93.00	TAS 82.00
	<b>—FOURTEEN UNITS</b>							
458	FEE	\$	NSW 104.00	VIC 102.00	QLD 102.00	SA 100.00	WA 100.00	TAS 88.00
	<b>—FIFTEEN UNITS</b>							
459	FEE	\$	NSW 112.00	VIC 110.00	QLD 110.00	SA 108.00	WA 108.00	TAS 95.00
	<b>—SIXTEEN UNITS</b>							
460	FEE	\$	NSW 120.00	VIC 118.00	QLD 118.00	SA 114.00	WA 114.00	TAS 100.00
	<b>—SEVENTEEN UNITS</b>							
461	FEE	\$	NSW 126.00	VIC 124.00	QLD 124.00	SA 122.00	WA 122.00	TAS 108.00
	<b>—EIGHTEEN UNITS</b>							
462	FEE	\$	NSW 134.00	VIC 132.00	QLD 132.00	SA 130.00	WA 130.00	TAS 114.00
	<b>—NINETEEN UNITS</b>							
463	FEE	\$	NSW 142.00	VIC 140.00	QLD 140.00	SA 136.00	WA 136.00	TAS 120.00
	<b>—TWENTY UNITS</b>							
464	FEE	\$	NSW 150.00	VIC 146.00	QLD 146.00	SA 144.00	WA 144.00	TAS 126.00

	<b>—TWENTY-ONE UNITS</b>							
465	FEE	\$	NSW 156.00	VIC 154.00	QLD 154.00	SA 150.00	WA 150.00	TAS 132.00
	<b>—TWENTY-TWO UNITS</b>							
466	FEE	\$	NSW 164.00	VIC 162.00	QLD 162.00	SA 158.00	WA 158.00	TAS 138.00
	<b>—TWENTY-THREE UNITS</b>							
467	FEE	\$	NSW 172.00	VIC 168.00	QLD 168.00	SA 166.00	WA 166.00	TAS 146.00
	<b>—TWENTY-FOUR UNITS</b>							
468	FEE	\$	NSW 178.00	VIC 176.00	QLD 176.00	SA 172.00	WA 172.00	TAS 152.00
	<b>—TWENTY-FIVE UNITS</b>							
469	FEE	\$	NSW 186.00	VIC 184.00	QLD 184.00	SA 180.00	WA 180.00	TAS 158.00
	<b>—TWENTY-SIX UNITS</b>							
470	FEE	\$	NSW 194.00	VIC 190.00	QLD 190.00	SA 186.00	WA 186.00	TAS 164.00
	<b>—TWENTY-SEVEN UNITS</b>							
471	FEE	\$	NSW 200.00	VIC 198.00	QLD 198.00	SA 194.00	WA 194.00	TAS 170.00
	<b>—TWENTY-EIGHT UNITS</b>							
472	FEE	\$	NSW 210.00	VIC 205.00	QLD 205.00	SA 200.00	WA 200.00	TAS 176.00
	<b>—TWENTY-NINE UNITS</b>							
473	FEE	\$	NSW 215.00	VIC 210.00	QLD 210.00	SA 210.00	WA 210.00	TAS 184.00

—THIRTY UNITS								
474	FEE	\$	NSW 225.00	VIC 220.00	QLD 220.00	SA 215.00	WA 215.00	TAS 190.00
—THIRTY-TWO UNITS								
475	FEE	\$	NSW 240.00	VIC 235.00	QLD 235.00	SA 230.00	WA 230.00	TAS 200.00
—THIRTY-SIX UNITS								
476	FEE	\$	NSW 270.00	VIC 265.00	QLD 265.00	SA 260.00	WA 260.00	TAS 225.00
—THIRTY-EIGHT UNITS								
477	FEE	\$	NSW 285.00	VIC 280.00	QLD 280.00	SA 275.00	WA 275.00	TAS 240.00
—THIRTY-NINE UNITS								
478	FEE	\$	NSW 290.00	VIC 285.00	QLD 285.00	SA 280.00	WA 280.00	TAS 245.00
—In connection with radio-therapy (based on 6 units)								
480	FEE	\$	NSW 44.50	VIC 44.00	QLD 44.00	SA 43.00	WA 43.00	TAS 38.00
—In connection with forceps delivery (based on 7 units)								
481	FEE	\$	NSW 52.00	VIC 51.00	QLD 51.00	SA 50.00	WA 50.00	TAS 44.00
482	—In connection with the treatment of a dislocation requiring open operation, being a dislocation referred to in Items 7397 to 7472							
	<b>DERIVED FEE</b> —The fee for the administration of the anaesthetic for the treatment of the dislocation plus one-half of that fee.							

483	—In connection with the treatment of a simple and uncomplicated fracture requiring open operation, being a fracture referred to in Items 7505 to 7798								
	<b>DERIVED FEE</b> —The fee for the administration of the anaesthetic for the treatment of the fracture plus one-third of that fee.								
484	—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								
	<b>DERIVED FEE</b> —The fee for the administration of the anaesthetic for the treatment of the fracture plus one-half of that fee.								
485	‡ —In connection with the treatment of a complicated fracture involving viscera, blood vessels or nerves and requiring open operation, a fracture referred to in Items 7505 to 7798								
	<b>DERIVED FEE</b> —The fee for the administration of the anaesthetic for the treatment of the fracture plus three-quarters of that fee.								
486	—In connection with a medical service, being a medical service which does not contain a reference to a number of anaesthetic units								
	FEE	\$	NSW 7.50	VIC 7.30	QLD 7.30	SA 7.20	WA 7.20	TAS 6.30	
487	—Where the anaesthetic is administered as a therapeutic procedure								
	FEE	\$	NSW 75.00	VIC 73.00	QLD 73.00	SA 72.00	WA 72.00	TAS 63.00	
489	—In connection with computerised axial tomography—brain scan, plain study with or without contrast medium study								
	FEE	\$	NSW 60.00	VIC 59.00	QLD 59.00	SA 57.00	WA 57.00	TAS 50.00	
490	—In connection with computerised axial tomography—body scan, plain study with or without contrast medium study								
	FEE	\$	NSW 60.00	VIC 59.00	QLD 59.00	SA 57.00	WA 57.00	TAS 50.00	



	<b>—THIRTY UNITS</b>							
474	FEE	\$	NSW 225.00	VIC 220.00	QLD 220.00	SA 215.00	WA 215.00	TAS 190.00
	<b>—THIRTY-TWO UNITS</b>							
475	FEE	\$	NSW 240.00	VIC 235.00	QLD 235.00	SA 230.00	WA 230.00	TAS 200.00
	<b>—THIRTY-SIX UNITS</b>							
476	FEE	\$	NSW 270.00	VIC 265.00	QLD 265.00	SA 260.00	WA 260.00	TAS 225.00
	<b>—THIRTY-EIGHT UNITS</b>							
477	FEE	\$	NSW 285.00	VIC 280.00	QLD 280.00	SA 275.00	WA 275.00	TAS 240.00
	<b>—THIRTY-NINE UNITS</b>							
478	FEE	\$	NSW 290.00	VIC 285.00	QLD 285.00	SA 280.00	WA 280.00	TAS 245.00
†	<b>—FORTY UNITS</b>							
479	FEE	\$	NSW 300.00	VIC 295.00	QLD 295.00	SA 285.00	WA 285.00	TAS 250.00
	<b>—In connection with radio-therapy (based on 6 units)</b>							
480	FEE	\$	NSW 44.50	VIC 44.00	QLD 44.00	SA 43.00	WA 43.00	TAS 38.00
	<b>—In connection with forceps delivery (based on 7 units)</b>							
481	FEE	\$	NSW 52.00	VIC 51.00	QLD 51.00	SA 50.00	WA 50.00	TAS 44.00
482	<p>—In connection with the treatment of a dislocation requiring open operation, being a dislocation referred to in Items 7397 to 7472</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.</p>							

483	—In connection with the treatment of a simple and uncomplicated fracture requiring open operation, being a fracture referred to in Items 7505 to 7798								
	<b>DERIVED FEE</b> —The fee for the administration of the anaesthetic for the treatment of the fracture plus one-third of that fee.								
484	—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 7507 to 7798								
	<b>DERIVED FEE</b> —The fee for the administration of the anaesthetic for the treatment of the fracture plus one-half of that fee.								
485	—In connection with the treatment of a complicated fracture involving viscera, blood vessels or nerves and requiring open operation, a fracture referred to in Items 7507 to 7798								
	<b>DERIVED FEE</b> —The fee for the administration of the anaesthetic for the treatment of the fracture plus three-quarters of that fee.								
486	—In connection with a medical service, being a medical service which does not contain a reference to a number of anaesthetic units								
	FEE	\$	NSW 7.50	VIC 7.30	QLD 7.30	SA 7.20	WA 7.20	TAS 6.30	
487	—Where the anaesthetic is administered as a therapeutic procedure								
	FEE	\$	NSW 75.00	VIC 73.00	QLD 73.00	SA 72.00	WA 72.00	TAS 63.00	
489	—In connection with computerised axial tomography—brain scan, plain study with or without contrast medium study								
	FEE	\$	NSW 60.00	VIC 59.00	QLD 59.00	SA 57.00	WA 57.00	TAS 50.00	
490	—In connection with computerised axial tomography—body scan, plain study with or without contrast medium study								
	FEE	\$	NSW 60.00	VIC 59.00	QLD 59.00	SA 57.00	WA 57.00	TAS 50.00	

	<b>— THIRTY UNITS</b>							
474	FEE	\$	NSW 225.00	VIC 220.00	QLD 220.00	SA 215.00	WA 215.00	TAS 190.00
	<b>— THIRTY-TWO UNITS</b>							
475	FEE	\$	NSW 240.00	VIC 235.00	QLD 235.00	SA 230.00	WA 230.00	TAS 200.00
	<b>— THIRTY-SIX UNITS</b>							
476	FEE	\$	NSW 270.00	VIC 265.00	QLD 265.00	SA 260.00	WA 260.00	TAS 225.00
	<b>— THIRTY-EIGHT UNITS</b>							
477	FEE	\$	NSW 285.00	VIC 280.00	QLD 280.00	SA 275.00	WA 275.00	TAS 240.00
	<b>— THIRTY-NINE UNITS</b>							
478	FEE	\$	NSW 290.00	VIC 285.00	QLD 285.00	SA 280.00	WA 280.00	TAS 245.00
	<b>— FORTY UNITS</b>							
479	FEE	\$	NSW 300.00	VIC 295.00	QLD 295.00	SA 285.00	WA 285.00	TAS 250.00
	<b>— In connection with radio-therapy (based on 6 units)</b>							
480	FEE	\$	NSW 44.50	VIC 44.00	QLD 44.00	SA 43.00	WA 43.00	TAS 38.00
‡	<b>— In connection with forceps delivery, vacuum extraction delivery, breech delivery by manipulation, delivery of second twin by manipulation, rotation of head followed by delivery— where an epidural needle or catheter has not been inserted earlier in labour</b>							
481	FEE	\$	NSW 52.00	VIC 51.00	QLD 51.00	SA 50.00	WA 50.00	TAS 44.00
482	<b>—In connection with the treatment of a dislocation requiring open operation, being a dislocation referred to in Items 7397 to 7472</b>							
	<b>DERIVED FEE—The fee for the administration of the anaesthetic for the treatment of the dislocation plus one-half of that fee.</b>							

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.</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 7507 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.</p>																							
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FEE	\$	NSW	VIC	QLD	SA	WA	TAS																	
		7.50	7.30	7.30	7.20	7.20	6.30																	
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FEE	\$	NSW	VIC	QLD	SA	WA	TAS																	
		75.00	73.00	73.00	72.00	72.00	63.00																	
489	<p>—In connection with computerised axial tomography—brain scan, plain study with or without contrast medium study</p> <table border="1"> <thead> <tr> <th>FEE</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></td> <td></td> <td>60.00</td> <td>59.00</td> <td>59.00</td> <td>57.00</td> <td>57.00</td> <td>50.00</td> </tr> </tbody> </table>								FEE	\$	NSW	VIC	QLD	SA	WA	TAS			60.00	59.00	59.00	57.00	57.00	50.00
FEE	\$	NSW	VIC	QLD	SA	WA	TAS																	
		60.00	59.00	59.00	57.00	57.00	50.00																	
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FEE	\$	NSW	VIC	QLD	SA	WA	TAS																	
		60.00	59.00	59.00	57.00	57.00	50.00																	

†	—In connection with a medical service which has been assigned an anaesthetic unit value of							
	—THIRTY-FOUR UNITS							
492	FEE	\$	NSW 255.00	VIC 250.00	QLD 250.00	SA 245.00	WA 245.00	TAS 215.00
†	In connection with a medical service which has been assigned an anaesthetic unit value of							
	—THIRTY-FIVE UNITS							
493	FEE	\$	NSW 260.00	VIC 255.00	QLD 255.00	SA 250.00	WA 250.00	TAS 220.00
†	—In connection with a medical service which has been assigned an anaesthetic unit value of							
	—FORTY-SEVEN UNITS							
497	FEE	\$	NSW 350.00	VIC 345.00	QLD 345.00	SA 340.00	WA 340.00	TAS 295.00
<b>DIVISION 2—ADMINISTRATION OF AN ANAESTHETIC BY A SPECIALIST ANAESTHETIST</b>								
	—In connection with a medical service which has been assigned an anaesthetic unit value of							
	—ONE UNIT							
500	FEE	\$	NSW 9.00	VIC 8.90	QLD 8.90	SA 8.80	WA 8.80	TAS 7.90
	—TWO UNITS							
505	FEE	\$	NSW 18.00	VIC 17.80	QLD 17.80	SA 17.60	WA 17.60	TAS 15.80
	—THREE UNITS							
506	FEE	\$	NSW 27.00	VIC 26.50	QLD 26.50	SA 26.50	WA 26.50	TAS 23.50
	—FOUR UNITS							
509	FEE	\$	NSW 36.00	VIC 35.50	QLD 35.50	SA 35.00	WA 35.00	TAS 31.50

<b>—FIVE UNITS</b>								
510	FEE	\$	NSW 45.00	VIC 44.50	QLD 44.50	SA 44.00	WA 44.00	TAS 39.50
<b>—SIX UNITS</b>								
513	FEE	\$	NSW 54.00	VIC 53.00	QLD 53.00	SA 53.00	WA 53.00	TAS 47.50
<b>—SEVEN UNITS</b>								
514	FEE	\$	NSW 63.00	VIC 62.00	QLD 62.00	SA 61.00	WA 61.00	TAS 55.00
<b>—EIGHT UNITS</b>								
517	FEE	\$	NSW 72.00	VIC 71.00	QLD 71.00	SA 70.00	WA 70.00	TAS 63.00
<b>—NINE UNITS</b>								
518	FEE	\$	NSW 81.00	VIC 80.00	QLD 80.00	SA 79.00	WA 79.00	TAS 71.00
<b>—TEN UNITS</b>								
521	FEE	\$	NSW 90.00	VIC 89.00	QLD 89.00	SA 88.00	WA 88.00	TAS 79.00
<b>—ELEVEN UNITS</b>								
522	FEE	\$	NSW 99.00	VIC 98.00	QLD 98.00	SA 96.00	WA 96.00	TAS 87.00
<b>—TWELVE UNITS</b>								
523	FEE	\$	NSW 108.00	VIC 106.00	QLD 106.00	SA 106.00	WA 106.00	TAS 95.00
<b>—THIRTEEN UNITS</b>								
524	FEE	\$	NSW 118.00	VIC 116.00	QLD 116.00	SA 114.00	WA 114.00	TAS 102.00

<b>—FOURTEEN UNITS</b>								
525	FEE	\$	NSW 126.00	VIC 124.00	QLD 124.00	SA 122.00	WA 122.00	TAS 110.00
<b>—FIFTEEN UNITS</b>								
526	FEE	\$	NSW 136.00	VIC 134.00	QLD 134.00	SA 132.00	WA 132.00	TAS 118.00
<b>—SIXTEEN UNITS</b>								
527	FEE	\$	NSW 144.00	VIC 142.00	QLD 142.00	SA 140.00	WA 140.00	TAS 126.00
<b>—SEVENTEEN UNITS</b>								
528	FEE	\$	NSW 154.00	VIC 152.00	QLD 152.00	SA 148.00	WA 148.00	TAS 134.00
<b>—EIGHTEEN UNITS</b>								
529	FEE	\$	NSW 162.00	VIC 160.00	QLD 160.00	SA 158.00	WA 158.00	TAS 142.00
<b>—NINETEEN UNITS</b>								
531	FEE	\$	NSW 172.00	VIC 170.00	QLD 170.00	SA 166.00	WA 166.00	TAS 150.00
<b>—TWENTY UNITS</b>								
533	FEE	\$	NSW 180.00	VIC 178.00	QLD 178.00	SA 176.00	WA 176.00	TAS 158.00
<b>—TWENTY-ONE UNITS</b>								
535	FEE	\$	NSW 190.00	VIC 188.00	QLD 188.00	SA 184.00	WA 184.00	TAS 166.00

	<b>—TWENTY-TWO UNITS</b>							
537	FEE	\$	NSW 198.00	VIC 196.00	QLD 196.00	SA 192.00	WA 192.00	TAS 174.00
	<b>—TWENTY-THREE UNITS</b>							
538	FEE	\$	NSW 210.00	VIC 205.00	QLD 205.00	SA 200.00	WA 200.00	TAS 182.00
	<b>—TWENTY-FOUR UNITS</b>							
539	FEE	\$	NSW 215.00	VIC 215.00	QLD 215.00	SA 210.00	WA 210.00	TAS 190.00
	<b>—TWENTY-FIVE UNITS</b>							
540	FEE	\$	NSW 225.00	VIC 225.00	QLD 225.00	SA 220.00	WA 220.00	TAS 198.00
	<b>—TWENTY-SIX UNITS</b>							
541	FEE	\$	NSW 235.00	VIC 230.00	QLD 230.00	SA 230.00	WA 230.00	TAS 205.00
	<b>—TWENTY-SEVEN UNITS</b>							
542	FEE	\$	NSW 245.00	VIC 240.00	QLD 240.00	SA 235.00	WA 235.00	TAS 215.00
	<b>—TWENTY-EIGHT UNITS</b>							
543	FEE	\$	NSW 255.00	VIC 250.00	QLD 250.00	SA 245.00	WA 245.00	TAS 220.00
	<b>—TWENTY-NINE UNITS</b>							
544	FEE	\$	NSW 260.00	VIC 260.00	QLD 260.00	SA 255.00	WA 255.00	TAS 230.00
	<b>—THIRTY UNITS</b>							
545	FEE	\$	NSW 270.00	VIC 265.00	QLD 265.00	SA 265.00	WA 265.00	TAS 235.00



—THIRTY-TWO UNITS								
546	FEE	\$	NSW 290.00	VIC 285.00	QLD 285.00	SA 280.00	WA 280.00	TAS 250.00
—THIRTY-SIX UNITS								
547	FEE	\$	NSW 325.00	VIC 320.00	QLD 320.00	SA 315.00	WA 315.00	TAS 285.00
—THIRTY-EIGHT UNITS								
548	FEE	\$	NSW 345.00	VIC 340.00	QLD 340.00	SA 335.00	WA 335.00	TAS 300.00
—THIRTY-NINE UNITS								
549	FEE	\$	NSW 350.00	VIC 345.00	QLD 345.00	SA 340.00	WA 340.00	TAS 305.00
—In connection with radio-therapy (based on 6 units)								
551	FEE	\$	NSW 54.00	VIC 53.00	QLD 53.00	SA 53.00	WA 53.00	TAS 47.50
—In connection with forceps delivery (based on 7 units)								
552	FEE	\$	NSW 63.00	VIC 62.00	QLD 62.00	SA 61.00	WA 61.00	TAS 55.00
—In connection with the treatment of a dislocation requiring open operation, being a dislocation referred to in Items 7397 to 7472								
553	<b>DERIVED FEE</b> —The fee for the administration of the anaesthetic for the treatment of the dislocation plus one-half of that fee.							
—In connection with the treatment of a simple and uncomplicated fracture requiring open operation being a fracture referred to in Items 7505 to 7798								
554	<b>DERIVED FEE</b> —The fee for the administration of the anaesthetic for the treatment of the fracture plus one-third of that fee.							

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—							
	<b>DERIVED FEE</b> —The fee for the administration of the anaesthetic for the treatment of the fracture plus one-half of that fee.							
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							
	<b>DERIVED FEE</b> —The fee for the administration of the anaesthetic for the treatment of the fracture plus three-quarters of that fee.							
†	Administration of an anaesthetic in connection with a medical service, being a medical service which does not contain a reference to a number of anaesthetic units.							
558	FEE	\$	NSW 9.00	VIC 8.90	QLD 8.90	SA 8.80	WA 8.80	TAS 7.90
559	—Where the anaesthetic is administered as a therapeutic procedure							
	FEE	\$	NSW 90.00	VIC 89.00	QLD 89.00	SA 88.00	WA 88.00	TAS 79.00
561	—In connection with computerised axial tomography—brain scan, plain study with or without contrast medium study							
	FEE	\$	NSW 72.00	VIC 71.00	QLD 71.00	SA 70.00	WA 70.00	TAS 63.00
562	—In connection with computerised axial tomography—body scan, plain study with or without contrast medium study							
	FEE	\$	NSW 72.00	VIC 71.00	QLD 71.00	SA 70.00	WA 70.00	TAS 63.00
†	—In connection with a medical service which has been assigned an anaesthetic unit value of							
	<b>—THIRTY-FOUR UNITS</b>							
563	FEE	\$	NSW 305.00	VIC 305.00	QLD 305.00	SA 300.00	WA 300.00	TAS 270.00

	<b>—THIRTY-TWO UNITS</b>							
546	FEE	\$	NSW 290.00	VIC 285.00	QLD 285.00	SA 280.00	WA 280.00	TAS 250.00
	<b>—THIRTY-SIX UNITS</b>							
574	FEE	\$	NSW 325.00	VIC 320.00	QLD 320.00	SA 315.00	WA 315.00	TAS 285.00
	<b>—THIRTY-EIGHT UNITS</b>							
548	FEE	\$	NSW 345.00	VIC 340.00	QLD 340.00	SA 335.00	WA 335.00	TAS 300.00
	<b>—THIRTY-NINE UNITS</b>							
549	FEE	\$	NSW 350.00	VIC 345.00	QLD 345.00	SA 340.00	WA 340.00	TAS 305.00
†	<b>—FORTY UNITS</b>							
550	FEE	\$	NSW 360.00	VIC 355.00	QLD 355.00	SA 350.00	WA 350.00	TAS 315.00
	—In connection with radio-therapy							
551	FEE	\$	NSW 54.00	VIC 53.00	QLD 53.00	SA 53.00	WA 53.00	TAS 47.50
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552	FEE	\$	NSW 63.00	VIC 62.00	QLD 62.00	SA 61.00	WA 61.00	TAS 55.00
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	<b>DERIVED FEE</b> —The fee for the administration of the anaesthetic for the treatment of the dislocation plus one-half of that fee.							
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							
	<b>DERIVED FEE</b> —The fee for the administration of the anaesthetic for the treatment of the fee.							

556	<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 7507 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.</p>																							
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		NSW	VIC	QLD	SA	WA	TAS																	
FEE	\$	9.00	8.90	8.90	8.80	8.80	7.90																	
559	<p>—Where the anaesthetic is administered as a therapeutic procedure</p> <table border="1" data-bbox="176 913 1117 985"> <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>90.00</td> <td>89.00</td> <td>89.00</td> <td>88.00</td> <td>88.00</td> <td>79.00</td> </tr> </tbody> </table>										NSW	VIC	QLD	SA	WA	TAS	FEE	\$	90.00	89.00	89.00	88.00	88.00	79.00
		NSW	VIC	QLD	SA	WA	TAS																	
FEE	\$	90.00	89.00	89.00	88.00	88.00	79.00																	
561	<p>—In connection with computerised axial tomography—brain scan, plain study with or without contrast medium study</p> <table border="1" data-bbox="176 1137 1117 1209"> <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>72.00</td> <td>71.00</td> <td>71.00</td> <td>70.00</td> <td>70.00</td> <td>63.00</td> </tr> </tbody> </table>										NSW	VIC	QLD	SA	WA	TAS	FEE	\$	72.00	71.00	71.00	70.00	70.00	63.00
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562	<p>—In connection with with computerised axial tomography—body scan, plain study with or without contrast medium study</p> <table border="1" data-bbox="176 1361 1117 1433"> <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>72.00</td> <td>71.00</td> <td>71.00</td> <td>70.00</td> <td>70.00</td> <td>63.00</td> </tr> </tbody> </table>										NSW	VIC	QLD	SA	WA	TAS	FEE	\$	72.00	71.00	71.00	70.00	70.00	63.00
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FEE	\$	72.00	71.00	71.00	70.00	70.00	63.00																	
563	<p>—In connection with a medical service which has been assigned an anaesthetic unit value of</p> <p><b>—THIRTY-FOUR UNITS</b></p> <table border="1" data-bbox="176 1612 1117 1675"> <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>305.00</td> <td>305.00</td> <td>305.00</td> <td>300.00</td> <td>300.00</td> <td>270.00</td> </tr> </tbody> </table>										NSW	VIC	QLD	SA	WA	TAS	FEE	\$	305.00	305.00	305.00	300.00	300.00	270.00
		NSW	VIC	QLD	SA	WA	TAS																	
FEE	\$	305.00	305.00	305.00	300.00	300.00	270.00																	

	<b>— THIRTY-TWO UNITS</b>							
546	FEE	\$	NSW 290.00	VIC 285.00	QLD 285.00	SA 280.00	WA 280.00	TAS 250.00
	<b>— THIRTY-SIX UNITS</b>							
574	FEE	\$	NSW 325.00	VIC 320.00	QLD 320.00	SA 315.00	WA 315.00	TAS 285.00
	<b>— THIRTY-EIGHT UNITS</b>							
548	FEE	\$	NSW 345.00	VIC 340.00	QLD 340.00	SA 335.00	WA 335.00	TAS 300.00
	<b>— THIRTY-NINE UNITS</b>							
549	FEE	\$	NSW 350.00	VIC 345.00	QLD 345.00	SA 340.00	WA 340.00	TAS 305.00
	<b>— FORTY UNITS</b>							
550	FEE	\$	NSW 360.00	VIC 355.00	QLD 355.00	SA 350.00	WA 350.00	TAS 315.00
	<b>— In connection with radio-therapy</b>							
551	FEE	\$	NSW 54.00	VIC 53.00	QLD 53.00	SA 53.00	WA 53.00	TAS 47.50
‡	<b>— In connection with forceps delivery, vacuum extraction delivery, breech delivery by manipulation, delivery of second twin by manipulation, rotation of head followed by delivery— where an epidural needle or catheter has not been inserted earlier in labour</b>							
552	FEE	\$	NSW 63.00	VIC 62.00	QLD 62.00	SA 61.00	WA 61.00	TAS 55.00
553	—In connection with the treatment of a dislocation requiring open operation, being a dislocation referred to in Items 7397 to 7472  <b>DERIVED FEE</b> —The fee for the administration of the anaesthetic for the treatment of the dislocation plus one-half of that fee.							
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  <b>DERIVED FEE</b> —The fee for the administration of the anaesthetic for the treatment of the fracture plus one-third of that fee.							

556	<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 7507 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.</p>																									
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			NSW	VIC	QLD	SA	WA	TAS																		
FEE	\$	90.00	89.00	89.00	88.00	88.00	79.00																			
561	<p>—In connection with computerised axial tomography—brain scan, plain study with or without contrast medium study</p> <table border="0"> <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>72.00</td> <td>71.00</td> <td>71.00</td> <td>70.00</td> <td>70.00</td> <td>63.00</td> <td></td> </tr> </table>											NSW	VIC	QLD	SA	WA	TAS	FEE	\$	72.00	71.00	71.00	70.00	70.00	63.00	
			NSW	VIC	QLD	SA	WA	TAS																		
FEE	\$	72.00	71.00	71.00	70.00	70.00	63.00																			
562	<p>—In connection with computerised axial tomography—body scan, plain study with or without contrast medium study</p> <table border="0"> <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>72.00</td> <td>71.00</td> <td>71.00</td> <td>70.00</td> <td>70.00</td> <td>63.00</td> <td></td> </tr> </table>											NSW	VIC	QLD	SA	WA	TAS	FEE	\$	72.00	71.00	71.00	70.00	70.00	63.00	
			NSW	VIC	QLD	SA	WA	TAS																		
FEE	\$	72.00	71.00	71.00	70.00	70.00	63.00																			
563	<p>—In connection with a medical service which has been assigned an anaesthetic unit value of</p> <p><b>—THIRTY-FOUR UNITS</b></p> <table border="0"> <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>305.00</td> <td>305.00</td> <td>305.00</td> <td>300.00</td> <td>300.00</td> <td>270.00</td> <td></td> </tr> </table>											NSW	VIC	QLD	SA	WA	TAS	FEE	\$	305.00	305.00	305.00	300.00	300.00	270.00	
			NSW	VIC	QLD	SA	WA	TAS																		
FEE	\$	305.00	305.00	305.00	300.00	300.00	270.00																			

† —In connection with a medical service which has been assigned an anaesthetic unit value of

—THIRTY-FIVE UNITS

			NSW	VIC	QLD	SA	WA	TAS
564	FEE	\$	315.00	310.00	310.00	305.00	305.00	275.00

† —In connection with a medical service which has been assigned an anaesthetic unit value of

—FORTY-SEVEN UNITS

			NSW	VIC	QLD	SA	WA	TAS
565	FEE	\$	425.00	420.00	420.00	410.00	410.00	370.00

## 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

## Anaesthetic 4 units

			NSW	VIC	QLD	SA	WA	TAS
566	G.	FEE	\$ 30.00	29.50	29.50	28.50	28.50	25.00
567	S.	FEE	\$ 36.00	35.50	35.50	35.00	35.00	31.50

ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL ANAESTHETIC FOR  
EXTRACTION OF A TOOTH OR TEETH COVERED BY ITEM 570 OR 571

## Anaesthetic 6 units

			NSW	VIC	QLD	SA	WA	TAS
568	G.	FEE	\$ 44.50	44.00	44.00	43.00	43.00	38.00
569	S.	FEE	\$ 54.00	53.00	53.00	53.00	53.00	47.50

ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL ANAESTHETIC FOR  
REMOVAL OF A TOOTH OR TEETH REQUIRING INCISION OF SOFT TISSUE AND REMOVAL OF  
BONE

## Anaesthetic 8 units

			NSW	VIC	QLD	SA	WA	TAS
570	G.	FEE	\$ 60.00	59.00	59.00	57.00	57.00	50.00
571	S.	FEE	\$ 72.00	71.00	71.00	70.00	70.00	63.00

ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL ANAESTHETIC FOR  
RESTORATIVE DENTAL WORK WHERE THE PROCEDURE IS OF NOT MORE THAN 30 MINUTES  
DURATION

## Anaesthetic 6 units

			NSW	VIC	QLD	SA	WA	TAS
572	G.	FEE	\$ 44.50	44.00	44.00	43.00	43.00	38.00
573	S.	FEE	\$ 54.00	53.00	53.00	53.00	53.00	47.50



—In connection with a medical service which has been assigned an anaesthetic unit value of

—THIRTY-FIVE UNITS

564	FEE	\$	NSW 315.00	VIC 310.00	QLD 310.00	SA 305.00	WA 305.00	TAS 275.00
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—In connection with a medical service which has been assigned an anaesthetic unit value of

—FORTY-SEVEN UNITS

565	FEE	\$	NSW 425.00	VIC 420.00	QLD 420.00	SA 410.00	WA 410.00	TAS 370.00
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## 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

Anaesthetic 4 units

				NSW	VIC	QLD	SA	WA	TAS
566	G.	FEE	\$	30.00	29.50	29.50	28.50	28.50	25.00
567	S.	FEE	\$	36.00	35.50	35.50	35.00	35.00	31.50

‡ ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL ANAESTHETIC FOR  
EXTRACTION OF A TOOTH OR TEETH NOT COVERED BY ITEM 570 OR 571

Anaesthetic 6 units

				NSW	VIC	QLD	SA	WA	TAS
568	G.	FEE	\$	44.50	44.00	44.00	43.00	43.00	38.00
569	S.	FEE	\$	54.00	53.00	53.00	53.00	53.00	47.50

ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL ANAESTHETIC FOR  
REMOVAL OF A TOOTH OR TEETH REQUIRING INCISION OF SOFT TISSUE AND REMOVAL OF  
BONE

Anaesthetic 8 units

				NSW	VIC	QLD	SA	WA	TAS
570	G.	FEE	\$	60.00	59.00	59.00	57.00	57.00	50.00
571	S.	FEE	\$	72.00	71.00	71.00	70.00	70.00	63.00

ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL ANAESTHETIC FOR  
RESTORATIVE DENTAL WORK WHERE THE PROCEDURE IS OF NOT MORE THAN 30 MINUTES  
DURATION

Anaesthetic 6 units

				NSW	VIC	QLD	SA	WA	TAS
572	G.	FEE	\$	44.50	44.00	44.00	43.00	43.00	38.00
573	S.	FEE	\$	54.00	53.00	53.00	53.00	53.00	47.50

ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL ANAESTHETIC FOR RESTORATIVE DENTAL WORK WHERE THE PROCEDURE IS OF MORE THAN 30 MINUTES DURATION

## Anaesthetic 10 units

			NSW	VIC	QLD	SA	WA	TAS
574	G.	FEE	\$ 75.00	73.00	73.00	72.00	72.00	63.00
575	S.	FEE	\$ 90.00	89.00	89.00	88.00	88.00	79.00

Medical Service

**PART 4****REGIONAL NERVE OR FIELD BLOCK**

INITIAL MAJOR REGIONAL OR FIELD BLOCK, including abdominal; brachial plexus; caudal; cervical plexus (not including the uterine cervix); epidural (peridural); paravertebral (thoracic or lumbar); pudendal; sacral; spinal

748 ALL STATES: FEE \$49.00

SUBSEQUENT MAJOR REGIONAL OR FIELD BLOCK, including abdominal; brachial plexus; caudal; cervical plexus (not including the uterine cervix); epidural (peridural); paravertebral (thoracic or lumbar); pudendal; sacral; spinal

752 ALL STATES: FEE \$36.00

INTRODUCTION at the end of an operation OF A NARCOTIC OR LOCAL ANAESTHETIC into the lumbar or thoracic epidural space for the control of post-operative pain, in association with general anaesthesia

753 ALL STATES: FEE \$26.50

NERVE BLOCK with local anaesthetic agent of the coeliac plexus, lumbar sympathetic chain, thoracic sympathetic chain, glossopharyngeal nerve or obturator nerve, with or without X-ray control

			NSW	VIC	QLD	SA	WA	TAS
755	FEE	\$	73.00	72.00	72.00	71.00	71.00	63.00

NERVE BLOCK with alcohol, phenol or other neurolytic agent of the coeliac plexus nerve, the splanchnic nerves, the lumbar sympathetic chain, the thoracic sympathetic chain, or a cranial nerve (other than the trigeminal nerve) or an epidural or caudal block with or without X-ray control, localisation by electrical stimulator or preliminary block with local anaesthetic

			NSW	VIC	QLD	SA	WA	TAS
756	FEE	\$	81.00	80.00	80.00	78.00	78.00	72.00

INTRAVENOUS REGIONAL ANAESTHESIA OF LIMB BY RETROGRADE PERFUSION

760 G. ALL STATES: FEE \$36.50

764 S. ALL STATES: FEE \$47.00

ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL ANAESTHETIC FOR RESTORATIVE DENTAL WORK WHERE THE PROCEDURE IS OF MORE THAN 30 MINUTES DURATION

Anaesthetic 10 units

				NSW	VIC	QLD	SA	WA	TAS
574	G.	FEE	\$	75.00	73.00	73.00	72.00	72.00	63.00
575	S.	FEE	\$	90.00	89.00	89.00	88.00	88.00	79.00

† ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL ANAESTHETIC  
In connection with a dental operation, not covered by any other Item in this Part

Anaesthetic 7 units

				NSW	VIC	QLD	SA	WA	TAS
576	G.	FEE	\$	52.00	51.00	51.00	50.00	50.00	44.00
577	S.	FEE	\$	63.00	62.00	62.00	61.00	61.00	55.00

Item No.

Medical Service

**PART 4**

**REGIONAL NERVE OR FIELD BLOCK**

‡ REGIONAL OR FIELD NERVE BLOCK, being one of the following nerve blocks — abdominal (in association with an intra-peritoneal operation), brachial plexus, caudal, cervical plexus (not including the uterine cervix), epidural (peridural), ilio inguinal–ilio hypogastric–genitofemoral, intercostal (involving any four or more nerves, one or both sides), paravertebral (thoracic or lumbar), pudendal; sacral or spinal (intrathecal)

748 ALL STATES: FEE \$49.00

† MAINTENANCE OF A REGIONAL OR FIELD NERVE BLOCK referred to in Item 748 by the administration of local anaesthetic through an in situ needle or catheter when performed by other than the operating surgeon

751 ALL STATES: FEE \$21.50

‡ INTRODUCTION at the end of an operation OF A NARCOTIC OR LOCAL ANAESTHETIC into the caudal, lumbar or thoracic epidural space for the control of post-operative pain, in association with general anaesthesia

753 ALL STATES: FEE \$26.50

NERVE BLOCK with local anaesthetic agent of the coeliac plexus, lumbar sympathetic chain, thoracic sympathetic chain, glossopharyngeal nerve or obturator nerve, with or without X-ray control

755	FEE	\$	NSW 73.00	VIC 72.00	QLD 72.00	SA 71.00	WA 71.00	TAS 63.00
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NERVE BLOCK with alcohol, phenol or other neurolytic agent of the coeliac plexus nerve, the splanchnic nerves, the lumbar sympathetic chain, the thoracic sympathetic chain, or a cranial nerve (other than the trigeminal nerve) or an epidural or caudal block with or without X-ray control, localisation by electrical stimulator or preliminary block with local anaesthetic

756	FEE	\$	NSW 81.00	VIC 80.00	QLD 80.00	SA 78.00	WA 78.00	TAS 72.00
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INTRAVENOUS REGIONAL ANAESTHESIA OF LIMB BY RETROGRADE PERFUSION

760 G. ALL STATES: FEE \$36.50

764 S. ALL STATES: FEE \$47.00

ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL ANAESTHETIC FOR RESTORATIVE DENTAL WORK WHERE THE PROCEDURE IS OF MORE THAN 30 MINUTES DURATION

Anaesthetic 10 units

			NSW	VIC	QLD	SA	WA	TAS
574	G.	FEE	\$ 75.00	73.00	73.00	72.00	72.00	63.00
575	S.	FEE	\$ 90.00	89.00	89.00	88.00	88.00	79.00

ADMINISTRATION BY A MEDICAL PRACTITIONER OF AN ENDOTRACHEAL ANAESTHETIC  
In connection with a dental operation, not covered by any other Item in this Part

Anaesthetic 7 units

			NSW	VIC	QLD	SA	WA	TAS
576	G.	FEE	\$ 52.00	51.00	51.00	50.00	50.00	44.00
577	S.	FEE	\$ 63.00	62.00	62.00	61.00	61.00	55.00

Item  
No.

Medical Service

## PART 4

## REGIONAL NERVE OR FIELD BLOCK

‡ REGIONAL OR FIELD NERVE BLOCK, being one of the following nerve blocks — abdominal (in association with an intra-peritoneal operation), brachial plexus, caudal, cervical plexus (not including the uterine cervix), epidural (peridural), ilio inguinal-ilio hypogastric-genitofemoral, intercostal (involving any four or more nerves, one or both sides), paravertebral (thoracic or lumbar), pudendal; retrobulbar with facial nerve; sacral or spinal (intrathecal)

748 ALL STATES: FEE \$49.00

MAINTENANCE OF A REGIONAL OR FIELD NERVE BLOCK referred to in Item 748 by the administration of local anaesthetic through an in situ needle or catheter when performed by other than the operating surgeon

751 ALL STATES: FEE \$21.50

INTRODUCTION at the end of an operation OF A NARCOTIC OR LOCAL ANAESTHETIC into the caudal, lumbar or thoracic epidural space for the control of post-operative pain, in association with general anaesthesia

753 ALL STATES: FEE \$26.50

a NERVE BLOCK with local anaesthetic agent of the coeliac plexus, lumbar sympathetic chain, thoracic sympathetic chain, glossopharyngeal nerve or obturator nerve, with or without X-ray control

			NSW	VIC	QLD	SA	WA	TAS
755	FEE	\$	73.00	72.00	72.00	71.00	71.00	63.00

ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

a NERVE BLOCK with alcohol, phenol or other neurolytic agent of the coeliac plexus nerve, the splanchnic nerves, the lumbar sympathetic chain, the thoracic sympathetic chain, or a cranial nerve (other than the trigeminal nerve) or an epidural or caudal block with or without X-ray control, localisation by electrical stimulator or preliminary block with local anaesthetic

			NSW	VIC	QLD	SA	WA	TAS
756	FEE	\$	81.00	80.00	80.00	78.00	78.00	72.00

ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

INTRAVENOUS REGIONAL ANAESTHESIA OF LIMB BY RETROGRADE PERFUSION

760 G. ALL STATES: FEE \$36.50

764 S. ALL STATES: FEE \$47.00



Item  
No.

Medical Service

**PART 5**

**ASSISTANCE IN THE ADMINISTRATION OF AN ANAESTHETIC**

Assistance in the Administration of an anaesthetic for which the anaesthetic unit value is not less than 21 units

767

ALL STATES: FEE \$72.00

Item No.	Medical Service																								
<b>PART 6</b> <b>MISCELLANEOUS PROCEDURES</b> <b>DIVISION 1</b> BLOOD PRESSURE RECORDING by intravascular cannula  <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></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 style="text-align: left;">770</td> <td style="text-align: left;">FEE</td> <td style="text-align: left;">\$</td> <td style="text-align: center;">36.50</td> <td style="text-align: center;">36.50</td> <td style="text-align: center;">36.50</td> <td style="text-align: center;">34.50</td> <td style="text-align: center;">34.50</td> <td style="text-align: center;">31.50</td> </tr> </table> ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S											NSW	VIC	QLD	SA	WA	TAS	770	FEE	\$	36.50	36.50	36.50	34.50	34.50	31.50
			NSW	VIC	QLD	SA	WA	TAS																	
770	FEE	\$	36.50	36.50	36.50	34.50	34.50	31.50																	
774	HYPERBARIC OXYGEN THERAPY where the medical practitioner is NOT in the chamber  ALL STATES: FEE \$73.00																								
777	HYPERBARIC OXYGEN THERAPY where the medical practitioner is confined in the chamber  ALL STATES: FEE \$118.00																								
787	ADMINISTRATION OF A GENERAL ANAESTHETIC (including the administration of oxygen) during HYPERBARIC THERAPY where the medical practitioner is not confined in the chamber  ALL STATES: FEE \$99.00																								
790	ADMINISTRATION OF A GENERAL ANAESTHETIC (including the administration of oxygen) during HYPERBARIC THERAPY where the medical practitioner is confined in the chamber  ALL STATES: FEE \$146.00																								
<b>DIVISION 2</b>																									
791	ULTRASONIC CROSS-SECTIONAL ECHOGRAPHY, not associated with Item 793, 794 or 913, where the patient is not referred by a medical practitioner for ultrasonic examination—each ultrasonic examination not exceeding two examinations in any one pregnancy  ALL STATES: FEE \$25.50																								
793	ULTRASONIC CROSS-SECTIONAL ECHOGRAPHY, performed by, or on behalf of, a medical practitioner where the patient is referred by a medical practitioner for ultrasonic examination not associated with Item 791, 794 or 913 and where the referring medical practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member  ALL STATES: FEE \$98.00																								

794	ULTRASONIC ECHOGRAPHY, UNIDIMENSIONAL, not associated with Item 791, 793 or 913  ALL STATES: FEE \$44.50
803	ELECTROENCEPHALOGRAPHY, not associated with Item 793, 794, 806 or 809  ALL STATES: FEE \$72.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
806	ELECTROENCEPHALOGRAPHY, temporosphenoidal  ALL STATES: FEE \$88.00
809	ELECTROCORTICOGRAPHY  ALL STATES: FEE \$120.00
810	NEUROMUSCULAR ELECTRODIAGNOSIS—conduction studies on one nerve OR ELECTROMYOGRAPHY of one or more muscles using concentric needle electrodes OR both these examinations (not associated with Item 811 or 813)  ALL STATES: FEE \$59.00
811	NEUROMUSCULAR ELECTRODIAGNOSIS—conduction studies on two or three nerves with or without electromyography (not associated with Item 810 or 813)  ALL STATES: FEE \$79.00
813	NEUROMUSCULAR ELECTRODIAGNOSIS—conduction studies on four or more nerves with or without electromyography OR recordings from single fibres of nerves and muscles OR both of these examinations (not associated with Item 810 or 811)  ALL STATES: FEE \$118.00
814	NEUROMUSCULAR ELECTRODIAGNOSIS—repetitive stimulation for study of neuromuscular conduction OR electromyography with quantitative computerised analysis OR both of these examinations  ALL STATES: FEE \$79.00
816	‡ CENTRAL NERVOUS SYSTEM EVOKED RESPONSES—one or two studies  ALL STATES: FEE \$60.00
817	‡ CENTRAL NERVOUS SYSTEM EVOKED RESPONSES—three or more studies  ALL STATES: FEE \$89.00

## DIVISION 3

HAEMODIALYSIS in hospital, including all professional attendances, where the total attendance time on the patient by the supervising medical specialist exceeds 45 minutes in the one day

821 ALL STATES: FEE \$72.00

HAEMODIALYSIS in hospital, including all professional attendances, where the total attendance time on the patient by the supervising medical specialist does not exceed 45 minutes in the one day

824 ALL STATES: FEE \$37.50

DECLOTING OF AN ARTERIOVENOUS SHUNT

831 ALL STATES: FEE \$64.00

‡ INDWELLING PERITONEAL CATHETER (Tenckhoff or similar) FOR DIALYSIS—INSERTION AND FIXATION OF

833 ALL STATES: FEE \$120.00

ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

PERITONEAL DIALYSIS, establishment of by abdominal puncture and insertion of temporary catheter (including associated consultation)

836 ALL STATES: FEE \$72.00

BLADDER WASHOUT TEST for localisation of urinary infection—not including bacterial counts for organisms in specimens

839 ALL STATES: FEE \$39.50

URINARY FLOW STUDY

841 ALL STATES: FEE \$15.00

CYSTOMETROGRAPHY

843 ALL STATES: FEE \$39.50

## DIVISION 4

TONOGRAPHY—in the investigation or management of glaucoma, one or both eyes—using an electrical tonography machine producing a directly recorded tracing

			NSW	VIC	QLD	SA	WA	TAS
844	FEE	\$	36.50	30.00	36.50	36.50	30.00	30.00

794	ULTRASONIC ECHOGRAPHY, UNIDIMENSIONAL, not associated with Item 791, 793 or 913 ALL STATES: FEE \$44.50
803	ELECTROENCEPHALOGRAPHY, not associated with Item 793, 794, 806 or 809 ALL STATES: FEE \$72.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
806	ELECTROENCEPHALOGRAPHY, temporosphenoidal ALL STATES: FEE \$88.00
809	ELECTROCORTICOGRAPHY ALL STATES: FEE \$120.00
810	NEUROMUSCULAR ELECTRODIAGNOSIS—conduction studies on one nerve OR ELECTROMYOGRAPHY of one or more muscles using concentric needle electrodes OR both these examinations (not associated with Item 811 or 813) ALL STATES: FEE \$59.00
811	NEUROMUSCULAR ELECTRODIAGNOSIS—conduction studies on two or three nerves with or without electromyography (not associated with Item 810 or 813) ALL STATES: FEE \$79.00
813	NEUROMUSCULAR ELECTRODIAGNOSIS—conduction studies on four or more nerves with or without electromyography OR recordings from single fibres of nerves and muscles OR both of these examinations (not associated with Item 810 or 811) ALL STATES: FEE \$118.00
814	NEUROMUSCULAR ELECTRODIAGNOSIS—repetitive stimulation for study of neuromuscular conduction OR electromyography with quantitative computerised analysis OR both of these examinations ALL STATES: FEE \$79.00
816	INVESTIGATION OF CENTRAL NERVOUS SYSTEM EVOKED RESPONSES by computerised averaging techniques—one or two studies ALL STATES: FEE \$60.00
817	INVESTIGATION OF CENTRAL NERVOUS SYSTEM EVOKED RESPONSES by computerised averaging techniques—three or more studies ALL STATES: FEE \$89.00

		<b>DIVISION 3</b>						
†	BRAIN stem evoked response audiometry							
818	ALL STATES: FEE \$100.00							
‡	SUPERVISION IN HOSPITAL by a medical specialist of—haemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis, including all professional attendances, where the total attendance time on the patient by the supervising medical specialist exceeds 45 minutes in the one day							
821	ALL STATES: FEE \$72.00							
‡	SUPERVISION IN HOSPITAL by a medical specialist of—haemodialysis, haemofiltration, haemoperfusion or peritoneal dialysis, including all professional attendances, where the total attendance time on the patient by the supervising medical specialist does not exceed 45 minutes in the one day							
824	ALL STATES: FEE \$37.50							
831	DECLOTTING OF AN ARTERIOVENOUS SHUNT							
ALL STATES: FEE \$64.00								
833	INDWELLING PERITONEAL CATHETER (Tenckhoff or similar) FOR DIALYSIS—INSERTION AND FIXATION OF							
ALL STATES: FEE \$120.00								
ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S								
836	PERITONEAL DIALYSIS, establishment of by abdominal puncture and insertion of temporary catheter (including associated consultation)							
ALL STATES: FEE \$72.00								
839	BLADDER WASHOUT TEST for localisation of urinary infection—not including bacterial counts for organisms in specimens							
ALL STATES: FEE \$39.50								
		<b>DIVISION 4</b>						
844	TONOGRAPHY—in the investigation or management of glaucoma, one or both eyes—using an electrical tonography machine producing a directly recorded tracing							
FEE	\$	NSW 36.50	VIC 30.00	QLD 36.50	SA 36.50	WA 30.00	TAS 30.00	

794	ULTRASONIC ECHOGRAPHY, UNIDIMENSIONAL, not associated with Item 791, 793 or 913  ALL STATES: FEE \$44.50
803	ELECTROENCEPHALOGRAPHY, not associated with Item 793, 794, 806 or 809  ALL STATES: FEE \$72.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
806	ELECTROENCEPHALOGRAPHY, temporosphenoidal  ALL STATES: FEE \$88.00
809	ELECTROCORTICOGRAPHY  ALL STATES: FEE \$120.00
810	NEUROMUSCULAR ELECTRODIAGNOSIS—conduction studies on one nerve OR ELECTROMYOGRAPHY of one or more muscles using concentric needle electrodes OR both these examinations (not associated with Item 811 or 813)  ALL STATES: FEE \$59.00
811	NEUROMUSCULAR ELECTRODIAGNOSIS—conduction studies on two or three nerves with or without electromyography (not associated with Item 810 or 813)  ALL STATES: FEE \$79.00
813	NEUROMUSCULAR ELECTRODIAGNOSIS—conduction studies on four or more nerves with or without electromyography OR recordings from single fibres of nerves and muscles OR both of these examinations (not associated with Item 810 or 811)  ALL STATES: FEE \$118.00
814	NEUROMUSCULAR ELECTRODIAGNOSIS—repetitive stimulation for study of neuromuscular conduction OR electromyography with quantitative computerised analysis OR both of these examinations  ALL STATES: FEE \$79.00
816	‡ INVESTIGATION OF CENTRAL NERVOUS SYSTEM EVOKED RESPONSES by computerised averaging techniques—one or two studies  ALL STATES: FEE \$60.00
817	‡ INVESTIGATION OF CENTRAL NERVOUS SYSTEM EVOKED RESPONSES by computerised averaging techniques—three or more studies  ALL STATES: FEE \$89.00

**DIVISION 3**

HAEMODIALYSIS in hospital, including all professional attendances, where the total attendance time on the patient by the supervising medical specialist exceeds 45 minutes in the one day

821 ALL STATES: FEE \$72.00

HAEMODIALYSIS in hospital, including all professional attendances, where the total attendance time on the patient by the supervising medical specialist does not exceed 45 minutes in the one day

824 ALL STATES: FEE \$37.50

DECLOTTING OF AN ARTERIOVENOUS SHUNT

831 ALL STATES: FEE \$64.00

INDWELLING PERITONEAL CATHETER (Tenckhoff or similar) FOR DIALYSIS—INSERTION AND FIXATION OF

833 ALL STATES: FEE \$120.00

ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

PERITONEAL DIALYSIS, establishment of by abdominal puncture and insertion of temporary catheter (including associated consultation)

836 ALL STATES: FEE \$72.00

BLADDER WASHOUT TEST for localisation of urinary infection—not including bacterial counts for organisms in specimens

839 ALL STATES: FEE \$39.50

**DIVISION 4**

TONOGRAPHY—in the investigation or management of glaucoma, one or both eyes—using an electrical tonography machine producing a directly recorded tracing

844	FEE	\$	NSW 36.50	VIC 30.00	QLD 36.50	SA 36.50	WA 30.00	TAS 30.00
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849	PROVOCATIVE TEST OR TESTS FOR GLAUCOMA, including water drinking  ALL STATES: FEE \$21.50
851	ATTENDANCE by a medical practitioner for the investigation and evaluation of a patient for the fitting of CONTACT LENSES, with keratometry and testing with trial lenses and the issue of a prescription—ONE ATTENDANCE IN ANY PERIOD OF THIRTY-SIX CONSECUTIVE MONTHS  ALL STATES: FEE \$64.00
853	ELECTRORETINOGRAPHY of one or both eyes OR ELECTRO-OCULOGRAPHY of one or both eyes  ALL STATES: FEE \$58.00
854	ELECTRORETINOGRAPHY of one or both eyes AND ELECTRO-OCULOGRAPHY of one or both eyes  ALL STATES: FEE \$86.00
856	OPTIC FUNDI, examination of, following intravenous dye injection  ALL STATES: FEE \$37.00
859	RETINAL PHOTOGRAPHY, multiple exposures of one eye with intravenous dye injection  ALL STATES: FEE \$72.00
860	RETINAL PHOTOGRAPHY, multiple exposures of both eyes with intravenous dye injection  ALL STATES: FEE \$89.00
	<b>DIVISION 5</b>
863	AUDIOGRAM, air conduction  ALL STATES: FEE \$13.80
865	AUDIOGRAM, air and bone conduction  ALL STATES: FEE \$19.60
870	AUDIOGRAM, air and bone conduction and speech  ALL STATES: FEE \$26.00

874	AUDIOGRAM, air and bone conduction and speech, with other Cochlear tests  ALL STATES: FEE \$32.00
877	IMPEDANCE AUDIOGRAM not associated with a service covered by Item 863, 865, 870 or 874  ALL STATES: FEE \$19.60
878	IMPEDANCE AUDIOGRAM in association with a service covered by Item 863, 865, 870 or 874  ALL STATES: FEE \$12.40
882	CALORIC TEST OF LABYRINTH OR LABYRINTHS  ALL STATES: FEE \$23.50
884	ELECTRONYSTAGMOGRAPHY  ALL STATES: FEE \$23.50
‡	<b>DIVISION 6</b>
886	ELECTROCONVULSIVE THERAPY, including associated consultation  ALL STATES: FEE \$30.00  ANAESTHETIC 3 UNITS—ITEM NOS 404G/506S
887	CONSULTANT PSYCHIATRIST—GROUP PSYCHOTHERAPY  Group psychotherapy (including associated consultation) of not less than ONE hour's duration given under the continuous direct supervision of a consultant psychiatrist in the practice of his recognised speciality 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 \$26.00
888	CONSULTANT PSYCHIATRIST—FAMILY GROUP PSYCHOTHERAPY on a group of three patients, EACH PATIENT  ALL STATES: FEE \$34.50
889	CONSULTANT PSYCHIATRIST—FAMILY GROUP PSYCHOTHERAPY on a group of two patients, EACH PATIENT  ALL STATES: FEE \$51.00

## PART 6 DIVISION 4

## MISCELLANEOUS

849	PROVOCATIVE TEST OR TESTS FOR GLAUCOMA, including water drinking ALL STATES: FEE \$21.50
851	ATTENDANCE by a medical practitioner for the investigation and evaluation of a patient for the fitting of CONTACT LENSES, with keratometry and testing with trial lenses and the issue of a prescription— ONE ATTENDANCE IN ANY PERIOD OF THIRTY-SIX CONSECUTIVE MONTHS ALL STATES: FEE \$64.00
853	ELECTRORETINOGRAPHY of one or both eyes OR ELECTRO-OCULOGRAPHY of one or both eyes ALL STATES: FEE \$58.00
854	ELECTRORETINOGRAPHY of one or both eyes AND ELECTRO-OCULOGRAPHY of one or both eyes ALL STATES: FEE \$86.00
856	OPTIC FUNDI, examination of, following intravenous dye injection ALL STATES: FEE \$37.00
859	RETINAL PHOTOGRAPHY, multiple exposures of one eye with intravenous dye injection ALL STATES: FEE \$72.00
860	RETINAL PHOTOGRAPHY, multiple exposures of both eyes with intravenous dye injection ALL STATES: FEE \$89.00
	<b>DIVISION 5</b>
	<i>NOTE: 'A medical service specified in items 862 to 878 shall be rendered under conditions which allow the establishment of determinate thresholds and shall be rendered in a sound attenuated environment using calibrated equipment which complies with Australian Standard No. AS 2586-1983.'</i>
†	Non-determinate AUDIOMETRY ALL STATES: FEE \$12.00 (1/8/86 FEE LEVEL)
863	AUDIOGRAM, air conduction ALL STATES: FEE \$13.80
‡	AUDIOGRAM, air and bone conduction or air conduction and speech discrimination ALL STATES: FEE \$19.60
870	AUDIOGRAM, air and bone conduction and speech ALL STATES: FEE \$26.00

**PART 6 DIVISION 5****MISCELLANEOUS**

874	AUDIOGRAM, air and bone conduction and speech, with other Cochlear tests ALL STATES: FEE \$32.00
† 875	GLYCEROL INDUCED COCHLEAR FUNCTION CHANGES assessed by a minimum of four air conduction and speech discrimination tests (Klockoff's tests) ALL STATES: FEE \$63.00 (1/8/86 FEE LEVEL)
877	IMPEDANCE AUDIOGRAM not associated with a service covered by Item 863, 865, 870 or 874 ALL STATES: FEE \$19.60
878	IMPEDANCE AUDIOGRAM in association with a service covered by Item 863, 865, 870 or 874 ALL STATES: FEE \$12.40
882	CALORIC TEST OF LABYRINTH OR LABYRINTHS ALL STATES: FEE \$23.50
† 883	SIMULTANEOUS BITHERMAL CALORIC TEST OF LABYRINTHS ALL STATES: FEE \$24.50 (1/8/86 FEE LEVEL)
884	ELECTRONYSTAGMOGRAPHY ALL STATES: FEE \$23.50
886	<b>DIVISION 6</b> ELECTROCONVULSIVE THERAPY, including associated consultation ALL STATES: FEE \$30.00 ANAESTHETIC 3 UNITS—ITEM NOS 404G/506S
887	CONSULTANT PSYCHIATRIST—GROUP PSYCHOTHERAPY Group psychotherapy (including associated consultation) of not less than ONE hour's duration given under the continuous direct supervision of a consultant psychiatrist in the practice of his recognised speciality 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 \$26.00

CONSULTANT PSYCHIATRIST—INTERVIEW OF A PERSON OTHER THAN A PATIENT—SURGERY, HOSPITAL OR NURSING HOME

Professional attendance by a consultant psychiatrist 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 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	FEE	\$	NSW 27.50	VIC 26.00	QLD 26.00	SA 26.00	WA 26.00	TAS 26.00
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CONSULTANT PSYCHIATRIST—INTERVIEW OF A PERSON OTHER THAN A PATIENT—SURGERY, HOSPITAL OR NURSING HOME

Professional attendance by a consultant psychiatrist 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

893	FEE	\$	NSW 62.00	VIC 57.00	QLD 57.00	SA 57.00	WA 57.00	TAS 57.00
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### DIVISION 7

UMBILICAL OR SCALP VEIN CATHETERISATION with or without infusion

895	ALL STATES: FEE \$30.00							
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UMBILICAL ARTERY CATHETERISATION with or without infusion

897	ALL STATES: FEE \$44.50							
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BLOOD TRANSFUSION with venesection and complete replacement of blood, including collection from donor

902	ALL STATES: FEE \$176.00							
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BLOOD TRANSFUSION with venesection and complete replacement of blood, using blood already collected

904	ALL STATES: FEE \$150.00							
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BLOOD for pathology test, collection of, BY FEMORAL OR EXTERNAL JUGULAR VEIN PUNCTURE IN INFANTS

907	ALL STATES: FEE \$15.00							
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## DIVISION 8

TWELVE-LEAD ELECTROCARDIOGRAPHY, tracing and report

908

ALL STATES: FEE \$25.50

TWELVE-LEAD ELECTROCARDIOGRAPHY, tracing only, or twelve-lead electrocardiography, report only where the tracing has been forwarded to another medical practitioner, not associated with an attendance item in Part 1

909

ALL STATES: FEE \$12.60

‡ PHONOCARDIOGRAPHY with electrocardiograph lead with indirect arterial or venous pulse tracing, with or without apex cardiogram interpretation and report

912

ALL STATES: FEE \$38.00

ECHOCARDIOGRAPHY, not covered by item 791 or 793

913

ALL STATES: FEE \$63.00

CONTINUOUS ECG MONITORING of ambulatory patient for twelve or more hours involving recording, scanning analysis, interpretation and report, INCLUDING RESTING ECG and the recording of other parameters

915

ALL STATES: FEE \$98.00

‡ ELECTROCARDIOGRAPHIC MONITORING during exercise (bicycle ergometer or treadmill) involving the continuous attendance of a medical practitioner for not less than 20 minutes, with resting ECG and with or without recording of other parameters, on premises equipped with mechanical respirator and defibrillator.

916

ALL STATES: FEE \$89.00

RESTORATION OF CARDIAC RHYTHM by electrical stimulation (cardioversion), other than in the course of cardiac surgery

917

ALL STATES: FEE \$51.00

ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S

BRONCHOSPIROMETRY, including gas analysis

918

ALL STATES: FEE \$88.00

890	<p>CONSULTANT PSYCHIATRIST—INTERVIEW OF A PERSON OTHER THAN A PATIENT—SURGERY, HOSPITAL OR NURSING HOME</p> <p>Professional attendance by a consultant psychiatrist 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 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</p>	FEE	\$	NSW 27.50	VIC 26.00	QLD 26.00	SA 26.00	WA 26.00	TAS 26.00
893	<p>CONSULTANT PSYCHIATRIST—INTERVIEW OF A PERSON OTHER THAN A PATIENT—SURGERY, HOSPITAL OR NURSING HOME</p> <p>Professional attendance by a consultant psychiatrist 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</p>	FEE	\$	NSW 62.00	VIC 57.00	QLD 57.00	SA 57.00	WA 57.00	TAS 57.00
<b>DIVISION 7</b>									
895	<p>UMBILICAL OR SCALP VEIN CATHETERISATION with or without infusion</p> <p>ALL STATES: FEE \$30.00</p>								
897	<p>UMBILICAL ARTERY CATHETERISATION with or without infusion</p> <p>ALL STATES: FEE \$44.50</p>								
902	<p>BLOOD TRANSFUSION with venesection and complete replacement of blood, including collection from donor</p> <p>ALL STATES: FEE \$176.00</p>								
904	<p>BLOOD TRANSFUSION with venesection and complete replacement of blood, using blood already collected</p> <p>ALL STATES: FEE \$150.00</p>								
907	<p>BLOOD for pathology test, collection of, BY FEMORAL OR EXTERNAL JUGULAR VEIN PUNCTURE IN INFANTS</p> <p>ALL STATES: FEE \$15.00</p>								

## DIVISION 8

TWELVE-LEAD ELECTROCARDIOGRAPHY, tracing and report

908

ALL STATES: FEE \$25.50

‡ TWELVE-LEAD ELECTROCARDIOGRAPHY, report only where the tracing has been forwarded to another medical practitioner, not associated with an attendance item in Part 1, or twelve-lead electrocardiography, tracing only

909

ALL STATES: FEE \$12.60

PHONOCARDIOGRAPHY with electrocardiograph lead with indirect arterial or venous pulse tracing, with or without apex cardiogram interpretation and report

912

ALL STATES: FEE \$38.00

ECHOCARDIOGRAPHY, not covered by item 791 or 793

913

ALL STATES: FEE \$63.00

‡ CONTINUOUS ECG MONITORING (Holter) of ambulatory patient for twelve or more hours involving recording, scanning analysis, interpretation and report, INCLUDING RESTING ECG and the recording of other parameters

915

ALL STATES: FEE \$98.00

ELECTROCARDIOGRAPHIC MONITORING during exercise (bicycle ergometer or treadmill) involving the continuous attendance of a medical practitioner for not less than 20 minutes, with resting ECG and with or without recording of other parameters, on premises equipped with mechanical respirator and defibrillator.

916

ALL STATES: FEE \$89.00

RESTORATION OF CARDIAC RHYTHM by electrical stimulation (cardioversion), other than in the course of cardiac surgery

917

ALL STATES: FEE \$51.00

ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S

BRONCHOSPIROMETRY, including gas analysis

918

ALL STATES: FEE \$88.00



## PART 6 DIVISION 6

## MISCELLANEOUS

888	CONSULTANT PSYCHIATRIST—FAMILY GROUP PSYCHOTHERAPY on a group of three patients, EACH PATIENT  ALL STATES: FEE \$34.50														
889	CONSULTANT PSYCHIATRIST—FAMILY GROUP PSYCHOTHERAPY on a group of two patients, EACH PATIENT  ALL STATES: FEE \$51.00														
890	CONSULTANT PSYCHIATRIST—INTERVIEW OF A PERSON OTHER THAN A PATIENT—SURGERY, HOSPITAL OR NURSING HOME  Professional attendance by a consultant psychiatrist 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 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  <table> <thead> <tr> <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>\$ 27.50</td> <td>26.00</td> <td>26.00</td> <td>26.00</td> <td>26.00</td> <td>26.00</td> </tr> </tbody> </table>		NSW	VIC	QLD	SA	WA	TAS	FEE	\$ 27.50	26.00	26.00	26.00	26.00	26.00
	NSW	VIC	QLD	SA	WA	TAS									
FEE	\$ 27.50	26.00	26.00	26.00	26.00	26.00									
893	CONSULTANT PSYCHIATRIST—INTERVIEW OF A PERSON OTHER THAN A PATIENT—SURGERY, HOSPITAL OR NURSING HOME  Professional attendance by a consultant psychiatrist 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  <table> <thead> <tr> <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>\$ 62.00</td> <td>57.00</td> <td>57.00</td> <td>57.00</td> <td>57.00</td> <td>57.00</td> </tr> </tbody> </table>		NSW	VIC	QLD	SA	WA	TAS	FEE	\$ 62.00	57.00	57.00	57.00	57.00	57.00
	NSW	VIC	QLD	SA	WA	TAS									
FEE	\$ 62.00	57.00	57.00	57.00	57.00	57.00									
<b>DIVISION 7</b>															
895	UMBILICAL OR SCALP VEIN CATHETERISATION with or without infusion  ALL STATES: FEE \$30.00														
897	UMBILICAL ARTERY CATHETERISATION with or without infusion  ALL STATES: FEE \$44.50														
902	BLOOD TRANSFUSION with venesection and complete replacement of blood, including collection from donor  ALL STATES: FEE \$176.00														
904	BLOOD TRANSFUSION with venesection and complete replacement of blood, using blood already collected  ALL STATES: FEE \$150.00														
907	BLOOD for pathology test, collection of, BY FEMORAL OR EXTERNAL JUGULAR VEIN PUNCTURE IN INFANTS  ALL STATES: FEE \$15.00														

## DIVISION 8

TWELVE-LEAD ELECTROCARDIOGRAPHY, tracing and report

908

ALL STATES: FEE \$25.50

TWELVE-LEAD ELECTROCARDIOGRAPHY, report only where the tracing has been forwarded to another medical practitioner, not associated with an attendance item in Part 1, or twelve-lead electrocardiography, tracing only

909

ALL STATES: FEE \$12.60

PHONOCARDIOGRAPHY with electrocardiograph lead with indirect arterial or venous pulse tracing, with or without apex cardiogram interpretation and report

912

ALL STATES: FEE \$38.00

ECHOCARDIOGRAPHY, not covered by Item 791 or 793

913

ALL STATES: FEE \$63.00

CONTINUOUS ECG MONITORING (Holter) of ambulatory patient for twelve or more hours involving recording, scanning analysis, interpretation and report, INCLUDING RESTING ECG and the recording of other parameters

915

ALL STATES: FEE \$98.00

ELECTROCARDIOGRAPHIC MONITORING during exercise (bicycle ergometer or treadmill) involving the continuous attendance of a medical practitioner for not less than 20 minutes, with resting ECG and with or without recording of other parameters, on premises equipped with mechanical respirator and defibrillator.

916

ALL STATES: FEE \$89.00

RESTORATION OF CARDIAC RHYTHM by electrical stimulation (cardioversion), other than in the course of cardiac surgery

917

ALL STATES: FEE \$51.00

ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S

BRONCHOSPIROMETRY, including gas analysis

918

ALL STATES: FEE \$88.00

920	ESTIMATION OF RESPIRATORY FUNCTION requiring complicated techniques—each attendance at which one or more tests are performed	ALL STATES: FEE \$73.00
921	ESTIMATION OF RESPIRATORY FUNCTION, involving a directly recorded tracing, 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 \$10.80
922	PERFUSION OF LIMB OR ORGAN using heart-lung machine or equivalent	ALL STATES: FEE \$235.00
923	WHOLE BODY PERFUSION, CARDIAC BY-PASS, using heart-lung machine or equivalent	ALL STATES: FEE \$340.00
925	INDUCED CONTROLLED HYPOTHERMIA—total body	ALL STATES: FEE \$58.00
927	FLUIDS, intravenous drip infusion of—PERCUTANEOUS	ALL STATES: FEE \$19.00
929	FLUIDS, intravenous drip infusion of—BY OPEN EXPOSURE	ALL STATES: FEE \$31.50
932	INTRAVENOUS INFUSION or INJECTION of a substance incorporating a CYTOTOXIC AGENT	ALL STATES: FEE \$31.50
934	INTRA-ARTERIAL INFUSION or INJECTION of a substance incorporating a CYTOTOXIC AGENT, PREPARATION FOR	ALL STATES: FEE \$44.50
936	INTRALYMPHATIC INFUSION or INJECTION of a fluid containing a CYTOTOXIC AGENT, with or without the incorporation of an opaque medium	ALL STATES: FEE \$69.00

938	INTRALYMPHATIC INSERTION OF NEEDLE OR CANNULA for the introduction of radio-active material ALL STATES: FEE \$69.00
940	ADMINISTRATION OF BLOOD, including collection from donor ALL STATES: FEE \$63.00
944	ADMINISTRATION OF BLOOD already collected ALL STATES: FEE \$44.00
947	INTRA-UTERINE FOETAL BLOOD TRANSFUSION using blood already collected, INCLUDING NECESSARY AMNIOCENTESIS ALL STATES: FEE \$120.00
949	COLLECTION OF BLOOD for purposes of transfusion ALL STATES: FEE \$25.50
950	CENTRAL VEIN CATHETERISATION (via jugular or subclavian vein) by open exposure for parenteral alimentation in a person under twelve years of age ALL STATES: FEE \$120.00
951	CENTRAL VEIN CATHETERISATION (via jugular or subclavian vein) by percutaneous or open exposure for parenteral alimentation not covered by Item 950 ALL STATES: FEE \$45.00
952	BLOOD DYE—DILUTION INDICATOR TEST ALL STATES: FEE \$63.00
955	VENEPUNCTURE AND THE COLLECTION OF BLOOD for forwarding to an APPROVED PATHOLOGY PRACTITIONER for the performance of a pathology service, where the referring medical practitioner is not a member of a group of practitioners of which the approved pathology practitioner is a member—one or more such procedures during the one attendance ALL STATES: FEE \$3.30
956	ARTERIAL PUNCTURE and collection of blood for diagnostic purposes ALL STATES: FEE \$12.00

920	ESTIMATION OF RESPIRATORY FUNCTION requiring complicated techniques—each attendance at which one or more tests are performed  ALL STATES: FEE \$73.00
921	ESTIMATION OF RESPIRATORY FUNCTION, involving a directly recorded tracing, 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 \$10.80
922	PERFUSION OF LIMB OR ORGAN using heart-lung machine or equivalent  ALL STATES: FEE \$235.00
923	WHOLE BODY PERFUSION, CARDIAC BY-PASS, using heart-lung machine or equivalent  ALL STATES: FEE \$340.00
925	INDUCED CONTROLLED HYPOTHERMIA—total body  ALL STATES: FEE \$59.00
927	FLUIDS, intravenous drip infusion of—PERCUTANEOUS  ALL STATES: FEE \$19.00
929	FLUIDS, intravenous drip infusion of—BY OPEN EXPOSURE  ALL STATES: FEE \$31.50
934	INTRA-ARTERIAL INFUSION or INJECTION of a substance incorporating a CYTOTOXIC AGENT, PREPARATION FOR  ALL STATES: FEE \$44.50
936	INTRALYMPHATIC INFUSION or INJECTION of a fluid containing a CYTOTOXIC AGENT, with or without the incorporation of an opaque medium  ALL STATES: FEE \$69.00

938	INTRALYMPHATIC INSERTION OF NEEDLE OR CANNULA for the introduction of radio-active material ALL STATES: FEE \$69.00
940	ADMINISTRATION OF BLOOD, including collection from donor ALL STATES: FEE \$63.00
944	ADMINISTRATION OF BLOOD already collected ALL STATES: FEE \$44.00
947	INTRA-UTERINE FOETAL BLOOD TRANSFUSION using blood already collected, INCLUDING NECESSARY AMNIOCENTESIS ALL STATES: FEE \$120.00
949	‡ COLLECTION OF BLOOD for autologous transfusion or when homologous blood is required for immediate transfusion in emergency situation ALL STATES: FEE \$25.50
950	a CENTRAL VEIN CATHETERISATION (via jugular or subclavian vein) by open exposure for parenteral alimentation in a person under twelve years of age ALL STATES: FEE \$120.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
951	a CENTRAL VEIN CATHETERISATION (via jugular or subclavian vein) by percutaneous or open exposure for parenteral alimentation not covered by Item 950 ALL STATES: FEE \$45.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
952	BLOOD DYE—DILUTION INDICATOR TEST ALL STATES: FEE \$63.00
955	VENEPUNCTURE AND THE COLLECTION OF BLOOD for forwarding to an APPROVED PATHOLOGY PRACTITIONER for the performance of a pathology service, where the referring medical practitioner is not a member of a group of practitioners of which the approved pathology practitioner is a member—one or more such procedures during the one attendance ALL STATES: FEE \$3.30
956	ARTERIAL PUNCTURE and collection of blood for diagnostic purposes ALL STATES: FEE \$12.00

## PART 6 DIVISION 8

## MISCELLANEOUS

920	ESTIMATION OF RESPIRATORY FUNCTION requiring complicated techniques—each attendance at which one or more tests are performed  ALL STATES: FEE \$73.00
921	ESTIMATION OF RESPIRATORY FUNCTION, involving a directly recorded tracing, 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 \$10.80
922	PERFUSION OF LIMB OR ORGAN using heart-lung machine or equivalent  ALL STATES: FEE \$235.00
923	WHOLE BODY PERFUSION, CARDIAC BY-PASS, using heart-lung machine or equivalent  ALL STATES: FEE \$340.00
925	INDUCED CONTROLLED HYPOTHERMIA—total body  ALL STATES: FEE \$58.00
927	FLUIDS, intravenous drip infusion of—PERCUTANEOUS  ALL STATES: FEE \$19.00
929	FLUIDS, intravenous drip infusion of—BY OPEN EXPOSURE  ALL STATES: FEE \$31.50
931	† INTRA-ARTERIAL INFUSION or retrograde intra-venous perfusion of a sympatholytic agent  ALL STATES: FEE \$47.00
934	INTRA-ARTERIAL INFUSION or INJECTION of a substance incorporating a CYTOTOXIC AGENT, PREPARATION FOR  ALL STATES: FEE \$44.50
936	INTRALYMPHATIC INFUSION or INJECTION of a fluid containing a CYTOTOXIC AGENT, with or without the incorporation of an opaque medium  ALL STATES: FEE \$69.00

938	INTRALYMPHATIC INSERTION OF NEEDLE OR CANNULA for the introduction of radio-active material ALL STATES: FEE \$69.00
939	† HARVESTING OF HOMOLOGOUS (including allogeneic) bone marrow for the purpose of transplantation ALL STATES: FEE \$176.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
940	ADMINISTRATION OF BLOOD, including collection from donor ALL STATES: FEE \$63.00
944	‡ ADMINISTRATION OF BLOOD or bone marrow already collected ALL STATES: FEE \$44.00
947	INTRA-UTERINE FOETAL BLOOD TRANSFUSION using blood already collected, INCLUDING NECESSARY AMNIOCENTESIS ALL STATES: FEE \$120.00
949	COLLECTION OF BLOOD for autologous transfusion or when homologous blood is required for immediate transfusion in emergency situation ALL STATES: FEE \$25.50
950	CENTRAL VEIN CATHETERISATION (via jugular or subclavian vein) by open exposure for parenteral alimentation in a person under twelve years of age ALL STATES: FEE \$120.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
951	CENTRAL VEIN CATHETERISATION (via jugular or subclavian vein) by percutaneous or open exposure for parenteral alimentation not covered by Item 950 ALL STATES: FEE \$45.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
952	BLOOD DYE—DILUTION INDICATOR TEST ALL STATES: FEE \$63.00



## PART 6 DIVISION 8

## MISCELLANEOUS

920	ESTIMATION OF RESPIRATORY FUNCTION requiring complicated techniques—each attendance at which one or more tests are performed  ALL STATES: FEE \$73.00
921	ESTIMATION OF RESPIRATORY FUNCTION, involving a directly recorded tracing, 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 \$10.80
922	PERFUSION OF LIMB OR ORGAN using heart-lung machine or equivalent  ALL STATES: FEE \$235.00
923	WHOLE BODY PERFUSION, CARDIAC BY-PASS, using heart-lung machine or equivalent  ALL STATES: FEE \$340.00
925	INDUCED CONTROLLED HYPOTHERMIA—total body  ALL STATES: FEE \$58.00
927	FLUIDS, intravenous drip infusion of—PERCUTANEOUS  ALL STATES: FEE \$19.00
929	FLUIDS, intravenous drip infusion of—BY OPEN EXPOSURE  ALL STATES: FEE \$31.50
931	INTRA-ARTERIAL INFUSION or retrograde intravenous perfusion of a sympatholytic agent  ALL STATES: FEE \$47.00
† 932	ADMINISTRATION OF CYTOTOXIC AGENT by intravenous drip infusion  ALL STATES: FEE \$32.50 (1/8/86 FEE LEVEL)
934	INTRA-ARTERIAL INFUSION or INJECTION of a substance incorporating a CYTOTOXIC AGENT, PREPARATION FOR  ALL STATES: FEE \$44.50
936	INTRALYMPHATIC INFUSION or INJECTION of a fluid containing a CYTOTOXIC AGENT, with or without the incorporation of an opaque medium  ALL STATES: FEE \$69.00

## PART 6 DIVISION 8

## MISCELLANEOUS

938	INTRALYMPHATIC INSERTION OF NEEDLE OR CANNULA for the introduction of radio-active material ALL STATES: FEE \$69.00
939	HARVESTING OF HOMOLOGOUS (including allergenic) bone marrow for the purpose of transplantation ALL STATES: FEE \$176.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
940	ADMINISTRATION OF BLOOD, including collection from donor ALL STATES: FEE \$63.00
944	ADMINISTRATION OF BLOOD or bone marrow already collected ALL STATES: FEE \$44.00
947	INTRA-UTERINE FOETAL BLOOD TRANSFUSION using blood already collected, INCLUDING NECESSARY AMNIOCENTESIS ALL STATES: FEE \$120.00
949	COLLECTION OF BLOOD for autologous transfusion or when homologous blood is required for immediate transfusion in emergency situation ALL STATES: FEE \$25.50
950	CENTRAL VEIN CATHETERISATION (via jugular or subclavian vein) by open exposure for parenteral alimentation in a person under twelve years of age ALL STATES: FEE \$120.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
951	CENTRAL VEIN CATHETERISATION (via jugular or subclavian vein) by percutaneous or open exposure for parenteral alimentation not covered by Item 950 ALL STATES: FEE \$45.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
952	BLOOD DYE—DILUTION INDICATOR TEST ALL STATES: FEE \$63.00

953	RIGHT HEART BALLOON FLOTATION (Swann-Ganz) catheterisation, insertion of catheter and monitoring of right heart and pulmonary wedge pressures, cardiac output and blood oximetry—management on the first day  ALL STATES: FEE \$126.00
954	RIGHT HEART BALLOON FLOTATION (Swann-Ganz) catheterisation, monitoring of right heart and pulmonary wedge pressures, cardiac output and blood oximetry—management on each day subsequent to the first  ALL STATES: FEE \$31.50
956	ARTERIAL PUNCTURE and collection of blood for diagnostic purposes  ALL STATES: FEE \$12.00

957	INTRA-ARTERIAL CANNULISATION for purpose of taking multiple arterial blood samples for blood gas analysis ALL STATES: FEE \$36.50
958	COLLECTION OF SPECIMEN OF SWEAT by iontophoresis ALL STATES: FEE \$19.40
960	HORMONE OR LIVING TISSUE IMPLANTATION—by incision ALL STATES: FEE \$27.00
963	HORMONE OR LIVING TISSUE IMPLANTATION—by cannula ALL STATES: FEE \$18.60
966	OESOPHAGEAL MOTILITY TEST, manometric ALL STATES: FEE \$49.50
968	GASTRIC HYPOTHERMIA by closed circuit circulation of refrigerant IN THE ABSENCE OF GASTROINTESTINAL HAEMORRHAGE ALL STATES: FEE \$95.00
970	GASTRIC HYPOTHERMIA by closed circuit circulation of refrigerant FOR UPPER GASTROINTESTINAL HAEMORRHAGE ALL STATES: FEE \$190.00
974	GASTRIC LAVAGE in the treatment of ingested poison ALL STATES: FEE \$31.50
976	COUNTERPULSATION BY INTRA-AORTIC BALLOON—management on the first day, including initial and subsequent consultations and monitoring of parameters ALL STATES: FEE \$285.00
977	COUNTERPULSATION BY INTRA-AORTIC BALLOON—management on each day subsequent to the first, including associated consultations and monitoring of parameters ALL STATES: FEE \$69.00

980	<p>Attendance at which acupuncture is performed by a medical practitioner by application of stimuli on or through the surface of the skin by any means, including any consultation on the same occasion and any other attendance on the same day related to the condition for which the acupuncture was performed</p> <table border="0"> <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>15.00</td> <td>14.20</td> <td>13.00</td> <td>13.00</td> <td>13.00</td> <td>14.20</td> </tr> </table>				NSW	VIC	QLD	SA	WA	TAS	FEE	\$		15.00	14.20	13.00	13.00	13.00	14.20
			NSW	VIC	QLD	SA	WA	TAS											
FEE	\$		15.00	14.20	13.00	13.00	13.00	14.20											
981	<p>URINARY FLOW STUDY</p> <p>ALL STATES: FEE \$15.00</p>																		
982	<p>CYSTOMETROGRAPHY</p> <p>ALL STATES: FEE \$39.50</p>																		
983	<p>Urethral pressure profile measurement</p> <p>ALL STATES: FEE \$39.50</p>																		
984	<p>CYSTOMETROGRAPHY with rectal pressure measurement or bladder sphincter electromyography</p> <p>ALL STATES: FEE \$59.00</p>																		
985	<p>† CYSTOMETROGRAPHY, rectal pressure measurement or sphincter electromyography, urinary flow and retrograde micturating cystourethrography including all associated radiological services</p> <p>ALL STATES: FEE \$158.00</p>																		
<b>DIVISION 9</b>																			
987	<p>SKIN SENSITIVITY TESTING for allergens, USING ONE TO TWENTY ALLERGENS</p> <p>ALL STATES: FEE \$20.50</p>																		
989	<p>SKIN SENSITIVITY TESTING for allergens, USING MORE THAN TWENTY ALLERGENS</p> <p>ALL STATES: FEE \$31.00</p>																		
<b>DIVISION 10</b>																			
994	<p>MULTIPHASIC HEALTH SCREENING SERVICE involving the performance of 10 or more medical services specified in items in Parts 6, 7 and 8 (including any associated consultation)</p> <p>ALL STATES: FEE \$146.00</p>																		

957	INTRA-ARTERIAL CANNULISATION for purpose of taking multiple arterial blood samples for blood gas analysis  ALL STATES: FEE \$36.50
958	COLLECTION OF SPECIMEN OF SWEAT by iontophoresis  ALL STATES: FEE \$19.40
960	HORMONE OR LIVING TISSUE IMPLANTATION—by incision  ALL STATES: FEE \$27.00
963	HORMONE OR LIVING TISSUE IMPLANTATION—by cannula  ALL STATES: FEE \$18.60
966	OESOPHAGEAL MOTILITY TEST, manometric  ALL STATES: FEE \$49.50
968	GASTRIC HYPOTHERMIA by closed circuit circulation of refrigerant IN THE ABSENCE OF GASTROINTESTINAL HAEMORRHAGE  ALL STATES: FEE \$95.00
970	GASTRIC HYPOTHERMIA by closed circuit circulation of refrigerant FOR UPPER GASTROINTESTINAL HAEMORRHAGE  ALL STATES: FEE \$190.00
974	GASTRIC LAVAGE in the treatment of ingested poison  ALL STATES: FEE \$31.50
976	COUNTERPULSATION BY INTRA-AORTIC BALLOON—management on the first day, including initial and subsequent consultations and monitoring of parameters  ALL STATES: FEE \$285.00
977	COUNTERPULSATION BY INTRA-AORTIC BALLOON—management on each day subsequent to the first, including associated consultations and monitoring of parameters  ALL STATES: FEE \$69.00

Attendance at which acupuncture is performed by a medical practitioner by application of stimuli on or through the surface of the skin by any means, including any consultation on the same occasion and any other attendance on the same day related to the condition for which the acupuncture was performed

980	FEE	\$	NSW 15.00	VIC 14.20	QLD 13.00	SA 13.00	WA 13.00	TAS 14.20
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## # URINARY FLOW STUDY

981 ALL STATES: FEE \$15.00

## # CYSTOMETROGRAPHY

982 ALL STATES: FEE \$39.50

## † Urethral pressure profile measurement

983 ALL STATES: FEE \$39.50

## † CYSTOMETROGRAPHY with rectal pressure measurement or bladder sphincter electromyography

984 ALL STATES: FEE \$59.00

## DIVISION 9

SKIN SENSITIVITY TESTING for allergens, USING ONE TO TWENTY ALLERGENS

987 ALL STATES: FEE \$20.50

SKIN SENSITIVITY TESTING for allergens, USING MORE THAN TWENTY ALLERGENS

989 ALL STATES: FEE \$31.00

## DIVISION 10

MULTIPHASIC HEALTH SCREENING SERVICE involving the performance of 10 or more medical services specified in items in Parts 6, 7 and 8 (including any associated consultation)

994 ALL STATES: FEE \$146.00

957	INTRA-ARTERIAL CANNULISATION for purpose of taking multiple arterial blood samples for blood gas analysis ALL STATES: FEE \$36.50
958	COLLECTION OF SPECIMEN OF SWEAT by iontophoresis ALL STATES: FEE \$19.40
960	HORMONE OR LIVING TISSUE IMPLANTATION—by incision ALL STATES: FEE \$27.00
963	HORMONE OR LIVING TISSUE IMPLANTATION—by cannula ALL STATES: FEE \$18.60
966	OESOPHAGEAL MOTILITY TEST, manometric ALL STATES: FEE \$49.50
968	GASTRIC HYPOTHERMIA by closed circuit circulation of refrigerant IN THE ABSENCE OF GASTROINTESTINAL HAEMORRHAGE ALL STATES: FEE \$95.00
970	GASTRIC HYPOTHERMIA by closed circuit circulation of refrigerant FOR UPPER GASTROINTESTINAL HAEMORRHAGE ALL STATES: FEE \$190.00
974	GASTRIC LAVAGE in the treatment of ingested poison ALL STATES: FEE \$31.50
976	COUNTERPULSATION BY INTRA-AORTIC BALLOON— management on the first day, including initial and subsequent consultations and monitoring of parameters ALL STATES: FEE \$285.00
977	COUNTERPULSATION BY INTRA-AORTIC BALLOON— management on each day subsequent to the first, including associated consultations and monitoring of parameters ALL STATES: FEE \$69.00



	Attendance at which acupuncture is performed by a medical practitioner by application of stimuli on or through the surface of the skin by any means, including any consultation on the same occasion and any other attendance on the same day related to the condition for which the acupuncture was performed							
980	FEE	\$	NSW 15.00	VIC 14.20	QLD 13.00	SA 13.00	WA 13.00	TAS 14.20
981	URINARY FLOW STUDY ALL STATES: FEE \$15.00							
982	CYSTOMETROGRAPHY ALL STATES: FEE \$39.50							
983	Urethral pressure profile measurement ALL STATES: FEE \$39.50							
984	CYSTOMETROGRAPHY with rectal pressure measurement or bladder sphincter electromyography ALL STATES: FEE \$59.00							
985	† CYSTOMETROGRAPHY, rectal pressure measurement or sphincter electromyography, urinary flow and retrograde micturating cystourethrography including all associated radiological services ALL STATES: FEE \$158.00							
<b>DIVISION 9</b>								
987	SKIN SENSITIVITY TESTING for allergens, USING ONE TO TWENTY ALLERGENS ALL STATES: FEE \$20.50							
989	SKIN SENSITIVITY TESTING for allergens, USING MORE THAN TWENTY ALLERGENS ALL STATES: FEE \$31.00							
<b>DIVISION 10</b>								
994	MULTIPHASIC HEALTH SCREENING SERVICE involving the performance of 10 or more medical services specified in items in Parts 6, 7 and 8 (including any associated consultation) ALL STATES: FEE \$146.00							

**DIVISION 11**

FAMILY GROUP THERAPY (including associated consultation) of not less than one hour's duration given under the direct continuous supervision of a medical practitioner, other than a consultant physician in the practice of his specialty of psychiatry, involving members of a family and persons with close personal relationships with that family, WHERE THE GROUP CONSISTS OF TWO PATIENTS—each patient

996

ALL STATES: FEE \$34.00

FAMILY GROUP THERAPY (including associated consultation) of not less than one hour's duration given under the direct continuous supervision of a medical practitioner, other than a consultant physician in the practice of his specialty of psychiatry, involving members of a family and persons with close personal relationships with that family, WHERE THE GROUP CONSISTS OF THREE PATIENTS—each patient

997

ALL STATES: FEE \$24.00

FAMILY GROUP THERAPY (including associated consultation) of not less than one hour's duration given under the direct continuous supervision of a medical practitioner, other than a consultant physician in the practice of his specialty of psychiatry, involving members of a family and persons with close personal relationships with that family, WHERE THE GROUP CONSISTS OF FOUR TO SIX PATIENTS—each patient

998

ALL STATES: FEE \$17.60

Item  
No.

Medical Service

ser 118/80 vnmwgy  
see Section 2A

Item No.	Medical Service	
<b>PART 7—PATHOLOGY SERVICES</b>		
<b>DIVISION 1—HAEMATOLOGY</b>		
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)		
1006	SP.	ALL STATES: FEE \$5.50
1007	OP.	ALL STATES: FEE \$4.15
Two procedures to which Item 1006 or 1007 applies		
1008	SP.	ALL STATES: FEE \$8.80
1009	OP.	ALL STATES: FEE \$6.60
1010	HP.	ALL STATES: FEE \$5.55
Three or more procedures to which Item 1006 or 1007 applies including calculation of erythrocyte indices		
1011	SP.	ALL STATES: FEE \$13.20
1012	OP.	ALL STATES: FEE \$9.90
1013	HP.	ALL STATES: FEE \$6.60
Blood film, examination of—including erythrocyte morphology, differential count by one or more methods and the qualitative estimation of platelets		
1014	SP.	ALL STATES: FEE \$11.00
1015	OP.	ALL STATES: FEE \$8.25
1016	HP.	ALL STATES: FEE \$5.50
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		
1019	SP.	ALL STATES: FEE \$4.40
1020	OP.	ALL STATES: FEE \$3.30

	Two or more procedures to which Item 1019 or 1020 applies	
1021	SP.	ALL STATES: FEE \$6.60
1022	OP.	ALL STATES: FEE \$4.95
	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; Sickle cells; or similar cells, substances or parasites	
	One procedure	
1028	SP.	ALL STATES: FEE \$6.60
1029	OP.	ALL STATES: FEE \$4.95
	Two or more procedures to which Item 1028 or 1029 applies	
1030	SP	ALL STATES: FEE \$11.00
1032	OP	ALL STATES: FEE \$8.25
	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	
1036	SP.	ALL STATES: FEE \$11.00
1037	OP.	ALL STATES: FEE \$8.25
	Two or more procedures to which item 1036 or 1037 applies	
1038	SP.	ALL STATES: FEE \$22.00
1040	OP.	ALL STATES: FEE \$16.50
	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	
1044	SP.	ALL STATES: FEE \$22.00
1045	OP	ALL STATES: FEE \$16.50

	Two or more procedures to which Item 1044 or 1045 applies	
1048	SP.	ALL STATES: FEE \$44.00
1049	OP.	ALL STATES: FEE \$33.00
<b>BONE MARROW EXAMINATION</b> (Excluding Collection Fee)		
Bone marrow examination (including use of special stains where indicated), of— Bone marrow aspirate; Clot section; Trepine section		
One procedure		
1062	SP	ALL STATES: FEE \$66.00
1063	OP.	ALL STATES: FEE \$49.50
	Two or more procedures to which Item 1062 or 1063 applies	
1064	SP.	ALL STATES: FEE \$110.00
1065	OP.	ALL STATES: FEE \$82.50
<b>BLOOD TRANSFUSION PROCEDURES</b>		
<b>NOTE:</b> Benefit for these items is payable once only during any one period of hospitalisation		
Blood grouping (including back grouping when performed)—ABO and Rh (D antigen) not covered by Item 1089 or 1090		
1080	SP.	ALL STATES: FEE \$11.00
1081	OP.	ALL STATES: FEE \$8.25
<b>NOTE:</b> Benefit for these items is payable once only during any one period of hospitalisation.		
Blood grouping (including back grouping when performed)—ABO and Rh (D antigen) when performed in association with compatibility testing covered by item 1111, 1112, 1113, 1114, 1116 or 1117		
1089	SP.	ALL STATES: FEE \$19.80
1090	OP.	ALL STATES: FEE \$14.85
<b>NOTE:</b> Benefit for items 1101, 1102, 1104, 1105, 1106 and 1108 is payable once only during any one period of hospitalisation		
Blood grouping—Rh phenotypes; Kell system; Duffy system; M and N factors; or any other blood group system		
One system		
1101	SP.	ALL STATES: FEE \$22.00
1102	OP.	ALL STATES: FEE \$16.50

	Two systems to which Item 1101 or 1102 applies	
1104	SP.	ALL STATES: FEE \$44.00
1105	OP.	ALL STATES: FEE \$33.00
	Each system to which Item 1101 or 1102 applies in excess of two	
1106	SP.	ALL STATES: FEE \$11.00
1108	OP.	ALL STATES: FEE \$8.25
	Compatibility testing by saline, papain, albumin or indirect Coombs techniques (by any or all techniques), including auto-cross match and donor group check where performed—  Testing involving one or two units of blood	
1111	SP.	ALL STATES: FEE \$44.00
1112	OP.	ALL STATES: FEE \$33.00
1113	HP.	ALL STATES: FEE \$22.00
	Compatibility testing by saline, papain, albumin or indirect Coombs techniques (by any or all techniques), including auto-cross match and donor group check where performed—  Each unit of blood tested in excess of two	
1114	SP.	ALL STATES: FEE \$16.60
1116	OP.	ALL STATES: FEE \$12.45
1117	HP.	ALL STATES: FEE \$8.30
	Examination of serum for Rh and/or other blood group antibodies— Screening test (by any or all techniques)	
1121	SP.	ALL STATES: FEE \$16.60
1122	OP.	ALL STATES: FEE \$12.45
	Examination of serum for Rh and/or other blood group antibodies— Screening test (by any or all techniques) and quantitative estimation of one antibody	
1124	SP.	ALL STATES: FEE \$44.00
1125	OP.	ALL STATES: FEE \$33.00

Two or more procedures to which Item 1044 or 1045 applies

1048 SP. ALL STATES: FEE \$44.00  
1049 OP. ALL STATES: FEE \$33.00

† Viscosity of plasma or whole blood, estimation of—  
each procedure

1052 SP. ALL STATES: FEE \$8.80  
1053 OP. ALL STATES: FEE \$6.60

### BONE MARROW EXAMINATION

(Excluding Collection Fee)

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

1062 SP. ALL STATES: FEE \$66.00  
1063 OP. ALL STATES: FEE \$49.50

Two or more procedures to which Item 1062 or 1063 applies

1064 SP. ALL STATES: FEE \$110.00  
1065 OP. ALL STATES: FEE \$82.50

### BLOOD TRANSFUSION PROCEDURES

**NOTE:** Benefit for these items is payable once only during any one period of hospitalisation

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

1080 SP. ALL STATES: FEE \$11.00  
1081 OP. ALL STATES: FEE \$8.25

**NOTE:** Benefit for these items is payable once only during any one period of hospitalisation.

Blood grouping (including back grouping when performed)—ABO and Rh (D antigen) when  
performed in association with compatibility testing covered by Item 1111, 1112, 1113, 1114, 1116  
or 1117

1089 SP. ALL STATES: FEE \$19.80  
1090 OP. ALL STATES: FEE \$14.85

**NOTE:** Benefit for Items 1101, 1102, 1104, 1105, 1106 and 1108 is payable once only during  
any one period of hospitalisation

Blood grouping—Rh phenotypes; Kell system; Duffy system; M and N factors; or any other blood  
group system  
One system

1101 SP. ALL STATES: FEE \$22.00  
1102 OP. ALL STATES: FEE \$16.50



## PART 7—PATHOLOGY

## DIVISION 1 — HAEMOTOLOGY

	Two systems to which Item 1101 or 1102 applies	
1104	SP.	ALL STATES: FEE \$44.00
1105	OP.	ALL STATES: FEE \$33.00
	Each system to which Item 1101 or 1102 applies in excess of two	
1106	SP.	ALL STATES: FEE \$11.00
1108	OP.	ALL STATES: FEE \$8.25
	Compatibility testing by saline, papain, albumin or indirect Coombs techniques (by any or all techniques), including auto-cross match and donor group check where performed— Testing involving one or two units of blood	
1111	SP.	ALL STATES: FEE \$44.00
1112	OP.	ALL STATES: FEE \$33.00
1113	HP.	ALL STATES: FEE \$22.00
	Compatibility testing by saline, papain, albumin or indirect Coombs techniques (by any or all techniques), including auto-cross match and donor group check where performed— Each unit of blood tested in excess of two	
1114	SP.	ALL STATES: FEE \$16.60
1116	OP.	ALL STATES: FEE \$12.45
1117	HP.	ALL STATES: FEE \$8.30
	Examination of serum for Rh and/or other blood group antibodies— Screening test (by any or all techniques)	
1121	SP.	ALL STATES: FEE \$16.60
1122	OP.	ALL STATES: FEE \$12.45
	Examination of serum for Rh and/or other blood group antibodies— Screening test (by any or all techniques) and quantitative estimation of one antibody	
1124	SP.	ALL STATES: FEE \$44.00
1125	OP.	ALL STATES: FEE \$33.00

	Examination of serum for Rh and/or other blood group antibodies— Quantitative estimation—one antibody	
1126	SP.	ALL STATES: FEE \$33.00
1128	OP.	ALL STATES: FEE \$24.75
	Examination of serum for Rh and/or other blood group antibodies— Quantitative estimation—each antibody in excess of one	
1129	SP	ALL STATES: FEE \$22.00
1130	OP	ALL STATES: FEE \$16.50
	Coombs test, direct	
1136	SP.	ALL STATES: FEE \$11.00
1137	OP.	ALL STATES: FEE \$8.25
	Coombs test, indirect (not associated with Item 1111, 1112, 1113, 1114, 1116, 1117, 1121, 1122, 1124, 1125, 1126, 1128, 1129 or 1130 except where part of neo-natal screening or in investigation of haemolytic anaemia)	
1144	SP.	ALL STATES: FEE \$16.60
1145	OP.	ALL STATES: FEE \$12.45
	Examination of serum for blood group haemolysins	
1152	SP.	ALL STATES: FEE \$22.00
1153	OP.	ALL STATES: FEE \$16.50
	Leucocyte agglutinins, detection of	
1159	SP	ALL STATES: FEE \$22.00
1160	OP	ALL STATES: FEE \$16.50
	Platelet agglutinins, detection of	
1166	SP.	ALL STATES: FEE \$22.00
1167	OP.	ALL STATES: FEE \$16.50

## MISCELLANEOUS

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

1190 SP. ALL STATES: FEE \$8.80

1191 OP. ALL STATES: FEE \$6.60

Heterophile antibodies quantitative estimation by serial dilutions with specific absorption (including qualitative estimation covered by Item 1190 or 1191)

1194 SP. ALL STATES: FEE \$22.00

1195 OP. ALL STATES: FEE \$16.50

Cold agglutinins, qualitative estimation of

1202 SP. ALL STATES: FEE \$8.80

1203 OP. ALL STATES: FEE \$6.60

Cold agglutinins quantitative estimation by serial dilutions (including qualitative estimation covered by Item 1202 or 1203 where performed)

1206 SP. ALL STATES: FEE \$22.00

1207 OP. ALL STATES: FEE \$16.50

Blood volume, estimation of by dye method

1211 SP. ALL STATES: FEE \$11.00

1212 OP. ALL STATES: FEE \$8.25

Blood, spectroscopic examination of

1215 SP. ALL STATES: FEE \$11.00

1216 OP. ALL STATES: FEE \$8.25

## HAEMOSTASIS

Estimation of—Bleeding time; Coagulation time (including clot retraction); Prothrombin time (one stage); Thromboplastin time (partial) with or without kaolin and/or kaolin clotting time; or Thrombotest (Owren)

One procedure

1234 SP. ALL STATES: FEE \$11.00

1235 OP. ALL STATES: FEE \$8.25

	Two procedures to which Item 1234 or 1235 applies	
1236	SP.	ALL STATES: FEE \$16.60
1237	OP.	ALL STATES: FEE \$12.45
	Three or more procedures to which Item 1234 or 1235 applies	
1236	SP.	ALL STATES: FEE \$22.00
1239	OP.	ALL STATES: FEE \$16.50
	Platelet aggregation, qualitative test for	
1242	SP.	ALL STATES: FEE \$11.00
1243	OP.	ALL STATES: FEE \$8.25
	Estimation of—Thrombin time (including test for presence of an inhibitor and serial test for fibrinogenolysis); or recalcified plasma clotting time—each procedure	
1244	SP	ALL STATES: FEE \$11.00
1246	OP	ALL STATES: FEE \$8.25
	Fibrinogen titre, determination of	
1247	SP.	ALL STATES: FEE \$11.00
1248	OP.	ALL STATES: FEE \$8.25
	Factor 13, test for presence of	
1251	SP.	ALL STATES: FEE \$16.60
1252	OP.	ALL STATES: FEE \$12.45
	Thromboplastin generation screening test	
1255	SP.	ALL STATES: FEE \$16.60
1256	OP.	ALL STATES: FEE \$12.45

	Prothrombin time, estimation of (two stage)	
1259	SP.	ALL STATES: FEE \$16.60
1260	OP.	ALL STATES: FEE \$12.45
	Qualitative, quantitative OR qualitative and quantitative estimation of Fibrin degeneration products	
1261	SP.	ALL STATES: FEE \$13.20
1262	OP.	ALL STATES: FEE \$9.90
	Quantitative estimation of—Platelet adhesion; Prothrombin consumption; or Protamine sulphate—each procedure	
1263	SP.	ALL STATES: FEE \$16.60
1264	OP.	ALL STATES: FEE \$12.45
	Euglobulin lysis time, estimation of	
1267	SP	ALL STATES: FEE \$33.00
1268	OP	ALL STATES: FEE \$24.75
	Quantitative estimation of—Platelet antibodies (by one or more techniques); Platelet Factor III availability; or one or more blood coagulation factors (including antithaemophilic globulin)—each procedure	
1271	SP.	ALL STATES: FEE \$33.00
1272	OP.	ALL STATES: FEE \$24.75
	Platelet aggregation test using—ADP; Collagen; 5HT; Ristocetin; or similar substance	
	One procedure	
1277	SP.	ALL STATES: FEE \$33.00
1278	OP.	ALL STATES: FEE \$24.75
	Two or more procedures to which Item 1277 or 1278 applies	
1279	SP.	ALL STATES: FEE \$66.00
1280	OP.	ALL STATES: FEE \$49.50

## 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 1301-1312.

(ii) Items 1301-1312 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.

Quantitative estimation of any substance BY REAGENT STRIP WITH REFLECTANCE METER (not associated with Items 1301 to 1312) by or on behalf of an approved pathology practitioner where the patient is referred by a medical practitioner for the estimation and where the referring medical practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member

One or more estimations—

1296	SP.	ALL STATES: FEE \$16.60
1297	OP.	ALL STATES: FEE \$12.45
1298	HP.	ALL STATES: FEE \$8.30

Estimation BY ANY METHOD EXCEPT BY REAGENT STRIP with or without reflectance meter of—Albumin; Alkaline phosphatase; ALT; AST; Bicarbonate; Bilirubin (direct); Bilirubin (indirect); Calcium (including serum ionized calcium); Chloride; Cholesterol; CK; CK isoenzymes; Creatinine; GGTP; Globulin; Glucose; HBD; LD; Phosphate; Potassium; Protein (total); Sodium; Triglycerides; Urate or Urea or estimation of a substance referred to in any other item in this Division where the estimation is performed on a multichannel analyser—

One estimation

1301	SP.	ALL STATES: FEE \$16.60
1302	OP.	ALL STATES: FEE \$12.45
1303	HP.	ALL STATES: FEE \$8.30

Two estimations—of a kind specified in Item 1301, 1302 or 1303—

1304	SP.	ALL STATES: FEE \$22.00
1305	OP.	ALL STATES: FEE \$16.50
1306	HP.	ALL STATES: FEE \$11.00

Three to five estimations—of a kind specified in Item 1301, 1302 or 1303—

1307	SP.	ALL STATES: FEE \$27.50
1308	OP.	ALL STATES: FEE \$20.65
1309	HP.	ALL STATES: FEE \$13.75

	Six or more estimations—of a kind specified in Item 1301, 1302 or 1303—	
1310	SP.	ALL STATES: FEE \$30.50
1311	OP.	ALL STATES: FEE \$22.90
1312	HP.	ALL STATES: FEE \$15.25
	Glycosylated haemoglobin, estimation of, in the management of established diabetes, with a maximum of three estimations in any twelve month period	
1313	SP.	ALL STATES: FEE \$19.80
1314	OP.	ALL STATES: FEE \$14.85
	Qualitative estimation of—Acidity (by pH meter or titration); Blood in faeces (occult blood); Cryoglobulins; Cryoproteins; Euglobins; Macroglobulins (Sia test); PBG; Protein (Bence-Jones) in urine; UBG or Any other substance not specified in any other item in this Division— One estimation—	
1319	SP.	ALL STATES: FEE \$5.50
1320	OP.	ALL STATES: FEE \$4.15
	Two or more estimations to which Item 1319 or 1320 applies	
1322	SP.	ALL STATES: FEE \$11.00
1323	OP.	ALL STATES: FEE \$8.25
	Quantitative estimation of blood gases (including pO <sub>2</sub> , oxygen saturation, pCO <sub>2</sub> and estimation of bicarbonate and pH)	
1324	SP.	ALL STATES: FEE \$44.00
1325	OP.	ALL STATES: FEE \$33.00
1326	HP.	ALL STATES: FEE \$22.00
	Qualitative estimation of—Foetoprotein; Gastric acidity (by dye method); or Porphyrins Each estimation	
1327	SP.	ALL STATES: FEE \$22.00
1328	OP.	ALL STATES: FEE \$16.50

		Chromatography, qualitative estimation of a substance not specified in any other item in this Division
1330	SP.	ALL STATES: FEE \$22.00
1331	OP.	ALL STATES: FEE \$16.50
		Electrophoresis, qualitative
1333	SP.	ALL STATES: FEE \$22.00
1334	OP.	ALL STATES: FEE \$16.50
		Australia antigen or similar antigen, detection of by any method including radioimmunoassay
1336	SP.	ALL STATES: FEE \$22.00
1337	OP.	ALL STATES: FEE \$16.50
		Osmolality, estimation of, in serum or urine
1339	SP.	ALL STATES: FEE \$22.00
1340	OP.	ALL STATES: FEE \$16.50
‡		Quantitative estimation of—Acid phosphatase; Aldolase; Alpha foeto-proteins in serum; Amylase; Lipase; Amylase and Lipase; Antithrombin 3; Antitrypsin alpha -1; Bromide; BSP; Caeruloplasmin; Carotene; Complement (total or fraction); Any other specific protein (excluding immunoglobulins) (where estimated by immunodiffusion; nephelometry; Laurell rocket or similar technique); Creatine; Cryofibrinogen; Hexosamine; Lactate; Lithium; Magnesium; Pyruvate; Salicylate or Xylose— Each estimation
1342	SP.	ALL STATES: FEE \$22.00
1343	OP.	ALL STATES: FEE \$16.50
‡		Quantitative estimation of—Arsenic; Copper; Gold; Lead; Mercury; Strontium; Zinc; Any other element not specified in any other item in this Division; Folic acid; Vitamin B12; Any other vitamin not specified in any other item in this division; Alcohol; Ammonia; Neo-natal bilirubin (direct and indirect); Cholinesterase; Coproporphyrin; Erythroporphyrin; Uroporphyrin or any other porphyrin factor; Carboxyhaemoglobin; Delta ALA: 5HIAA; Iron (including iron-binding capacity); Oxalate; Oxosteroids; Oxogenic steroids; PBG; Urine oestriol; Transketolase or Any other substance not specified in any other item in this Division— Each estimation
1345	SP.	ALL STATES: FEE \$33.00
1346	OP.	ALL STATES: FEE \$24.75



	Dibucaine number or similar, determination of	
1348	SP.	ALL STATES: FEE \$33.00
1349	OP.	ALL STATES: FEE \$24.75
	Indican, qualitative test for	
1351	SP.	ALL STATES: FEE \$33.00
1352	OP.	ALL STATES: FEE \$24.75
	Calculus, analysis of	
1354	SP.	ALL STATES: FEE \$33.00
1355	OP.	ALL STATES: FEE \$24.75
	Amniotic fluid, spectrophotometric analysis of	
1357	SP.	ALL STATES: FEE \$33.00
1358	OP.	ALL STATES: FEE \$24.75
	Electrophoresis, quantitative (including qualitative test)	
1360	SP.	ALL STATES: FEE \$33.00
1362	OP.	ALL STATES: FEE \$24.75
	Quantitative estimation of—Catecholamines (one or more components); Faecal fat; HMMA; Hydroxyproline; 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.	ALL STATES: FEE \$44.00
1366	OP.	ALL STATES: FEE \$33.00
	Chromatography, quantitative estimation (including qualitative test) of any substance not specified in any other item in this Division	
1368	SP.	ALL STATES: FEE \$44.00
1370	OP.	ALL STATES: FEE \$33.00

	Chromatography, qualitative estimation of a substance not specified in any other item in this Division	
1330	SP.	ALL STATES: FEE \$22.00
1331	OP.	ALL STATES: FEE \$16.50
	Electrophoresis, qualitative	
1333	SP.	ALL STATES: FEE \$22.00
1334	OP.	ALL STATES: FEE \$16.50
	Australia antigen or similar antigen, detection of by any method including radioimmunoassay	
1336	SP.	ALL STATES: FEE \$22.00
1337	OP.	ALL STATES: FEE \$16.50
	Osmolality, estimation of, in serum or urine	
1339	SP.	ALL STATES: FEE \$22.00
1340	OP.	ALL STATES: FEE \$16.50
<i>New</i>	‡ Quantitative estimation of—Acid phosphatase; Aldolase; Alpha foeto-proteins in serum; Amylase; Lipase; Amylase and Lipase; Anti-thrombin 3; Antitrypsin alpha -1; Bromide; BSP; Caeruloplasmin; Carotene; Complement (total or fraction); Any other specific protein (excluding immunoglobulins) (Where estimated by immunodiffusion; nephelometry; Laurell rocket or similar technique); Creatine; Cryofibrinogen; Haemoglobin F; Hexosamine; Lactate; Lithium; Magnesium; Pyruvate; Salicylate or Xylose— Each estimation	
1342	SP.	ALL STATES: FEE \$22.00
1343	OP.	ALL STATES: FEE \$16.50
	Quantitative estimation of—Arsenic; Copper; Gold; Lead; Mercury; Strontium; Zinc; Any other element not specified in any other item in this Division; Folic acid; Vitamin B12; Any other vitamin not specified in any other item in this division; Alcohol; Ammonia; Neo-natal bilirubin (direct and indirect); Cholinesterase; Coproporphyrin; Erythroporphyrin; Uroporphyrin or any other porphyrin factor; Carboxyhaemoglobin; Delta ALA: 5HIAA; Iron (including iron-binding capacity); Oxalate; Oxosteroids; Oxogenic steroids; PBG; Urine oestriol; Transketolase or Any other substance not specified in any other item in this Division— Each estimation	
1345	SP.	ALL STATES: FEE \$33.00
1346	OP.	ALL STATES: FEE \$24.75

	Dibucaine number or similar, determination of	
1348	SP.	ALL STATES: FEE \$33.00
1349	OP.	ALL STATES: FEE \$24.75
	Indican, qualitative test for	
1351	SP.	ALL STATES: FEE \$33.00
1352	OP.	ALL STATES: FEE \$24.75
	Calculus, analysis of	
1354	SP.	ALL STATES: FEE \$33.00
1355	OP.	ALL STATES: FEE \$24.75
	Amniotic fluid, spectrophotometric analysis of	
1357	SP.	ALL STATES: FEE \$33.00
1358	OP.	ALL STATES: FEE \$24.75
	Electrophoresis, quantitative (including qualitative test)	
1360	SP.	ALL STATES: FEE \$33.00
1362	OP.	ALL STATES: FEE \$24.75
	Quantitative estimation of—Catecholamines (one or more components); Faecal fat; HMMA; Hydroxyproline; 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.	ALL STATES: FEE \$44.00
1366	OP.	ALL STATES: FEE \$33.00
	Chromatography, quantitative estimation (including qualitative test) of any substance not specified in any other item in this Division	
1368	SP.	ALL STATES: FEE \$44.00
1370	OP.	ALL STATES: FEE \$33.00

		Lecithin/sphingomyelin ratio of amniotic fluid, determination of
1372	SP.	ALL STATES: FEE \$44.00
1374	OP.	ALL STATES: FEE \$33.00
		Drug assays—qualitative estimations or screening procedures, by colorimetric methods— One of more estimations or procedures on each specimen
1376	SP.	ALL STATES: FEE \$11.00
1378	OP.	ALL STATES: FEE \$8.25
		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
1380	SP.	ALL STATES: FEE \$27.50
1381	OP.	ALL STATES: FEE \$20.65
		Estimation of two substances referred to in Item 1380 or 1381 using one or more of the methods specified in those items—
1382	SP.	ALL STATES: FEE \$44.00
1384	OP.	ALL STATES: FEE \$33.00
		Estimation of three or more substances referred to in Item 1380 or 1381 using one or more of the methods specified in those items—
1385	SP.	ALL STATES: FEE \$55.00
1387	OP.	ALL STATES: FEE \$41.25
		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
1392	SP.	ALL STATES: FEE \$33.00
1393	OP.	ALL STATES: FEE \$24.75

	Estimation of two substances referred to in Item 1392 or 1393 using one or more of the methods specified in those items—	
1394	SP.	ALL STATES: FEE \$55.00
1395	OP.	ALL STATES: FEE \$41.25
	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.	ALL STATES: FEE \$66.00
1398	OP.	ALL STATES: FEE \$49.50
	HDL cholesterol, estimation of, in proven cases of hyperlipidaemia—one estimation in any twelve month period	
1401	SP.	ALL STATES: FEE \$22.00
1402	OP.	ALL STATES: FEE \$16.50
	<b>HORMONE ASSAYS</b> (not covered by any other item in this Division)	
	Assay of T3 resin uptake, thyroxine (T4) OR normalised thyroxine (effective thyroxine ratio)—using any technique—one estimation	
1421	SP.	ALL STATES: FEE \$16.60
1422	OP.	ALL STATES: FEE \$12.45
	Assay of T3 resin uptake, thyroxine (T4) OR normalised thyroxine (effective thyroxine ratio)—using any technique—two or more estimations	
1424	SP.	ALL STATES: FEE \$27.50
1425	OP.	ALL STATES: FEE \$20.65
	HORMONE ASSAYS—assay of insulin, growth hormone, TSH, LH, FSH, T3, prolactin, renin, gastrin, cortisol (selenium labelled), ACTH, HPL but not including assay of a thyroid hormone covered by Item 1421, 1422, 1424 or 1425, using gamma emitting labels or other unspecified technique—one estimation of any one hormone	
1452	SP.	ALL STATES: FEE \$33.00
1453	OP.	ALL STATES: FEE \$24.75

	Lecithin/sphingomyelin ratio of amniotic fluid, determination of	
1372	SP.	ALL STATES: FEE \$44.00
1374	OP.	ALL STATES: FEE \$33.00
	Drug assays—qualitative estimations or screening procedures, by colorimetric methods— One or more estimations or procedures on each specimen	
1376	SP.	ALL STATES: FEE \$11.00
1378	OP.	ALL STATES: FEE \$8.25
	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	
1380	SP.	ALL STATES: FEE \$27.50
1381	OP.	ALL STATES: FEE \$20.65
	Estimation of two substances referred to in Item 1380 or 1381 using one or more of the methods specified in those items—	
1382	SP.	ALL STATES: FEE \$44.00
1384	OP.	ALL STATES: FEE \$33.00
	Estimation of three or more substances referred to in Item 1380 or 1381 using one or more of the methods specified in those items—	
1385	SP.	ALL STATES: FEE \$55.00
1387	OP.	ALL STATES: FEE \$41.25
	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	
1392	SP.	ALL STATES: FEE \$33.00
1393	OP.	ALL STATES: FEE \$24.75

	Estimation of two substances referred to in Item 1392 or 1383 using one or more of the methods specified in those items—	
1394	SP.	ALL STATES: FEE \$55.00
1395	OP.	ALL STATES: FEE \$41.25
	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.	ALL STATES: FEE \$66.00
1398	OP.	ALL STATES: FEE \$49.50
‡	HDL cholesterol, estimation of, in proven cases of hyperlipidaemia—two estimations in any twelve month period Each estimation	
1401	SP.	ALL STATES: FEE \$22.00
1402	OP.	ALL STATES: FEE \$16.50
	<b>HORMONE ASSAYS</b> (not covered by any other item in this Division)	
	Assay of T3 resin uptake, thyroxine (T4) OR normalised thyroxine (effective thyroxine ratio)—using any technique—one estimation	
1421	SP.	ALL STATES: FEE \$16.60
1422	OP.	ALL STATES: FEE \$12.45
	Assay of T3 resin uptake, thyroxine (T4) OR normalised thyroxine (effective thyroxine ratio)—using any technique—two or more estimations	
1424	SP.	ALL STATES: FEE \$27.50
1425	OP.	ALL STATES: FEE \$20.65
	HORMONE ASSAYS—assay of insulin, growth hormone, TSH, LH, FSH, T3, prolactin, renin, gastrin, cortisol (selenium labelled), ACTH, HPL but not including assay of a thyroid hormone covered by Item 1421, 1422, 1424 or 1425, using gamma emitting labels or other unspecified technique—one estimation of any one hormone	
1452	SP.	ALL STATES: FEE \$33.00
1453	OP.	ALL STATES: FEE \$24.75

	Two estimations of any one hormone using any technique referred to in Item 1452 or 1453	
1455	SP.	ALL STATES: FEE \$49.50
1456	OP.	ALL STATES: FEE \$37.15
	Three estimations of any one hormone using any technique referred to in Item 1452 or 1453	
1458	SP.	ALL STATES: FEE \$66.00
1459	OP.	ALL STATES: FEE \$49.50
	Each estimation of any one hormone in excess of three using any technique referred to in Item 1452 or 1453	
1461	SP.	ALL STATES: FEE \$6.60
1462	OP.	ALL STATES: FEE \$4.95
	† Hormone receptor assay on proven primary breast carcinoma or on subsequent lesion in the breast— One or more assays	
1469	SP.	ALL STATES: FEE \$88.00
1470	OP.	ALL STATES: FEE \$66.00
	Hormone assays (including progesterone, testosterone, cortisol (tritium labelled) 17-hydroxyprogesterone, oestradiol and aldosterone) using beta emitting labels or bioassay One estimation of any one hormone	
1475	SP.	ALL STATES: FEE \$55.00
1476	OP.	ALL STATES: FEE \$41.25
	Two estimations of any one hormone using a technique referred to in Item 1475 or 1476	
1478	SP.	ALL STATES: FEE \$88.00
1479	OP.	ALL STATES: FEE \$66.00
	Three estimations of any one hormone using a technique referred to in Item 1475 or 1476	
1481	SP.	ALL STATES: FEE \$110.00
1482	OP.	ALL STATES: FEE \$82.50



	Each estimation of any one hormone in excess of three using a technique referred to in Item 1475 or 1476	
1484	SP.	ALL STATES: FEE \$11.00
1485	OP.	ALL STATES: FEE \$8.25

**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

1504	SP.	ALL STATES: FEE \$11.00
1505	OP.	ALL STATES: FEE \$8.25

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

1511	SP.	ALL STATES: FEE \$33.00
1512	OP.	ALL STATES: FEE \$24.75

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

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

1516	SP.	ALL STATES: FEE \$27.50
1517	OP.	ALL STATES: FEE \$20.65

## DIVISION 3—MICROBIOLOGY

Microscopical examination—wet film, other than urine

1529 SP. ALL STATES: FEE \$6.60

1530 OP. ALL STATES: FEE \$4.95

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. ALL STATES: FEE \$8.80

1537 OP. ALL STATES: FEE \$6.60

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

One stain

1545 SP. ALL STATES: FEE \$8.80

1546 OP. ALL STATES: FEE \$6.60

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

Two or more stains

1548 SP. ALL STATES: FEE \$11.00

1549 OP. ALL STATES: FEE \$8.25

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

One stain

1556 SP. ALL STATES: FEE \$11.00

1557 OP. ALL STATES: FEE \$8.25

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. ALL STATES: FEE \$16.60

1567 OP. ALL STATES: FEE \$12.45

Microscopical examination for dermatophytes

Examination of material from one site

1586 SP. ALL STATES: FEE \$11.00

1587 OP. ALL STATES: FEE \$8.25

Microscopical examination referred to in Item 1586 or 1587—

Examination of material from two or more sites

1588 SP. ALL STATES: FEE \$22.00

1589 OP. ALL STATES: FEE \$16.50

Microscopical examination of exudate by dark ground illumination for *Treponema pallidum*

1604 SP. ALL STATES: FEE \$27.50

1606 OP. ALL STATES: FEE \$20.65

Cultural examination of material 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—

Examination of material from one site

1609 SP. ALL STATES: FEE \$22.00

1610 OP. ALL STATES: FEE \$16.50

1611 HP. ALL STATES: FEE \$13.90

Cultural examination referred to in Items 1609, 1610 or 1611—Examination of material from two or more sites where processed independently

1612 SP. ALL STATES: FEE \$38.50

1613 OP. ALL STATES: FEE \$28.90

1614 HP. ALL STATES: FEE \$19.25

	Cultural examination of material 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—	
	Examination of material from one site	
1615	SP.	ALL STATES: FEE \$33.00
1616	OP.	ALL STATES: FEE \$24.75
1618	HP.	ALL STATES: FEE \$20.80
	Cultural examination referred to in Items 1615, 1616 or 1618—	
	Examination of material from two or more sites where processed independently	
1619	SP.	ALL STATES: FEE \$58.00
1620	OP.	ALL STATES: FEE \$43.50
1621	HP.	ALL STATES: FEE \$29.00
	Cultural examination for mycobacteria—each specimen	
1622	SP.	ALL STATES: FEE \$22.00
1623	OP.	ALL STATES: FEE \$16.50
	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.	ALL STATES: FEE \$33.00
1634	OP.	ALL STATES: FEE \$24.75
1636	HP.	ALL STATES: FEE \$16.50
	Screening test for mycoplasma and/or ureaplasma	
1637	SP.	ALL STATES: FEE \$5.50
1638	OP.	ALL STATES: FEE \$4.15
	Coagulase test for organism identification by slide or tube method, not associated with the use of Items 1644/1645, 1647/1648, 1661/1662, 1664/1665, for identification of the same organism	
1640	SP.	ALL STATES: FEE \$5.50
1641	OP.	ALL STATES: FEE \$4.15

	Identification of pathogenic micro-organisms, excluding M tuberculosis, using biochemical tests and/or other special techniques involving sub-culture	
	Identification of one organism	
1644	SP.	ALL STATES: FEE \$11.00
1645	OP.	ALL STATES: FEE \$8.25
	Identification of two or more organisms, excluding M tuberculosis, by the method referred to in Item 1644 or 1645	
1647	SP.	ALL STATES: FEE \$22.00
1648	OP.	ALL STATES: FEE \$16.50
	Identification of pathogenic micro-organisms using specific serological techniques, (including immunofluorescent and immunoenzymic methods)	
	One procedure	
1661	SP.	ALL STATES: FEE \$11.00
1662	OP.	ALL STATES: FEE \$8.25
	Two or more of any procedures of a kind referred to in Item 1661 or 1662	
1664	SP.	ALL STATES: FEE \$16.60
1665	OP.	ALL STATES: FEE \$12.45
	Anaerobic culture of urine obtained by suprapubic aspiration of the bladder where previous aerobic urine culture is negative, plus microscopical examination of urine, with cell count, relevant stains (if indicated), aerobic 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. (Not associated with Item 1673, 1674 or 1676)	
1668	SP.	ALL STATES: FEE \$42.00
1669	OP.	ALL STATES: FEE \$31.50
1670	HP.	ALL STATES: FEE \$21.00

‡	Microscopical examination of urine, with cell count, relevant stains (if indicated), aerobic 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 and testing for substances inhibitory to micro-organisms where indicated and with general examination for one or more of the following where indicated—  pH, specific gravity, blood, albumin, urobilinogen, sugar, acetone and bile pigments	
1673	SP.	ALL STATES: FEE \$31.00
1674	OP.	ALL STATES: FEE \$23.25
1676	HP.	ALL STATES: FEE \$15.50
	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)	
1682	SP.	ALL STATES: FEE \$11.00
1683	OP.	ALL STATES: FEE \$8.25
	Microscopical examination of faeces or body fluids for parasites, cysts or ova, with or without simple stains and concentration techniques	
1687	SP.	ALL STATES: FEE \$16.60
1688	OP.	ALL STATES: FEE \$12.45
	Identification of helminths	
1693	SP.	ALL STATES: FEE \$11.00
1694	OP.	ALL STATES: FEE \$8.25
	Cultural examination for parasites other than trichomonas  Culture of one parasite	
1702	SP.	ALL STATES: FEE \$22.00
1703	OP.	ALL STATES: FEE \$16.50
	Cultural examination for parasites referred to in Item 1702 or 1703—  Culture of two or more parasites	
1705	SP.	ALL STATES: FEE \$38.50
1706	OP.	ALL STATES: FEE \$28.90

	Determination of the minimum inhibitory concentration of an antibiotic or chemotherapeutic agent by tube technique or by agar plate dilution	
	One organism	
1721	SP.	ALL STATES: FEE \$22.00
1722	OP.	ALL STATES: FEE \$16.50
	Determination referred to in Item 1721 or 1722—	
	Two or more organisms	
1724	SP.	ALL STATES: FEE \$27.50
1725	OP.	ALL STATES: FEE \$20.65
	‡ Detection of substances inhibitory to micro-organisms in a body fluid (excluding urine)	
1732	SP.	ALL STATES: FEE \$5.50
1733	OP.	ALL STATES: FEE \$4.15
	† Quantitative assay of an antibiotic or chemotherapeutic agent in a body fluid (including urine)	
1743	SP.	ALL STATES: FEE \$22.00
1744	OP.	ALL STATES: FEE \$16.50
	a Serological tests for Hepatitis A and Hepatitis B	
	Each test to a maximum of two tests	
1747	SP.	ALL STATES: FEE \$22.00
1748	OP.	ALL STATES: FEE \$16.50
	Agglutination tests (screening)	
	One test	
1756	SP.	ALL STATES: FEE \$5.50
1757	OP.	ALL STATES: FEE \$4.15

	Microscopical examination of urine, with cell count, relevant stains (if indicated), aerobic 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 and testing for substances inhibitory to micro-organisms where indicated and with general examination for one or more of the following where indicated—	
	pH, specific gravity, blood, albumin, urobilinogen, sugar, acetone and bile pigments	
1673	SP.	ALL STATES: FEE \$31.00
1674	OP.	ALL STATES: FEE \$23.25
1676	HP.	ALL STATES: FEE \$15.50
	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)	
1682	SP.	ALL STATES: FEE \$11.00
1683	OP.	ALL STATES: FEE \$8.25
	Microscopical examination of faeces or body fluids for parasites, cysts or ova, with or without simple stains and concentration techniques	
1687	SP.	ALL STATES: FEE \$16.60
1688	OP.	ALL STATES: FEE \$12.45
	Identification of helminths	
1693	SP.	ALL STATES: FEE \$11.00
1694	OP.	ALL STATES: FEE \$8.25
	Cultural examination for parasites other than trichomonas	
	Culture of one parasite	
1702	SP.	ALL STATES: FEE \$22.00
1703	OP.	ALL STATES: FEE \$16.50



**PART 7—PATHOLOGY**

**DIVISION 3—MICROBIOLOGY**

	Cultural examination for parasites referred to in Item 1702 or 1703—	
	Culture of two or more parasites	
1705	SP.	ALL STATES: FEE \$38.50
1706	OP.	ALL STATES: FEE \$28.90
	Determination of the minimum inhibitory concentration of an antibiotic or chemotherapeutic agent by tube technique or by agar plate dilution	
	One organism	
1721	SP.	ALL STATES: FEE \$22.00
1722	OP.	ALL STATES: FEE \$16.50
	Determination referred to in Item 1721 or 1722—	
	Two or more organisms	
1724	SP.	ALL STATES: FEE \$27.50
1725	OP.	ALL STATES: FEE \$20.65
	Detection of substances inhibitory to micro-organisms in a body fluid (excluding urine)	
1732	SP.	ALL STATES: FEE \$5.50
1733	OP.	ALL STATES: FEE \$4.15
	Quantitative assay of an antibiotic or chemotherapeutic agent in a body fluid (including urine)	
1743	SP.	ALL STATES: FEE \$22.00
1744	OP.	ALL STATES: FEE \$16.50
‡	Serological tests for Hepatitis	
	Each test to a maximum of two tests	
1747	SP.	ALL STATES: FEE \$22.00
1748	OP.	ALL STATES: FEE \$16.50
	Agglutination tests (screening)	
	One test	
1756	SP.	ALL STATES: FEE \$5.50
1757	OP.	ALL STATES: FEE \$4.15

	Agglutination tests (screening)	
	Two or more tests	
1758	SP.	ALL STATES: FEE \$6.60
1759	OP.	ALL STATES: FEE \$4.95
	Agglutination tests (quantitative), including those for enteric fever and brucellosis	
	One antigen	
1760	SP.	ALL STATES: FEE \$16.60
1761	OP.	ALL STATES: FEE \$12.45
	Agglutination tests (quantitative) referred to in Item 1760 or 1761—	
	Second to sixth antigen—each antigen	
1763	SP.	ALL STATES: FEE \$8.80
1764	OP.	ALL STATES: FEE \$6.60
	Agglutination tests (quantitative) referred to in Item 1760 or 1761—	
	Each antigen in excess of six	
1766	SP.	ALL STATES: FEE \$4.40
1767	OP.	ALL STATES: FEE \$3.30
	Flocculation tests, including V.D.R.L., Kahn, Kline or similar tests	
	One test	
1772	SP.	ALL STATES: FEE \$5.50
1773	OP.	ALL STATES: FEE \$4.15
	Flocculation tests referred to in Item 1772 or 1773—	
	Two or more tests	
1775	SP.	ALL STATES: FEE \$6.60
1776	OP.	ALL STATES: FEE \$4.95

	Complement fixation tests	
	One test	
1781	SP.	ALL STATES: FEE \$22.00
1782	OP.	ALL STATES: FEE \$16.50
	Each test referred to in Item 1781 or 1782 in excess of one	
1784	SP.	ALL STATES: FEE \$5.50
1785	OP.	ALL STATES: FEE \$4.15
	Fluorescent serum antibody test (FTA test, FTA-absorbed test or similar)	
	One test	
1793	SP.	ALL STATES: FEE \$16.60
1794	OP.	ALL STATES: FEE \$12.45
	Each test referred to in Item 1793 or 1794 in excess of one	
1796	SP	ALL STATES: FEE \$8.80
1797	OP	ALL STATES: FEE \$6.60
	Haemagglutination tests—	
	One test	
1805	SP.	ALL STATES: FEE \$11.00
1806	OP.	ALL STATES: FEE \$8.25
	Each test referred to in Item 1805 or 1806 in excess of one	
1808	SP.	ALL STATES: FEE \$5.50
1809	OP.	ALL STATES: FEE \$4.15
	Haemagglutination inhibition tests—	
	One test	
1823	SP.	ALL STATES: FEE \$11.00
1824	OP	ALL STATES: FEE \$8.25

	Each test referred to in Item 1823 or 1824 in excess of one	
1826	SP.	ALL STATES: FEE \$5.50
1827	OP.	ALL STATES: FEE \$4.15

	Antistreptolysin O titre or similar test (qualitative) not associated with Item 1843, 1844, 1846 or 1847	
1839	SP	ALL STATES: FEE \$5.50
1840	OP.	ALL STATES: FEE \$4.15

	Antistreptolysin O titre test, anti-desoxyribonuclease B titre test or similar test (quantitative)— One test	
1843	SP.	ALL STATES: FEE \$16.60
1844	OP.	ALL STATES: FEE \$12.45

	Antistreptolysin O titre test, anti-desoxyribonuclease B titre test or similar test (quantitative)— Two or more tests	
1846	SP.	ALL STATES: FEE \$25.00
1847	OP.	ALL STATES: FEE \$18.75

	Total and differential cell count on any body fluid	
1851	SP.	ALL STATES: FEE \$11.00
1852	OP.	ALL STATES: FEE \$8.25

	Autogenous vaccine, preparation of—each organism	
1858	SP.	ALL STATES: FEE \$44.00
1859	OP.	ALL STATES: FEE \$33.00

	<b>DIVISION 4—IMMUNOLOGY</b>	
	Immunoelectrophoresis using polyvalent antisera	
1877	SP.	ALL STATES: FEE \$33.00
1878	OP.	ALL STATES: FEE \$24.75

	Immunelectrophoresis using monovalent antiserum—each antiserum	
1884	SP.	ALL STATES: FEE \$5.50
1885	OP.	ALL STATES: FEE \$4.15
	Immunoglobulins G, A, M or D, quantitative estimation of, by immunodiffusion or any other method	
	Estimation of one immunoglobulin	
1888	SP.	ALL STATES: FEE \$22.00
1889	OP.	ALL STATES: FEE \$16.50
	Estimation of each immunoglobulin referred to in Item 1888 or 1889 in excess of one	
1891	SP.	ALL STATES: FEE \$11.00
1892	OP.	ALL STATES: FEE \$8.25
	Immunoglobulin E, quantitative estimation of	
1897	SP.	ALL STATES: FEE \$33.00
1898	OP.	ALL STATES: FEE \$24.75
	‡ Radioallergosorbent tests for allergen identification	
	Identification of one allergen	
1903	SP.	ALL STATES: FEE \$11.00
1904	OP.	ALL STATES: FEE \$8.25
	‡ Identification of each allergen referred to in Item 1903 or 1904 in excess of one to a maximum of nineteen	
1905	SP	ALL STATES: FEE \$5.50
1906	OP	ALL STATES: FEE \$4.15
	Immunofluorescent detection of tissue antibodies—qualitative not associated with the service specified in Item 1918 or 1919	
	Detection of one antibody	
1911	SP.	ALL STATES: FEE \$22.00
1912	OP.	ALL STATES: FEE \$16.50

	Each test referred to in Item 1823 or 1824 in excess of one	
1826	SP.	ALL STATES: FEE \$5.50
1827	OP.	ALL STATES: FEE \$4.15
	Antistreptolysin O titre or similar test (qualitative) not associated with Item 1843, 1844, 1846 or 1847	
1839	SP	ALL STATES: FEE \$5.50
1840	OP.	ALL STATES: FEE \$4.15
	Antistreptolysin O titre test, anti-desoxyribonuclease B titre test or similar test (quantitative)— One test	
1843	SP.	ALL STATES: FEE \$16.60
1844	OP.	ALL STATES: FEE \$12.45
	Antistreptolysin O titre test, anti-desoxyribonuclease B titre test or similar test (quantitative)— Two or more tests	
1846	SP.	ALL STATES: FEE \$25.00
1847	OP.	ALL STATES: FEE \$18.75
	Total and differential cell count on any body fluid	
1851	SP.	ALL STATES: FEE \$11.00
1852	OP.	ALL STATES: FEE \$8.25
	Autogenous vaccine, preparation of—each organism	
1858	SP.	ALL STATES: FEE \$44.00
1859	OP.	ALL STATES: FEE \$33.00
	<b>DIVISION 4—IMMUNOLOGY</b>	
	Immunoelectrophoresis using polyvalent antisera	
1877	SP.	ALL STATES: FEE \$33.00
1878	OP.	ALL STATES: FEE \$24.75

## PART 7—PATHOLOGY

## DIVISION 4 — IMMUNOLOGY

	Immuno-electrophoresis using monovalent antiserum—each antiserum	
1884	SP.	ALL STATES: FEE \$5.50
1885	OP.	ALL STATES: FEE \$4.15
	Immunoglobulins G, A, M or D, quantitative estimation of, by immunodiffusion or any other method	
	Estimation of one immunoglobulin	
1888	SP.	ALL STATES: FEE \$22.00
1889	OP.	ALL STATES: FEE \$16.50
	Estimation of each immunoglobulin referred to in Item 1888 or 1889 in excess of one	
1891	SP.	ALL STATES: FEE \$11.00
1892	OP.	ALL STATES: FEE \$8.25
	Immunoglobulin E, quantitative estimation of	
1897	SP.	ALL STATES: FEE \$33.00
1898	OP.	ALL STATES: FEE \$24.75
	Radioallergosorbent tests for allergen identification	
	Identification of one allergen	
1903	SP:	ALL STATES: FEE \$11.00
1904	OP.	ALL STATES: FEE \$8.25
	‡ Identification of each allergen referred to in Item 1903 or 1904 in excess of one to a maximum of THREE allergens	
1905	SP	ALL STATES: FEE \$5.50
1906	OP	ALL STATES: FEE \$4.15
	Immunofluorescent detection of tissue antibodies—qualitative not associated with the service specified in Item 1918 or 1919	
	Detection of one antibody	
1911	SP.	ALL STATES: FEE \$22.00
1912	OP.	ALL STATES: FEE \$16.50

	Detection of each antibody referred to in Item 1911 or 1912 in excess of one—each antibody	
1913	SP.	ALL STATES: FEE \$11.00
1914	OP.	ALL STATES: FEE \$8.25
	Immunofluorescent detection of tissue antibodies—qualitative and quantitative— Detection and estimation of each antibody	
1918	SP.	ALL STATES: FEE \$27.50
1919	OP.	ALL STATES: FEE \$20.65
	Complement fixation tests on human tissue antibody— One antibody	
1924	SP.	ALL STATES: FEE \$22.00
1925	OP.	ALL STATES: FEE \$16.50
	Each antibody referred to in Item 1924 or 1925 in excess of one	
1926	SP.	ALL STATES: FEE \$11.00
1927	OP.	ALL STATES: FEE \$8.25
	Latex flocculation test—qualitative and/or quantitative	
1935	SP.	ALL STATES: FEE \$11.00
1936	OP.	ALL STATES: FEE \$8.25
	Rose Waaler test, quantitative, using sheep cells	
1941	SP.	ALL STATES: FEE \$22.00
1942	OP.	ALL STATES: FEE \$16.50
	Modified Rose Waaler test using stabilised sheep cells, not associated with Item 1941 or 1942	
1943	SP.	ALL STATES: FEE \$11.00
1944	OP.	ALL STATES: FEE \$8.25



	Lupus erythematosus cells, preparation and examination of film for	
1948	SP.	ALL STATES: FEE \$16.60
1949	OP.	ALL STATES: FEE \$12.45
	Tanned erythrocyte haemagglutination test for tissue antibodies—	
	One antibody	
1955	SP.	ALL STATES: FEE \$22.00
1956	OP.	ALL STATES: FEE \$16.50
	Each antibody referred to in Item 1955 or 1956 in excess of one	
1957	SP.	ALL STATES: FEE \$11.00
1958	OP.	ALL STATES: FEE \$8.25
	Leucocyte fractionation as preliminary test to specific tests of leucocyte function (by density gradient centrifugation or other method)—	
1965	SP.	ALL STATES: FEE \$33.00
1966	OP.	ALL STATES: FEE \$24.75
	Neutrophil or monocyte tests for phagocytic activity—	
	Visual techniques	
1971	SP.	ALL STATES: FEE \$33.00
1972	OP.	ALL STATES: FEE \$24.75
	Neutrophil or monocyte function tests for phagocytic activity—	
	Radioactive techniques	
1973	SP.	ALL STATES: FEE \$55.00
1974	OP.	ALL STATES: FEE \$41.25
	Lymphocyte cell count—E. rosette technique or similar	
1981	SP.	ALL STATES: FEE \$44.00
1982	OP.	ALL STATES: FEE \$33.00

	B lymphocyte cell count—by immunofluorescence or immunoperoxidase	
1987	SP.	ALL STATES: FEE \$44.00
1988	OP.	ALL STATES: FEE \$33.00

	Lymphocyte function tests—	
	Visual transformation	
1995	SP.	ALL STATES: FEE \$44.00
1996	OP.	ALL STATES: FEE \$33.00

	Radioactive techniques	
1997	SP.	ALL STATES: FEE \$66.00
1998	OP.	ALL STATES: FEE \$49.50
	Tissue group typing (HLA phenotypes)	
2006	SP.	ALL STATES: FEE \$55.00
2007	OP.	ALL STATES: FEE \$41.25

	Mantoux, Schick, Casoni or similar test, not including skin sensitivity testing for allergens covered by Item 987 or 989	
2013	SP.	ALL STATES: FEE \$11.00
2014	OP.	ALL STATES: FEE \$8.25

	Skin sensitivity—induction and detection of sensitivity to chemical antigens	
2022	SP.	ALL STATES: FEE \$22.00
2023	OP.	ALL STATES: FEE \$16.50

#### 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

2041	SP.	ALL STATES: FEE \$77.00
2042	OP.	ALL STATES: FEE \$57.75

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

2048 SP. ALL STATES: FEE \$99.00

2049 OP. ALL STATES: FEE \$74.25

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

2056 SP. ALL STATES: FEE \$144.00

2057 OP. ALL STATES: FEE \$108.00

‡ Immunofluorescent or immunoperoxidase investigation of biopsy specimen, one or both, including any other histopathology examination of tissue obtained from the one patient at the one time

2060 SP. ALL STATES: FEE \$99.00

2061 OP. ALL STATES: FEE \$74.25

† Electron microscopy examination of biopsy material including any other histopathology examination of that tissue obtained from the one patient at the one time

2062 SP. ALL STATES: FEE \$116.00

2063 OP. ALL STATES: FEE \$87.00

#### DIVISION 6—CYTOLOGY

Cytological examination for pathological change of smears from Cervix and vagina, Skin or Mucous membrane, excluding nasal smears for cell count covered by Item 1545, 1546, 1548 or 1549—

Each examination

2081 SP. ALL STATES: FEE \$16.60

2082 OP. ALL STATES: FEE \$12.45

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

Each examination

2091 SP. ALL STATES: FEE \$33.00

2092 OP. ALL STATES: FEE \$24.75

	B lymphocyte cell count—by immunofluorescence or immunoperoxidase	
1987	SP.	ALL STATES: FEE \$44.00
1988	OP.	ALL STATES: FEE \$33.00
	Lymphocyte function tests—	
	Visual transformation	
1995	SP.	ALL STATES: FEE \$44.00
1996	OP.	ALL STATES: FEE \$33.00
	Radioactive techniques	
1997	SP.	ALL STATES: FEE \$66.00
1998	OP.	ALL STATES: FEE \$49.50
	Tissue group typing (HLA phenotypes)	
2006	SP.	ALL STATES: FEE \$55.00
2007	OP.	ALL STATES: FEE \$41.25
	Mantoux, Schick, Casoni or similar test, not including skin sensitivity testing for allergens covered by Item 987 or 989	
2013	SP.	ALL STATES: FEE \$11.00
2014	OP.	ALL STATES: FEE \$8.25
	Skin sensitivity—induction and detection of sensitivity to chemical antigens	
2022	SP.	ALL STATES: FEE \$22.00
2023	OP.	ALL STATES: FEE \$16.50
	<b>DIVISION 5—HISTOPATHOLOGY</b>	
	<b>NOTE:</b>	
	<i>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</i>	
	Histopathology examination of biopsy material—processing of one or more paraffin blocks with all appropriate stains and provision of professional opinion	
2041	SP.	ALL STATES: FEE \$77.00
2042	OP.	ALL STATES: FEE \$57.75

**PART 7 — PATHOLOGY**

**DIVISION 5 — HISTOPATHOLOGY**

	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	
2048	SP.	ALL STATES: FEE \$99.00
2049	OP.	ALL STATES: FEE \$74.25
	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	
2056	SP.	ALL STATES: FEE \$144.00
2057	OP.	ALL STATES: FEE \$108.00
	Immunofluorescent or immunoperoxidase investigation of biopsy specimen, one or both, including any other histopathology examination of tissue obtained from the one patient at the one time	
2060	SP.	ALL STATES: FEE \$99.00
2061	OP.	ALL STATES: FEE \$74.25
	Electron microscopy examination of biopsy material including any other histopathology examination of that tissue obtained from the one patient at the one time	
2062	SP.	ALL STATES: FEE \$116.00
2063	OP.	ALL STATES: FEE \$87.00
	<b>DIVISION 6 — CYTOLOGY</b>	
	Cytological examination for pathological change of smears from Cervix and vagina, Skin or Mucous membrane, excluding nasal smears for cell count covered by Item 1545, 1546, 1548 or 1549—	
	Each examination	
2081	SP.	ALL STATES: FEE \$16.60
2082	OP.	ALL STATES: FEE \$12.45
	‡ Cytological examination of body fluid or washings for malignant cells—examination of Sputum; Urine; Bronchial secretion; Cerebrospinal fluid; Peritoneal fluid; any similar fluid; Gastric washings; Duodenal washings; Oesophageal washings or Colonic washings; including collection of specimen	
	Each examination	
2091	SP.	ALL STATES: FEE \$33.00
2092	OP.	ALL STATES: FEE \$24.75

	Cytological examination for malignant cells—examination of (including collection of specimen)—Gastric washings; Duodenal washings; Oesophageal washings; Colonic washings	
	Each examination	
2096	SP.	ALL STATES: FEE \$44.00
2097	OP.	ALL STATES: FEE \$33.00
	Hormonal assessment by cytological examination of vaginal epithelium involving cell count and/or index	
2104	SP.	ALL STATES: FEE \$16.60
2105	OP.	ALL STATES: FEE \$12.45
	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	
2111	SP.	ALL STATES: FEE \$27.50
2112	OP.	ALL STATES: FEE \$20.65
	<b>DIVISION 7—CYTOGENETICS</b>	
	Cytological sex determination from blood film	
2131	SP.	ALL STATES: FEE \$11.00
2132	OP.	ALL STATES: FEE \$8.25
	Cytological sex chromatin studies (Barr or Y bodies)—other than from blood film—	
	Each tissue examined	
2141	SP.	ALL STATES: FEE \$11.00
2142	OP.	ALL STATES: FEE \$8.25
	Chromosome studies, including preparation, count and karyotyping of amniotic fluid	
2148	SP.	ALL STATES: FEE \$166.00
2149	OP.	ALL STATES: FEE \$124.50
	Chromosome studies, including preparation, count and karyotyping of bone marrow	
2155	SP.	ALL STATES: FEE \$110.00
2156	OP.	ALL STATES: FEE \$82.50

	Chromosome studies, including preparation, count and karyotyping of blood, skin or any other tissue or fluid NOT referred to in Item 2148, 2149, 2155 or 2156—	
	Each study	
2161	SP.	ALL STATES: FEE \$132.00
2162	OP.	ALL STATES: FEE \$99.00
	Chromosome identification by banding techniques (using fluorescein, Giemsa or centromeres staining)—	
	One method	
2170	SP.	ALL STATES: FEE \$110.00
2171	OP.	ALL STATES: FEE \$82.50
	Two or more methods referred to in Item 2170 or 2171	
2173	SP.	ALL STATES: FEE \$166.00
2174	OP.	ALL STATES: FEE \$124.50
	<b>DIVISION 8—INFERTILITY AND PREGNANCY TESTS</b>	
	Semen examination for presence of spermatozoa	
2201	SP.	ALL STATES: FEE \$6.60
2202	OP.	ALL STATES: FEE \$4.95
	Huhner's Test (Post-coital test)—collection of sample and examination of wet preparation	
2211	SP.	ALL STATES: FEE \$22.00
2212	OP.	ALL STATES: FEE \$16.50
	Semen examination—involving measurement of volume, sperm count, motility (including duration) and/or viability, Gram stain or similar, morphology by differential count	
2215	SP.	ALL STATES: FEE \$33.00
2216	OP.	ALL STATES: FEE \$24.75
	Semen analysis, chemical—	
	Analysis of one substance	
2225	SP.	ALL STATES: FEE \$16.60
2226	OP.	ALL STATES: FEE \$12.45

†	Cytological examination for malignant cells of material obtained by fine needle aspiration of solid tissues	
2093	SP.	ALL STATES: FEE \$44.00
2094	OP.	ALL STATES: FEE \$33.00
Hormonal assessment by cytological examination of vaginal epithelium involving cell count and/or index		
2104	SP.	ALL STATES: FEE \$16.60
2105	OP.	ALL STATES: FEE \$12.45
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		
2111	SP.	ALL STATES: FEE \$27.50
21.2	OP.	ALL STATES: FEE \$20.65
<b>DIVISION 7 — CYTOGENETICS</b>		
Chromosome studies, including preparation, count and karyotyping of amniotic fluid		
2148	SP.	ALL STATES: FEE \$166.00
2149	OP.	ALL STATES: FEE \$124.50
Chromosome studies, including preparation, count and karyotyping of bone marrow		
2155	SP.	ALL STATES: FEE \$110.00
2156	OP.	ALL STATES: FEE \$82.50
Chromosome studies, including preparation, count and karyotyping of blood, skin or any other tissue or fluid NOT referred to in Item 2148, 2149, 2155 or 2156— Each study		
2161	SP.	ALL STATES: FEE \$132.00
2162	OP.	ALL STATES: FEE \$99.00
Chromosome identification by banding techniques (using fluorescein, Giemsa or centromeres staining)— One method		
2170	SP.	ALL STATES: FEE \$110.00
2171	OP.	ALL STATES: FEE \$82.50
Two or more methods referred to in Item 2170 or 2171		
2173	SP.	ALL STATES: FEE \$166.00
2174	OP.	ALL STATES: FEE \$124.50



## DIVISION 8—INFERTILITY AND PREGNANCY TESTS

Semen examination for presence of spermatozoa

2201 SP. ALL STATES: FEE \$6.60

2202 OP. ALL STATES: FEE \$4.95

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

2211 SP. ALL STATES: FEE \$22.00

2212 OP. ALL STATES: FEE \$16.50

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

2215 SP. ALL STATES: FEE \$33.00

2216 OP. ALL STATES: FEE \$24.75

Semen analysis, chemical—

Analysis of one substance

2225 SP. ALL STATES: FEE \$16.60

2226 OP. ALL STATES: FEE \$12.45

Analysis of two or more substances referred to in Item 2225 or 2226

2227 SP. ALL STATES: FEE \$27.50

2228 OP. ALL STATES: FEE \$20.65

Spermagglutinating and immobilising antibodies, tests for—

One test

2247 SP. ALL STATES: FEE \$16.60

2248 OP. ALL STATES: FEE \$12.45

Two or more tests referred to in Item 2247 or 2248

2249 SP. ALL STATES: FEE \$22.00

2250 OP. ALL STATES: FEE \$16.50

	Analysis of two or more substances referred to in Item 2225 or 2226	
2227	SP.	ALL STATES: FEE \$27.50
2228	OP.	ALL STATES: FEE \$20.65
	Spermagglutinating and immobilising antibodies, tests for—	
	One test	
2247	SP.	ALL STATES: FEE \$16.60
2248	OP.	ALL STATES: FEE \$12.45
	Two or more tests referred to in Item 2247 or 2248	
2249	SP.	ALL STATES: FEE \$22.00
2250	OP.	ALL STATES: FEE \$16.50
	Sperm penetrability, one or more tests for—not associated with Item 2211 or 2212	
2264	SP.	ALL STATES: FEE \$22.00
2265	OP.	ALL STATES: FEE \$16.50
	Chorionic gonadotrophin (beta-HCG), qualitative estimation or quantitative estimation or qualitative and quantitative estimation by one or more methods for any purpose not covered by Item 2285 or 2286	
2272	SP.	ALL STATES: FEE \$11.00
2273	OP.	ALL STATES: FEE \$8.25
	Chorionic gonadotrophin, quantitative estimation of (including serial dilutions) for assessment of hormone levels in the case of proven hormone producing neoplasms by one or more methods—	
2285	SP.	ALL STATES: FEE \$33.00
2286	OP.	ALL STATES: FEE \$24.75
	<b>DIVISION 8A—EXAMINATION NOT OTHERWISE COVERED</b>	
	Pathology examination of any body fluid or tissue not covered by any other item in this Part	
2294	SP.	ALL STATES: FEE \$4.40
2295	OP.	ALL STATES: FEE \$3.30

## DIVISION 9—13 SPECIFIED SIMPLE BASIC PATHOLOGY TESTS

## INTRODUCTION

*The following items cover the 13 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 Medicare 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 ALL STATES: FEE \$3.30

Two procedures to which Item 2334 applies

2335 ALL STATES: FEE \$4.95

Three or more procedures to which Item 2334 applies

2336 ALL STATES: FEE \$6.60

Microscopical examination of urine

2342 ALL STATES: FEE \$3.30

Pregnancy test by one or more immunochemical methods

2346 ALL STATES: FEE \$8.25

Microscopical examination of wet film other than urine

2352 ALL STATES: FEE \$4.95

Microscopical examination of Gram stained film

2357 ALL STATES: FEE \$6.60

Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar

2362 ALL STATES: FEE \$1.65

Microscopical examination screening for fungi in skin, hair, nails—one or more sites

2369 ALL STATES: FEE \$4.95

	Sperm penetrability, one or more tests for—not associated with Item 2211 or 2212	
2264	SP.	ALL STATES: FEE \$22.00
2265	OP.	ALL STATES: FEE \$16.50
	Chorionic gonadotrophin (beta-HCG), qualitative estimation or quantitative estimation or qualitative and quantitative estimation by one or more methods for any purpose not covered by Item 2285 or 2286	
2272	SP.	ALL STATES: FEE \$11.00
2273	OP.	ALL STATES: FEE \$8.25
	Chorionic gonadotrophin, quantitative estimation of (including serial dilutions) for assessment of hormone levels in the case of proven hormone producing neoplasms by one or more methods—	
2285	SP.	ALL STATES: FEE \$33.00
2286	OP.	ALL STATES: FEE \$24.75
	† PREGNANCY PATHOLOGY ASSESSMENT—comprising haemoglobin estimation, calculation of red cell indices, blood film examination, blood grouping, examination for blood group antibodies, test for syphilis, test for rubella antibodies, microscopic examination of urine and culture—one assessment in any one pregnancy	
2287	SP.	ALL STATES: FEE \$70.00
2288	OP.	ALL STATES: FEE \$52.50
	<b>DIVISION 8A—EXAMINATION NOT OTHERWISE COVERED</b>	
	Pathology examination of any body fluid or tissue not covered by any other item in this Part	
2294	SP.	ALL STATES: FEE \$4.40
2295	OP.	ALL STATES: FEE \$3.30

## DIVISION 9—13 SPECIFIED SIMPLE BASIC PATHOLOGY TESTS

## INTRODUCTION

*The following items cover the 13 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 Medicare 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	ALL STATES: FEE \$3.30
2335	Two procedures to which Item 2334 applies ALL STATES: FEE \$4.95
2336	Three or more procedures to which Item 2334 applies ALL STATES: FEE \$6.60
2342	Microscopical examination of urine ALL STATES: FEE \$3.30
2346	Pregnancy test by one or more immunochemical methods ALL STATES: FEE \$8.25
2352	Microscopical examination of wet film other than urine ALL STATES: FEE \$4.95
2357	Microscopical examination of Gram stained film ALL STATES: FEE \$6.60
2362	Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar ALL STATES: FEE \$1.65
2369	Microscopical examination screening for fungi in skin, hair, nails—one or more sites ALL STATES: FEE \$4.95

2374 Mantoux test  
ALL STATES: FEE \$8.25

2382 Casoni test for hydatid disease  
ALL STATES: FEE \$8.25

2388 Schick test  
ALL STATES: FEE \$8.25

2392 Seminal examination for presence of spermatozoa  
ALL STATES: FEE \$4.95

Item No.	Medical Service							
<b>PART 8—RADIOLOGICAL SERVICES</b>								
<i>Note: In this Part "S." denotes a service rendered by a specialist radiologist.</i>								
<b>DIVISION 1—RADIOGRAPHIC EXAMINATION OF EXTREMITIES AND REPORT (WITH OR WITHOUT FLUOROSCOPY)</b>								
DIGITS OR PHALANGES—all or any of either hand or either foot								
			NSW	VIC	QLD	SA	WA	TAS
2502	G. FEE	\$	28.00	28.00	21.50	21.50	21.50	21.50
2505	S. FEE	\$	32.00	32.00	26.50	26.50	26.50	26.50
HAND, WRIST, FOREARM, ELBOW OR ARM (elbow to shoulder)								
			NSW	VIC	QLD	SA	WA	TAS
2508	G. FEE	\$	28.00	28.00	21.50	21.50	21.50	21.50
2512	S. FEE	\$	32.00	32.00	26.50	26.50	26.50	26.50
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	\$	38.00	38.00	32.00	32.00	32.00	32.00
2520	S. FEE	\$	43.50	43.50	37.50	37.50	37.50	37.50
FOOT, ANKLE, LOWER LEG, UPPER LEG, KNEE OR THIGH (femur)								
			NSW	VIC	QLD	SA	WA	TAS
2524	G. FEE	\$	28.00	28.00	25.00	25.00	25.00	25.00
2528	S. FEE	\$	35.00	35.00	29.50	29.50	29.50	29.50
FOOT, ANKLE AND LOWER LEG; OR UPPER LEG AND KNEE								
			NSW	VIC	QLD	SA	WA	TAS
2532	G. FEE	\$	40.00	40.00	35.00	35.00	35.00	35.00
2537	S. FEE	\$	53.00	53.00	40.00	40.00	40.00	40.00

## DIVISION 2—RADIOGRAPHIC EXAMINATION OF SHOULDER OR HIP JOINT AND REPORT

## SHOULDER OR SCAPULA

			NSW	VIC	QLD	SA	WA	TAS
2539	G. FEE	\$	38.00	38.00	32.00	32.00	32.00	32.00
2541	S. FEE	\$	43.50	43.50	37.50	37.50	37.50	37.50

## CLAVICLE

			NSW	VIC	QLD	SA	WA	TAS
2543	G. FEE	\$	30.50	30.50	25.00	25.00	25.00	25.00
2545	S. FEE	\$	35.00	35.00	29.50	29.50	29.50	29.50

## HIP JOINT

			NSW	VIC	QLD	SA	WA	TAS
2548	FEE	\$	38.00	38.00	32.00	32.00	32.00	32.00

## PELVIC GIRDLE

			NSW	VIC	QLD	SA	WA	TAS
2551	FEE	\$	49.00	49.00	34.00	34.00	34.00	34.00

## SACRO-ILIAC JOINTS

			NSW	VIC	QLD	SA	WA	TAS
2554	FEE	\$	49.00	49.00	34.00	34.00	34.00	34.00

## SMITH-PETERSEN NAIL—insertion or similar procedure

2557 ALL STATES: FEE \$80.00

## DIVISION 3—RADIOGRAPHIC EXAMINATION OF HEAD AND REPORT

## SKULL (calvarium)

			NSW	VIC	QLD	SA	WA	TAS
2560	FEE	\$	49.00	52.00	40.00	40.00	40.00	40.00



## PART 8 — RADIOLOGY

## DIVISION 2 — SHOULDER OR HIP

	SINUSES							
2563	FEE	\$	NSW 38.00	VIC 38.00	QLD 34.00	SA 34.00	WA 34.00	TAS 34.00
	MASTOIDS							
2566	FEE	\$	NSW 49.00	VIC 52.00	QLD 40.00	SA 40.00	WA 40.00	TAS 40.00
	PETROUS TEMPORAL BONES							
2569	FEE	\$	NSW 49.00	VIC 52.00	QLD 40.00	SA 40.00	WA 40.00	TAS 40.00
	FACIAL BONES—orbit, maxilla or malar, any or all							
2573	FEE	\$	NSW 38.00	VIC 38.00	QLD 34.00	SA 34.00	WA 34.00	TAS 34.00
	MANDIBLE							
2576	FEE	\$	NSW 38.00	VIC 38.00	QLD 34.00	SA 38.00	WA 34.00	TAS 34.00
	SALIVARY CALCULUS							
2579	FEE	\$	NSW 38.00	VIC 38.00	QLD 34.00	SA 38.00	WA 34.00	TAS 34.00
	NOSE							
2581	FEE	\$	NSW 32.00	VIC 38.00	QLD 29.50	SA 29.50	WA 29.50	TAS 29.50
	EYE							
2583	FEE	\$	NSW 32.00	VIC 38.00	QLD 29.50	SA 29.50	WA 29.50	TAS 29.50

## PART 8—RADIOLOGY

## DIVISION 2—SHOULDER OR HIP

## DIVISION 2—RADIOGRAPHIC EXAMINATION OF SHOULDER OR HIP JOINT AND REPORT

## SHOULDER OR SCAPULA

			NSW	VIC	QLD	SA	WA	TAS
2539	G. FEE	\$	38.00	38.00	32.00	32.00	32.00	32.00
2541	S. FEE	\$	43.50	43.50	37.50	37.50	37.50	37.50

## CLAVICLE

			NSW	VIC	QLD	SA	WA	TAS
2543	G. FEE	\$	30.50	30.50	25.00	25.00	25.00	25.00
2545	S. FEE	\$	35.00	35.00	29.50	29.50	29.50	29.50

## HIP JOINT

			NSW	VIC	QLD	SA	WA	TAS
2548	FEE	\$	38.00	38.00	32.00	32.00	32.00	32.00

## PELVIC GIRDLE

			NSW	VIC	QLD	SA	WA	TAS
2551	FEE	\$	49.00	49.00	34.00	34.00	34.00	34.00

## SACRO-ILIAC JOINTS

			NSW	VIC	QLD	SA	WA	TAS
2554	FEE	\$	49.00	49.00	34.00	34.00	34.00	34.00

‡ FEMUR, internal fixation of neck or intertrochanteric (pertrochanteric) fracture

2557 ALL STATES: FEE \$80.00

## DIVISION 3—RADIOGRAPHIC EXAMINATION OF HEAD AND REPORT

## SKULL (calvarium)

			NSW	VIC	QLD	SA	WA	TAS
2560	FEE	\$	49.00	52.00	40.00	40.00	40.00	40.00

## PART 8—RADIOLOGY

## DIVISION 3—HEAD

	SINUSES							
2563	FEE	\$	NSW 38.00	VIC 38.00	QLD 34.00	SA 34.00	WA 34.00	TAS 34.00
	MASTOIDS							
2566	FEE	\$	NSW 49.00	VIC 52.00	QLD 40.00	SA 40.00	WA 40.00	TAS 40.00
	PETROUS TEMPORAL BONES							
2569	FEE	\$	NSW 49.00	VIC 52.00	QLD 40.00	SA 40.00	WA 40.00	TAS 40.00
	FACIAL BONES—orbit, maxilla or malar, any or all							
2573	FEE	\$	NSW 38.00	VIC 38.00	QLD 34.00	SA 34.00	WA 34.00	TAS 34.00
	MANDIBLE							
2576	FEE	\$	NSW 38.00	VIC 38.00	QLD 34.00	SA 38.00	WA 34.00	TAS 34.00
	SALIVARY CALCULUS							
2579	FEE	\$	NSW 38.00	VIC 38.00	QLD 34.00	SA 38.00	WA 34.00	TAS 34.00
	NOSE							
2581	FEE	\$	NSW 32.00	VIC 38.00	QLD 29.50	SA 29.50	WA 29.50	TAS 29.50
	EYE							
2583	FEE	\$	NSW 32.00	VIC 38.00	QLD 29.50	SA 29.50	WA 29.50	TAS 29.50

	TEMPORO-MANDIBULAR JOINTS							
2585	FEE	\$	NSW 40.00	VIC 40.00	QLD 37.50	SA 40.00	WA 37.50	TAS 37.50
	TEETH—SINGLE AREA							
2587	FEE	\$	NSW 26.50	VIC 26.50	QLD 24.00	SA 26.50	WA 24.00	TAS 24.00
	TEETH—FULL MOUTH							
2589	FEE	\$	NSW 63.00	VIC 63.00	QLD 61.00	SA 63.00	WA 61.00	TAS 61.00
2591	PALATO-PHARYNGEAL STUDIES with fluoroscopic screening ALL STATES: FEE \$52.00							
2593	PALATO-PHARYNGEAL STUDIES without fluoroscopic screening ALL STATES: FEE \$40.00							
	LARYNX							
2595	FEE	\$	NSW 35.00	VIC 35.00	QLD 29.50	SA 29.50	WA 30.50	TAS 29.50
	<b>DIVISION 4—RADIOGRAPHIC EXAMINATION OF SPINE AND REPORT</b>							
	SPINE—CERVICAL							
2597	FEE	\$	NSW 52.00	VIC 52.00	QLD 43.50	SA 43.50	WA 43.50	TAS 43.50
	SPINE—THORACIC							
2599	FEE	\$	NSW 44.50	VIC 44.50	QLD 37.50	SA 37.50	WA 37.50	TAS 37.50
	SPINE—LUMBO-SACRAL							
2601	FEE	\$	NSW 61.00	VIC 61.00	QLD 49.50	SA 49.50	WA 49.50	TAS 49.50

	SPINE—SACRO-COCCYGEAL							
2604	FEE	\$	NSW 37.50	VIC 37.50	QLD 30.50	SA 30.50	WA 30.50	TAS 30.50

	SPINE—TWO REGIONS							
2607	FEE	\$	NSW 77.00	VIC 77.00	QLD 68.00	SA 68.00	WA 68.00	TAS 68.00

	SPINE—THREE OR MORE REGIONS							
2609	FEE	\$	NSW 106.00	VIC 106.00	QLD 87.00	SA 87.00	WA 87.00	TAS 87.00

	SPINE—FUNCTIONAL VIEWS OF ONE AREA							
2611	ALL STATES: FEE \$16.60							

#### DIVISION 5—BONE AGE STUDY AND SKELETAL SURVEYS

	BONE AGE STUDY, WRIST AND KNEE							
2614	ALL STATES: FEE \$38.00							

	BONE AGE STUDY, WRIST							
2617	FEE	\$	NSW 32.00	- VIC 32.00	QLD 26.50	SA 26.50	WA 26.50	TAS 26.50

	SKELETAL SURVEY INVOLVING FOUR OR MORE REGIONS							
2621	ALL STATES: FEE \$72.00							

#### DIVISION 6—RADIOGRAPHIC EXAMINATION OF THORACIC REGION AND REPORT

CHEST (lung fields) by direct radiography

2625	G. FEE	\$	NSW 30.50	VIC 34.00	QLD 28.00	SA 28.00	WA 28.00	TAS 28.00
2627	S. FEE	\$	NSW 35.00	VIC 38.00	QLD 32.00	SA 32.00	WA 32.00	TAS 32.00

	CHEST (lung fields) by direct radiography WITH FLUOROSCOPIC SCREENING							
2630	FEE	\$	NSW 49.00	VIC 49.00	QLD 39.00	SA 39.00	WA 39.00	TAS 39.00
	THORACIC INLET OR TRACHEA							
2634	FEE	\$	NSW 32.00	VIC 32.00	QLD 29.50	SA 32.00	WA 32.00	TAS 30.50
	CHEST, BY MINIATURE RADIOGRAPHY							
2638	FEE	\$	NSW 17.60	VIC 17.60	QLD 16.60	SA 16.60	WA 16.60	TAS 16.60
	CARDIAC EXAMINATION (including barium swallow)							
2642	G. FEE	\$	NSW 40.00	VIC 40.00	QLD 35.00	SA 35.00	WA 35.00	TAS 35.00
2646	S. FEE	\$	NSW 49.00	VIC 49.00	QLD 43.50	SA 43.50	WA 43.50	TAS 43.50
	STERNUM OR RIBS ON ONE SIDE							
2655	ALL STATES: FEE \$35.00							
	STERNUM AND RIBS ON ONE SIDE, OR RIBS ON BOTH SIDES							
2656	ALL STATES: FEE \$45.50							
	STERNUM AND RIBS ON BOTH SIDES							
2657	ALL STATES: FEE \$56.00							
	<b>DIVISION 7—RADIOGRAPHIC EXAMINATION OF URINARY TRACT AND REPORT</b>							
	PLAIN RENAL ONLY							
2665	FEE	\$	NSW 35.00	VIC 38.00	QLD 32.00	SA 32.00	WA 32.00	TAS 32.00
	DRIP-INFUSION PYELOGRAPHY							
2672	ALL STATES: FEE \$106.00							

## PART 8 — RADIOLOGY

## DIVISION 7 — URINARY TRACT

	INTRAVENOUS PYELOGRAPHY, including preliminary plain film							
2676	FEE	\$	NSW 96.00	VIC 96.00	QLD 91.00	SA 91.00	WA 91.00	TAS 91.00
	INTRAVENOUS PYELOGRAPHY, including preliminary plain film and limited tomography involving up to three tomographic cuts							
2678	FEE	\$	NSW 120.00	VIC 120.00	QLD 116.00	SA 116.00	WA 116.00	TAS 116.00
	INTRAVENOUS PYELOGRAPHY, including preliminary plain film with delayed examination for the CYSTO-URETERIC REFLEX							
2681	FEE	\$	NSW 122.00	VIC 122.00	QLD 112.00	SA 112.00	WA 112.00	TAS 112.00
	ANTEGRADE OR RETROGRADE PYELOGRAPHY—including preliminary plain film							
2687	FEE	\$	NSW 80.00	VIC 80.00	QLD 76.00	SA 76.00	WA 76.00	TAS 76.00
	RETROGRADE CYSTOGRAPHY OR RETROGRADE URETHROGRAPHY							
2690	FEE	\$	NSW 53.00	VIC 53.00	QLD 52.00	SA 52.00	WA 52.00	TAS 52.00
	RETROGRADE MICTURATING CYSTO-URETHROGRAPHY							
2694	ALL STATES: FEE \$63.00							
	RETRO-PERITONEAL PNEUMOGRAM							
2697	FEE	\$	NSW 38.00	VIC 40.00	QLD 35.00	SA 35.00	WA 35.00	TAS 34.00
	<b>DIVISION 8—RADIOGRAPHIC EXAMINATION OF ALIMENTARY TRACT AND BILIARY SYSTEM (WITH OR WITHOUT FLUOROSCOPY) AND REPORT</b>							
	PLAIN ABDOMINAL ONLY, not associated with Item 2709, 2711, 2714 or 2720							
2699	G. FEE	\$	NSW 30.50	VIC 34.00	QLD 28.00	SA 28.00	WA 28.00	TAS 28.00
2703	S. FEE	\$	NSW 35.00	VIC 38.00	QLD 32.00	SA 32.00	WA 32.00	TAS 32.00

	OESOPHAGUS, with or without examination for foreign body or barium swallow							
2706	FEE	\$	NSW 54.00	VIC 54.00	QLD 49.00	SA 49.00	WA 49.00	TAS 49.00
	BARIUM or other opaque meal OF OESOPHAGUS, STOMACH AND DUODENUM, with or without screening of chest, with or without preliminary plain film							
2709	FEE	\$	NSW 72.00	VIC 74.00	QLD 63.00	SA 63.00	WA 63.00	TAS 63.00
	BARIUM or other opaque meal OF OESOPHAGUS, STOMACH, DUODENUM AND FOLLOW THROUGH TO COLON, with or without screening of chest, with or without preliminary plain film							
2711	FEE	\$	NSW 87.00	VIC 88.00	QLD 76.00	SA 76.00	WA 76.00	TAS 76.00
	BARIUM or other opaque meal, SMALL BOWEL SERIES ONLY, with or without preliminary plain film							
2714	ALL STATES: FEE \$63.00							
	OPAQUE ENEMA							
2716	FEE	\$	NSW 72.00	VIC 74.00	QLD 63.00	SA 63.00	WA 63.00	TAS 63.00
	OPAQUE ENEMA, including air contrast study							
2718	FEE	\$	NSW 87.00	VIC 88.00	QLD 80.00	SA 80.00	WA 80.00	TAS 80.00
	GRAHAM'S TEST (cholecystography), including preliminary abdominal radiograph							
2720	FEE	\$	NSW 55.00	VIC 63.00	QLD 53.00	SA 53.00	WA 53.00	TAS 53.00
	CHOLEGRAPHY DIRECT—operative or post operative							
2722	FEE	\$	NSW 56.00	VIC 61.00	QLD 54.00	SA 54.00	WA 52.00	TAS 52.00



	CHOLEGRAPHY—intravenous							
2724	FEE	\$	NSW 87.00	VIC 88.00	QLD 80.00	SA 80.00	WA 80.00	TAS 80.00
	CHOLEGRAPHY—percutaneous transhepatic							
2726	FEE	\$	NSW 61.00	VIC 72.00	QLD 56.00	SA 56.00	WA 56.00	TAS 56.00
	CHOLEGRAPHY—drip infusion							
2728	FEE	\$	NSW 104.00	VIC 120.00	QLD 96.00	SA 96.00	WA 96.00	TAS 96.00
	<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 \$53.00							
	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 \$14.60.							
	<b>DIVISION 10—RADIOGRAPHIC EXAMINATION OF BREASTS AND REPORT</b>							
	RADIOGRAPHIC EXAMINATION OF BOTH BREASTS (with or without thermography) AND REPORT where the patient is referred with a specific request for this procedure and there is reason to suspect the presence of malignancy in the breasts because of the past occurrence of breast malignancy in the patient or members of the patient's family or because symptoms or indications of malignancy were found on an examination of the patient by a medical practitioner							
2734	ALL STATES: FEE \$63.00							
	RADIOGRAPHIC EXAMINATION OF ONE BREAST (with or without thermography) AND REPORT where the patient is referred with a specific request for this procedure and there is reason to suspect the presence of malignancy in the breast because of the past occurrence of breast malignancy in the patient or members of the patient's family or because symptoms or indications of malignancy were found on an examination of the patient by a medical practitioner							
2736	ALL STATES: FEE \$38.00							

	OESOPHAGUS, with or without examination for foreign body or barium swallow							
2706	FEE	\$	NSW 54.00	VIC 54.00	QLD 49.00	SA 49.00	WA 49.00	TAS 49.00
	BARIUM or other opaque meal OF OESOPHAGUS, STOMACH AND DUODENUM, with or without screening of chest, with or without preliminary plain film							
2709	FEE	\$	NSW 72.00	VIC 74.00	QLD 63.00	SA 63.00	WA 63.00	TAS 63.00
	BARIUM or other opaque meal OF OESOPHAGUS, STOMACH, DUODENUM AND FOLLOW THROUGH TO COLON, with or without screening of chest, with or without preliminary plain film							
2711	FEE	\$	NSW 87.00	VIC 88.00	QLD 76.00	SA 76.00	WA 76.00	TAS 76.00
	BARIUM or other opaque meal, SMALL BOWEL SERIES ONLY, with or without preliminary plain film							
2714	ALL STATES: FEE \$63.00							
	OPAQUE ENEMA							
2716	FEE	\$	NSW 72.00	VIC 74.00	QLD 63.00	SA 63.00	WA 63.00	TAS 63.00
	OPAQUE ENEMA, including air contrast study							
2718	FEE	\$	NSW 87.00	VIC 88.00	QLD 80.00	SA 80.00	WA 80.00	TAS 80.00
	GRAHAM'S TEST (cholecystography), including preliminary abdominal radiograph							
2720	FEE	\$	NSW 55.00	VIC 63.00	QLD 53.00	SA 53.00	WA 53.00	TAS 53.00
	CHOLEGRAPHY DIRECT—operative or post operative							
2722	FEE	\$	NSW 56.00	VIC 61.00	QLD 54.00	SA 54.00	WA 52.00	TAS 52.00

	CHOLEGRAPHY—intravenous								
2724	FEE	\$	NSW 87.00	VIC 88.00	QLD 80.00	SA 80.00	WA 80.00	TAS 80.00	
	CHOLEGRAPHY—percutaneous transhepatic								
2726	FEE	\$	NSW 61.00	VIC 72.00	QLD 56.00	SA 56.00	WA 56.00	TAS 56.00	
	CHOLEGRAPHY—drip infusion								
2728	FEE	\$	NSW 104.00	VIC 120.00	QLD 96.00	SA 96.00	WA 96.00	TAS 96.00	
	<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 \$53.00								
+ /	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 \$16.60								
	<b>DIVISION 10—RADIOGRAPHIC EXAMINATION OF BREASTS AND REPORT</b>								
	RADIOGRAPHIC EXAMINATION OF BOTH BREASTS (with or without thermography) AND REPORT where the patient is referred with a specific request for this procedure and there is reason to suspect the presence of malignancy in the breasts because of the past occurrence of breast malignancy in the patient or members of the patient's family or because symptoms or indications of malignancy were found on an examination of the patient by a medical practitioner								
2734	ALL STATES: FEE \$63.00								
	RADIOGRAPHIC EXAMINATION OF ONE BREAST (with or without thermography) AND REPORT where the patient is referred with a specific request for this procedure and there is reason to suspect the presence of malignancy in the breast because of the past occurrence of breast malignancy in the patient or members of the patient's family or because symptoms or indications of malignancy were found on an examination of the patient by a medical practitioner								
2736	S.	ALL STATES: FEE \$38.00							

## DIVISION 11—RADIOGRAPHIC EXAMINATION IN CONNECTION with pregnancy and report

## PREGNANT UTERUS

			NSW	VIC	QLD	SA	WA	TAS
2738	FEE	\$	35.00	39.00	32.00	32.00	32.00	32.00

## PELVIMETRY OR PLACENTOGRAPHY

			NSW	VIC	QLD	SA	WA	TAS
2740	FEE	\$	72.00	72.00	53.00	53.00	53.00	53.00

## CONTROL X-RAYS ASSOCIATED WITH INTRAUTERINE FOETAL BLOOD TRANSFUSION

2742 ALL STATES: FEE \$53.00

## DIVISION 12—RADIOGRAPHIC EXAMINATION WITH OPAQUE OR CONTRAST MEDIA, AND REORT

## SERIAL ANGIOCARDIOGRAPHY (rapid cassette changing)—each series

2744 ALL STATES: FEE \$63.00

ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

## SERIAL ANGIOCARDIOGRAPHY (SINGLE PLAIN—direct roll-film method)—each series

2746 ALL STATES: FEE \$88.00

ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

## SERIAL ANGIOCARDIOGRAPHY (BI-PLANE—direct roll-film method)—each series

2748 ALL STATES: FEE \$88.00

ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

## SERIAL ANGIOCARDIOGRAPHY (indirect roll-film method)—each series

2750 ALL STATES: FEE \$88.00

ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

## SELECTIVE CORONARY ARTERIOGRAPHY

2751 ALL STATES: FEE \$240.00

	DISCOGRAPHY—one disc							
2752	FEE	\$	NSW 53.00	VIC 56.00	QLD 49.00	SA 49.00	WA 56.00	TAS 53.00
2754	DACRYOCYSTOGRAPHY—one side ALL STATES: FEE \$38.00							
2756	ENCEPHALOGRAPHY ALL STATES: FEE \$83.00							
2758	CEREBRAL ANGIOGRAPHY—one side ALL STATES: FEE \$63.00							
2760	CEREBRAL VENTRICULOGRAPHY ALL STATES: FEE \$72.00							
	HYSTEROSALPINGOGRAPHY							
2762	FEE	\$	NSW 54.00	VIC 54.00	QLD 43.50	SA 49.00	WA 43.50	TAS 43.50
2764	BRONCHOGRAPHY—one side							
2764	FEE	\$	NSW 80.00	VIC 80.00	QLD 63.00	SA 63.00	WA 63.00	TAS 63.00
2766	ARTERIOGRAPHY, PERIPHERAL—one side							
2766	FEE	\$	NSW 80.00	VIC 80.00	QLD 63.00	SA 63.00	WA 63.00	TAS 63.00
2768	PHLEBOGRAPHY—one side							
2768	FEE	\$	NSW 80.00	VIC 80.00	QLD 63.00	SA 63.00	WA 63.00	TAS 63.00

	AORTOGRAPHY							
2770	FEE	\$	NSW 80.00	VIC 80.00	QLD 63.00	SA 63.00	WA 63.00	TAS 63.00
	SPLENOGRAPHY							
2772	FEE	\$	NSW 80.00	VIC 80.00	QLD 63.00	SA 63.00	WA 63.00	TAS 63.00
2773	MYELOGRAPHY, one region ALL STATES: FEE \$96.00							
2774	MYELOGRAPHY, two regions ALL STATES: FEE \$160.00							
2775	MYELOGRAPHY, three regions ALL STATES: FEE \$215.00							
	SELECTIVE ARTERIOGRAPHY—per injection and film run							
2776	FEE	\$	NSW 80.00	VIC 80.00	QLD 63.00	SA 63.00	WA 63.00	TAS 63.00
2778	SIALOGRAPHY—one gland ALL STATES: FEE \$54.00							
2780	VASOEPIDIDYMOGRAPHY—one side ALL STATES: FEE \$54.00							
2782	SINUSES AND FISTULAE <b>DERIVED FEE</b> —The fee for the radiographic examination of the area and report plus an amount of \$15.60.							
2784	LARYNGOGRAPHY with contrast media ALL STATES: FEE \$40.00							

2786	PNEUMOARTHROGRAPHY ALL STATES: FEE \$34.00
2788	ARTHROGRAPHY—contrast ALL STATES: FEE \$40.00
2790	ARTHROGRAPHY—double contrast ALL STATES: FEE \$70.00
2792	LYMPHANGIOGRAPHY, including follow up radiography ALL STATES: FEE \$53.00
2794	PNEUMOMEDIASTINUM FEE \$ NSW 49.00 VIC 49.00 QLD 43.50 SA 44.50 WA 44.50 TAS 43.50
2796	<b>DIVISION 13—TOMOGRAPHY AND REPORT</b> TOMOGRAPHY OF ANY PART AND REPORT ALL STATES: FEE \$49.00
2798	<b>DIVISION 14—STEREOSCOPIC EXAMINATION AND REPORT</b> STEREOSCOPIC EXAMINATION AND REPORT <b>DERIVED FEE</b> —The fee for the radiographic examination of the area and report plus an amount of \$9.20
2800	<b>DIVISION 15—FLUOROSCOPIC EXAMINATION AND REPORT</b> <i>(Fluoroscopic examination and report not covered by any other item in this Part—where radiograph is not taken)</i> EXAMINATION WITH GENERAL ANAESTHESIA ALL STATES: FEE \$35.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/14S
2802	EXAMINATION WITHOUT GENERAL ANAESTHESIA ALL STATES: FEE \$24.00

	AORTOGRAPHY							
2770	FEE	\$	NSW 80.00	VIC 80.00	QLD 63.00	SA 63.00	WA 63.00	TAS 63.00
	SPLENOGRAPHY							
2772	FEE	\$	NSW 80.00	VIC 80.00	QLD 63.00	SA 63.00	WA 63.00	TAS 63.00
2773	MYELOGRAPHY, one region ALL STATES: FEE \$96.00							
2774	MYELOGRAPHY, two regions ALL STATES: FEE \$160.00							
2775	MYELOGRAPHY, three regions ALL STATES: FEE \$215.00							
	SELECTIVE ARTERIOGRAPHY—per injection and film run							
2776	FEE	\$	NSW 80.00	VIC 80.00	QLD 63.00	SA 63.00	WA 63.00	TAS 63.00
2778	SIALOGRAPHY—one gland ALL STATES: FEE \$54.00							
2780	VASOEPIDIDYMOGRAPHY—one side ALL STATES: FEE \$54.00							
2782	+ † SINUSES AND FISTULAE  DERIVED FEE—The fee for the radiographic examination of the area and report plus an amount of \$17.60							
2784	LARYNGOGRAPHY with contrast media ALL STATES: FEE \$40.00							



2786	PNEUMOARTHROGRAPHY ALL STATES: FEE \$34.00
2788	ARTHROGRAPHY—contrast ALL STATES: FEE \$40.00
2790	ARTHROGRAPHY—double contrast ALL STATES: FEE \$70.00
2792	LYMPHANGIOGRAPHY, including follow up radiography ALL STATES: FEE \$53.00
2794	PNEUMOMEDIASTINUM FEE \$ NSW 49.00 VIC 49.00 QLD 43.50 SA 44.50 WA 44.50 TAS 43.50
<b>DIVISION 13—TOMOGRAPHY AND REPORT</b>	
2796	TOMOGRAPHY OF ANY PART AND REPORT ALL STATES: FEE \$49.00
<b>DIVISION 14—STEREOSCOPIC EXAMINATION AND REPORT</b>	
+ 2798	STEREOSCOPIC EXAMINATION AND REPORT <b>DERIVED FEE</b> —The fee for the radiographic examination of the area and report plus an amount of \$10.40
<b>DIVISION 15—FLUOROSCOPIC EXAMINATION AND REPORT</b> <i>(Fluoroscopic examination and report not covered by any other item in this Part—where radiograph is not taken)</i>	
2800	EXAMINATION WITH GENERAL ANAESTHESIA ALL STATES: FEE \$35.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
2802	EXAMINATION WITHOUT GENERAL ANAESTHESIA ALL STATES: FEE \$24.00

## DIVISION 15A—EXAMINATION NOT OTHERWISE COVERED

Radiographic examination of any part and report not covered by any item in this Part

2804 ALL STATES: FEE \$16.60

DIVISION 16—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

			NSW	VIC	QLD	SA	WA	TAS
2805	FEE	\$	112.00	146.00	112.00	112.00	112.00	112.00

ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S

CEREBRAL ANGIOGRAPHY (one side)—percutaneous, catheter or open exposure

2807 ALL STATES: FEE \$96.00

ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S

## CEREBRAL VENTRICULOGRAPHY

			NSW	VIC	QLD	SA	WA	TAS
2811	FEE	\$	136.00	120.00	120.00	120.00	120.00	120.00

ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S

DACRYOCYSTOGRAPHY—one side

2813 ALL STATES: FEE \$32.00

BRONCHOGRAPHY—one or both sides

2815 ALL STATES: FEE \$49.00

ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

AORTOGRAPHY

2817 ALL STATES: FEE \$49.00

ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

2819	<p>ARTERIOGRAPHY (peripheral) or PHLEBOGRAPHY—one vessel</p> <p>ALL STATES: FEE \$38.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
2823	<p>SPLENOGRAPHY</p> <p>ALL STATES: FEE \$30.50</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
2825	<p>RETROPERITONEAL PNEUMOGRAM</p> <p>ALL STATES: FEE \$38.00</p>
2827	<p>SELECTIVE ARTERIOGRAM or PHLEBOGRAM</p> <p>ALL STATES: FEE \$30.50</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 4070G/513S</p>
2831	<p>PERCUTANEOUS INJECTION of radio-opaque material into RENAL CYST (including aspiration) or RENAL PELVIS for antegrade pyelography</p> <p>ALL STATES: FEE \$49.00</p>
2833	<p>PNEUMOARTHROGRAPHY or PNEUMOPERITONEUM</p> <p>ALL STATES: FEE \$39.00</p>
2837	<p>DRIP-INFUSION PYELOGRAPHY OR CHOLEGRAPHY</p> <p>ALL STATES: FEE \$25.00</p>
2839	<p>RETROGRADE MICTURATING CYSTOURETHROGRAPHY</p> <p>ALL STATES: FEE \$55.00</p>
2841	<p>HYSTEROSALPINGOGRAPHY</p> <p>ALL STATES: FEE \$49.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>

2843	DISCOGRAPHY—one disc ALL STATES: FEE \$32.00 ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
2845	INTRA-OSSEOUS VENOGRAPHY ALL STATES: FEE \$32.00
2847	‡ MYELOGRAPHY, using Iodophendylate (Panotaque) contrast medium ALL STATES: FEE \$96.00
2848	† MYELOGRAPHY, using Metrizamide (Amipaque) contrast medium ALL STATES: FEE \$134.00 ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
2849	CISTERNAL PUNCTURE ALL STATES: FEE \$63.00
2851	SINUS OR FISTULA, INJECTION INTO ALL STATES: FEE \$16.60
2853	LYMPHANGIOGRAPHY—one side ALL STATES: FEE \$96.00
2855	LARYNGOGRAPHY ALL STATES: FEE \$49.00
2857	PNEUMOMEDIASTINUM ALL STATES: FEE \$63.00
2859	CHOLEGRAM (CHOLANGIOGRAM)—percutaneous transhepatic ALL STATES: FEE \$96.00

Item  
No.

Medical Service

**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.

2861

ALL STATES: FEE \$21.00

—two or more fields up to a maximum of five additional fields

2863

**DERIVED FEE**—The fee for Item 2861 plus for each field in excess of one an amount of \$3.60.

RADIOTHERAPY, SUPERFICIAL, each attendance at which fractionated treatment is given at 2 treatments per week or less frequently

—one field

2865

ALL STATES: FEE \$25.00

—two or more fields up to a maximum of five additional fields

2867

**DERIVED FEE**—The fee for Item 2865 plus for each field in excess of one an amount of \$4.40.

RADIOTHERAPY, SUPERFICIAL, attendance at which single dose technique is applied

—one field

2869

ALL STATES: FEE \$49.50

—two or more fields up to a maximum of five additional fields

2871

**DERIVED FEE**—The fee for Item 2869 plus for each field in excess of one an amount of \$8.70

RADIOTHERAPY, SUPERFICIAL—Each attendance at which treatment is given to the eye

2873

ALL STATES: FEE \$28.00

2843	DISCOGRAPHY—one disc  ALL STATES: FEE \$32.00  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
2845	INTRA-OSSEOUS VENOGRAPHY  ALL STATES: FEE \$32.00
2847	‡ MYELOGRAPHY, not covered by Item 2848  ALL STATES: FEE \$96.00  ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
2848	MYELOGRAPHY, using Metrizamide (Amipaque) contrast medium  ALL STATES: FEE \$134.00  ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
2849	CISTERNAL PUNCTURE  ALL STATES: FEE \$63.00
2851	SINUS OR FISTULA, INJECTION INTO  ALL STATES: FEE \$16.60
2853	LYMPHANGIOGRAPHY—one side  ALL STATES: FEE \$96.00
2855	LARYNGOGRAPHY  ALL STATES: FEE \$49.00
2857	PNEUMOMEDIASTINUM  ALL STATES: FEE \$63.00
2859	a CHOLEGRAM (CHOLANGIOGRAM)—percutaneous transhepatic  ALL STATES: FEE \$96.00  ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S

Item No.	Medical Service
	<p style="text-align: center;"><b>PART 8A—RADIOTHERAPY</b></p> <p><i>(Benefits for administration of general anaesthetic for radiotherapy are payable under items 480/551)</i></p> <p>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.</p>
2861	<p style="text-align: center;">ALL STATES: FEE \$21.00</p>
2863	<p>† —two or more fields up to a maximum of five additional fields</p> <p style="text-align: center;"><b>DERIVED FEE</b>—The fee for Item 2861 plus for each field in excess of one an amount of \$4.10</p>
2865	<p>RADIOTHERAPY, SUPERFICIAL, each attendance at which fractionated treatment is given at 2 treatments per week or less frequently</p> <p>—one field</p> <p style="text-align: center;">ALL STATES: FEE \$25.00</p>
2867	<p>† —two or more fields up to a maximum of five additional fields</p> <p style="text-align: center;"><b>DERIVED FEE</b>—The fee for Item 2865 plus for each field in excess of one an amount of \$5.00</p>
2869	<p>RADIOTHERAPY, SUPERFICIAL, attendance at which single dose technique is applied</p> <p>—one field</p> <p style="text-align: center;">ALL STATES: FEE \$49.50</p>
2871	<p>† —two or more fields up to a maximum of five additional fields</p> <p style="text-align: center;"><b>DERIVED FEE</b>—The fee for Item 2869 plus for each field in excess of one an amount of \$9.90</p>
2873	<p>RADIOTHERAPY, SUPERFICIAL—Each attendance at which treatment is given to the eye</p> <p style="text-align: center;">ALL STATES: FEE \$28.00</p>

2875	<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>	ALL STATES: FEE \$25.00
2877	<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 2875 plus for each field in excess of one an amount of \$4.40.</p>	
2879	<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>	ALL STATES: FEE \$29.50
2881	<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 2879 plus for each field in excess of one an amount of \$5.20.</p>	
2883	<p>RADIOTHERAPY, DEEP OR ORTHOVOLTAGE—attendance at which single dose technique is applied</p> <p>—one field</p>	ALL STATES: FEE \$63.00
2885	<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 2883 plus for each field in excess of one an amount of \$11.20.</p>	
2887	<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>	ALL STATES: FEE \$38.00
2889	<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 2887 plus for each field in excess of one an amount of \$6.70.</p>	



2891	<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 \$52.00</p>
2893	<p>—two or more fields up to maximum of five additional fields (rotational therapy being three fields)</p> <p><b>DERIVED FEE</b>—The fee for Item 2891 plus for each field in excess of one an amount of \$9.20.</p>
2895	<p>RADIOTHERAPY, MEGAVOLTAGE OR TELETHERAPY—attendance at which single dose technique is applied</p> <p>—one field</p> <p>ALL STATES: FEE \$88.00</p>
2897	<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 2895 plus for each field in excess of one an amount of \$15.60.</p>
<b>SEALED RADIOACTIVE SOURCES</b>	
2899	<p>INTRAUTERINE INSERTION ALONE</p> <p>ALL STATES: FEE \$148.00</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>
2901	<p>INTRAVAGINAL INSERTION ALONE</p> <p>ALL STATES: FEE \$104.00</p> <p>ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S</p>
2904	<p>COMBINED INTRAUTERINE AND INTRAVAGINAL INSERTION</p> <p>ALL STATES: FEE \$210.00</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>
2907	<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 \$305.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>

2875	<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 \$25.00</p>
2877	<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 2875 plus for each field in excess of one an amount of \$5.00</p>
2879	<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 \$29.50</p>
2881	<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 2879 plus for each field in excess of one an amount of \$5.90</p>
2883	<p>RADIOTHERAPY, DEEP OR ORTHOVOLTAGE—attendance at which single dose technique is applied</p> <p>—one field</p> <p>ALL STATES: FEE \$63.00</p>
2885	<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 2883 plus for each field in excess of one an amount of \$12.60</p>
2887	<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 \$38.00</p>
2889	<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 2887 plus for each field in excess of one an amount of \$7.60</p>

2891	<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 \$52.00</p>
2893	<p>—two or more fields up to maximum of five additional fields (rotational therapy being three fields)</p> <p><b>DERIVED FEE</b>—The fee for Item 2891 plus for each field in excess of one an amount of \$10.40</p>
2895	<p>RADIOTHERAPY, MEGAVOLTAGE OR TELETHERAPY—attendance at which single dose technique is applied</p> <p>—one field</p> <p>ALL STATES: FEE \$88.00</p>
2897	<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 2895 plus for each field in excess of one an amount of \$17.60</p>
<b>SEALED RADIOACTIVE SOURCES</b>	
2899	<p>INTRAUTERINE INSERTION ALONE</p> <p>ALL STATES: FEE \$148.00</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>
2901	<p>INTRAVAGINAL INSERTION ALONE</p> <p>ALL STATES: FEE \$104.00</p> <p>ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S</p>
2904	<p>COMBINED INTRAUTERINE AND INTRAVAGINAL INSERTION</p> <p>ALL STATES: FEE \$210.00</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>
2907	<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 \$305.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>

2910	<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 \$240.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
2913	<p>SIMPLE IMPLANTATION OF A SITE not requiring separate surgical exposure, but necessitating a major anaesthetic</p> <p>ALL STATES: FEE \$148.00</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>
2915	<p>IMPLANTATION OF A SITE not requiring separate surgical exposure or a major anaesthetic, including skin or lip</p> <p>ALL STATES: FEE \$61.00</p> <p>ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S</p>
2917	<p>PREPARATION AND SUPERVISION (but not insertion) of sources for gynaecological irradiation</p> <p>ALL STATES: FEE \$95.00</p>
2919	<p>REMOVAL OF SEALED RADIOACTIVE SOURCES under a major anaesthetic</p> <p>ALL STATES: FEE \$40.00</p> <p>ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S</p>
2922	<p>REMOVAL OF SEALED RADIOACTIVE SOURCES without major anaesthetic</p> <p>ALL STATES: FEE \$30.50</p>
2924	<p>CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD to intracavitary, intraoral or intranasal site</p> <p>ALL STATES: FEE \$99.00</p>
2926	<p>SUBSEQUENT APPLICATIONS OF RADIOACTIVE MOULD referred to in Item 2924—each attendance</p> <p>ALL STATES: FEE \$30.50</p>
2928	<p>CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD not exceeding 5 cm. diameter to an external surface</p> <p>ALL STATES: FEE \$61.00</p>

2931	<p>CONSTRUCTION AND INITIAL APPLICATION OF RADIOACTIVE MOULD 5 cm. or more in diameter to an external surface</p> <p>ALL STATES: FEE \$74.00</p>
2933	<p>SUBSEQUENT APPLICATIONS OF RADIOACTIVE MOULD referred to in Item 2928 or 2931—each attendance</p> <p>ALL STATES: FEE \$21.00</p>
2935	<p style="text-align: center;"><b>UNSEALED RADIOACTIVE SOURCES</b></p> <p>ORAL ADMINISTRATION of a therapeutic dose of a radioisotope—not covered by Item 2937</p> <p>ALL STATES: FEE \$21.50</p>
2937	<p>ORAL ADMINISTRATION of a therapeutic dose of radio-iodine for hyperthyroidism or thyroid cancer by single dose technique</p> <p>ALL STATES: FEE \$88.00</p>
2939	<p>INTRAVENOUS ADMINISTRATION of a therapeutic dose of a radioisotope</p> <p>ALL STATES: FEE \$37.50</p>
2941	<p>INTRA-CAVITARY ADMINISTRATION OF A THERAPEUTIC DOSE OF A RADIOISOTOPE (NOT INCLUDING PRELIMINARY PARACENTESIS)</p> <p>ALL STATES: FEE \$37.50</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>

**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 fee, or the aggregate of the fees exceeds \$138.00 but does not exceed \$245.00

2951

ALL STATES: FEE \$45.50

‡ Assistance at any operation or series or combination of operations, for which the fee, or the aggregate of the fees, specified exceeds \$245.00

2953

**DERIVED FEE:** One-fifth of the established fee for the operation or operations.

**PART 9A—COMPUTERISED AXIAL TOMOGRAPHY**

COMPUTERISED AXIAL TOMOGRAPHY (excluding Magnetic Resonance Imaging)—brain scan on a brain scanner, plain study

2960 OR. ALL STATES: FEE \$88.00

2961 HR. ALL STATES: FEE \$88.00

COMPUTERISED AXIAL TOMOGRAPHY (excluding Magnetic Resonance Imaging)—brain scan on a brain scanner, plain study and contrast medium study

2962 OR. ALL STATES: FEE \$152.00

2963 HR. ALL STATES: FEE \$152.00

COMPUTERISED AXIAL TOMOGRAPHY (excluding Magnetic Resonance Imaging)—brain scan on a body scanner, plain study

2964 OR. ALL STATES: FEE \$126.00

2965 HR. ALL STATES: FEE \$126.00

COMPUTERISED AXIAL TOMOGRAPHY (excluding Magnetic Resonance Imaging)—brain scan on a body scanner, plain study and contrast medium study

2966 OR. ALL STATES: FEE \$245.00

2967 HR. ALL STATES: FEE \$245.00

COMPUTERISED AXIAL TOMOGRAPHY (excluding Magnetic Resonance Imaging)—body scan on a body scanner, plain study

2968 OR. ALL STATES: FEE \$245.00

2969 HR. ALL STATES: FEE \$245.00

COMPUTERISED AXIAL TOMOGRAPHY (excluding Magnetic Resonance Imaging)—body scan on a body scanner, plain study and intravenous contrast medium study

2970 OR. ALL STATES: FEE \$310.00

2971 HR. ALL STATES: FEE \$310.00

‡ + MAGNETIC RESONANCE IMAGING—examination of any part or parts of body

2980 HR. ALL STATES: FEE \$235.00 (1/8/86 FEE LEVEL)

Item No.	Medical Service
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**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 fee, or the aggregate of the fees exceeds \$134.00 but does not exceed \$235.00
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2951	ALL STATES: FEE \$45.50
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‡	Assistance at any operation or series or combination of operations, for which the fee, or the aggregate of the fees, specified exceeds \$235.00
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2953	<b>DERIVED FEE</b> —One-fifth of the established fee for the operation or operations.
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## PART 9A

## COMPUTERISED AXIAL TOMOGRAPHY

Item No.	Medical Service	
<b>PART 9A—COMPUTERISED AXIAL TOMOGRAPHY</b>		
‡ 2960 2961	COMPUTERISED AXIAL TOMOGRAPHY (excluding Magnetic Resonance Imaging)—brain scan on a brain scanner, plain study OR. ALL STATES: FEE \$88.00 HR. ALL STATES: FEE \$88.00	
‡ 2962 2963	COMPUTERISED AXIAL TOMOGRAPHY (excluding Magnetic Resonance Imaging)—brain scan on a brain scanner, plain study and contrast medium study OR. ALL STATES: FEE \$152.00 HR. ALL STATES: FEE \$152.00	
‡ 2964 2965	COMPUTERISED AXIAL TOMOGRAPHY (excluding Magnetic Resonance Imaging)—brain scan on a body scanner, plain study OR. ALL STATES: FEE \$126.00 HR. ALL STATES: FEE \$126.00	
‡ 2966 2967	COMPUTERISED AXIAL TOMOGRAPHY (excluding Magnetic Resonance Imaging)—brain scan on a body scanner, plain study and contrast medium study OR. ALL STATES: FEE \$245.00 HR. ALL STATES: FEE \$245.00	
‡ 2968 2969	COMPUTERISED AXIAL TOMOGRAPHY (excluding Magnetic Resonance Imaging)—body scan on a body scanner, plain study OR. ALL STATES: FEE \$245.00 HR. ALL STATES: FEE \$245.00	
‡ 2970 2971	COMPUTERISED AXIAL TOMOGRAPHY (excluding Magnetic Resonance Imaging)—body scan on a body scanner, plain study and intravenous contrast medium study OR. ALL STATES: FEE \$310.00 HR. ALL STATES: FEE \$310.50	
† 2980	MAGNETIC RESONANCE IMAGING—examination of any part or parts of body using a scanner with a magnetic field strength of more than one Tesla HR. ALL STATES: FEE \$550.00	
† 2981	MAGNETIC RESONANCE IMAGING—examination of any part or parts of body using a scanner with a magnetic field strength of one Tesla or less HR. ALL STATES: FEE \$450.00	

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 fee, or the aggregate of the fees exceeds \$118.00 but does not exceed \$205.00

2951

ALL STATES: FEE \$45.50

Assistance at any operation or series or combination of operations, for which the fee, or the aggregate of the fees, specified exceeds \$205.00

2953

**DERIVED FEE**—One-fifth of the established fee for the operation or operations.

## Medical Service

Item  
No.

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**PART 9A—COMPUTERISED AXIAL TOMOGRAPHY**

(Excluding Magnetic Resonance Imaging)

COMPUTERISED AXIAL TOMOGRAPHY—brain scan on a brain scanner, plain study

2960 OR. ALL STATES: FEE \$88.00

2961 HR. ALL STATES: FEE: \$88.00

COMPUTERISED AXIAL TOMOGRAPHY—brain scan on a brain scanner, plain study and contrast medium study

2962 OR. ALL STATES: FEE \$152.00

2963 HR. ALL STATES: FEE \$152.00

COMPUTERISED AXIAL TOMOGRAPHY—brain scan on a body scanner, plain study

2964 OR. ALL STATES: FEE \$126.00

2965 HR. ALL STATES: FEE \$126.00

COMPUTERISED AXIAL TOMOGRAPHY—brain scan on a body scanner, plain study and contrast medium study

2966 OR. ALL STATES: FEE \$245.00

2967 HR. ALL STATES: FEE \$245.00

COMPUTERISED AXIAL TOMOGRAPHY—body scan on a body scanner, plain study

2968 OR. ALL STATES: FEE \$245.00

2969 HR. ALL STATES: FEE \$245.00

COMPUTERISED AXIAL TOMOGRAPHY—body scan on a body scanner, plain study and intravenous contrast medium study

2970 OR. ALL STATES: FEE \$310.00

2971 HR. ALL STATES: FEE \$310.00

Medical Service

**PART 10—OPERATIONS**

**DIVISION 1—GENERAL SURGICAL**

Operative procedure on tissue, organ or region not covered by any other item in this Part, including any consultation on the same occasion

3004 ALL STATES: FEE \$9.70

**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, including any associated consultation

3006	FEE	\$	NSW 15.00	VIC 14.20	QLD 13.00	SA 13.00	WA 13.00	TAS 14.20
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DRESSING OF BURNS, EXTENSIVE, without anaesthesia (not involving grafting)—each attendance at which the procedure is performed, including any associated consultation

3012 ALL STATES: FEE \$24.50

DRESSING OF LOCALISED BURNS UNDER GENERAL ANAESTHESIA (not involving grafting)—each attendance at which the procedure is performed, including any associated consultation

3016 G. ALL STATES: FEE \$32.00

3022 S. ALL STATES: FEE \$39.00

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, including any associated consultation

3027 G. ALL STATES: FEE \$69.00

3033 S. ALL STATES: FEE \$82.00

ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S

EXCISION, under general anaesthesia, OF BURNS involving not more than 10 per cent of body surface, where grafting is not carried out during the same operation

3038 ALL STATES: FEE \$172.00

ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S

3039	<p>EXCISION, under general anaesthesia, OF BURNS involving more than 10 per cent of body surface, where grafting is not carried out during the same operation</p> <p>ALL STATES: FEE \$335.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>																
3041	<p>DEBRIDEMENT, under general anaesthesia, of deep or extensive contaminated wound of soft tissue, including suturing of that wound when performed</p> <p>ALL STATES: FEE \$172.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>																
3046	<p>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 any item in Part 2</p> <p>ALL STATES: FEE \$27.50</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>																
3050	<p>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 any item in Part 2</p> <table data-bbox="211 1039 1117 1102"> <thead> <tr> <th>FEE</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></td> <td></td> <td>47.50</td> <td>39.00</td> <td>41.00</td> <td>39.00</td> <td>39.00</td> <td>38.00</td> </tr> </tbody> </table> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>	FEE	\$	NSW	VIC	QLD	SA	WA	TAS			47.50	39.00	41.00	39.00	39.00	38.00
FEE	\$	NSW	VIC	QLD	SA	WA	TAS										
		47.50	39.00	41.00	39.00	39.00	38.00										
3058	<p>SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, small (NOT MORE THAN 7 CENTIMETRES LONG), superficial</p> <table data-bbox="211 1326 1117 1388"> <thead> <tr> <th>FEE</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></td> <td></td> <td>43.50</td> <td>33.50</td> <td>33.50</td> <td>33.50</td> <td>33.50</td> <td>33.50</td> </tr> </tbody> </table> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>	FEE	\$	NSW	VIC	QLD	SA	WA	TAS			43.50	33.50	33.50	33.50	33.50	33.50
FEE	\$	NSW	VIC	QLD	SA	WA	TAS										
		43.50	33.50	33.50	33.50	33.50	33.50										
3063	<p>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</p> <p>ALL STATES: FEE \$62.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>																

			NSW	VIC	QLD	SA	WA	TAS	
3073	FEE	\$	47.50	43.50	39.00	39.00	39.00	39.00	
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 any item in Part 2									
ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S									
3082	G.	ALL STATES: FEE \$76.00							
3087	S.	ALL STATES: FEE \$97.00							
ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S									
3092		ALL STATES: FEE \$62.00							
SKIN AND SUBCUTANEOUS TISSUE OR MUCOUS MEMBRANE, REPAIR OF RECENT WOUND OF, on face or neck, large (MORE THAN 7 CENTIMETRES LONG), superficial									
ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S									
3098	G.	ALL STATES: FEE \$79.00							
3101	S.	ALL STATES: FEE \$98.00							
ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S									
3104		ALL STATES: FEE \$134.00							
REPAIR OF FULL THICKNESS LACERATION OF EAR, EYELID OR NOSE with accurate apposition of each layer of tissue									
ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S									
3106		ALL STATES: FEE \$39.00							
DRESSING AND REMOVAL OF SUTURES requiring a general anaesthetic, not associated with any other item in this Part									
ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S									

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

3110	Control of post-operative haemorrhage, under general anaesthesia following perineal or vaginal operations							
	ALL STATES: FEE \$76.00							
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
3113	SUPERFICIAL FOREIGN BODY, REMOVAL OF, as an independent procedure							
	FEE	\$	NSW 12.40	VIC 11.60	QLD 10.40	SA 10.40	WA 10.40	TAS 10.40
	ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S							
3116	SUBCUTANEOUS FOREIGN BODY, REMOVAL OF, requiring incision and suture, as an independent procedure							
	ALL STATES: FEE \$58.00							
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
3120	FOREIGN BODY IN MUSCLE, TENDON OR OTHER DEEP TISSUE, removal of, as an independent procedure							
	G. FEE	\$	NSW 118.00	VIC 118.00	QLD 118.00	SA 104.00	WA 104.00	TAS 104.00
3124	S. FEE	\$	146.00	146.00	146.00	134.00	134.00	134.00
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
3130	BIOPSY OF SKIN OR MUCOUS MEMBRANE, as an independent procedure							
	FEE	\$	NSW 27.50	VIC 26.50	QLD 27.50	SA 26.50	WA 26.50	TAS 26.50
	ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S							
3135	BIOPSY OF LYMPH GLAND, MUSCLE OR OTHER DEEP TISSUE OR ORGAN, as an independent procedure							
	G. FEE	\$	NSW 62.00	VIC 60.00	QLD 60.00	SA 60.00	WA 60.00	TAS 60.00
3142	S. FEE	\$	79.00	75.00	75.00	75.00	75.00	75.00
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							

3148	ASPIRATION BIOPSY OF LYMPH GLAND, DEEP TISSUE OR ORGAN, as an independent procedure  ALL STATES: FEE \$25.50  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
3157	BIOPSY OF BONE MARROW by trephine using open approach  ALL STATES: FEE \$58.00  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
3158	BIOPSY OF BONE MARROW by trephine using percutaneous approach with a Jamshidi needle or similar device  ALL STATES: FEE \$31.00
3160	BIOPSY OF BONE MARROW by aspiration or PUNCH BIOPSY OF SYNOVIAL MEMBRANE or PLEURA  ALL STATES: FEE \$15.60  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
3168	SCALENE NODE BIOPSY  ALL STATES: FEE \$97.00  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
3173	SINUS, excision of, involving superficial tissue only  ALL STATES: FEE \$47.50  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
3178 G.  3183 S.	SINUS, excision of, involving muscle and deep tissue  ALL STATES: FEE \$79.00  ALL STATES: FEE \$97.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S



## GANGLION OR SMALL BURSA, excision of

			NSW	VIC	QLD	SA	WA	TAS
3194	G. FEE	\$	82.00	82.00	82.00	82.00	65.00	65.00
3199	S. FEE	\$	116.00	116.00	97.00	97.00	86.00	86.00

ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

## BURSA (LARGE), INCLUDING OLECRANON, CALCANEUM OR PATELLA, excision of

			NSW	VIC	QLD	SA	WA	TAS
3208	G. FEE	\$	150.00	118.00	118.00	118.00	118.00	118.00
3213	S. FEE	\$	196.00	146.00	146.00	146.00	146.00	146.00

ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

## BURSA, SEMIMEMBRANOSUS (Baker's cyst), excision of

3217			ALL STATES: FEE \$196.00					
			ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S					

## TUMOUR, CYST, ULCER OR SCAR, (excluding a scar removed during the surgical approach at an operation), up to 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, not covered by Item 3221/3222, 3223/3224, 3225, 3326, 3330, 3332, 3338, 3342, 3346 or 3349

3219	G.		ALL STATES: FEE \$51.00					
3220	S.		ALL STATES: FEE \$67.00					
			ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S					

## TUMOURS, CYSTS, ULCERS OR SCARS, (excluding a scar removed during the surgical approach at an operation), up to 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on MORE THAN 3 BUT NOT MORE THAN 10 LESIONS, not covered by Item 3330, 3332, 3338, 3342, 3346 or 3349

3221	G.		ALL STATES: FEE \$134.00					
3222	S.		ALL STATES: FEE \$172.00					
			ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S					

3148	‡ DRILL BIOPSY OF LYMPH GLAND, DEEP TISSUE OR ORGAN, as an independent procedure  ALL STATES: FEE \$25.50  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
3157	BIOPSY OF BONE MARROW by trephine using open approach  ALL STATES: FEE \$58.00  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
3158	BIOPSY OF BONE MARROW by trephine using percutaneous approach with a Jamshidi needle or similar device  ALL STATES: FEE \$31.00
3160	BIOPSY OF BONE MARROW by aspiration or PUNCH BIOPSY OF SYNOVIAL MEMBRANE or PLEURA  ALL STATES: FEE \$15.60  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
3168	SCALENE NODE BIOPSY  ALL STATES: FEE \$97.00  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
3173	SINUS, excision of, involving superficial tissue only  ALL STATES: FEE \$47.50  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
3178 3183	SINUS, excision of, involving muscle and deep tissue  G. ALL STATES: FEE \$79.00  S. ALL STATES: FEE \$97.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

GANGLION OR SMALL BURSA, excision of			NSW	VIC	QLD	SA	WA	TAS
3194	G.	FEE	\$ 82.00	82.00	82.00	82.00	65.00	65.00
3199	S.	FEE	\$ 116.00	116.00	97.00	97.00	86.00	86.00
ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S								
BURSA (LARGE), INCLUDING OLECRANON, CALCANEUM OR PATELLA, excision of			NSW	VIC	QLD	SA	WA	TAS
3208	G.	FEE	\$ 150.00	118.00	118.00	118.00	118.00	118.00
3213	S.	FEE	\$ 196.00	146.00	146.00	146.00	146.00	146.00
ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S								
3217	BURSA, SEMIMEMBRANOSUS (Baker's cyst), excision of		ALL STATES: FEE \$196.00					
ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S								
3219	G.	TUMOUR, CYST, ULCER OR SCAR, (excluding a scar removed during the surgical approach at an operation), up to 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, not covered by Item 3221/3222, 3223/3224, 3225, 3326, 3330, 3332, 3338, 3342, 3346 or 3349						
3220	S.	ALL STATES: FEE \$67.00						
ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S								
3221	G.	TUMOURS, CYSTS, ULCERS OR SCARS, (excluding a scar removed during the surgical approach at an operation), up to 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on MORE THAN 3 BUT NOT MORE THAN 10 LESIONS, not covered by Item 3330, 3332, 3338, 3342, 3346 or 3349						
3222	S.	ALL STATES: FEE \$172.00						
ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S								

TUMOURS, CYSTS, ULCERS OR SCARS, (excluding a scar removed during the surgical approach at an operation), up to 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on MORE THAN 10 BUT NOT MORE THAN 20 LESIONS, not covered by Item 3330, 3332, 3338, 3342, 3346 or 3349

3223 G. ALL STATES: FEE \$178.00

3224 S. ALL STATES: FEE \$215.00

ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S

TUMOURS, CYSTS, ULCERS OR SCARS, (excluding a scar removed during the surgical approach at an operation), up to 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on MORE THAN 20 BUT NOT MORE THAN 50 LESIONS, not covered by Item 3330, 3332, 3338, 3342, 3346 or 3349

3225 ALL STATES: FEE \$265.00

ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S

TUMOURS, CYSTS, ULCERS OR SCARS, (excluding a scar removed during the surgical approach at an operation), up to 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane, where the removal is by surgical excision and suture, and the procedure is performed on MORE THAN 50 LESIONS, not covered by Item 3330, 3332, 3338, 3342, 3346 or 3349

3226 ALL STATES: FEE \$365.00

ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S

TUMOUR, CYST, ULCER OR SCAR, (excluding a scar removed during the surgical approach at an operation), more than 3 centimetres in diameter, removal from cutaneous or subcutaneous tissue or from mucous membrane

3233	G. FEE	\$	NSW 75.00	VIC 75.00	QLD 69.00	SA 69.00	WA 69.00	TAS 69.00
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3237	S. FEE	\$	91.00	91.00	82.00	82.00	82.00	82.00
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ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

TUMOUR, CYST (excluding a cyst associated with a tooth or tooth fragment unless it has been established by radiological examination that there is a minimum of 5mm separation between the cyst lining and tooth structure), ULCER OR SCAR, (excluding a scar removed during the surgical approach at an operation), not covered by any other item in this Part, involving muscle, bone or other deep tissue

3247	G. FEE	\$	NSW 104.00	VIC 104.00	QLD 94.00	SA 94.00	WA 94.00	TAS 94.00
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3253	S. FEE	\$	130.00	130.00	120.00	120.00	120.00	120.00
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ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

	TUMOUR OR DEEP CYST (excluding a cyst associated with a tooth or tooth fragment), removal of, requiring wide excision, not covered by any other item in this Part							
3261	G. FEE	\$	NSW 144.00	VIC 172.00	QLD 144.00	SA 144.00	WA 144.00	TAS 124.00
3265	S. FEE	\$	172.00	196.00	172.00	172.00	172.00	156.00
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
3271	MALIGNANT TUMOUR, removal of, from skin, requiring wide and deep excision, excluding removal of basal cell carcinoma							
	ALL STATES: FEE \$210.00							
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
3276	MALIGNANT TUMOUR, removal of, from skin, requiring wide and deep excision with immediate block dissection of lymph glands							
	ALL STATES: FEE \$440.00							
	ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S							
3281	TUMOUR, removal of, from SOFT TISSUE (INCLUDING MUSCLE, FASCIA AND CONNECTIVE TISSUE) EXTENSIVE EXCISION OF, WITHOUT SKIN GRAFT							
	ALL STATES: FEE \$265.00							
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
3289	TUMOUR, removal of, from SOFT TISSUE (INCLUDING MUSCLE, FASCIA AND CONNECTIVE TISSUE), EXTENSIVE EXCISION OF, WITH SKIN GRAFT							
	ALL STATES: FEE \$310.00							
	ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S							
3295	MALIGNANT TUMOUR, removal of, from any region involving a RADICAL OPERATION (not being an operation covered by any other item in this part)							
	ALL STATES: FEE \$440.00							
	ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S							
3301	MALIGNANT TUMOUR, removal of, from any region involving a LIMITED OPERATION, excluding removal of basal cell carcinoma (not being an operation covered by any other item in this Part)							
	ALL STATES: FEE \$210.00							
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							

3306	<p>LIPECTOMY—transverse wedge excision of abdominal apron</p> <p>ALL STATES: FEE \$240.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>																		
3307	<p>LIPECTOMY—wedge excision of skin or fat not covered by Item 3306—ONE EXCISION</p> <p>ALL STATES: FEE \$240.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>																		
3308	<p>‡ LIPECTOMY—wedge excision of skin or fat not covered by Item 3306—TWO OR MORE EXCISIONS</p> <p>ALL STATES: FEE \$365.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>																		
3310	<p>LIPECTOMY—subumbilical excision with undermining of skin edges and strengthening of musculo-aponeurotic wall</p> <p>ALL STATES: FEE \$365.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>																		
3311	<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 \$520.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>																		
3314	<p>AXILLARY HYPERIDROSIS, wedge excision for</p> <p>ALL STATES: FEE \$72.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>																		
3320	<p>PLANTAR WART, removal of</p> <table border="0" data-bbox="199 1541 1105 1612"> <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>25.00</td> <td>23.50</td> <td>23.50</td> <td>23.50</td> <td>23.50</td> <td>23.50</td> <td>23.50</td> </tr> </table> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>				NSW	VIC	QLD	SA	WA	TAS	FEE	\$	25.00	23.50	23.50	23.50	23.50	23.50	23.50
			NSW	VIC	QLD	SA	WA	TAS											
FEE	\$	25.00	23.50	23.50	23.50	23.50	23.50	23.50											

	KERATOSES, WARTS OR SIMILAR LESIONS, treatment by electrosurgical destruction, cryosurgery or surgical removal—each attendance at which the procedure is performed ON NOT MORE THAN 5 LESIONS (including any associated consultation)							
3330	FEE	\$	NSW 27.50	VIC 33.50	QLD 25.50	SA 25.50	WA 25.50	TAS 25.50
	ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S							
	KERATOSES, WARTS OR SIMILAR LESIONS, treatment by electrosurgical destruction, cryosurgery or surgical removal—each attendance at which the procedure is performed ON MORE THAN 5 BUT NOT MORE THAN 10 LESIONS (including any associated consultation)							
3332	FEE	\$	NSW 37.00	VIC 37.00	QLD 27.50	SA 27.50	WA 27.50	TAS 27.50
	ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S							
	KERATOSES, WARTS OR SIMILAR LESIONS, treatment by electrosurgical destruction, cryosurgery or surgical removal—each attendance at which the procedure is performed ON MORE THAN 10 BUT NOT MORE THAN 15 LESIONS (including any associated consultation)							
3338	FEE	\$	NSW 45.50	VIC 43.50	QLD 43.50	SA 43.50	WA 43.50	TAS 43.50
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
	KERATOSES, WARTS OR SIMILAR LESIONS, treatment by electrosurgical destruction, cryosurgery or surgical removal—each attendance at which the procedure is performed ON MORE THAN 15 BUT NOT MORE THAN 20 LESIONS (including any associated consultation)							
3342	FEE	\$	NSW 49.00	VIC 45.50	QLD 45.50	SA 45.50	WA 45.50	TAS 45.50
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
	KERATOSES, WARTS OR SIMILAR LESIONS, treatment by electrosurgical destruction, cryosurgery or surgical removal—each attendance at which the procedure is performed ON MORE THAN 20 LESIONS (including any associated consultation)							
3346	FEE	\$	NSW 58.00	VIC 51.00	QLD 51.00	SA 51.00	WA 51.00	TAS 51.00
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							

3349	CUTANEOUS NEOPLASTIC LESIONS, treatment by electrosurgical destruction, chemotherapy, simple curettage or shaving, not covered by Item 3350, 3351 or 3352—one or more lesions	FEE	\$	NSW 27.50	VIC 33.50	QLD 25.50	SA 25.50	WA 25.50	TAS 25.50	
ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S										
3350	CANCER OF SKIN OR MUCOUS MEMBRANE, removal by serial curettage excision or cryosurgery using liquid nitrogen (not covered by Item 3349)	ALL STATES: FEE \$67.00								
ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S										
3351	CANCER OF SKIN OR MUCOUS MEMBRANE, removal by serial curettage excision or cryosurgery using liquid nitrogen (not covered by Item 3349)—MORE THAN 3 BUT NOT MORE THAN 10 LESIONS	ALL STATES: FEE \$168.00								
ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S										
3352	CANCER OF SKIN OR MUCOUS MEMBRANE, removal by serial curettage excision or cryosurgery using liquid nitrogen (not covered by Item 3349)—MORE THAN 10 LESIONS	ALL STATES: FEE \$215.00								
ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S										
3356	SKIN LESIONS, multiple injections with hydrocortisone or similar preparations	ALL STATES: FEE \$23.50								
3363	KELOID, EXTENSIVE, MULTIPLE INJECTIONS OF HYDROCORTISONE or similar preparations under general anaesthesia	ALL STATES: FEE \$86.00								
ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S										
3366	HAEMATOMA, aspiration of	FEE	\$	NSW 12.40	VIC 14.40	QLD 9.80	SA 9.80	WA 9.70	TAS 9.80	
ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S										
3371	HAEMATOMA, FURUNCLE, SMALL ABSCESS OR SIMILAR LESION not requiring a general anaesthetic, INCISION WITH DRAINAGE OF (excluding after-care)	FEE	\$	NSW 12.40	VIC 14.40	QLD 12.40	SA 12.40	WA 12.40	TAS 12.40	



	LARGE HAEMATOMA, LARGE ABSCESS (including ischio-rectal 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	\$	62.00	62.00	52.00	52.00	52.00	52.00
3384	S. FEE	\$	86.00	86.00	72.00	65.00	65.00	65.00
	ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S							
3391	MUSCLE, excision of (LIMITED)							
	ALL STATES: FEE \$79.00							
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
3399	MUSCLE, excision of (EXTENSIVE)							
	ALL STATES: FEE \$144.00							
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
3404	MUSCLE, RUPTURED, repair of (limited), not associated with external wound							
	ALL STATES: FEE \$118.00							
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
3407	MUSCLE, RUPTURED, repair of (extensive), not associated with external wound							
	ALL STATES: FEE \$156.00							
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
3417	FASCIA, DEEP repair of, FOR HERNIATED MUSCLE							
	ALL STATES: FEE \$79.00							
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
3425	BONE TUMOUR, INNOCENT, excision of, not covered by any other item in this Part							
	ALL STATES: FEE \$188.00							
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							

3431	<p>STYLOID PROCESS OF TEMPORAL BONE, removal of</p> <p>ALL STATES: FEE \$188.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>																
3437	<p>PAROTID GLAND, total extirpation of</p> <p>ALL STATES: FEE \$390.00</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 \$660.00</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 \$440.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>																
3455	<p>SUBMANDIBULAR GLAND, extirpation of</p> <table> <thead> <tr> <th>FEE</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></td> <td></td> <td>188.00</td> <td>235.00</td> <td>188.00</td> <td>188.00</td> <td>188.00</td> <td>188.00</td> </tr> </tbody> </table> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>	FEE	\$	NSW	VIC	QLD	SA	WA	TAS			188.00	235.00	188.00	188.00	188.00	188.00
FEE	\$	NSW	VIC	QLD	SA	WA	TAS										
		188.00	235.00	188.00	188.00	188.00	188.00										
3459	<p>SUBLINGUAL GLAND, extirpation of</p> <p>ALL STATES: FEE \$104.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>																
3465	<p>SALIVARY GLAND, DILATATION OR DIATHERMY of duct</p> <p>ALL STATES: FEE \$31.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>																

3468 3472	G. S.	SALIVARY GLAND, removal of CALCULUS from duct  ALL STATES: FEE \$62.00  ALL STATES: FEE \$79.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
3477		SALIVARY GLAND, repair of CUTANEOUS FISTULA OF  ALL STATES: FEE \$79.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
3480		TONGUE, partial excision of  ALL STATES: FEE \$156.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
3495		RADICAL EXCISION OF INTRA-ORAL TUMOUR INVOLVING RESECTION OF MANDIBLE AND LYMPH GLANDS OF NECK (commando-type operation)  ALL STATES: FEE \$930.00  ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S
3496		TONGUE TIE, repair of, not covered by any other item in this part  ALL STATES: FEE \$24.50  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
3505		TONGUE TIE OR MAXILLARY FRENULUM, repair of, in a person aged not less than two years, under general anaesthesia  ALL STATES: FEE \$63.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
3509 3516	G. S.	RANULA OR MUCOUS CYST OF MOUTH, removal of  ALL STATES: FEE \$82.00  ALL STATES: FEE \$108.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S

3431	STYLOID PROCESS OF TEMPORAL BONE, removal of ALL STATES: FEE \$188.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
3437	PAROTID GLAND, total extirpation of ALL STATES: FEE \$390.00 ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S
3444	PAROTID GLAND, total extirpation of, with preservation of facial nerve ALL STATES: FEE \$660.00 ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S
3450	PAROTID GLAND, SUPERFICIAL LOBECTOMY OR REMOVAL OF TUMOUR FROM, with exposure of facial nerve ALL STATES: FEE \$440.00 ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S
3455	SUBMANDIBULAR GLAND, extirpation of FEE \$ NSW 188.00 VIC 235.00 QLD 188.00 SA 188.00 WA 188.00 TAS 188.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
3459	SUBLINGUAL GLAND, extirpation of ALL STATES: FEE \$104.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
3465	SALIVARY GLAND, DILATATION OR DIATHERMY of duct ALL STATES: FEE \$31.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

3468	G.	SALIVARY GLAND, removal of CALCULUS from duct ALL STATES: FEE \$62.00
3472	S.	ALL STATES: FEE \$79.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
3477		SALIVARY GLAND, repair of CUTANEOUS FISTULA OF ALL STATES: FEE \$79.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
3480		TONGUE, partial excision of ALL STATES: FEE \$156.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
3495		RADICAL EXCISION OF INTRA-ORAL TUMOUR INVOLVING RESECTION OF MANDIBLE AND LYMPH GLANDS OF NECK (commando-type operation) ALL STATES: FEE \$930.00 ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S
3496		TONGUE TIE, repair of, not covered by any other item in this part ALL STATES: FEE \$24.50 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
3505	‡	TONGUE TIE, MANDIBULAR FRENULUM OR MAXILLARY FRENULUM, repair of, in a person aged not less than two years, under general anaesthesia ALL STATES: FEE \$63.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
3509	G.	RANULA OR MUCOUS CYST OF MOUTH, removal of ALL STATES: FEE \$82.00
3516	S.	ALL STATES: FEE \$108.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S

3526	BRANCHIAL CYST, removal of  ALL STATES: FEE \$210.00  ANAESTHETIC 9 UNITS ITEM NOS 443G/518S
3530	BRANCHIAL FISTULA, removal of  ALL STATES: FEE \$265.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
3532	CYSTIC HYGROMA, removal of massive lesion requiring extensive excision—with or without thoracotomy  ALL STATES: FEE \$505.00  ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
3542	THYROIDECTOMY, total  ALL STATES: FEE \$520.00  ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S
3547	PARATHYROID TUMOUR, removal of  ALL STATES: FEE \$580.00  ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
3555	PARATHYROID GLANDS, removal of, other than for tumour  ALL STATES: FEE \$660.00 ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S
3563	HEMITHYROIDECTOMY or SUB-TOTAL THYROIDECTOMY, with or without exposure of recurrent laryngeal nerve  ALL STATES: FEE \$380.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
3576	THYROID, excision of localised tumour of  FEE           \$           NSW           VIC           QLD           SA           WA           TAS 265.00   275.00   265.00   265.00   265.00   265.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S

3581	<p>THYROGLOSSAL CYST, removal of</p> <p>ALL STATES: FEE \$205.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
3591	<p>THYROGLOSSAL CYST AND FISTULA, removal of</p> <p>ALL STATES: FEE \$305.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
3597	<p>CERVICAL OESOPHAGOSTOMY or CLOSURE OF CERVICAL OESOPHAGOSTOMY with or without plastic repair</p> <p>ALL STATES: FEE \$235.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
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 \$930.00</p> <p>ANAESTHETIC 22 UNITS—ITEM NOS 466G/537S</p>
3618	<p>LYMPH GLANDS OF NECK, limited excision of</p> <p>ALL STATES: FEE \$196.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
3622	<p>LYMPH GLANDS OF NECK, radical excision of</p> <p>ALL STATES: FEE \$520.00</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 \$130.00</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 \$380.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>

	SIMPLE MASTECTOMY with or without frozen section biopsy	
3647	G.	ALL STATES: FEE \$172.00
3652	S.	ALL STATES: FEE \$235.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
	BREAST, excision of CYST, fibro adenoma or other local lesion or segmental resection for any other reason	
3654	G.	ALL STATES: FEE \$104.00
3664	S.	ALL STATES: FEE \$134.00 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 \$138.00
3673	S.	ALL STATES: FEE \$172.00 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 \$138.00
3683	S.	ALL STATES: FEE \$172.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
	BREAST, extended simple mastectomy with or without frozen section biopsy	
3698		ALL STATES: FEE \$310.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
	SUBCUTANEOUS MASTECTOMY with or without frozen section biopsy	
3700		ALL STATES: FEE \$290.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S



## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

3702	<p>BREAST, radical or modified radical mastectomy with or without frozen section biopsy</p> <p>ALL STATES: FEE \$455.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
3707	<p>NIPPLE, INVERTED, surgical eversion of</p> <p>ALL STATES: FEE \$79.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
3713	<p>LAPAROTOMY (exploratory), including associated biopsies, where no other intra-abdominal procedure is performed</p> <p>G. ALL STATES: FEE \$200.00</p>
3718	<p>S. ALL STATES: FEE \$255.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
3722	<p>LAPAROTOMY involving Caecostomy, Enterostomy, Colostomy, Enterotomy, Colotomy, Cholecystostomy, Gastrostomy, Gastrotomy, Reduction of intussusception, Removal of Meckel's diverticulum, Suture of perforated peptic ulcer, Simple repair of ruptured viscus, Reduction of volvulus OR Pyloroplasty (adult)</p> <p>ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
3726	<p>LAPAROTOMY INVOLVING DIVISION OF PERITONEAL ADHESIONS (where no other listed intra abdominal procedure is performed)(See Explanatory Notes covering this item)</p> <p>ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
3730	<p>LAPAROTOMY FOR GRADING OF LYMPHOMA, including splenectomy, liver biopsies, lymph node biopsies and oophorectomy</p> <p>ALL STATES: FEE \$580.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
3734	<p>LAPAROTOMY FOR CONTROL OF POST-OPERATIVE HAEMORRHAGE, where no other procedure is performed</p> <p>ALL STATES: FEE \$176.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>

	SIMPLE MASTECTOMY with or without frozen section biopsy	
3647	G.	ALL STATES: FEE \$172.00
3652	S.	ALL STATES: FEE \$235.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
	BREAST, excision of CYST, fibro adenoma or other local lesion or segmental resection for any other reason	
3654	G.	ALL STATES: FEE \$104.00
3664	S.	ALL STATES: FEE \$134.00 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 biopsy is performed or where specimen radiography is used	
3668	G.	ALL STATES: FEE \$138.00
3673	S.	ALL STATES: FEE \$172.00 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 \$138.00
3683	S.	ALL STATES: FEE \$172.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
	BREAST, extended simple mastectomy with or without frozen section biopsy	
3698		ALL STATES: FEE \$310.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
	SUBCUTANEOUS MASTECTOMY with or without frozen section biopsy	
3700		ALL STATES: FEE \$290.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S

3702	<p>BREAST, radical or modified radical mastectomy with or without frozen section biopsy</p> <p>ALL STATES: FEE \$455.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
3707	<p>NIPPLE, INVERTED, surgical eversion of</p> <p>ALL STATES: FEE \$79.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
3713	<p>LAPAROTOMY (exploratory), including associated biopsies, where no other intra-abdominal procedure is performed</p> <p>G. ALL STATES: FEE \$200.00</p>
3718	<p>S. ALL STATES: FEE \$255.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
3722	<p>LAPAROTOMY involving Caecostomy, Enterostomy, Colostomy, Enterotomy, Colotomy, Cholecystostomy, Gastrostomy, Gastrotomy, Reduction of intussusception, Removal of Meckel's diverticulum, Suture of perforated peptic ulcer, Simple repair of ruptured viscus, Reduction of volvulus OR Pyloroplasty (adult)</p> <p>ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
3726	<p>LAPAROTOMY INVOLVING DIVISION OF PERITONEAL ADHESIONS (where no other listed intra abdominal procedure is performed) (See Explanatory Notes covering this item)</p> <p>ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
3730	<p>LAPAROTOMY FOR GRADING OF LYMPHOMA, including splenectomy, liver biopsies, lymph node biopsies and oophorectomy</p> <p>ALL STATES: FEE \$580.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
3734	<p>LAPAROTOMY FOR CONTROL OF POST-OPERATIVE HAEMORRHAGE, where no other procedure is performed</p> <p>ALL STATES: FEE \$176.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>

	SIMPLE MASTECTOMY with or without frozen section biopsy	
3647	G.	ALL STATES: FEE \$172.00
3652	S.	ALL STATES: FEE \$235.00
		ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
+	BREAST, excision of CYST, fibro adenoma or other local lesion or segmental resection for any other reason	
3654	G.	ALL STATES: FEE \$104.00
3664	S.	ALL STATES: FEE \$140.00 (1/8/86 FEE LEVEL)
		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 biopsy is performed or where specimen radiography is used	
3668	G.	ALL STATES: FEE \$138.00
3673	S.	ALL STATES: FEE \$172.00
		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 \$138.00
3683	S.	ALL STATES: FEE \$172.00
		ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
	BREAST, extended simple mastectomy with or without frozen section biopsy	
3698		ALL STATES: FEE \$310.00
		ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
	SUBCUTANEOUS MASTECTOMY with or without frozen section biopsy	
3700		ALL STATES: FEE \$290.00
		ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S

## PART 10—OPERATIONS

## DIVISION 1—GENERAL SURGICAL

3702	<p>BREAST, radical or modified radical mastectomy with or without frozen section biopsy</p> <p>ALL STATES: FEE \$455.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
3707	<p>NIPPLE, INVERTED, surgical eversion of</p> <p>ALL STATES: FEE \$79.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
3713 3718	<p>LAPAROTOMY (exploratory), including associated biopsies, where no other intra-abdominal procedure is performed</p> <p>G. ALL STATES: FEE \$200.00</p> <p>S. ALL STATES: FEE \$255.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
‡ 3722	<p>LAPAROTOMY involving Caecostomy, Enterostomy, Colostomy, Enterotomy, Colotomy, Cholecystostomy, Gastrostomy, Gastrotomy, Reduction of intussusception, Removal of Meckel's diverticulum, Suture or perforated peptic ulcer, Simple repair of ruptured viscus, Reduction of volvulus Pyloroplasty (adult) or Drainage of pancreas</p> <p>ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
3726	<p>LAPAROTOMY INVOLVING DIVISION OF PERITONEAL ADHESIONS (where no other listed intra abdominal procedure is performed) (See Explanatory Notes covering this item)</p> <p>ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
3730	<p>LAPAROTOMY FOR GRADING OF LYMPHOMA, including splenectomy, liver biopsies, lymph node biopsies and oophoropexy</p> <p>ALL STATES: FEE \$580.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
3734	<p>LAPAROTOMY FOR CONTROL OF POST-OPERATIVE HAEMORRHAGE, where no other procedure is performed</p> <p>ALL STATES: FEE \$176.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>

	LAPAROTOMY INVOLVING OPERATION ON ABDOMINAL VISCERA, not covered by any other item in this Part
3739	G. ALL STATES: FEE \$270.00
3745	S. ALL STATES: FEE \$335.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
3750	SUBPHRENIC ABSCESS, drainage of ALL STATES: FEE \$275.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
3752	LIVER BIOPSY, percutaneous ALL STATES: FEE \$91.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
3754	LIVER TUMOUR, removal of other than by biopsy ALL STATES: FEE \$310.00 ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
3759	LIVER, MASSIVE RESECTION OF, or LOBECTOMY ALL STATES: FEE \$790.00 ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S
3764	LIVER ABSCESS, ABDOMINAL drainage of ALL STATES: FEE \$275.00 ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
3783	HYDATID CYST OF LIVER, PERITONEUM OR VISCUS, drainage procedure for ALL STATES: FEE \$310.00 ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
3789	OPERATIVE CHOLANGIOGRAPHY (including one or more cholegrams performed during the one operation) OR OPERATIVE PANCREATOGRAPHY ALL STATES: FEE \$98.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S

CHOLECYSTECTOMY		NSW	VIC	QLD	SA	WA	TAS
3793	G. FEE \$	310.00	300.00	300.00	275.00	270.00	270.00
3798	S. FEE \$	390.00	390.00	390.00	335.00	365.00	335.00
ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S							
†	CHOLEDOCHOSCOPY						
3818	ALL STATES: FEE \$98.00						
ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
CHOLEDOCHOTOMY (WITH OR WITHOUT CHOLECYSTECTOMY), including dilatation of sphincter of Oddi and removal of calculi							
3820	ALL STATES: FEE \$455.00						
ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S							
CHOLEDOCHOTOMY (WITH OR WITHOUT CHOLECYSTECTOMY), including dilatation of sphincter of Oddi and removal of calculi WITH CHOLEDOCHODUODENOSTOMY, CHOLEDOCHOGASTROSTOMY OR CHOLEDOCHOENTEROSTOMY							
3822	ALL STATES: FEE \$535.00						
ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S							
TRANSDUODENAL OPERATION ON SPHINCTER OF ODDI, including dilatation, removal of calculi, sphincterotomy and sphincteroplasty with or without choledochotomy, with or without cholecystectomy							
3825	ALL STATES: FEE \$535.00						
ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S							
CHOLECYSTODUODENOSTOMY, CHOLECYSTOGASTROSTOMY OR CHOLECYSTOENTEROSTOMY with or without enteroenterostomy							
3831	ALL STATES: FEE \$455.00						
ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S							
OPERATION FOR RECONSTRUCTION OF HEPATIC DUCT OR COMMON BILE DUCT for correction of strictures or atresia including all necessary anastomoses, not associated with Item 3793, 3798, 3820, 3822, 3825 or 3831							
3834	ALL STATES: FEE \$780.00						
ANAESTHETIC 19 UNITS—ITEM NOS 463G/531S							

3847	<p>OESOPHAGOSCOPY (not covered by Item 5464), GASTROSCOPY, DUODENOSCOPY OR PANENDOSCOPY (one or more such procedures)</p>
	<p>ALL STATES: FEE \$120.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
3849	<p>OESOPHAGOSCOPY (not covered by Item 5464), GASTROSCOPY, DUODENOSCOPY OR PANENDOSCOPY (one or more such procedures) with biopsy or with endoscopic sclerosing injection of oesophageal or gastric varices</p>
	<p>ALL STATES: FEE \$148.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
3851	<p>OESOPHAGOSCOPY (not covered by Item 5464), GASTROSCOPY, DUODENOSCOPY OR PANENDOSCOPY (one or more such procedures) with one or more of the following procedures—polypectomy, removal of foreign body, diathermy coagulation of bleeding upper gastrointestinal lesions</p>
	<p>ALL STATES: FEE \$188.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
3860	<p>ENDOSCOPIC PANCREATOCHOLANGIOGRAPHY</p>
	<p>ALL STATES: FEE \$196.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
3862	<p>ENDOSCOPIC SPHINCTEROTOMY with or without extraction of stones from common bile duct</p>
	<p>ALL STATES: FEE \$265.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
3875	<p>VAGOTOMY—TRUNKAL</p>
	<p>ALL STATES: FEE \$310.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
3882	<p>VAGOTOMY—SELECTIVE</p>
	<p>ALL STATES: FEE \$370.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>



3889	<p>VAGOTOMY, HIGHLY SELECTIVE; or VAGOTOMY, TRUNKAL OR SELECTIVE, with pyloroplasty or gastro-enterostomy</p> <p>ALL STATES: FEE \$440.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
3891	<p>VAGOTOMY, HIGHLY SELECTIVE with pyloroplasty or gastroenterostomy</p> <p>ALL STATES: FEE \$520.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
3892	<p>GASTRIC REDUCTION OR GASTROPLASTY for obesity, by any method</p> <p>ALL STATES: FEE \$455.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
3893	<p>GASTRIC BY-PASS FOR OBESITY, including anastomosis, by any method</p> <p>ALL STATES: FEE \$640.00</p> <p>ANAESTHETIC 21 UNITS—ITEM NOS 465G/535S</p>
3894	<p>GASTROENTEROSTOMY (INCLUDING GASTRODUODENOSTOMY) OR ENTERO-COLOSTOMY OR ENTEROENTEROSTOMY</p> <p>G. ALL STATES: FEE \$275.00</p>
3898	<p>S. ALL STATES: FEE \$370.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
3900	<p>GASTRO-ENTEROSTOMY or GASTRO-DUODENOSTOMY, reconstruction of</p> <p>ALL STATES: FEE \$470.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
3902	<p>PANCREATIC CYST—ANASTOMOSIS TO STOMACH OR DUODENUM</p> <p>ALL STATES: FEE \$370.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>

3922	PARTIAL GASTRECTOMY, with or without gastro-jejunostomy							
	ALL STATES: FEE \$520.00							
	ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S							
3930	GASTRECTOMY, TOTAL, FOR BENIGN DISEASE							
	ALL STATES: FEE \$660.00							
	ANAESTHETIC 19 UNITS—ITEM NOS 463G/531S							
3938	GASTRECTOMY, TOTAL RADICAL, for carcinoma							
	ALL STATES: FEE \$780.00							
	ANAESTHETIC 21 UNITS—ITEM NOS 443G/518S							
3952	PYLOROPLASTY, INFANT, OR PYLOROMYOTOMY (RAMSTEDT'S operation)							
	ALL STATES: FEE \$235.00							
	ANAESTHETIC 9 UNITS—ITEM NOS 4336/518S							
3976	G.	ENTEROSTOMY or COLOSTOMY, extraperitoneal closure of						
		ALL STATES: FEE \$158.00						
3981	S.	ENTEROSTOMY or COLOSTOMY, intraperitoneal closure, not involving resection						
		ALL STATES: FEE \$200.00						
		ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S						
3986	ENTEROSTOMY OR COLOSTOMY, intraperitoneal closure, not involving resection							
	ALL STATES: FEE \$275.00							
	ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S							
4003	INTUSSUSCEPTION, reduction of, by fluid							
	ALL STATES: FEE \$124.00							
4012	INTUSSUSCEPTION, LAPAROTOMY and resection of							
	FEE	\$	NSW 455.00	VIC 505.00	QLD 455.00	SA 455.00	WA 455.00	TAS 455.00
	ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S							

4018	<p>TRANSVERSE OR SIGMOID COLECTOMY WITH OR WITHOUT ANASTOMOSIS</p> <p>ALL STATES: FEE \$475.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>																																		
4039	<p>BOWEL, SEGMENTAL RESECTION OF, WITH OR WITHOUT ANASTOMOSIS, not covered by any other item in this Part</p> <table border="0" data-bbox="117 439 1139 564"> <thead> <tr> <th></th> <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>4039</td> <td>G. FEE</td> <td>\$</td> <td>365.00</td> <td>380.00</td> <td>365.00</td> <td>365.00</td> <td>365.00</td> <td>365.00</td> </tr> <tr> <td>4043</td> <td>S. FEE</td> <td>\$</td> <td>455.00</td> <td>505.00</td> <td>455.00</td> <td>455.00</td> <td>455.00</td> <td>455.00</td> </tr> </tbody> </table> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>											NSW	VIC	QLD	SA	WA	TAS	4039	G. FEE	\$	365.00	380.00	365.00	365.00	365.00	365.00	4043	S. FEE	\$	455.00	505.00	455.00	455.00	455.00	455.00
			NSW	VIC	QLD	SA	WA	TAS																											
4039	G. FEE	\$	365.00	380.00	365.00	365.00	365.00	365.00																											
4043	S. FEE	\$	455.00	505.00	455.00	455.00	455.00	455.00																											
4046	<p>HEMICOLECTOMY, right or left</p> <p>ALL STATES: FEE \$520.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>																																		
4048	<p>TOTAL COLECTOMY WITH ILEO-RECTAL ANASTOMOSIS OR ILEOSTOMY</p> <p>ALL STATES: FEE \$660.00</p> <p>ANAESTHETIC 20 UNITS—ITEM NOS 464G/533S</p>																																		
4052	<p>TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY—one surgeon</p> <p>ALL STATES: FEE \$792.50</p> <p>ANAESTHETIC 20 UNITS—ITEM NOS 464G/533S</p>																																		
4054	<p>TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY, COMBINED SYNCHRONOUS OPERATION: ABDOMINAL RESECTION (including after care)</p> <p>ALL STATES: FEE \$675.00</p> <p>ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S</p>																																		
4059	<p>TOTAL COLECTOMY WITH EXCISION OF RECTUM AND ILEOSTOMY, COMBINED SYNCHRONOUS OPERATION; PERINEAL RESECTION</p> <p>ALL STATES: FEE \$235.00</p> <p>ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S</p>																																		

4068	RECTUM, RESTORATIVE ANTERIOR RESECTION OF, WITH RECTOSIGMOIDECTOMY  ALL STATES: FEE \$660.00  ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S							
4074	APPENDICECTOMY, Not covered by Item 4084  G. FEE     \$     NSW            VIC            QLD            SA            WA            TAS  S. FEE     \$     215.00       235.00       235.00       196.00       215.00       188.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S	188.00	172.00	172.00	172.00	172.00	172.00	156.00
4080		215.00	235.00	235.00	196.00	215.00	188.00	
4084	<b>Note:</b> Multiple Operation and Multiple Anaesthetic rules apply to this Item  APPENDICECTOMY, when performed in conjunction with any other intra-abdominal procedure through the same incision  ALL STATES: FEE \$65.00  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S							
4087	DRAINAGE OF APPENDICEAL ABSCESS, or for ruptured appendix or for peritonitis with or without appendicectomy  ALL STATES: FEE \$210.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S							
4093								
4099	SMALL BOWEL INTUBATION with biopsy  ALL STATES: FEE \$94.00							
4104	SMALL BOWEL INTUBATION—as an independent procedure  ALL STATES: FEE \$47.50							
4109	PANCREATECTOMY, PARTIAL  ALL STATES: FEE \$630.00  ANAESTHETIC 15 UNITS—ITEM NOS 459G/5265							

4115	<p>PANCREATICO-DUODENECTOMY, WHIPPLE'S OPERATION</p> <p>ALL STATES: FEE \$930.00</p> <p>ANAESTHETIC 30 UNITS—ITEM NOS 474G/545S</p>																
4130	<p>PANCREAS, drainage of</p> <p>ALL STATES: FEE \$270.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>																
4133	<p>ANASTOMOSIS OF PANCREATIC DUCT TO BOWEL</p> <p>ALL STATES: FEE \$660.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>																
4141	<p>SPLENECTOMY FOR TRAUMA</p> <table data-bbox="217 892 1121 946"> <thead> <tr> <th data-bbox="217 919 264 946">FEE</th> <th data-bbox="350 919 368 946">\$</th> <th data-bbox="438 892 479 919">NSW</th> <th data-bbox="579 892 609 919">VIC</th> <th data-bbox="697 892 738 919">QLD</th> <th data-bbox="832 892 862 919">SA</th> <th data-bbox="956 892 985 919">WA</th> <th data-bbox="1073 892 1114 919">TAS</th> </tr> </thead> <tbody> <tr> <td data-bbox="409 919 479 946">370.00</td> <td data-bbox="409 919 426 946"></td> <td data-bbox="538 919 609 946">380.00</td> <td data-bbox="667 919 738 946">370.00</td> <td data-bbox="797 919 867 946">370.00</td> <td data-bbox="926 919 997 946">370.00</td> <td data-bbox="1056 919 1126 946">370.00</td> <td data-bbox="1067 919 1138 946">370.00</td> </tr> </tbody> </table> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>	FEE	\$	NSW	VIC	QLD	SA	WA	TAS	370.00		380.00	370.00	370.00	370.00	370.00	370.00
FEE	\$	NSW	VIC	QLD	SA	WA	TAS										
370.00		380.00	370.00	370.00	370.00	370.00	370.00										
4144	<p>SPLENECTOMY, OTHER THAN FOR TRAUMA</p> <p>ALL STATES: FEE \$390.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>																
4165	<p>MULTIPLE RUPTURED VISCERA (INCLUDING LIVER, KIDNEY, SPLEEN OR HOLLOW VISCUS) major repair or removal of</p> <p>ALL STATES: FEE \$580.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>																
4173	<p>RETROPERITONEAL TUMOUR, removal of</p> <p>ALL STATES: FEE \$455.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>																

4068 RECTUM, RESTORATIVE ANTERIOR RESECTION OF, WITH RECTOSIGMOIDECTOMY  
 ALL STATES: FEE \$660.00  
 ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S

4074 APPENDICECTOMY, Not covered by Item 4084

			NSW	VIC	QLD	SA	WA	TAS
4074	G.	FEE	\$ 188.00	172.00	172.00	172.00	172.00	156.00
4080	S.	FEE	\$ 215.00	235.00	235.00	196.00	215.00	188.00

ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

**Note: Multiple Operation and Multiple Anaesthetic rules apply to this Item**

4084 APPENDICECTOMY, when performed in conjunction with any other intra-abdominal procedure through the same incision  
 ALL STATES: FEE \$65.00  
 ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

4087 DRAINAGE OF APPENDICEAL ABSCESS, or for ruptured appendix or for peritonitis with or without appendicectomy  
 G. ALL STATES: FEE \$210.00

4093 S. ALL STATES: FEE \$260.00  
 ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S

4099 SMALL BOWEL INTUBATION with biopsy  
 ALL STATES: FEE \$94.00

4104 SMALL BOWEL INTUBATION—as an independent procedure  
 ALL STATES: FEE \$47.50

4109 PANCREATECTOMY, PARTIAL  
 ALL STATES: FEE \$630.00  
 ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S

(15/6/84 FEES)

**PART 10—OPERATIONS**

**DIVISION 1—GENERAL SURGICAL**

4115	<p>PANCREATICO-DUODENECTOMY, WHIPPLE'S OPERATION</p> <p>ALL STATES: FEE \$930.00</p> <p>ANAESTHETIC 30 UNITS—ITEM NOS 474G/545S</p>																
4130	<p>PANCREAS, drainage of</p> <p>ALL STATES: FEE \$270.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>																
4131	<p>† PANCREATIC ABSCESS, drainage of, excluding after-care</p> <p>ALL STATES: FEE \$270.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>																
4133	<p>ANASTOMOSIS OF PANCREATIC DUCT TO BOWEL</p> <p>ALL STATES: FEE \$660.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>																
4139	<p>† SPLENORRHAPHY OR PARTIAL SPLENECTOMY FOR TRAUMA</p> <p>ALL STATES: FEE \$475.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>																
4141	<p>SPLENECTOMY FOR TRAUMA</p> <table border="0" data-bbox="211 1128 1034 1191"> <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>370.00</td> <td>380.00</td> <td>370.00</td> <td>370.00</td> <td>370.00</td> <td>370.00</td> </tr> </table> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	370.00	380.00	370.00	370.00	370.00	370.00
		NSW	VIC	QLD	SA	WA	TAS										
FEE	\$	370.00	380.00	370.00	370.00	370.00	370.00										
4144	<p>SPLENECTOMY, OTHER THAN FOR TRAUMA</p> <p>ALL STATES: FEE \$390.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>																

4068	RECTUM, RESTORATIVE ANTERIOR RESECTION OF, WITH RECTOSIGMOIDECTOMY  ALL STATES: FEE \$660.00  ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S																																
4074	APPENDICECTOMY, Not covered by Item 4084  <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>G. FEE</td> <td>\$</td> <td>188.00</td> <td>172.00</td> <td>172.00</td> <td>172.00</td> <td>172.00</td> <td>156.00</td> </tr> <tr> <td>4080</td> <td>S. FEE</td> <td>\$</td> <td>215.00</td> <td>235.00</td> <td>235.00</td> <td>196.00</td> <td>215.00</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>188.00</td> </tr> </tbody> </table> ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S			NSW	VIC	QLD	SA	WA	TAS	G. FEE	\$	188.00	172.00	172.00	172.00	172.00	156.00	4080	S. FEE	\$	215.00	235.00	235.00	196.00	215.00								188.00
		NSW	VIC	QLD	SA	WA	TAS																										
G. FEE	\$	188.00	172.00	172.00	172.00	172.00	156.00																										
4080	S. FEE	\$	215.00	235.00	235.00	196.00	215.00																										
							188.00																										
4084	<b>Note: Multiple Operation and Multiple Anaesthetic rules apply to this Item</b>  APPENDICECTOMY, when performed in conjunction with any other intra-abdominal procedure through the same incision  ALL STATES: FEE \$65.00  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S																																
4087	‡ LAPAROTOMY, for drainage of pelvic abscess, appendiceal abscess, ruptured appendix or for peritonitis from any cause, with or without appendectomy  G. ALL STATES: FEE \$210.00																																
4093	S. ALL STATES: FEE \$260.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S																																
4099	SMALL BOWEL INTUBATION with biopsy  ALL STATES: FEE \$94.00																																
4104	SMALL BOWEL INTUBATION—as an independent procedure  ALL STATES: FEE \$47.50																																
4109	PANCREATECTOMY, PARTIAL  ALL STATES: FEE \$630.00  ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S																																



4115	<p>PANCREATICO-DUODENECTOMY, WHIPPLE'S OPERATION</p> <p>ALL STATES: FEE \$930.00</p> <p>ANAESTHETIC 30 UNITS—ITEM NOS 474G/545S</p>																						
4131	<p>PANCREATIC ABSCESS, drainage of, excluding after-care</p> <p>ALL STATES: FEE \$270.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>																						
4133	<p>ANASTOMOSIS OF PANCREATIC DUCT TO BOWEL</p> <p>ALL STATES: FEE \$660.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>																						
4139	<p>SPLENORRHAPHY OR PARTIAL SPLENECTOMY FOR TRAUMA</p> <p>ALL STATES: FEE \$475.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>																						
4141	<p>SPLENECTOMY FOR TRAUMA</p> <table data-bbox="188 1218 1081 1290"> <thead> <tr> <th>FEE</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></td> <td></td> <td>370.00</td> <td>380.00</td> <td>370.00</td> <td>370.00</td> <td>370.00</td> <td>370.00</td> </tr> </tbody> </table> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>							FEE	\$	NSW	VIC	QLD	SA	WA	TAS			370.00	380.00	370.00	370.00	370.00	370.00
FEE	\$	NSW	VIC	QLD	SA	WA	TAS																
		370.00	380.00	370.00	370.00	370.00	370.00																
4144	<p>SPLENECTOMY, OTHER THAN FOR TRAUMA</p> <p>ALL STATES: FEE \$390.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>																						

4165	<p>MULTIPLE RUPTURED VISCERA (INCLUDING LIVER, KIDNEY, SPLEEN OR HOLLOW VISCUS) major repair or removal of</p> <p>ALL STATES: FEE \$580.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>
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4173	<p>RETROPERITONEAL TUMOUR, removal of</p> <p>ALL STATES: FEE \$455.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
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4179	SACROCOCCYGEAL AND PRESACRAL TUMOUR—excision of  ALL STATES: FEE \$455.00  ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
4185	RETROPERITONEAL ABSCESS, drainage of, not involving laparotomy  ALL STATES: FEE \$245.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
4192	* LAPAROSCOPY, diagnostic  ALL STATES: FEE \$116.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
4193	† LAPAROSCOPY with biopsy  ALL STATES: FEE \$150.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
4194	* LAPAROSCOPY, involving puncture of cysts, diathermy of endometriosis, ventrosuspension, division of adhesions or any other procedure—one or more procedures with or without biopsy—not associated with Item 4193, 6611 or 6612  ALL STATES: FEE \$215.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
4197	PARACENTESIS ABDOMINIS  ALL STATES: FEE \$27.50
4202	RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF—one surgeon  ALL STATES: FEE \$652.50  ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S
4209	RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF, COMBINED SYNCHRONOUS OPERATION—abdominal resection  ALL STATES: FEE \$535.00

4214	RECTUM AND ANUS, ABDOMINO-PERINEAL RESECTION OF, COMBINED SYNCHRONOUS OPERATION—perineal resection								
			ALL STATES: FEE \$235.00						
			ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S						
4217	ABDOMINO-PERINEAL PULL THROUGH RESECTION with colo-anal anastomosis (one or two stages), including associated colostomy								
			ALL STATES: FEE \$805.00						
			ANAESTHETIC 30 UNITS—ITEM NOS 474G/545S						
4222	FEMORAL OR INGUINAL HERNIA OR INFANTILE HYDROCELE, repair of, not covered by Items 4233, 4258 or 4262								
			NSW	VIC	QLD	SA	WA	TAS	
4222	G. FEE	\$	188.00	188.00	178.00	178.00	178.00	158.00	
4227	S. FEE	\$	235.00	235.00	235.00	215.00	245.00	196.00	
			ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S						
4233	STRANGULATED, INCARCERATED OR OBSTRUCTED HERNIA, repair of, without bowel resection								
			ALL STATES: FEE \$275.00						
			ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S						
4238	DIAPHRAGMATIC HERNIA, TRAUMATIC, repair of								
			ALL STATES: FEE \$410.00						
			ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S						
‡	DIAPHRAGMATIC HERNIA, CONGENITAL repair of, by thoracic or abdominal approach								
			NSW	VIC	QLD	SA	WA	TAS	
4241	FEE	\$	505.00	475.00	475.00	475.00	475.00	475.00	
			ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S						
†	ANTIREFLUX OPERATION involving insertion of prosthetic device including Angelchik prosthesis, not associated with Item 4241, 4243, 4244 or 4245								
4242			ALL STATES: FEE \$310.00						
			ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S						

4243	† ANTIREFLUX OPERATION by fundoplasty, via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus—not covered by Item 4241 or 4242  ALL STATES: FEE \$475.00  ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S
4244	† OESOPHAGOGASTRIC MYOTOMY (Heller's operation) via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus  ALL STATES: FEE \$475.00  ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S
4245	† OESOPHAGOGASTRIC MYOTOMY (Heller's operation) via abdominal or thoracic approach, WITH FUNDOPLASTY, with or without closure of the diaphragmatic hiatus  ALL STATES: FEE \$565.00  ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S
4246	UMBILICAL, EPIGASTRIC OR LINEA ALBA HERNIA, repair of, in a person under ten years of age  G. ALL STATES: FEE \$140.00  4249 S. ALL STATES: FEE \$188.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
4251	UMBILICAL, EPIGASTRIC OR LINEA ALBA HERNIA, repair of, in a person ten years of age or over  G. ALL STATES: FEE \$158.00  4254 S. ALL STATES: FEE \$215.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
4258	VENTRAL, INCISIONAL, LUMBAR OR RECURRENT HERNIA OR BURST ABDOMEN, repair of  G. ALL STATES: FEE \$235.00  4262 S. ALL STATES: FEE \$275.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
4265	HYDROCELE, tapping of  ALL STATES: FEE \$18.80

**PART 10 — OPERATIONS**

**DIVISION 1 — GENERAL SURGICAL**

<p>‡</p> <p>4269</p> <p>4273</p>	<p>REMOVAL OF VARICOCELE, REMOVAL OF HYDROCELE, or INSERTION OF TESTICULAR PROSTHESIS when not associated with Item 4288, 4293 or 4296—</p> <p>One procedure</p> <p>G. ALL STATES: FEE \$124.00</p> <p>S. ALL STATES: FEE \$154.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>																
<p>‡</p> <p>4288</p> <p>4293</p>	<p>ORCHIDECTOMY, simple or subscapsular, unilateral with or without insertion of testicular prosthesis</p> <p>G. ALL STATES: FEE \$158.00</p> <p>S. ALL STATES: FEE \$215.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>																
<p>4296</p>	<p>ORCHIDECTOMY AND COMPLETE EXCISION OF SPERMATIC CORD</p> <p>ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>																
<p>4307</p>	<p>UNDESCENDED TESTIS, orchidopexy or transplantation of, with or without associated hernial repair</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></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>275.00</td> <td>275.00</td> <td>265.00</td> <td>265.00</td> <td>265.00</td> <td>265.00</td> </tr> </table> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	275.00	275.00	265.00	265.00	265.00	265.00
		NSW	VIC	QLD	SA	WA	TAS										
FEE	\$	275.00	275.00	265.00	265.00	265.00	265.00										
<p>4313</p>	<p>SECONDARY DETACHMENT OF TESTIS FROM THIGH</p> <p>ALL STATES: FEE \$60.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>																
<p>4319</p>	<p>CIRCUMCISION of person UNDER FOUR WEEKS of age</p> <p>ALL STATES: FEE \$24.50</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>																
<p>4327</p>	<p>CIRCUMCISION of person UNDER TEN YEARS of age but not less than four weeks of age</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></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>58.00</td> <td>58.00</td> <td>52.00</td> <td>52.00</td> <td>52.00</td> <td>52.00</td> </tr> </table> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	58.00	58.00	52.00	52.00	52.00	52.00
		NSW	VIC	QLD	SA	WA	TAS										
FEE	\$	58.00	58.00	52.00	52.00	52.00	52.00										

4243		<p>ANTIREFLUX OPERATION by fundoplasty, via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus—not covered by Item 4241 or 4242</p> <p>ALL STATES: FEE \$475.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>
4244		<p>OESOPHAGOGASTRIC MYOTOMY (Heller's operation) via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus</p> <p>ALL STATES: FEE \$475.00</p> <p>ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S</p>
4245		<p>OESOPHAGOGASTRIC MYOTOMY (Heller's operation) via abdominal or thoracic approach, WITH FUNDOPLASTY, with or without closure of the diaphragmatic hiatus</p> <p>ALL STATES: FEE \$565.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>
4246	G.	<p>UMBILICAL, EPIGASTRIC OR LINEA ALBA HERNIA, repair of, in a person under ten years of age</p> <p>ALL STATES: FEE \$140.00</p>
4249	S.	<p>ALL STATES: FEE \$188.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
4251	G.	<p>UMBILICAL, EPIGASTRIC OR LINEA ALBA HERNIA, repair of, in a person ten years of age or over</p> <p>ALL STATES: FEE \$158.00</p>
4254	S.	<p>ALL STATES: FEE \$215.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
4258	G.	<p>VENTRAL, INCISIONAL, LUMBAR OR RECURRENT HERNIA OR BURST ABDOMEN, repair of</p> <p>ALL STATES: FEE \$235.00</p>
4262	S.	<p>ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
4265		<p>HYDROCELE, tapping of</p> <p>ALL STATES: FEE \$18.80</p>

REMOVAL OF VARICOCELE, REMOVAL OF HYDROCELE, or INSERTION OF TESTICULAR PROSTHESIS when not associated with Item 4288, 4293 or 4296—

One procedure

4269 G. ALL STATES: FEE \$124.00

4273 S. ALL STATES: FEE \$154.00

ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

ORCHIDECTOMY, simple or subscapsular, unilateral with or without insertion of testicular prosthesis

4288 G. ALL STATES: FEE \$158.00

4293 S. ALL STATES: FEE \$215.00

ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

ORCHIDECTOMY AND COMPLETE EXCISION OF SPERMATIC CORD

4296 ALL STATES: FEE \$275.00

ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

UNDESCENDED TESTIS, orchidopexy or transplantation of, with or without associated hernial repair

		NSW	VIC	QLD	SA	WA	TAS
4307	FEE	\$ 275.00	275.00	265.00	265.00	265.00	265.00

ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

SECONDARY DETACHMENT OF TESTIS FROM THIGH

4313 ALL STATES: FEE \$60.00

ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

‡ CIRCUMCISION of person UNDER SIX MONTHS of age, where medically indicated

4319 ALL STATES: FEE \$24.50

ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

‡+ CIRCUMCISION of person UNDER TEN YEARS of age but NOT less than six months of age

4327 ALL STATES: FEE \$57.00

ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S



## PART 10—OPERATIONS

## DIVISION 1—GENERAL SURGICAL

4243	<p>ANTIREFLUX OPERATION by fundoplasty, via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus—not covered by Item 4241 or 4242</p> <p>ALL STATES: FEE \$475.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>
4244	<p>OESOPHAGOGASTRIC MYOTOMY (Heller's operation) via abdominal or thoracic approach, with or without closure of the diaphragmatic hiatus</p> <p>ALL STATES: FEE \$475.00</p> <p>ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S</p>
4245	<p>OESOPHAGOGASTRIC MYOTOMY (Heller's operation) via abdominal or thoracic approach, WITH FUNDOPLASTY, with or without closure of the diaphragmatic hiatus</p> <p>ALL STATES: FEE \$565.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>
4246 4249	<p>UMBILICAL, EPIGASTRIC OR LINEA ALBA HERNIA, repair of, in a person under ten years of age</p> <p>G. ALL STATES: FEE \$140.00</p> <p>S. ALL STATES: FEE \$188.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
4251 4254	<p>UMBILICAL, EPIGASTRIC OR LINEA ALBA HERNIA, repair of, in a person ten years of age or over</p> <p>G. ALL STATES: FEE \$158.00</p> <p>S. ALL STATES: FEE \$215.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
4258 4262	<p>VENTRAL, INCISIONAL, LUMBAR OR RECURRENT HERNIA OR BURST ABDOMEN, repair of</p> <p>G. ALL STATES: FEE \$235.00</p> <p>S. ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
4265	<p>HYDROCELE, tapping of</p> <p>ALL STATES: FEE \$18.80</p>

## PART 10—OPERATIONS

## DIVISION 1—GENERAL SURGICAL

	REMOVAL OF VARICOCELE, REMOVAL OF HYDROCELE, or INSERTION OF TESTICULAR PROSTHESIS when not associated with Item 4288, 4293 or 4296—								
	One procedure								
4269	G.	ALL STATES: FEE \$124.00							
4273	S.	ALL STATES: FEE \$154.00							
		ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
	ORCHIDECTOMY, simple or sub-capsular, unilateral with or without insertion of testicular prosthesis								
4288	G.	ALL STATES: FEE \$158.00							
4293	S.	ALL STATES: FEE \$215.00							
		ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
	ORCHIDECTOMY AND COMPLETE EXCISION OF SPERMATIC CORD								
4296		ALL STATES: FEE \$275.00							
		ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
	UNDESCENDED TESTIS, orchidopexy or transplantation of, with or without associated hernial repair								
4307	FEE	\$	NSW 275.00	VIC 275.00	QLD 265.00	SA 265.00	WA 265.00	TAS 265.00	
			ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S						
	SECONDARY DETACHMENT OF TESTIS FROM THIGH								
4313		ALL STATES: FEE \$60.00							
		ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
	‡ CIRCUMCISION of person UNDER SIX MONTHS of age								
4319		ALL STATES: FEE \$24.50							
		ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
	CIRCUMCISION of person UNDER TEN YEARS of age but NOT less than six months of age								
4327		ALL STATES: FEE \$57.00							
		ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							

	CIRCUMCISION of person TEN YEARS OF AGE OR OVER	
4338	G.	ALL STATES: FEE \$79.00
4345	S.	ALL STATES: FEE \$98.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
4351		PARAPHIMOSIS, reduction of, under general anaesthesia, with or without dorsal incision, not associated with any other item in this Part  ALL STATES: FEE \$25.00  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
4354		SIGMOIDOSCOPIC EXAMINATION (with rigid sigmoidoscope), with or without biopsy  ALL STATES: FEE \$29.00
4363		SIGMOIDOSCOPIC EXAMINATION (with rigid sigmoidoscope), UNDER GENERAL ANAESTHESIA, with or without biopsy, not associated with any other item in this Part  ALL STATES: FEE \$44.00  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
4366	G.	SIGMOIDOSCOPIC EXAMINATION with diathermy OR resection of one or more rectal polyps or tumours  ALL STATES: FEE \$75.00
4367	S.	ALL STATES: FEE \$98.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
4380		FULL OR PARTIAL THICKNESS RECTAL BIOPSY under general anaesthesia  ALL STATES: FEE \$86.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
4383	‡ †	FLEXIBLE FIBREOPTIC SIGMOIDOSCOPY or FIBREOPTIC COLONOSCOPY up to the hepatic flexure, WITH or WITHOUT BIOPSY  ALL STATES: FEE \$67.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

† 4386	FLEXIBLE FIBREOPTIC SIGMOIDOSCOPY or FIBREOPTIC COLONOSCOPY up to the hepatic flexure WITH REMOVAL OF ONE OR MORE POLYPS—not covered by Item 4366 or 4367  ALL STATES: FEE \$120.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
b 4388	FIBREOPTIC COLONOSCOPY—examination of colon beyond the hepatic flexure WITH or WITHOUT BIOPSY  ALL STATES: FEE \$196.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
† 4394	FIBREOPTIC COLONOSCOPY—examination of colon beyond the hepatic flexure WITH REMOVAL OF ONE OR MORE POLYPS  ALL STATES: FEE \$275.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
4397	VILLOUS TUMOUR OF RECTUM, greater than 3 centimetres, local excision  ALL STATES: FEE \$210.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
4399	RECTAL TUMOUR, excision of, via trans-sphincteric approach  ALL STATES: FEE \$335.00  ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
4413	RECTUM, RADICAL OPERATION FOR PROLAPSE OF, involving laparotomy  ALL STATES: FEE \$435.00  ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
4455	ANUS, DILATATION OF, under general anaesthesia, with or without disimpaction of faeces, not associated with any other item in this Part  ALL STATES: FEE \$37.00  ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
4467	ANAL PROLAPSE—CIRCUM-ANAL SUTURE  ALL STATES: FEE \$62.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

4482	ANAL STRICTURE, repair of  ALL STATES: FEE \$148.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
4490	ANAL SPHINCTEROTOMY as an independent procedure for Hirschsprung's disease  ALL STATES: FEE \$140.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
4492	ANAL INCONTINENCE, operation for, by Parkes intersphincteric procedure or by direct repair of anal sphincters, not covered by Item 383 in Part 2  ALL STATES: FEE \$300.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
4509	HAEMORRHOIDS, rubber band ligation of, or incision of thrombosed external haemorrhoids  ALL STATES: FEE \$29.00  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
†	HAEMORRHOIDECTOMY, RADICAL
4523	G. ALL STATES: FEE \$152.00
4527	S. ALL STATES: FEE \$194.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
4534	REMOVAL OF EXTERNAL HAEMORRHOIDS, REMOVAL OF ANAL SKIN TAGS, INJECTION OF RECTAL PROLAPSE or INJECTION OF ANAL PROLAPSE—under general anaesthesia—one or more of these procedures  ALL STATES: FEE \$53.00  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
4537	OPERATION FOR FISSURE-IN-ANO including excision, posterior sphincterotomy or lateral sphincterotomy but excluding dilatation only G. ALL STATES: FEE \$106.00
4544	S. ALL STATES: FEE \$134.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

	FISTULA IN ANO, SUBCUTANEOUS, excision of							
4552	G.		ALL STATES: FEE \$120.00					
4557	S.		ALL STATES: FEE \$156.00					
			ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S					
	FISTULA IN ANO, excision of (involving incision of external sphincter)							
4568	G.		ALL STATES: FEE \$172.00					
4573	S.		ALL STATES: FEE \$210.00					
			ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S					
	FAECAL FISTULA, repair of							
4590			ALL STATES: FEE \$370.00					
			ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S					
	COCCYX, excision of							
4606	FEE	\$	NSW 188.00	VIC 235.00	QLD 188.00	SA 188.00	WA 188.00	TAS 188.00
			ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S					
	PILONIDAL SINUS OR CYST, OR SACRAL SINUS OR CYST, excision of, in a person ten years of age or over							
4611	G. FEE	\$	NSW 158.00	VIC 158.00	QLD 150.00	SA 150.00	WA 150.00	TAS 150.00
4617	S. FEE	\$	NSW 200.00	VIC 200.00	QLD 188.00	SA 188.00	WA 188.00	TAS 188.00
			ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S					
	PILONIDAL SINUS, injection of sclerosant fluid under anaesthesia							
4622	FEE	\$	NSW 51.00	VIC 48.50	QLD 48.50	SA 48.50	WA 48.50	TAS 48.50
			ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S					

‡ †  4633	VARICOSE VEINS, multiple simultaneous injections by continuous compression techniques including associated consultation—ONE OR BOTH LEGS—not associated with any other varicose veins operation on the same leg (excluding after-care)  ALL STATES: FEE \$74.00
‡ †  4637	VARICOSE VEINS, multiple ligations, with or without local stripping or excision, including sub-fascial ligation of one or more deep perforating veins through separate incisions—ONE LEG—not associated with any other varicose veins operation on the same leg  ALL STATES: FEE \$142.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
‡  4640	VARICOSE VEINS, high ligation and complete stripping or excision of LONG saphenous vein, WITH OR WITHOUT MULTIPLE LIGATIONS, local stripping or excision— ONE LEG  ALL STATES: FEE \$260.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
‡ †  4643	VARICOSE VEINS, high ligation and complete stripping of SHORT saphenous vein, WITH OR WITHOUT MULTIPLE LIGATIONS, local stripping or excision— ONE LEG  ALL STATES: FEE \$260.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
‡ †  4649	VARICOSE VEINS, high ligation and complete stripping or excision of BOTH LONG AND SHORT saphenous systems, WITH OR WITHOUT MULTIPLE LIGATIONS, local stripping or excision— ONE LEG  ALL STATES: FEE \$390.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
†  4651	VARICOSE VEINS, high ligation of long saphenous vein AT SAPHENOUS FEMORAL junction— ONE LEG  ALL STATES: FEE \$172.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

4655	<p>‡ † VARICOSE VEINS, high ligation of short saphenous vein AT SAPHENOUS POPLITEAL JUNCTION—ONE LEG</p> <p>ALL STATES: FEE \$172.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
4658	<p>‡ VARICOSE VEINS, sub-fascial ligation of single deep perforating vein not associated with any other varicose vein operation on the same leg—ONE LEG</p> <p>ALL STATES: FEE \$106.00</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 \$265.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
4664	<p>† Re-operation for RECURRENT SAPHENO-FEMORAL OR SAPHENO-POPLITEAL INCOMPETENCE, with or without multiple ligations, local stripping or excision— ONE LEG</p> <p>ALL STATES: FEE \$285.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
4665	<p>CROSS LEG BY-PASS GRAFT—saphenous to femoral vein</p> <p>ALL STATES: FEE \$435.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
4670	<p>INTRA ARTERIAL oxygen injection</p> <p>ALL STATES: FEE \$26.50</p>
4676	<p>LIGATION OF MEDIUM ARTERY, MEDIUM VEIN OR MEDIUM ARTERY AND MEDIUM VEIN by elective operation (including repair of artificial arterio-venous fistula)</p> <p>ALL STATES: FEE \$134.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
4678	<p>LIGATION OF LARGE ARTERY, LARGE VEIN OR LARGE ARTERY AND LARGE VEIN by elective operation</p> <p>ALL STATES: FEE \$182.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>



4633	<p>VARICOSE VEINS, multiple simultaneous injections by continuous compression techniques including associated consultation—ONE OR BOTH LEGS—not associated with any other varicose veins operation on the same leg (excluding after-care)</p> <p>ALL STATES: FEE \$74.00</p>
4637	<p>‡ VARICOSE VEINS, multiple ligations, with or without local stripping or excision, including sub-fascial ligation of one or more deep perforating veins through separate incisions—ONE LEG—not associated with Item 4641, 4649 or 4664 on the same leg</p> <p>ALL STATES: FEE \$142.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
4640	<p>† VARICOSE VEINS, high ligation and stripping or excision of LONG or SHORT saphenous vein or its major tributaries, WITH OR WITHOUT MULTIPLE LIGATIONS, local stripping or excision of minor veins—ONE LEG</p> <p>ALL STATES: FEE \$260.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
4649	<p>‡ VARICOSE VEINS, high ligation and stripping or excision of BOTH LONG AND SHORT saphenous veins or their major tributaries, WITH OR WITHOUT MULTIPLE LIGATIONS, local stripping or excision of minor veins—ONE LEG</p> <p>ALL STATES: FEE \$390.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
4651	<p>‡ VARICOSE VEINS, complete dissection at SAPHENO-FEMORAL JUNCTION, with or without ligation of long saphenous vein, with or without ligation of the major tributaries at sapheno-femoral junction—ONE LEG</p> <p>ALL STATES: FEE \$172.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
4655	<p>VARICOSE VEINS, high ligation of short saphenous vein AT SAPHENOUS POPLITEAL JUNCTION—ONE LEG</p> <p>ALL STATES: FEE \$172.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>

4658	<p>VARICOSE VEINS, sub-fascial ligation of single deep perforating vein not associated with any other varicose vein operation on the same leg—ONE LEG</p> <p>ALL STATES: FEE \$106.00</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 \$265.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
4664	<p>Re-operation for RECURRENT SAPHENO-FEMORAL OR SAPHENO-POPLITEAL INCOMPETENCE, with or without multiple ligations, local stripping or excision— ONE LEG</p> <p>ALL STATES: FEE \$285.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
4665	<p>CROSS LEG BY-PASS GRAFT—saphenous to femoral vein</p> <p>ALL STATES: FEE \$435.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
4688	<p>† ARTERY or VEIN or ARTERY AND VEIN (including brachial, radial, ulnar or tibial), ligation of, by elective operation OR repair of surgically created fistula</p> <p>ALL STATES: FEE \$160.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
4690	<p>GREAT ARTERY OR GREAT VEIN (including jugular, subclavian, axillary, iliac, femoral or popliteal) ligation of</p> <p>ALL STATES: FEE \$265.00</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 \$380.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>

**PART 10—OPERATIONS****DIVISION 1—GENERAL SURGICAL**

4633	VARICOSE VEINS, multiple simultaneous injections by continuous compression techniques including associated consultation—ONE OR BOTH LEGS—not associated with any other varicose veins operation on the same leg (excluding after-care)  ALL STATES: FEE \$74.00
4637	VARICOSE VEINS, multiple ligations, with or without local stripping or excision, including sub-fascial ligation of one or more deep perforating veins through separate incisions—ONE LEG—not associated with Item 4641, 4649 or 4664 on the same leg  ALL STATES: FEE \$142.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
4641	VARICOSE VEINS, high ligation and stripping or excision of LONG or SHORT saphenous vein or its major tributaries, WITH OR WITHOUT MULTIPLE LIGATIONS, local stripping or excision of minor veins—ONE LEG  ALL STATES: FEE \$260.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
4649	VARICOSE VEINS, high ligation and stripping or excision of BOTH LONG AND SHORT saphenous veins or their major tributaries, WITH OR WITHOUT MULTIPLE LIGATIONS, local stripping or excision of minor veins—ONE LEG  ALL STATES: FEE \$390.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
4651	VARICOSE VEINS, complete dissection at SAPHENO-FEMORAL JUNCTION, with or without ligation of long saphenous vein, with or without ligation of the major tributaries at sapheno-femoral junction—ONE LEG  ALL STATES: FEE \$172.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
4655	VARICOSE VEINS, high ligation of short saphenous vein AT SAPHENOUS POPLITEAL JUNCTION—ONE LEG  ALL STATES: FEE \$172.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

## PART 10—OPERATIONS

## DIVISION 1—GENERAL SURGICAL

4658	<p>VARICOSE VEINS, sub-fascial ligation of single deep perforating vein not associated with any other varicose vein operation on the same leg—ONE LEG</p> <p>ALL STATES: FEE \$106.00</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 \$265.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
4664	<p>Re-operation for RECURRENT SAPHENO-FEMORAL OR SAPHENO-POPLITEAL INCOMPETENCE, with or without multiple ligations, local stripping or excision— ONE LEG</p> <p>ALL STATES: FEE \$285.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
4665	<p>CROSS LEG BY-PASS GRAFT—saphenous to femoral vein</p> <p>ALL STATES: FEE \$435.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
4688	<p>ARTERY or VEIN or ARTERY AND VEIN (including brachial, radial, ulnar or tibial), ligation of, by elective operation OR repair of surgically created fistula</p> <p>ALL STATES: FEE \$160.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
4690	<p>GREAT ARTERY OR GREAT VEIN (including jugular, subclavian, axillary, iliac, femoral or popliteal) ligation of</p> <p>ALL STATES: FEE \$265.00</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 \$380.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>

4690	<p>GREAT ARTERY OR GREAT VEIN (including jugular, subclavian, axillary, iliac, femoral or popliteal) ligation of</p> <p>ALL STATES: FEE \$265.00</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 \$380.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
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 \$575.00</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 \$520.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
4699	<p>ARTERIO-VENOUS FISTULA, dissection and repair of, with restoration of continuity</p> <p>ALL STATES: FEE \$630.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
4702	<p>ARTERIO-VENOUS FISTULA, dissection and ligation of</p> <p>ALL STATES: FEE \$380.00</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 \$630.00</p> <p>ANAESTHETIC 19 UNITS—ITEM NOS 463G/531S</p>
4709	<p>ARTERY OF NECK OR EXTREMITIES, endarterectomy of</p> <p>ALL STATES: FEE \$575.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

4715	<p>GREAT ARTERY OR GREAT VEIN (including carotid, jugular, subclavian, axillary, iliac, femoral or popliteal) ligation of involving gradual occlusion by mechanical device</p> <p>ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
4721	<p>INFERIOR VENA CAVA, plication or ligation of</p> <p>ALL STATES: FEE \$370.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
4733	<p>INTERNAL CAROTID ARTERY, repositioning of</p> <p>ALL STATES: FEE \$310.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
4738	<p>ARTERIAL PATCH GRAFT</p> <p>ALL STATES: FEE \$380.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
4744	<p>AORTO-ILIAC OR AORTO-FEMORAL BIFURCATE GRAFT</p> <p>ALL STATES: FEE \$705.00</p> <p>ANAESTHETIC 19 UNITS—ITEM NOS 463G/531S</p>
4749	<p>AXILLARY-FEMORAL BY-PASS GRAFT or SUBCLAVIAN-FEMORAL BY-PASS GRAFT</p> <p>ALL STATES: FEE \$680.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
4754	<p>ARTERIAL OR VENOUS GRAFT OR BY-PASS not included in any other item</p> <p>ALL STATES: FEE \$705.00</p> <p>ANAESTHETIC 20 UNITS—ITEM NOS 464G/533S</p>
4756	<p>MICRO-ARTERIAL OR MICRO-VENOUS GRAFT using operating microscope</p> <p>ALL STATES: FEE \$1070.00</p> <p>ANAESTHETIC 22 UNITS—ITEM NOS 466G/537S</p>

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 \$575.00</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 \$630.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
4699	<p>‡ ARTERIO-VEINUS FISTULA, dissection and repair of, with restoration of continuity (not in association with haemodialysis)</p> <p>ALL STATES: FEE \$630.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
4702	<p>‡ ARTERIO-VEINUS FISTULA, dissection and ligation of (not in association with haemodialysis)</p> <p>ALL STATES: FEE \$380.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
4705	<p>‡ INNOMINATE, SUBCLAVIAN, OR ANY INTRA-ABDOMINAL ARTERY, endarterectomy of, with closure by simple suture or patch graft including harvesting of vein</p> <p>ALL STATES: FEE \$630.00</p> <p>ANAESTHETIC 19 UNITS—ITEM NOS 463G/531S</p>
4709	<p>‡ ARTERY OF NECK OR EXTREMITIES, endarterectomy of, with closure by simple suture or patch graft including harvesting of vein</p> <p>ALL STATES: FEE \$575.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
4715	<p>GREAT ARTERY OR GREAT VEIN (including carotid, jugular, subclavian, axillary, iliac, femoral or popliteal) ligation of involving gradual occlusion by mechanical device</p> <p>ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
4721	<p>INFERIOR VENA CAVA, plication or ligation of</p> <p>ALL STATES: FEE \$370.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>

4733	INTERNAL CAROTID ARTERY, repositioning of  ALL STATES: FEE \$310.00  ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
4738	‡ ARTERIAL PATCH GRAFT including harvesting of vein  ALL STATES: FEE \$380.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
4744	AORTO-ILIAC OR AORTO-FEMORAL BIFURCATE GRAFT  ALL STATES: FEE \$705.00  ANAESTHETIC 19 UNITS—ITEM NOS 463G/531S
4749	‡ AXILLARY or SUBCLAVIAN TO FEMORAL BY-PASS GRAFT or OTHER EXTRA-ABDOMINAL ARTERIAL BY-PASS GRAFT, using a synthetic graft  ALL STATES: FEE \$680.00  ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S
4754	‡ ARTERIAL BY-PASS GRAFT using vein graft, including harvesting of vein  ALL STATES: FEE \$705.00  ANAESTHETIC 20 UNITS—ITEM NOS 464G/533S
4755	† FEMORAL ARTERY BY-PASS GRAFT using vein graft, including harvesting of vein, with below knee anastomosis  ALL STATES: FEE \$795.00  ANAESTHETIC 20 UNITS—ITEM NOS 464G/533S
4756	MIRCO-ARTERIAL OR MICRO-VENOUS GRAFT using operating microscope  ALL STATES: FEE \$1070.00  ANAESTHETIC 22 UNITS—ITEM NOS 466G/537S



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 \$575.00</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 \$630.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
4699	<p>ARTERIO-VEINUS FISTULA, dissection and repair of, with restoration of continuity (not in association with haemodialysis)</p> <p>ALL STATES: FEE \$630.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
4702	<p>ARTERIO-VEINUS FISTULA, dissection and ligation of (not in association with haemodialysis)</p> <p>ALL STATES: FEE \$380.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
4705	<p>INNOMINATE, SUBCLAVIAN, OR ANY INTRA-ABDOMINAL ARTERY, endarterectomy of, with closure by simple suture or patch graft including harvesting of vein</p> <p>ALL STATES: FEE \$630.00</p> <p>ANAESTHETIC 19 UNITS—ITEM NOS 463G/531S</p>
4709	<p>ARTERY OF NECK OR EXTREMITIES, endarterectomy of, with closure by simple suture or patch graft including harvesting of vein</p> <p>ALL STATES: FEE \$575.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
4715	<p>GREAT ARTERY OR GREAT VEIN (including carotid, jugular, subclavian, axillary, iliac, femoral or popliteal) ligation of involving gradual occlusion by mechanical device</p> <p>ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
4721	<p>INFERIOR VENA CAVA, plication or ligation of</p> <p>ALL STATES: FEE \$370.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>

## PART 10—OPERATIONS

## DIVISION 1—GENERAL SURGICAL

4733	<p>INTERNAL CAROTID ARTERY, repositioning of</p> <p>ALL STATES: FEE \$310.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
4738	<p>ARTERIAL PATCH GRAFT including harvesting of vein</p> <p>ALL STATES: FEE \$380.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
4744	<p>‡ AORTO-ILIAC OR AORTO-FEMORAL BIFURCATE GRAFT, with or without local endarterectomy to prepare artery for anastomosis</p> <p>ALL STATES: FEE \$705.00</p> <p>ANAESTHETIC 19 UNITS—ITEM NOS 463G/531S</p>
4749	<p>‡ AXILLARY or SUBCLAVIAN TO FEMORAL BY-PASS GRAFT or OTHER EXTRA-ABDOMINAL ARTERIAL BY-PASS GRAFT, using a synthetic graft, with or without local endarterectomy to prepare artery for anastomosis</p> <p>ALL STATES: FEE \$680.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
4754	<p>‡ ARTERIAL BY-PASS GRAFT using vein graft, including harvesting of vein, with or without local endarterectomy to prepare artery for anastomosis</p> <p>ALL STATES: FEE \$705.00</p> <p>ANAESTHETIC 20 UNITS—ITEM NOS 464G/533S</p>
4755	<p>FEMORAL ARTERY BY-PASS GRAFT using vein graft, including harvesting of vein, with below knee anastomosis</p> <p>ALL STATES: FEE \$795.00</p> <p>ANAESTHETIC 20 UNITS—ITEM NOS 464G/533S</p>
4756	<p>MICRO-ARTERIAL OR MICRO-VENOUS GRAFT using operating microscope</p> <p>ALL STATES: FEE \$1070.00</p> <p>ANAESTHETIC 22 UNITS—ITEM NOS 466G/537S</p>

4762	<p>ARTERIAL ANASTOMOSIS</p> <p>ALL STATES: FEE \$630.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
4764	<p>MICROVASCULAR ANASTOMOSIS OF ARTERY OR VEIN using operating microscope for reimplantation of limb or digit or free transfer of tissue</p> <p>ALL STATES: FEE \$935.00</p> <p>ANAESTHETIC 38 UNITS—ITEM NOS 477G/548S</p>
4766	<p>PORTAL HYPERTENSION, vascular anastomosis for</p> <p>ALL STATES: FEE \$630.00</p> <p>ANAESTHETIC 21 UNITS—ITEM NOS 465G/535S</p>
4778	<p>EMBOLUS, removal of, FROM ARTERY OF NECK OR EXTREMITIES</p> <p>ALL STATES: FEE \$370.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
4784	<p>EMBOLUS, removal of, FROM ARTERY OF TRUNK</p> <p>ALL STATES: FEE \$475.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
4789	<p>THROMBUS, removal of, FROM FEMORAL, ILIAC OR OTHER SIMILAR LARGE VEIN</p> <p>ALL STATES: FEE \$335.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
4791	<p>ABDOMINAL AORTIC ANEURYSM, excision of and insertion of graft</p> <p>ALL STATES: FEE \$780.00</p> <p>ANAESTHETIC 26 UNITS—ITEM NOS 470G/541S</p>
4794	<p>RUPTURED ABDOMINAL AORTIC ANEURYSM, excision of and insertion of graft</p> <p>ALL STATES: FEE \$930.00</p> <p>ANAESTHETIC 26 UNITS—ITEM NOS 470G/541S</p>

4798	<p>ANEURYSM OF MAJOR ARTERY, excision of and insertion of graft</p> <p>ALL STATES: FEE \$660.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>
4800	<p>TRANSLUMINAL ARTERIOPLASTY including associated radiological services and preparation</p> <p>ALL STATES: FEE \$265.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
4806	<p>INTRA-AORTIC BALLOON FOR COUNTERPULSATION, operation for insertion by arteriotomy, or removal and arterioplasty</p> <p>ALL STATES: FEE \$265.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
4808	<p>ARTERIOVENOUS SHUNT, EXTERNAL, insertion of</p> <p>ALL STATES: FEE \$126.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
4812	<p>ARTERIOVENOUS SHUNT, EXTERNAL, removal of</p> <p>ALL STATES: FEE \$98.00</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 \$520.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 456G/525S</p>
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 \$275.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
4832	<p>OPERATIONS FOR ACUTE OSTEOMYELITIS, OPERATION ON PHALANX</p> <p>ALL STATES: FEE \$65.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>

4762	‡ ARTERIAL ANASTOMOSIS not associated with any other arterial operation  ALL STATES: FEE \$630.00  ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S
4764	MICROVASCULAR ANASTOMOSIS OF ARTERY OR VEIN using operating microscope for reimplantation of limb or digit or free transfer of tissue  ALL STATES: FEE \$935.00  ANAESTHETIC 38 UNITS—ITEM NOS 477G/548S
4766	† † PORTAL HYPERTENSION, vascular anastomosis for  ALL STATES: FEE \$705.00  ANAESTHETIC 21 UNITS—ITEM NOS 465G/535S
4778	‡ EMBOLUS, removal of, from an artery or by-pass graft of neck or extremities  ALL STATES: FEE \$370.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
4784	‡ EMBOLUS or THROMBUS, removal of, from an artery or prosthetic graft of trunk  ALL STATES: FEE \$475.00  ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S
4789	THROMBUS, removal of, FROM FEMORAL, ILIAC OR OTHER SIMILAR LARGE VEIN  ALL STATES: FEE \$335.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
4791	ABDOMINAL AORTIC ANEURYSM, excision of and insertion of graft  ALL STATES: FEE \$780.00  ANAESTHETIC 26 UNITS—ITEM NOS 470G/541S
4792	† THORACO-ABDOMINAL ANEURYSM, excision of and insertion of graft, including reanastomosis of visceral vessels  ALL STATES: \$1330.00  ANAESTHETIC 40 UNITS—ITEM NOS 479G/550S

## PART 10 — OPERATIONS

## DIVISION 1 — GENERAL SURGICAL

4794	‡ RUPTURED ABDOMINAL AORTIC ANEURYSM, excision of and insertion of graft OR repair of AORTO-DUODENAL FISTULA, including repair of aorta and duodenum  ALL STATES: FEE \$930.00  ANAESTHETIC 26 UNITS—ITEM NOS 470G/541S
4798	ANEURYSM OF MAJOR ARTERY, excision of and insertion of graft  ALL STATES: FEE \$660.00  ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S
4800	TRANSLUMINAL ARTERIOPLASTY including associated radiological services and preparation  ALL STATES: FEE \$265.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
4801	† EXCISION OF INFECTED PROSTHETIC BY-PASS GRAFT from NECK or EXTREMITIES, including closure of vessel or vessels  ALL STATES: \$450.00  ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S
4802	† EXCISION OF INFECTED PROSTHETIC BY-PASS GRAFT from TRUNK, including closure of vessel or vessels  ALL STATES: FEE \$565.00  ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S
4806	‡ INTRA-AORTIC BALLOON FOR COUNTERPULSATION, operation for insertion by arteriotomy, or removal of and arterioplasty (excluding repair by patch graft)  ALL STATES: FEE \$265.00  ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S
4808	ARTERIOVENOUS SHUNT, EXTERNAL, insertion of  ALL STATES: FEE \$126.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
4812	ARTERIOVENOUS SHUNT, EXTERNAL, removal of  ALL STATES: FEE \$98.00  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

## PART 10—OPERATIONS

## DIVISION 1—GENERAL SURGICAL

4762	<p>‡ ARTERIAL ANASTOMOSIS not associated with any other arterial operation, with or without local endarterectomy to prepare artery for anastomosis</p> <p>ALL STATES: FEE \$630.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
4764	<p>MICROVASCULAR ANASTOMOSIS OF ARTERY OR VEIN using operating microscope for re-implantation of limb or digit or free transfer of tissue</p> <p>ALL STATES: FEE \$935.00</p> <p>ANAESTHETIC 38 UNITS—ITEM NOS 477G/548S</p>
4766	<p>PORTAL HYPERTENSION, vascular anastomosis for</p> <p>ALL STATES: FEE \$705.00</p> <p>ANAESTHETIC 21 UNITS—ITEM NOS 465G/535S</p>
4778	<p>EMBOLUS, removal of, from an artery or by-pass graft of neck or extremities</p> <p>ALL STATES: FEE \$370.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
4784	<p>EMBOLUS or THROMBUS, removal of, from an artery or prosthetic graft of trunk</p> <p>ALL STATES: FEE \$475.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
4789	<p>THROMBUS, removal of, FROM FEMORAL, ILIAC OR OTHER SIMILAR LARGE VEIN</p> <p>ALL STATES: FEE \$335.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
4791	<p>ABDOMINAL AORTIC ANEURYSM, excision of and insertion of graft</p> <p>ALL STATES: FEE \$780.00</p> <p>ANAESTHETIC 26 UNITS—ITEM NOS 470G/541S</p>
4792	<p>THORACO-ABDOMINAL ANEURYSM, excision of and insertion of graft, including reanastomosis of visceral vessels</p> <p>ALL STATES: FEE \$1330.00</p> <p>ANAESTHETIC 40 UNITS—ITEM NOS 479G/550S</p>

## PART 10—OPERATIONS

## DIVISION 1—GENERAL SURGICAL

4794	<p>RUPTURED ABDOMINAL AORTIC ANEURYSM, excision of and insertion of graft OR repair of AORTO-DUODENAL FISTULA, including repair of aorta and duodenum</p> <p>ALL STATES: FEE \$930.00</p> <p>ANAESTHETIC 26 UNITS—ITEM NOS 470G/541S</p>
4798	<p>ANEURYSM OF MAJOR ARTERY, excision of and insertion of graft</p> <p>ALL STATES: FEE \$660.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>
4800	<p>TRANSLUMINAL ARTERIOPLASTY including associated radiological services and preparation</p> <p>ALL STATES: FEE \$265.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
4801	<p>EXCISION OF INFECTED PROSTHETIC BY-PASS GRAFT from NECK or EXTREMITIES, including closure of vessel or vessels</p> <p>ALL STATES: FEE \$450.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
4802	<p>EXCISION OF INFECTED PROSTHETIC BY-PASS GRAFT from TRUNK, including closure of vessel or vessels</p> <p>ALL STATES: FEE \$565.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>
4806	<p>INTRA-AORTIC BALLOON FOR COUNTERPULSATION, operation for insertion by arteriotomy, or removal of and arterioplasty (excluding repair by patch graft)</p> <p>ALL STATES: FEE \$265.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
4808	<p>ARTERIOVENOUS SHUNT, EXTERNAL, insertion of</p> <p>ALL STATES: FEE \$126.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
4812	<p>ARTERIOVENOUS SHUNT, EXTERNAL, removal of</p> <p>ALL STATES: FEE \$98.00</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>



4838	<p>OPERATION ON STERNUM, CLAVICLE, RIB, ULNA, RADIUS, CARPUS, TIBIA, FIBULA, TARSUS, SKULL, MANDIBLE OR MAXILLA (other than alveolar margins)—ONE BONE</p> <p>ALL STATES: FEE \$108.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
4844	<p>OPERATION ON HUMERUS OR FEMUR—ONE BONE</p> <p>ALL STATES: FEE \$188.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
4853	<p>OPERATION ON SPINE OR PELVIC BONES—ONE BONE</p> <p>ALL STATES: FEE \$188.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
4860	<p>OPERATIONS FOR CHRONIC OSTEOMYELITIS, OPERATION ON SCAPULA, STERNUM, CLAVICLE, RIB, ULNA, RADIUS, METACARPUS, CARPUS, PHALANX, TIBIA, FIBULA, METATARSUS, TARSUS, MANDIBLE OR MAXILLA (other than alveolar margins)—ONE BONE or ANY COMBINATION OF ADJOINING BONES</p> <p>ALL STATES: FEE \$188.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
4864	<p>OPERATION ON HUMERUS OR FEMUR—ONE BONE</p> <p>ALL STATES: FEE \$188.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
4867	<p>OPERATION ON SPINE OR PELVIC BONES—ONE BONE</p> <p>ALL STATES: FEE \$310.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
4870	<p>OPERATION ON SKULL</p> <p>ALL STATES: FEE \$245.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>

4877	<p>OPERATION ON ANY COMBINATION OF ADJOINING BONES, being bones referred to in Item 4864, 4867 or 4870</p> <p>ALL STATES: FEE \$310.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
4927 4930	<p><b>DIVISION 2—AMPUTATION OR DISARTICULATION OF LIMB</b> (multiple operation formula does not apply)</p> <p>ONE DIGIT of hand</p> <p>G. ALL STATES: FEE \$82.00</p> <p>S. ALL STATES: FEE \$102.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
4934 4940	<p>TWO DIGITS of one hand</p> <p>G. ALL STATES: FEE \$124.00</p> <p>S. ALL STATES: FEE \$152.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
4943 4948	<p>THREE DIGITS of one hand</p> <p>G. ALL STATES: FEE \$146.00</p> <p>S. ALL STATES: FEE \$178.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
4950 4954	<p>FOUR DIGITS of one hand</p> <p>G. ALL STATES: FEE \$164.00</p> <p>S. ALL STATES: FEE \$200.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
4957 4961	<p>FIVE DIGITS of one hand</p> <p>G. ALL STATES: FEE \$188.00</p> <p>S. ALL STATES: FEE \$235.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>

4817	ARTERIOVENOUS ANASTOMOSIS, direct, of upper or lower limb  ALL STATES: FEE \$520.00  ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S
4822	†† ARTERIAL CANNULATION of intra-abdominal artery for infusion chemotherapy, by open operation (excluding after-care)  ALL STATES: FEE \$255.00  ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
4823	† ARTERIAL CANNULATION for infusion chemotherapy by open operation, not covered by Item 4822 (excluding after-care)  ALL STATES: FEE \$170.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
4824	† CENTRAL VEIN CATHETERISATION by open exposure using subcutaneous tunnel as with a Hickman or Broviac catheter, with or without insertion of infusion pump  ALL STATES: FEE \$150.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/514S
4832	OPERATIONS FOR ACUTE OSTEOMYELITIS OPERATION ON PHALANX  ALL STATES: FEE \$65.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
4838	OPERATION ON STERNUM, CLAVICLE, RIB, ULNA, RADIUS, CARPUS, TIBIA, FIBULA, TARSUS, SKULL, MANDIBLE OR MAXILLA (other than alveolar margins)—ONE BONE  ALL STATES: FEE \$108.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
4844	OPERATION ON HUMERUS OR FEMUR—ONE BONE  ALL STATES: FEE \$188.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
4853	OPERATION ON SPINE OR PELVIC BONES—ONE BONE  ALL STATES: FEE \$188.00  ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S

## OPERATIONS FOR CHRONIC OSTEOMYELITIS

OPERATION ON SCAPULA, STERNUM, CLAVICLE, RIB, ULNA, RADIUS, METACARPUS, CARPUS, PHALANX, TIBIA, FIBULA, METATARSUS, TARSUS, MANDIBLE OR MAXILLA (other than alveolar margins)—ONE BONE or ANY COMBINATION OF ADJOINING BONES

4860

ALL STATES: FEE \$188.00

ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S

OPERATION ON HUMERUS OR FEMUR—ONE BONE

4864

ALL STATES: FEE \$188.00

ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S

OPERATION ON SPINE OR PELVIC BONES—ONE BONE

4867

ALL STATES: FEE \$310.00

ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S

OPERATION ON SKULL

4870

ALL STATES: FEE \$245.00

ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S

OPERATION ON ANY COMBINATION OF ADJOINING BONES, being bones referred to in Item 4864, 4867 or 4870

4877

ALL STATES: FEE \$310.00

ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S

4817	<p>ARTERIOVENOUS ANASTOMOSIS, direct, of upper or lower limb</p> <p>ALL STATES: FEE \$520.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
4822	<p>ARTERIAL CANNULATION of intra-abdominal artery for infusion chemotherapy, by open operation (excluding after-care)</p> <p>ALL STATES: FEE \$255.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
4823	<p>ARTERIAL CANNULATION for infusion chemotherapy by open operation, not covered by Item 4822 (excluding after-care)</p> <p>ALL STATES: FEE \$170.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
‡ + 4824	<p>CENTRAL VEIN CATHETERISATION by open exposure, using subcutaneous tunnel with pump or access port as with a Hickman or Broviac catheter</p> <p>ALL STATES: FEE \$200.00 (1/8/86 FEE LEVEL)</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/514S</p>
4832	<p style="text-align: center;">OPERATIONS FOR ACUTE OSTEOMYELITIS</p> <p>OPERATION ON PHALANX</p> <p>ALL STATES: FEE \$65.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
4838	<p>OPERATION ON STERNUM, CLAVICLE, RIB, ULNA, RADIUS, CARPUS, TIBIA, FIBULA, TARSUS, SKULL, MANDIBLE OR MAXILLA (other than alveolar margins)—ONE BONE</p> <p>ALL STATES: FEE \$108.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>

4844	<p>OPERATION ON HUMERUS OR FEMUR — ONE BONE</p> <p>ALL STATES: FEE \$188.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
4853	<p>OPERATION ON SPINE OR PELVIC BONES—ONE BONE</p> <p>ALL STATES: FEE \$188.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
4860	<p style="text-align: center;">OPERATIONS FOR CHRONIC OSTEOMYELITIS</p> <p>OPERATION ON SCAPULA, STERNUM, CLAVICLE, RIB, ULNA, RADIUS, METACARPUS, CARPUS, PHALANX, TIBIA, FIBULA, METATARSUS, TARSUS, MANDIBLE OR MAXILLA (other than alveolar margins)—ONE BONE or ANY COMBINATION OF ADJOINING BONES</p> <p>ALL STATES: FEE \$188.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
4864	<p>OPERATION ON HUMERUS OR FEMUR—ONE BONE</p> <p>ALL STATES: FEE \$188.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
4867	<p>OPERATION ON SPINE OR PELVIC BONES—ONE BONE</p> <p>ALL STATES: FEE \$310.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
4870	<p>OPERATION ON SKULL</p> <p>ALL STATES: FEE \$245.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
4877	<p>OPERATION ON ANY COMBINATION OF ADJOINING BONES, being bones referred to in Item 4864, 4867 or 4870</p> <p>ALL STATES: FEE \$310.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>

		FINGER OR THUMB, INCLUDING METACARPAL or part of metacarpal—each digit
4965	G.	ALL STATES: FEE \$97.00
4969	S.	ALL STATES: FEE \$120.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
		HAND, MIDCARPAL OR TRANSMETACARPAL
4972	G.	ALL STATES: FEE \$120.00
4976	S.	ALL STATES: FEE \$156.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
		HAND, FOREARM OR THROUGH ARM
4979		ALL STATES: FEE \$188.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
		AT SHOULDER
4983		ALL STATES: FEE \$310.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
		INTERSCAPULOTHORACIC
4987		ALL STATES: FEE \$630.00 ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S
		ONE DIGIT of foot
4990	G.	ALL STATES: FEE \$62.00
4993	S.	ALL STATES: FEE \$76.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
		TWO DIGITS of one foot
4995	G.	ALL STATES: FEE \$94.00
4997	S.	ALL STATES: FEE \$116.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

	THREE DIGITS of one foot	
4999	G.	ALL STATES: FEE \$108.00
5002	S.	ALL STATES: FEE \$134.00
		ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
	FOUR DIGITS of one foot	
5006	G.	ALL STATES: FEE \$124.00
5009	S.	ALL STATES: FEE \$152.00
		ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
	FIVE DIGITS of one foot	
5015	G.	ALL STATES: FEE \$140.00
5018	S.	ALL STATES: FEE \$174.00
		ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
	TOE, including metatarsal or part of metatarsal—each toe	
5024	G.	ALL STATES: FEE \$76.00
5029	S.	ALL STATES: FEE \$97.00
		ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
	FOOT AT ANKLE (Syme, Pirogoff types)	
5034		ALL STATES: FEE \$188.00
		ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
	FOOT, MIDTARSAL OR TRANSMETATARSAL	
5038		ALL STATES: FEE \$156.00
		ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
	THROUGH LEG OR AT KNEE	
5045		ALL STATES: FEE \$245.00
		ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S



	<b>DIVISION 2—AMPUTATION OR DISARTICULATION OF LIMB</b> (multiple operation formula does not apply)	
	ONE DIGIT of hand	
4927	G.	ALL STATES: FEE \$82.00
4930	S.	ALL STATES: FEE \$102.00
		ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
	TWO DIGITS of one hand	
4934	G.	ALL STATES: FEE \$124.00
4940	S.	ALL STATES: FEE \$152.00
		ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
	THREE DIGITS of one hand	
4943	G.	ALL STATES: FEE \$146.00
4948	S.	ALL STATES: FEE \$178.00
		ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
	FOUR DIGITS of one hand	
4950	G.	ALL STATES: FEE \$164.00
4954	S.	ALL STATES: FEE \$200.00
		ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
	FIVE DIGITS of one hand	
4957	G.	ALL STATES: FEE \$188.00
4961	S.	ALL STATES: FEE \$235.00
		ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S

	FINGER OR THUMB, INCLUDING METACARPAL or part of metacarpal—each digit	
4965	G.	ALL STATES: FEE \$97.00
4969	S.	ALL STATES: FEE \$120.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
	HAND, MIDCARPAL OR TRANSMETACARPAL	
4972	G.	ALL STATES: FEE \$120.00
4976	S.	ALL STATES: FEE \$156.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
	HAND, FOREARM OR THROUGH ARM	
4979		ALL STATES: FEE \$188.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
	AT SHOULDER	
4983		ALL STATES: FEE \$310.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
	INTERSCAPULOTHORACIC	
4987		ALL STATES: FEE \$630.00 ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S
	ONE DIGIT of foot	
4990	G.	ALL STATES: FEE \$62.00
4993	S.	ALL STATES: FEE \$76.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
	TWO DIGITS of one foot	
4995	G.	ALL STATES: FEE \$94.00
4997	S.	ALL STATES: FEE \$116.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

	THREE DIGITS of one foot	
4999	G.	ALL STATES: FEE \$108.00
5002	S.	ALL STATES: FEE \$134.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
	FOUR DIGITS of one foot	
5006	G.	ALL STATES: FEE \$124.00
5009	S.	ALL STATES: FEE \$152.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
	FIVE DIGITS of one foot	
5015	G.	ALL STATES: FEE \$140.00
5018	S.	ALL STATES: FEE \$174.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
	TOE, including metatarsal or part of metatarsal—each toe	
5024	G.	ALL STATES: FEE \$76.00
5029	S.	ALL STATES: FEE \$97.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
	FOOT AT ANKLE (Syme, Pirogoff types)	
5034		ALL STATES: FEE \$188.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
	FOOT, MIDTARSAL OR TRANSMETATARSAL	
5038		ALL STATES: FEE \$156.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S



## PART 10— OPERATIONS

## DIVISION 2— AMPUTATIONS

	THREE DIGITS of one foot	
4999	G.	ALL STATES: FEE \$108.00
5002	S.	ALL STATES: FEE \$134.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
	FOUR DIGITS of one foot	
5006	G.	ALL STATES: FEE \$124.00
5009	S.	ALL STATES: FEE \$152.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
	FIVE DIGITS of one foot	
5015	G.	ALL STATES: FEE \$140.00
5018	S.	ALL STATES: FEE \$174.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
	TOE, including metatarsal or part of metatarsal—each toe	
5024	G.	ALL STATES: FEE \$76.00
5029	S.	ALL STATES: FEE \$97.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
	FOOT AT ANKLE (Syme, Pirogoff types)	
5034		ALL STATES: FEE \$188.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
	FOOT, MIDTARSAL OR TRANSMETARSAL	
5038		ALL STATES: FEE \$156.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

**PART 10—OPERATIONS****DIVISION 2—AMPUTATIONS**

5050	THROUGH THIGH, AT KNEE OR BELOW KNEE  ALL STATES: FEE \$275.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
5051	AT HIP  ALL STATES: FEE \$380.00  ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S
5055	HINDQUARTER  ALL STATES: FEE \$780.00  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 \$43.50  ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
5062	EAR, removal of foreign body in, involving incision of external auditory canal  ALL STATES: FEE \$126.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
5066	AURAL POLYP, removal of  ALL STATES: FEE \$76.00  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 \$86.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S

5048 THROUGH THIGH  
 ALL STATES: FEE \$335.00  
 ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S

5051 AT HIP  
 ALL STATES: FEE \$380.00  
 ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S

5055 HINDQUARTER  
 ALL STATES: FEE \$780.00  
 ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S

**DIVISION 3—EAR, NOSE AND THROAT**

5059 EAR, removal of foreign body in, otherwise than by simple syringing  
 ALL STATES: FEE \$48.50  
 ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S

5062 EAR, REMOVAL OF FOREIGN BODY IN, involving incision of external auditory canal  
 ALL STATES: FEE \$126.00  
 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

5066 AURAL POLYP, removal of  
 ALL STATES: FEE \$76.00  
 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 \$86.00  
 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S

5072	<p>EXTERNAL AUDITORY MEATUS, removal of EXOSTOSES IN</p> <p>ALL STATES: FEE \$490.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5075	<p>MYRINGOPLASTY, trans-canal approach (Rosen incision)</p> <p>ALL STATES: FEE \$310.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
5078	<p>MYRINGOPLASTY, post-aural or endaural approach with or without mastoid inspection</p> <p>ALL STATES: FEE \$505.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5081	<p>OSSICULAR CHAIN RECONSTRUCTION</p> <p>ALL STATES: FEE \$575.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5085	<p>OSSICULAR CHAIN RECONSTRUCTION AND MYRINGOPLASTY</p> <p>ALL STATES: FEE \$630.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
5087	<p>MASTOIDECTOMY (CORTICAL)</p> <p>ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5091	<p>OBLITERATION OF THE MASTOID CAVITY</p> <p>ALL STATES: FEE \$365.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
5095	<p>MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL)</p> <p>ALL STATES: FEE \$575.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>



† 5050	THROUGH THIGH, AT KNEE OR BELOW KNEE  ALL STATES: FEE \$275.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
5051	AT HIP  ALL STATES: FEE \$380.00  ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S
5055	HINDQUARTER  ALL STATES: FEE \$780.00  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 \$43.50  ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
5062	EAR, removal of foreign body in, involving incision of external auditory canal  ALL STATES: FEE \$126.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
5066	AURAL POLYP, removal of  ALL STATES: FEE \$76.00  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 \$86.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S

5072	<p>EXTERNAL AUDITORY MEATUS, removal of EXOSTOSES IN</p> <p>ALL STATES: FEE \$490.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5075	<p>MYRINGOPLASTY, trans-canal approach (Rosen incision)</p> <p>ALL STATES: FEE \$310.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
5078	<p>MYRINGOPLASTY, post-aural or endaural approach with or without mastoid inspection</p> <p>ALL STATES: FEE \$505.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5081	<p>OSSICULAR CHAIN RECONSTRUCTION</p> <p>ALL STATES: FEE \$575.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5085	<p>OSSICULAR CHAIN RECONSTRUCTION AND MYRINGOPLASTY</p> <p>ALL STATES: FEE \$630.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
5087	<p>MASTOIDECTOMY (CORTICAL)</p> <p>ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5091	<p>OBLITERATION OF THE MASTOID CAVITY</p> <p>ALL STATES: FEE \$365.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
5095	<p>MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL)</p> <p>ALL STATES: FEE \$575.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>

† 5069	<p>MEATOPLASTY involving removal of cartilage or bone or both cartilage and bone not covered by item 5070</p> <p>ALL STATES: FEE \$320.00 (1/8/86 FEE LEVEL)</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
† 5070	<p><b>Note:</b> <i>Multiple Operation and Multiple Anaesthetic rules apply to this Item</i></p> <p>MEATOPLASTY involving removal of cartilage or bone or both cartilage and bone associated with items 5078, 5091, 5095, 5098 or 5100</p> <p>ALL STATES: FEE \$210.00 (1/8/86 FEE LEVEL)</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
5072	<p>EXTERNAL AUDITORY MEATUS, removal of EXOSTOSES IN</p> <p>ALL STATES: FEE \$490.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
† 5073	<p>Correction of AUDITORY CANAL STENOSIS, including meatoplasty, with or without grafting</p> <p>ALL STATES: FEE \$540.00 (1/8/86 FEE LEVEL)</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
† 5074	<p><b>Note:</b> <i>Multiple Operation and Multiple Anaesthetic rules apply to this Item</i></p> <p>RECONSTRUCTION OF EXTERNAL AUDITORY CANAL in association with items 5095, 5098, 5100</p> <p>ALL STATES: FEE \$156.00 (1/8/86 FEE LEVEL)</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
5075	<p>MYRINGOPLASTY, trans-canal approach (Rosen incision)</p> <p>ALL STATES: FEE \$310.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
5078	<p>MYRINGOPLASTY, post-aural or endaural approach with or without mastoid inspection</p> <p>ALL STATES: FEE \$505.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
† 5079	<p>ATTICOTOMY without reconstruction of the bony defect, with or without myringoplasty</p> <p>ALL STATES: FEE \$625.00 (1/8/86 FEE LEVEL)</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>

## PART 10— OPERATIONS

## DIVISION 3— EAR, NOSE AND THROAT

† 5080	ATTICOTOMY with reconstruction of the bony defect with or without myringoplasty  ALL STATES: FEE \$700.00 (1/8/86 FEE LEVEL)  ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S
5081	OSSICULAR CHAIN RECONSTRUCTION  ALL STATES: FEE \$575.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
5085	OSSICULAR CHAIN RECONSTRUCTION AND MYRINGOPLASTY  ALL STATES: FEE \$630.00  ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
5087	MASTOIDECTOMY (CORTICAL)  ALL STATES: FEE \$275.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
5091	OBLITERATION OF THE MASTOID CAVITY  ALL STATES: FEE \$365.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
† 5093	MASTOIDECTOMY, intact wall technique, with myringoplasty  ALL STATES: FEE \$870.00 (1/8/86 FEE LEVEL)  ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S
† 5094	MASTOIDECTOMY, intact wall technique, with myringoplasty and ossicular chain reconstruction  ALL STATES: FEE \$1025.00 (1/8/86 FEE LEVEL)  ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S
5095	MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL)  ALL STATES: FEE \$575.00  ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S

5098	<p>MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL) AND MYRINGOPLASTY</p> <p>ALL STATES: FEE \$630.00</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 \$780.00</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 \$630.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
5104	<p>DECOMPRESSION OF FACIAL NERVE in its intracranial portion by intracranial or intrapetrous approach</p> <p>ALL STATES: FEE \$705.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>
5106	<p>LABYRINTHOTOMY OR DESTRUCTION OF LABYRINTH</p> <p>ALL STATES: FEE \$545.00</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 \$1285.00</p> <p>ANAESTHETIC 39 UNITS—ITEM NOS 478G/549S</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 \$1285.00</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 \$630.00</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 \$780.00</p> <p>ANAESTHETIC 21 UNITS—ITEM NOS 465G/535S</p>
5127	<p>FENESTRATION OPERATION—each ear</p> <p>ALL STATES: FEE \$630.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
5131	<p>VENOUS GRAFT TO FENESTRATION CAVITY</p> <p>ALL STATES: FEE \$310.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5138	<p>STAPEDECTOMY</p> <p>ALL STATES: FEE \$575.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
5143	<p>STAPES MOBILISATION</p> <p>ALL STATES: FEE \$370.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
5147	<p>REPAIR OF ROUND WINDOW</p> <p>ALL STATES: FEE \$575.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
5152	<p>GLOMUS TUMOUR, transtympanic removal of</p> <p>ALL STATES: FEE \$435.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>

## PART 10—OPERATIONS

## DIVISION 3 — EAR, NOSE AND THROAT

5098	<p>MASTOIDECTOMY (RADICAL OR MODIFIED RADICAL) AND MYRINGOPLASTY</p> <p>ALL STATES: FEE \$630.00</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 \$780.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
† 5101	<p>REVISION OF MASTOIDECTOMY (radical, modified radical or intact wall), including myringoplasty</p> <p>ALL STATES: FEE \$595.00 (1/8/86 FEE LEVEL)</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
5102	<p>DECOMPRESSION OF FACIAL NERVE in its mastoid portion</p> <p>ALL STATES: FEE \$630.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
5104	<p>DECOMPRESSION OF FACIAL NERVE in its intracranial portion by intracranial or intrapetrous approach</p> <p>ALL STATES: FEE \$705.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>
5106	<p>LABYRINTHOTOMY OR DESTRUCTION OF LABYRINTH</p> <p>ALL STATES: FEE \$545.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
‡ 5108	<p>CEREBELLO—PONTINE ANGLE TUMOUR, removal of by transmastoid, translabyrinthine approach</p> <p>ALL STATES: FEE \$1285.00</p> <p>ANAESTHETIC 39 UNITS—ITEM NOS 478G/549S</p>

## PART 10 — OPERATIONS

## DIVISION 3 — EAR, NOSE AND THROAT

5116	<p>ENDOLYMPHATIC SAC, TRANSMASTOID DECOMPRESSION with or without drainage of</p> <p>ALL STATES: FEE \$630.00</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 \$780.00</p> <p>ANAESTHETIC 21 UNITS—ITEM NOS 465G/535S</p>
5127	<p>FENESTRATION OPERATION—each ear</p> <p>ALL STATES: FEE \$630.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
5131	<p>VENOUS GRAFT TO FENESTRATION CAVITY</p> <p>ALL STATES: FEE \$310.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5138	<p>STAPEDECTOMY</p> <p>ALL STATES: FEE \$575.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
5143	<p>STAPES MOBILISATION</p> <p>ALL STATES: FEE \$370.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
‡ 5147	<p>ROUND WINDOW SURGERY including repair of cochleotomy</p> <p>ALL STATES: FEE \$575.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
† 5148	<p>COCHLEAR IMPLANT, insertion of, including mastoidectomy</p> <p>ALL STATES: FEE \$1035.00 (1/8/86 FEE LEVEL)</p> <p>ANAESTHETIC 29 UNITS—ITEM NOS 473G/544S</p>



5158	GLOMUS TUMOUR, transmastoid removal of, including mastoidectomy							
	ALL STATES: FEE \$630.00							
	ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S							
5162	ABSCESS OR INFLAMMATION OF MIDDLE EAR, operation for (excluding after-care)							
	FEE	\$	NSW 52.00	VIC 76.00	QLD 52.00	SA 52.00	WA 52.00	TAS 52.00
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
5166	MIDDLE EAR, EXPLORATION OF							
	FEE	\$	NSW 235.00	VIC 275.00	QLD 235.00	SA 235.00	WA 235.00	TAS 235.00
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S							
5172	MIDDLE EAR, insertion of tube for DRAINAGE OF (Including myringotomy)							
	FEE	\$	NSW 126.00	VIC 116.00	QLD 91.00	SA 91.00	WA 91.00	TAS 91.00
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
5176	PERFORATION OF TYMPANUM, cauterisation or diathermy of							
	ALL STATES: FEE \$25.00							
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
5182	EAR TOILET requiring use of operating microscope and microinspection of tympanic membrane with or without general anaesthesia							
	ALL STATES: FEE \$58.00							
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
5186	TYMPANIC MEMBRANE, microinspection of one or both ears under general anaesthesia, not associated with any other item in this Part							
	ALL STATES: FEE \$58.00							
	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, not associated with any other item in this Part  ALL STATES: FEE \$38.00  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 \$65.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S								
5201	NOSE, removal of FOREIGN BODY IN, other than by simple probing  ALL STATES: FEE \$41.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S								
5205	NASAL POLYP OR POLYPI (SIMPLE), removal of  ALL STATES: FEE \$43.50								
5210	G.	FEE	\$	NSW 91.00	VIC 91.00	QLD 75.00	SA 75.00	WA 91.00	TAS 75.00
5214	S.	FEE	\$	116.00	116.00	91.00	91.00	116.00	91.00
NASAL POLYP OR POLYPI (requiring admission to hospital), removal of  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S									
5217	FEE	\$		NSW 235.00	VIC 255.00	QLD 172.00	SA 172.00	WA 235.00	TAS 172.00
NASAL SEPTUM, SEPTOPLASTY OR SUBMUCOUS RESECTION OF  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S									
5229	CAUTERISATION (other than by chemical means) OR DIATHERMY OF SEPTUM, TURBINATES OR PHARYNX—one or more of these procedures (including any consultation on the same occasion) not associated with any other operation on the nose  ALL STATES: FEE \$53.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S								

5158	GLOMUS TUMOUR, transmastoid removal of, including mastoidectomy							
	ALL STATES: FEE \$630.00							
	ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S							
5162	ABSCESS OR INFLAMMATION OF MIDDLE EAR, operation for (excluding after-care)							
FEE	\$	NSW 52.00	VIC 76.00	QLD 52.00	SA 52.00	WA 52.00	TAS 52.00	
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
5166	MIDDLE EAR, EXPLORATION OF							
FEE	\$	NSW 235.00	VIC 275.00	QLD 235.00	SA 235.00	WA 235.00	TAS 235.00	
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S							
5172	MIDDLE EAR, insertion of tube for DRAINAGE OF (including myringotomy)							
FEE	\$	NSW 126.00	VIC 116.00	QLD 91.00	SA 91.00	WA 91.00	TAS 91.00	
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
5176	PERFORATION OF TYMPANUM, cauterisation or diathermy of							
	ALL STATES: FEE \$25.00							
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
5182	EAR TOILET requiring use of operating microscope and microinspection of tympanic membrane with or without general anaesthesia							
	ALL STATES: FEE \$58.00							
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
5186	TYMPANIC MEMBRANE, microinspection of one or both ears under general anaesthesia, not associated with any other item in this Part							
	ALL STATES: FEE \$58.00							
	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, not associated with any other item in this Part							
			ALL STATES: FEE \$38.00					
			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 \$65.00					
			ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S					
5201	NOSE, removal of FOREIGN BODY IN, other than by simple probing							
			ALL STATES: FEE \$41.00					
			ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S					
5205	NASAL POLYP OR POLYPI (SIMPLE), removal of							
			ALL STATES: FEE \$43.50					
5210	NASAL POLYP OR POLYPI (requiring admission to hospital), removal of							
			NSW	VIC	QLD	SA	WA	TAS
	G. FEE	\$	91.00	91.00	75.00	75.00	91.00	75.00
5214	S. FEE	\$	116.00	116.00	91.00	91.00	116.00	91.00
			ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S					
5217	NASAL SEPTUM, SEPTOPLASTY OR SUBMUCOUS RESECTION OF							
			NSW	VIC	QLD	SA	WA	TAS
	FEE	\$	235.00	255.00	172.00	172.00	235.00	172.00
			ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S					
5229	‡ CAUTERISATION (other than by chemical means) OR CAUTERISATION by chemical means when performed under general anaesthesia OR DIATHERMY OF SEPTUM, TURBINATES OR PHARYNX—one or more of these procedures (including any consultation on the same occasion) not associated with any other operation on the nose							
			ALL STATES: FEE \$53.00					
			ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S					

## PART 10 — OPERATIONS

## DIVISION 3 — EAR, NOSE AND THROAT

5152	GLOMUS TUMOUR, transtympanic removal of ALL STATES: FEE \$435.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S							
5158	GLOMUS TUMOUR, transmastoid removal of, including mastoidectomy ALL STATES: FEE \$630.00 ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S							
5162	ABSCESS OR INFLAMMATION OF MIDDLE EAR, operation for (excluding after-care)							
	FEE	\$	NSW 52.00	VIC 76.00	QLD 52.00	SA 52.00	WA 52.00	TAS 52.00
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
5166	MIDDLE EAR, EXPLORATION OF							
	FEE	\$	NSW 235.00	VIC 275.00	QLD 235.00	SA 235.00	WA 235.00	TAS 235.00
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S							
5172	MIDDLE EAR, insertion of tube for DRAINAGE OF (including myringotomy)							
	FEE	\$	NSW 126.00	VIC 116.00	QLD 91.00	SA 91.00	WA 91.00	TAS 91.00
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
† 5173	CLEARANCE OF MIDDLE EAR FOR GRANULOMA, CHOLESTEATOMA and POLYP, one or more, with or without myringoplasty ALL STATES: FEE \$625.00 (1/8/86 FEE LEVEL) ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S							
† 5174	CLEARANCE OF MIDDLE EAR FOR GRANULOMA, CHOLESTEATOMA and POLYP, one or more, with or without myringoplasty with ossicular chain reconstruction ALL STATES: FEE \$780.00 (1/8/86 FEE LEVEL) ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S							

5176	<p>PERFORATION OF TYMPANUM, cauterisation or diathermy of</p> <p>ALL STATES: FEE \$25.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
† 5177	<p>EXCISION OF RIM OF EARDRUM PERFORATION, not associated with myringoplasty</p> <p>ALL STATES: FEE \$78.00 (1/8/86 FEE LEVEL)</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
5182	<p>EAR TOILET requiring use of operating microscope and microinspection of tympanic membrane with or without general anaesthesia</p> <p>ALL STATES: FEE \$58.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
5186	<p>TYMPANIC MEMBRANE, microinspection of one or both ears under general anaesthesia, not associated with any other item in this Part</p> <p>ALL STATES: FEE \$58.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
5192	<p>EXAMINATION OF NASAL CAVITY or POST-NASAL SPACE, or NASAL CAVITY AND POST-NASAL SPACE, UNDER GENERAL ANAESTHESIA, not associated with any other item in this Part</p> <p>ALL STATES: FEE \$38.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
5196	<p>NASAL HAEMORRHAGE, POSTERIOR, ARREST OF, with posterior nasal packing with or without cauterisation and with or without anterior pack (excluding after-care)</p> <p>ALL STATES: FEE \$65.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
5201	<p>NOSE, removal of FOREIGN BODY IN, other than by simple probing</p> <p>ALL STATES: FEE \$41.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
5205	<p>NASAL POLYP OR POLYPI (SIMPLE), removal of</p> <p>ALL STATES: FEE \$43.50</p>

5230	<p>CAUTERISATION (other than by chemical means) OF BLOOD VESSELS IN NOSE during an episode of epistaxis, one or both sides</p> <p>ALL STATES: FEE \$47.50</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
5233	<p>CRYOTHERAPY TO NOSE in the treatment of nasal haemorrhage</p> <p>ALL STATES: FEE \$86.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
5235	<p>DISLOCATION OF TURBINATE OR TURBINATES, one or both sides, not associated with any other item in this Part</p> <p>ALL STATES: FEE \$38.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
5237	<p>TURBINECTOMY</p> <p>ALL STATES: FEE \$72.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
5241	<p>TURBINATES, submucous resection of</p> <p>ALL STATES: FEE \$94.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
5245	<p>MAXILLARY ANTRUM, PROOF PUNCTURE AND LAVAGE OF</p> <p>ALL STATES: FEE \$17.20</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
5254	<p>MAXILLARY ANTRUM, proof puncture and lavage of, under general anaesthesia (requiring admission to hospital)</p> <p>ALL STATES: FEE \$48.50</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>

5264	<p>MAXILLARY ANTRUM, LAVAGE OF—each attendance at which the procedure is performed, including any associated consultation</p> <p>ALL STATES: FEE \$14.40</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>																
5268	<p>MAXILLARY ARTERY, transantral ligation of</p> <p>ALL STATES: FEE \$235.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>																
5270	<p>ANTROSTOMY (RADICAL)</p> <table border="0" data-bbox="211 645 1117 707"> <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>275.00</td> <td>235.00</td> <td>235.00</td> <td>235.00</td> <td>235.00</td> </tr> </tbody> </table> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	285.00	275.00	235.00	235.00	235.00	235.00
		NSW	VIC	QLD	SA	WA	TAS										
FEE	\$	285.00	275.00	235.00	235.00	235.00	235.00										
5277	<p>ANTROSTOMY (RADICAL) with transantral ethmoidectomy or transantral vidian neurectomy</p> <p>ALL STATES: FEE \$320.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>																
5280	<p>ANTRUM, intranasal operation on, or removal of foreign body from</p> <table border="0" data-bbox="211 1111 1117 1173"> <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>144.00</td> <td>144.00</td> <td>156.00</td> <td>116.00</td> <td>116.00</td> <td>116.00</td> </tr> </tbody> </table> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	144.00	144.00	156.00	116.00	116.00	116.00
		NSW	VIC	QLD	SA	WA	TAS										
FEE	\$	144.00	144.00	156.00	116.00	116.00	116.00										
5284	<p>ANTRUM, drainage of, through tooth socket</p> <p>ALL STATES: FEE \$62.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>																
5288	<p>ORO-ANTRAL FISTULA, plastic closure of</p> <p>ALL STATES: FEE \$310.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>																



‡ 5230	CAUTERISATION (other than by chemical means) OR CAUTERISATION by chemical means when performed under general anaesthesia, OF BLOOD VESSELS IN NOSE during an episode of epistaxis, one or both sides  ALL STATES: FEE \$47.50  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
5233	CRYOTHERAPY TO NOSE in the treatment of nasal haemorrhage  ALL STATES: FEE \$86.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
5235	DISLOCATION OF TURBINATE OR TURBINATES, one or both sides, not associated with any other item in this Part  ALL STATES: FEE \$38.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
5237	TURBINECTOMY  ALL STATES: FEE \$72.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
5241	TURBINATES, submucous resection of  ALL STATES: FEE \$94.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
5245	MAXILLARY ANTRUM, PROOF PUNCTURE AND LAVAGE OF  ALL STATES: FEE \$17.20  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 \$48.50  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

5264	MAXILLARY ANTRUM, LAVAGE OF—each attendance at which the procedure is performed, including any associated consultation							
	ALL STATES: FEE \$14.40							
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
5268	MAXILLARY ARTERY, transantral ligation of							
	ALL STATES: FEE \$235.00							
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S							
5270	ANTROSTOMY (RADICAL)							
	FEE	\$	NSW 235.00	VIC 275.00	QLD 235.00	SA 235.00	WA 235.00	TAS 235.00
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S							
5277	ANTROSTOMY (RADICAL) with transantral ethmoidectomy or transantral vidian neurectomy							
	ALL STATES: FEE \$320.00							
	ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S							
5280	ANTRUM, intranasal operation on, or removal of foreign body from							
	FEE	\$	NSW 144.00	VIC 144.00	QLD 156.00	SA 116.00	WA 116.00	TAS 116.00
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
5284	ANTRUM, drainage of, through tooth socket							
	ALL STATES: FEE \$62.00							
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
5288	ORO-ANTRAL FISTULA, plastic closure of							
	ALL STATES: FEE \$310.00							
	ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S							

## PART 10 — OPERATIONS

## DIVISION 3 — EAR, NOSE AND THROAT

	NASAL POLYP OR POLYPI (requiring admission to hospital), removal of							
5210	G. FEE	\$	NSW 91.00	VIC 91.00	QLD 75.00	SA 75.00	WA 91.00	TAS 75.00
5214	S. FEE	\$	116.00	116.00	91.00	91.00	116.00	91.00
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
‡	NASAL SEPTUM, SEPTOPLASTY, SUBMUCOUS RESECTION or closure of septal perforation							
5217	FEE	\$	NSW 235.00	VIC 255.00	QLD 172.00	SA 172.00	WA 235.00	TAS 172.00
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S							
5229	CAUSTERISATION (other than by chemical means) OR CAUTERISATION by chemical means when performed under general anaesthesia OR DIATHERMY OF SEPTUM, TURBINATES OR PHARYNX— one or more of these procedures (including any consultation on the same occasion) not associated with any other operation on the nose							
	ALL STATES: FEE \$53.00							
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
‡	NASAL HAEMORRHAGE, arrest of during an episode of epistaxis by cauterisation or nasal cavity packing or both							
5230	ALL STATES: FEE \$47.50							
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
5233	CRYOTHERAPY TO NOSE in the treatment of nasal haemorrhage							
	ALL STATES: FEE \$86.00							
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
†	DIVISION OF NASAL ADHESIONS, with or without stenting not associated with any other operation on the nose and not performed during the post-operative period of a nasal operation							
5234	ALL STATES: FEE \$64.00 (1/8/86 FEE LEVEL)							
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
5235	DISLOCATION OF TURBINATE OR TURBINATES, one or both sides, not associated with any other item in this Part							
	ALL STATES: FEE \$38.00							
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							

‡ 5237	TURBINECTOMY or turbinectomies, partial or total, unilateral  ALL STATES: FEE \$72.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S														
‡ 5241	TURBINATES, submucous resection of, unilateral  ALL STATES: FEE \$94.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S														
5245	MAXILLARY ANTRUM, PROOF PUNCTURE AND LAVAGE OF  ALL STATES: FEE \$17.20  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 \$48.50  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S														
5264	MAXILLARY ANTRUM, LAVAGE OF—each attendance at which the procedure is performed, including any associated consultation  ALL STATES: FEE \$14.40  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S														
5268	MAXILLARY ARTERY, transantral ligation of  ALL STATES: FEE \$235.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S														
5270	ANTROSTOMY (RADICAL)  <table data-bbox="197 1358 1087 1412"> <thead> <tr> <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>235.00</td> <td>275.00</td> <td>235.00</td> <td>235.00</td> <td>235.00</td> <td>235.00</td> </tr> </tbody> </table> ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S		NSW	VIC	QLD	SA	WA	TAS	FEE \$	235.00	275.00	235.00	235.00	235.00	235.00
	NSW	VIC	QLD	SA	WA	TAS									
FEE \$	235.00	275.00	235.00	235.00	235.00	235.00									
5277	ANTROSTOMY (RADICAL) with transantral ethmoidectomy of transantral vidian neurectomy  ALL STATES: FEE \$320.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S														

5295	<p>FRONTO-NASAL ETHMOIDECTOMY with or without sphenoidectomy</p> <p>ALL STATES: FEE \$410.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>								
5298	<p>RADICAL FRONTO-ETHMOIDECTOMY with osteoplastic flap</p> <p>ALL STATES: FEE \$535.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>								
5301	<p>FRONTAL SINUS OR ETHMOIDAL SINUSES, intranasal operation on</p> <table border="0" data-bbox="209 587 1106 641"> <tr> <td style="padding-right: 20px;">FEE</td> <td style="padding-right: 20px;">\$</td> <td style="padding-right: 20px;">NSW 196.00</td> <td style="padding-right: 20px;">VIC 255.00</td> <td style="padding-right: 20px;">QLD 196.00</td> <td style="padding-right: 20px;">SA 196.00</td> <td style="padding-right: 20px;">WA 196.00</td> <td>TAS 196.00</td> </tr> </table> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>	FEE	\$	NSW 196.00	VIC 255.00	QLD 196.00	SA 196.00	WA 196.00	TAS 196.00
FEE	\$	NSW 196.00	VIC 255.00	QLD 196.00	SA 196.00	WA 196.00	TAS 196.00		
5305	<p>FRONTAL SINUS, catheterisation of</p> <p>ALL STATES: FEE \$31.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>								
5308	<p>FRONTAL SINUS, trephine of</p> <p>ALL STATES: FEE \$178.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>								
5318	<p>FRONTAL SINUS, radical obliteration of</p> <p>ALL STATES: FEE \$410.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>								
5320	<p>ETHMOIDAL SINUSES, external operation on</p> <p>ALL STATES: FEE \$320.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>								
5330	<p>SPHENOIDAL SINUS, intranasal operation on</p> <p>ALL STATES: FEE \$156.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>								

## PART 10 — OPERATIONS

## DIVISION 3 — EAR, NOSE AND THROAT

5343	EUSTACHIAN TUBE, catheterisation of							
	FEE	\$	NSW 21.50	VIC 24.50	QLD 19.60	SA 18.80	WA 18.80	TAS 18.80
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
5345	DIVISION OF PHARYNGEAL ADHESIONS							
	ALL STATES: FEE \$62.00							
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
5348	POST-NASAL SPACES, direct examination of, with biopsy, nasendoscopy or sinoscopy (unilateral)							
	ALL STATES: FEE \$65.00							
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
5354	PHARYNGEAL POUCH, removal of							
	ALL STATES: FEE \$370.00							
	ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S							
5357	PHARYNGEAL POUCH, ENDOSCOPIC RESECTION OF (Dohlman's operation)							
	ALL STATES: FEE \$310.00							
	ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S							
5360	PHARYNGOTOMY (lateral), with or without total excision of tongue							
	ALL STATES: FEE \$370.00							
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
5363	TONSILS OR TONSILS AND ADENOIDS, removal of, in a person aged LESS THAN TWELVE YEARS							
G.	FEE	\$	NSW 116.00	VIC 116.00	QLD 98.00	SA 98.00	WA 98.00	TAS 98.00
5366	S.	FEE	\$	156.00	144.00	124.00	124.00	124.00
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							

## PART 10 — OPERATIONS

## DIVISION 3 — EAR, NOSE AND THROAT

5280	ANTRUM, intranasal operation on, or removal of foreign body from  FEE           \$       NSW           VIC           QLD           SA           WA           TAS 144.00   144.00   156.00   116.00   116.00   116.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
5284	ANTRUM, drainage of, through tooth socket  ALL STATES: FEE \$62.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
5288	ORO-ANTRAL FISTULA, plastic closure of  ALL STATES: FEE \$310.00  ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
† 5292	ETHMOIDAL ARTERY OR ARTERIES, transorbital ligation of (unilateral)  ALL STATES: FEE \$245.00 (1/8/86 FEE LEVEL)  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
† 5293	LATERAL RHINOTOMY with removal of tumour  ALL STATES: FEE \$490.00 (1/8/86 FEE LEVEL)  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
5295	FRONTO-NASAL ETHMOIDECTOMY with or without sphenoidectomy  ALL STATES: FEE \$410.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
5298	RADICAL FRONTO-ETHMOIDECTOMY with osteoplastic flap  ALL STATES: FEE \$535.00  ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
5301	FRONTAL SINUS OR ETHMOIDAL SINUSES, intranasal operation on  FEE           \$       NSW           VIC           QLD           SA           WA           TAS 196.00   255.00   196.00   196.00   196.00   196.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S

5305	FRONTAL SINUS, catheterisation of ALL STATES: FEE \$31.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
5308	FRONTAL SINUS, trephine of ALL STATES: FEE \$178.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
5318	FRONTAL SINUS, radical obliteration of ALL STATES: FEE \$410.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
5320	ETHMOIDAL SINUSES, external operation on ALL STATES: FEE \$320.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
5330	SPHENOIDAL SINUS, intranasal operation on ALL STATES: FEE \$156.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
5343	EUSTACHIAN TUBE, catheterisation of FEE           \$           NSW           VIC           QLD           SA           WA           TAS 21.50       24.50       19.60       18.80       18.80       18.80 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
5345	DIVISION OF PHARYNGEAL ADHESIONS ALL STATES: FEE \$62.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
‡ 5348	POST-NASAL SPACE, direct examination of, with or without biopsy ALL STATES: FEE \$65.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S



		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	\$ 146.00	146.00	124.00	124.00	124.00	124.00
5392	S.	FEE	\$ 196.00	196.00	150.00	150.00	150.00	150.00
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 \$60.00						
5401	S.	ALL STATES: FEE \$76.00						
ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S								

		ADENOIDS, removal of						
			NSW	VIC	QLD	SA	WA	TAS
5407	G.	FEE	\$ 62.00	51.00	51.00	51.00	51.00	51.00
5411	S.	FEE	\$ 86.00	72.00	72.00	72.00	72.00	65.00
ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S								

		LINGUAL TONSIL OR LATERAL PHARYNGEAL BANDS, removal of						
5431	ALL STATES: FEE \$47.50							
ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S								

		PERITONSILLAR ABSCESS (quinsy), incision of						
5445	ALL STATES: FEE \$37.00							
ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S								

		UVULOTOMY						
5449	ALL STATES: FEE \$18.80							
ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S								

		VALLECULAR OR PHARYNGEAL CYSTS, removal of						
5456	ALL STATES: FEE \$188.00							
ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S								

5464	<p>OESOPHAGOSCOPY (with rigid oesophagoscope)</p> <p>ALL STATES: FEE \$98.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
5470	<p>OESOPHAGOSCOPY, with dilatation or insertion of prosthesis—each occasion</p> <p>ALL STATES: FEE \$190.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
5480	<p>OESOPHAGOSCOPY (with rigid oesophagoscope), with biopsy</p> <p>ALL STATES: FEE \$126.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
5486	<p>OESOPHAGOSCOPY (with rigid oesophagoscope), with removal of foreign body</p> <p>ALL STATES: FEE \$188.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
5490	<p>OESOPHAGEAL STRICTURE, dilatation of, without oesophagoscopy</p> <p>ALL STATES: FEE \$27.50</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
5492	<p>OESOPHAGUS, pneumatic dilatation of</p> <p>ALL STATES: FEE \$120.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
5498	<p>LARYNGECTOMY (TOTAL)</p> <p>ALL STATES: FEE \$680.00</p> <p>ANAESTHETIC 20 UNITS—ITEM NOS 464G/533S</p>
5508	<p>LARYNGOPHARYNGECTOMY or PRIMARY RESTORATION OF ALIMENTARY CONTINUITY after laryngopharyngectomy USING STOMACH OR BOWEL</p> <p>ALL STATES: FEE \$705.00</p> <p>ANAESTHETIC 20 UNITS—ITEM NOS 464G/533S</p>

## PART 10—OPERATIONS

## DIVISION 3—EAR, NOSE AND THROAT

† 5349	<p>NASENDOSCOPY or SINOSCOPY or FIBREOPTIC EXAMINATION of NASOPHARYNX and LARYNX</p> <p>ALL STATES: FEE \$67.00 (1/8/86 FEE LEVEL)</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
† 5350	<p>NASOPHARYNGEAL ANGIOFIBROMA, transpalatal removal</p> <p>ALL STATES: FEE \$400.00 (1/8/86 FEE LEVEL)</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
‡ 5354	<p>PHARYNGEAL POUCH, removal of, with or without cricopharyngeal myotomy</p> <p>ALL STATES: FEE \$370.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
5357	<p>PHARYNGEAL POUCH, ENDOSCOPIC RESECTION OF (Dohlman's operation)</p> <p>ALL STATES: FEE \$310.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
† 5358	<p>CRICOPHARYNGEAL MYOTOMY with or without inversion of pharyngeal pouch</p> <p>ALL STATES: FEE \$320.00 (1/8/86 FEE LEVEL)</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
5360	<p>PHARYNGOTOMY (lateral), with or without total excision of tongue</p> <p>ALL STATES: FEE \$370.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
† 5361	<p>PARTIAL PHARYNGECTOMY via PHARYNGOTOMY</p> <p>ALL STATES: FEE \$520.00 (1/8/86 FEE LEVEL)</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
† 5362	<p>PARTIAL PHARYNGECTOMY via PHARYNGOTOMY with partial or total glossectomy</p> <p>ALL STATES: FEE \$645.00 (1/8/86 FEE LEVEL)</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>

TONSILS OR TONSILS AND ADENOIDS, removal of, in a person aged LESS THAN TWELVE YEARS								
5363	G. FEE	\$	NSW 116.00	VIC 116.00	QLD 98.00	SA 98.00	WA 98.00	TAS 98.00
5366	S. FEE	\$	156.00	144.00	124.00	124.00	124.00	124.00
ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S								
TONSILS OR TONSILS AND ADENOIDS, removal of, in a person aged TWELVE YEARS OF AGE OR OVER								
5389	G. FEE	\$	NSW 146.00	VIC 146.00	QLD 124.00	SA 124.00	WA 124.00	TAS 124.00
5392	S. FEE	\$	196.00	196.00	150.00	150.00	150.00	150.00
ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S								
TONSILS OR TONSILS AND AENOIDS, ARREST OF HAEMORRHAGE requiring general anaesthesia, following removal of								
5396	G.	ALL STATES: FEE \$60.00						
5401	S.	ALL STATES: FEE \$76.00						
ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S								
ADENOIDS, removal of								
5407	G. FEE	\$	NSW 62.00	VIC 51.00	QLD 51.00	SA 51.00	WA 51.00	TAS 51.00
5411	S. FEE	\$	86.00	72.00	72.00	72.00	72.00	65.00
ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S								
LINGUAL TONSIL OR LATERAL PHARYNGEAL BANDS, removal of								
5431	ALL STATES: FEE \$47.50							
ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S								
PERITONSILLAR ABSCESS (quinsy), incision of								
5445	ALL STATES: FEE \$37.00							
ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S								

5520	LARYNX, direct examination of, as an independent procedure							
	ALL STATES: FEE \$98.00							
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
5524	LARYNX, direct examination of, with biopsy							
FEE	\$	NSW 116.00	VIC 144.00	QLD 116.00	SA 116.00	WA 116.00	TAS 116.00	
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
5530	LARYNX, direct examination of, WITH REMOVAL OF TUMOUR							
FEE	\$	NSW 126.00	VIC 156.00	QLD 126.00	SA 126.00	WA 126.00	TAS 126.00	
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S							
5534	MICROLARYNGOSCOPY							
	ALL STATES: FEE \$152.00							
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
5540	MICROLARYNGOSCOPY WITH REMOVAL OF TUMOUR							
	ALL STATES: FEE \$215.00							
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S							
5542	TEFLON INJECTION INTO VOCAL CORD							
	ALL STATES: FEE \$240.00							
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S							
5545	LARYNX, FRACTURED, operation for							
	ALL STATES: FEE \$310.00							
	ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S							

5556	LARYNX, external operation on, OR LARYNGOFISSURE	ALL STATES: FEE \$310.00	ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
5572	TRACHEOSTOMY	ALL STATES: FEE \$97.00	
5598	S.	ALL STATES: FEE \$126.00	ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
5601	TRACHEA, removal of foreign body in	ALL STATES: FEE \$94.00	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
5605	BRONCHOSCOPY, as an independent procedure	ALL STATES: FEE \$94.00	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
5611	BRONCHOSCOPY with biopsy or other diagnostic or therapeutic procedure	ALL STATES: FEE \$124.00	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
5613	BRONCHUS, removal of foreign body in	ALL STATES: FEE \$194.00	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
5619	BRONCHOSCOPY with dilatation of tracheal stricture	ALL STATES: FEE \$130.00	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

5520	‡ LARYNX, direct examination of the supraglottic, glottic and subglottic regions, not associated with any other procedure on the larynx nor with the administration of a general anaesthetic  ALL STATES: FEE \$98.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S																		
5524	LARYNX, direct examination of, with biopsy  <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></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></td> <td>116.00</td> <td>144.00</td> <td>116.00</td> <td>116.00</td> <td>116.00</td> <td>116.00</td> </tr> </tbody> </table> ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S				NSW	VIC	QLD	SA	WA	TAS	FEE	\$		116.00	144.00	116.00	116.00	116.00	116.00
			NSW	VIC	QLD	SA	WA	TAS											
FEE	\$		116.00	144.00	116.00	116.00	116.00	116.00											
5530	LARYNX, direct examination of, WITH REMOVAL OF TUMOUR  <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></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></td> <td>126.00</td> <td>156.00</td> <td>126.00</td> <td>126.00</td> <td>126.00</td> <td>126.00</td> </tr> </tbody> </table> ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S				NSW	VIC	QLD	SA	WA	TAS	FEE	\$		126.00	156.00	126.00	126.00	126.00	126.00
			NSW	VIC	QLD	SA	WA	TAS											
FEE	\$		126.00	156.00	126.00	126.00	126.00	126.00											
5334	MICROLARYNGOSCOPY  ALL STATES: FEE \$152.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S																		
5540	MICROLARYNGOSCOPY WITH REMOVAL OF TUMOUR  ALL STATES: FEE \$215.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S																		
5542	TEFLON INJECTION INTO VOCAL CORD  ALL STATES: FEE \$240.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S																		
5545	LARYNX, FRACTURED, operation for  ALL STATES: FEE \$310.00  ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S																		

5556	LARYNX, external operation on, OR LARYNGOFISSURE	ALL STATES: FEE \$310.00	ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
5572 5598	TRACHEOSTOMY G. S.	ALL STATES: FEE \$97.00 ALL STATES: FEE \$126.00	ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
5601	TRACHEA, removal of foreign body in	ALL STATES: FEE \$94.00	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
5605	BRONCHOSCOPY, as an independent procedure	ALL STATES: FEE \$94.00	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
5611	BRONCHOSCOPY with biopsy or other diagnostic or therapeutic procedure	ALL STATES: FEE \$124.00	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
5613	BRONCHUS, removal of foreign body in	ALL STATES: FEE \$194.00	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
5619	BRONCHOSCOPY with dilatation of tracheal stricture	ALL STATES: FEE \$130.00	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S



5449	<p>UVULOTOMY</p> <p>ALL STATES: FEE \$18.80</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
5456	<p>VALLECULAR OR PHARYNGEAL CYSTS, removal of</p> <p>ALL STATES: FEE \$188.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
5464	<p>OESOPHAGOSCOPY (with rigid oesophagoscope)</p> <p>ALL STATES: FEE \$98.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
5470	<p>OESOPHAGOSCOPY, with dilatation or insertion of prosthesis—each occasion</p> <p>ALL STATES: FEE \$190.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
5480	<p>OESOPHAGOSCOPY (with rigid oesophagoscope), with biopsy</p> <p>ALL STATES: FEE \$126.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
5486	<p>OESOPHAGOSCOPY (with rigid oesophagoscope), with removal of foreign body</p> <p>ALL STATES: FEE \$188.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
5490	<p>OESOPHAGEAL STRICTURE, dilatation of, without oesophagoscopy</p> <p>ALL STATES: FEE \$27.50</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
5492	<p>‡ OESOPHAGUS, endoscopic pneumatic dilatation of</p> <p>ALL STATES: FEE \$120.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>

5498	LARYNGECTOMY (TOTAL)							
	ALL STATES: FEE \$680.00							
	ANAESTHETIC 20 UNITS—ITEM NOS 464G/533S							
† 5499	VERTICAL HEMI-LARYNGECTOMY including tracheostomy							
	ALL STATES: FEE \$675.00 (1/8/86 FEE LEVEL)							
	ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S							
† 5500	SUPRAGLOTTIC LARYNGECTOMY including tracheostomy							
	ALL STATES: FEE \$830.00 (1/8/86 FEE LEVEL)							
	ANAESTHETIC 21 UNITS—ITEM NOS 465G/535S							
5508	LARYNGOPHARYNGECTOMY or PRIMARY RESTORATION OF ALIMENTARY CONTINUITY after laryngopharyngectomy USING STOMACH OR BOWEL							
	ALL STATES: FEE \$705.00							
	ANAESTHETIC 20 UNITS—ITEM NOS 464G/533S							
5520	LARYNX, direct examination of the supraglottic, glottic and subglottic regions, not associated with any other procedure on the larynx nor with the administration of a general anaesthetic							
	ALL STATES: FEE \$98.00							
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
5524	LARYNX, direct examination of, with biopsy							
	FEE	\$	NSW 116.00	VIC 144.00	QLD 116.00	SA 116.00	WA 116.00	TAS 116.00
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
5530	LARYNX, direct examination of, WITH REMOVAL OF TUMOUR							
	FEE	\$	NSW 126.00	VIC 156.00	QLD 126.00	SA 126.00	WA 126.00	TAS 126.00
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S							

5534	<p>MICROLARYNGOSCOPY</p> <p>ALL STATES: FEE \$152.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
† 5538	<p>MICROLARYNGOSCOPY with removal of juvenile papillomata</p> <p>ALL STATES: FEE \$270.00 (1/8/86 FEE LEVEL)</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
† 5539	<p>MICROLARYNGOSCOPY with removal of papillomata by laser surgery</p> <p>ALL STATES: FEE \$330.00 (1/8/86 FEE LEVEL)</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
5540	<p>MICROLARYNGOSCOPY WITH REMOVAL OF TUMOUR</p> <p>ALL STATES: FEE \$215.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
† 5541	<p>MICROLARYNGOSCOPY with arytenoidectomy</p> <p>ALL STATES: FEE \$335.00 (1/8/86 FEE LEVEL)</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
5542	<p>TEFLON INJECTION INTO VOCAL CORD</p> <p>ALL STATES: FEE \$240.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
5545	<p>LARYNX, FRACTURED, operation for</p> <p>ALL STATES: FEE \$310.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
‡ 5556	<p>LARYNX, external operation on, OR LARYNGOFISSURE with or without cordectomy</p> <p>ALL STATES: FEE \$310.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>

† 5557	LARYNGOPLASTY or TRACHEOPLASTY, including tracheostomy  ALL STATES: FEE \$520.00 (1/8/86 FEE LEVEL)  ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S
5572 5598	TRACHEOSTOMY  G. ALL STATES: FEE \$97.00  S. ALL STATES: FEE \$126.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
5601	TRACHEA, removal of foreign body in  ALL STATES: FEE \$94.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
5605	BRONCHOSCOPY, as an independent procedure  ALL STATES: FEE \$94.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
5611	BRONCHOSCOPY with biopsy or other diagnostic or therapeutic procedure  ALL STATES: FEE \$124.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
5613	BRONCHUS, removal of foreign body in  ALL STATES: FEE \$194.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
5619	BRONCHOSCOPY with dilatation of tracheal stricture  ALL STATES: FEE \$130.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

## DIVISION 4—UROLOGICAL

5636	ADRENAL GLAND, biopsy or removal of	ALL STATES: FEE \$455.00	ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
5642	RENAL TRANSPLANT (not covered by Item 5644 or 5645)	ALL STATES: FEE \$780.00	ANAESTHETIC 24 UNITS—ITEM NOS 468G/539S
5644	RENAL TRANSPLANT, performed by vascular surgeon and urologist operating together—vascular anastomosis including aftercare	ALL STATES: FEE \$535.00	ANAESTHETIC 24 UNITS—ITEM NOS 468G/539S
5645	RENAL TRANSPLANT, performed by vascular surgeon and urologist operating together—ureterovesical anastomosis including aftercare	ALL STATES: FEE \$445.00	ANAESTHETIC 24 UNITS—ITEM NOS 468G/539S
5647	DONOR NEPHRECTOMY (cadaver) one or both kidneys	ALL STATES: FEE \$435.00	
5654	NEPHRECTOMY complete	ALL STATES: FEE \$410.00	
5661	S.	ALL STATES: FEE \$505.00	ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
5665	PARTIAL NEPHRECTOMY, NEPHRECTOMY complicated by previous surgery on the same kidney, or NEPHRO-URETERECTOMY	ALL STATES: FEE \$575.00	ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S

† 5667	<p>RADICAL NEPHRECTOMY with adrenalectomy and en bloc dissection of lymph glands</p> <p>ALL STATES: FEE \$740.00</p> <p>ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S</p>
5675	<p>NEPHRO-URETERECTOMY, COMPLETE, with bladder repair</p> <p>ALL STATES: FEE \$635.00</p> <p>ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S</p>
5679	<p>KIDNEY, FUSED, symphysiotomy for</p> <p>ALL STATES: FEE \$575.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
5683	<p>KIDNEY, EXPLORATION OF, WITH ANY PROCEDURE, not covered by any other item in this Part</p> <p>ALL STATES: FEE \$390.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
5691	<p>NEPHROLITHOTOMY OR PYEOLITHOTOMY</p> <p>ALL STATES: FEE \$505.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5699	<p>NEPHROLITHOTOMY OR PYEOLITHOTOMY—when complicated by previous surgery on the same kidney OR for large staghorn calculus filling renal pelvis and calyces</p> <p>ALL STATES: FEE \$580.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5705	<p>URETEROLITHOTOMY</p> <p>ALL STATES: FEE \$455.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
5715	<p>NEPHROSTOMY, nephrotomy or pyelostomy with drainage</p> <p>ALL STATES: FEE \$410.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>

		DIVISION 4—UROLOGICAL
5636		ADRENAL GLAND, biopsy or removal of ALL STATES: FEE \$455.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
5642		RENAL TRANSPLANT (not covered by Item 5644 or 5645) ALL STATES: FEE \$780.00 ANAESTHETIC 24 UNITS—ITEM NOS 468G/539S
5644		RENAL TRANSPLANT, performed by vascular surgeon and urologist operating together—vascular anastomosis including aftercare ALL STATES: FEE \$535.00 ANAESTHETIC 24 UNITS—ITEM NOS 468G/539S
5645		RENAL TRANSPLANT, performed by vascular surgeon and urologist operating together—ureterovesical anastomosis including aftercare ALL STATES: FEE \$445.00 ANAESTHETIC 24 UNITS—ITEM NOS 468G/539S
5647		DONOR NEPHRECTOMY (cadaver) one or both kidneys ALL STATES: FEE \$435.00
5654	G.	NEPHRECTOMY complete ALL STATES: FEE \$410.00
5661	S.	ALL STATES: FEE \$505.00 ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
5665		PARTIAL NEPHRECTOMY, NEPHRECTOMY complicated by previous surgery on the same kidney, or NEPHRO-URETERECTOMY ALL STATES: FEE \$575.00 ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S

5667	<p>RADICAL NEPHRECTOMY with adrenalectomy and en bloc dissection of lymph glands</p> <p>ALL STATES: FEE \$740.00</p> <p>ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S</p>
5675	<p>NEPHRO-URETERECTOMY, COMPLETE, with bladder repair</p> <p>ALL STATES: FEE \$635.00</p> <p>ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S</p>
5679	<p>KIDNEY, FUSED, symphysiotomy for</p> <p>ALL STATES: FEE \$575.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
5683	<p>KIDNEY, EXPLORATION OF, WITH ANY PROCEDURE, not covered by any other item in this Part</p> <p>ALL STATES: FEE \$390.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
5691	<p>NEPHROLITHOTOMY OR PYELOLITHOTOMY</p> <p>ALL STATES: FEE \$505.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5699	<p>NEPHROLITHOTOMY OR PYELOLITHOTOMY—when complicated by previous surgery on the same kidney OR for large staghorn calculus filling renal pelvis and calyces</p> <p>ALL STATES: FEE \$580.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5700	<p>† EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY and post-operative care for three days, including pre-operative consultation in hospital for assessment for lithotripsy</p> <p>ALL STATES: FEE \$390.00 (1/8/86 FEE LEVEL)</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>



5705	URETEROLITHOTOMY  ALL STATES: FEE \$455.00  ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
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5715	NEPHROSTOMY, nephrotomy or pyelostomy with drainage  ALL STATES: FEE \$410.00  ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
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5721	NEPHROPEXY, as an independent procedure  ALL STATES: FEE \$310.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
5724	RENAL CYST OR CYSTS, excision or unroofing of  ALL STATES: FEE \$365.00  ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
5726	RENAL BIOPSY (closed)  ALL STATES: FEE \$91.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
5729	PYONEPHROSIS, drainage of  ALL STATES: FEE \$188.00  ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
5732	PERINEPHRIC ABSCESS, drainage of  ALL STATES: FEE \$255.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
5734	PYELOPLASTY  ALL STATES: FEE \$505.00  ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S
5737	PYELOPLASTY, COMPLICATED by previous surgery on same kidney or by congenital kidney abnormality or by the operation being on a solitary kidney  ALL STATES: FEE \$575.00  ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S
5741	DIVIDED URETER, repair of  ALL STATES: FEE \$505.00  ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S

5744	REPAIR OF KIDNEY, WOUND OR INJURY  ALL STATES: FEE \$505.00  ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
5747	URETERECTOMY, COMPLETE OR PARTIAL, with bladder repair  ALL STATES: FEE \$410.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
5753	REPLACEMENT OF URETER BY BOWEL—unilateral  ALL STATES: FEE \$705.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
5757	REPLACEMENT OF URETER BY BOWEL—bilateral  ALL STATES: FEE \$930.00  ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S
5763	URETER (UNILATERAL), transplantation of, into skin  ALL STATES: FEE \$410.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
5769	URETERS (BILATERAL), transplantation of, into skin  ALL STATES: FEE \$505.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
5773	URETER (UNILATERAL), transplantation of, into bladder  ALL STATES: FEE \$455.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
5777	URETERS (BILATERAL), transplantation of, into bladder  ALL STATES: FEE \$575.00  ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S

5780	<p>URETER, transplantation of, into bladder with bladder plastic procedure (Boari flap)</p> <p>ALL STATES: FEE \$505.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5785	<p>URETER (UNILATERAL), transplantation of, into intestine</p> <p>ALL STATES: FEE \$505.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5792	<p>URETERS (BILATERAL), transplantation of, into intestine</p> <p>ALL STATES: FEE \$625.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
5799	<p>URETER, transplantation of, into other ureter</p> <p>ALL STATES: FEE \$505.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5804	<p>URETER (UNILATERAL), transplantation of, into isolated intestinal loop</p> <p>ALL STATES: FEE \$625.00</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 \$705.00</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 \$365.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
5816	<p>URETEROTOMY, with exploration or drainage for a tumour, as an independent procedure</p> <p>ALL STATES: FEE \$410.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>

5821	URETEROLYSIS, with or without repositioning of ureter, for retroperitoneal fibrosis, ovarian vein syndrome or similar condition—unilateral  ALL STATES: FEE \$410.00  ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S						
5827	URETEROLYSIS, with or without repositioning of ureter, for retroperitoneal fibrosis, ovarian vein syndrome or similar condition—bilateral  ALL STATES: FEE \$505.00  ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S						
5831	REDUCTION URETEROPLASTY, unilateral  ALL STATES: FEE \$390.00  ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S						
5836	REDUCTION URETEROPLASTY, bilateral  ALL STATES: FEE \$505.00  ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S						
5837	CLOSURE OF CUTANEOUS URETEROSTOMY—unilateral  ALL STATES: FEE \$245.00  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 15.60	VIC 17.20	QLD 15.60	SA 15.60	WA 17.20  TAS 15.20  ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
5845	FEE	\$	NSW 78.00	VIC 76.00	QLD 76.00	SA 76.00	WA 76.00  TAS 76.00  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

## PART 10—OPERATIONS

## DIVISION 4—UROLOGICAL

5780	<p>URETER, transplantation of, into bladder with bladder plastic procedure (Boari flap)</p> <p>ALL STATES: FEE \$505.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5785	<p>URETER (UNILATERAL), transplantation of, into intestine</p> <p>ALL STATES: FEE \$505.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5792	<p>URETERS (BILATERAL), transplantation of, into intestine</p> <p>ALL STATES: FEE \$625.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
5799	<p>URETER, transplantation of, into other ureter</p> <p>ALL STATES: FEE \$505.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
5804	<p>URETER (UNILATERAL), transplantation of, into isolated intestinal loop</p> <p>ALL STATES: FEE \$625.00</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 \$705.00</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 \$365.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
5816	<p>URETEROTOMY, with exploration or drainage for a tumour, as an independent procedure</p> <p>ALL STATES: FEE \$410.00</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 or similar condition—unilateral</p> <p>ALL STATES: FEE \$410.00</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 or similar condition—bilateral</p> <p>ALL STATES: FEE \$505.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>																		
5831	<p>REDUCTION URETEROPLASTY, unilateral</p> <p>ALL STATES: FEE \$390.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>																		
5836	<p>REDUCTION URETEROPLASTY, bilateral</p> <p>ALL STATES: FEE \$505.00</p> <p>ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S</p>																		
5837	<p>CLOSURE OF CUTANEOUS URETEROSTOMY—unilateral</p> <p>ALL STATES: FEE \$245.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>																		
5840	<p style="text-align: center;"><b>OPERATIONS ON THE BLADDER (CLOSED)</b></p> <p>BLADDER, catheterisation of—where no other surgical procedure is performed</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 5%;"></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></td> <td>15.60</td> <td>17.20</td> <td>15.60</td> <td>15.60</td> <td>17.20</td> <td>15.20</td> </tr> </tbody> </table> <p>ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S</p>				NSW	VIC	QLD	SA	WA	TAS	FEE	\$		15.60	17.20	15.60	15.60	17.20	15.20
			NSW	VIC	QLD	SA	WA	TAS											
FEE	\$		15.60	17.20	15.60	15.60	17.20	15.20											
5841	<p>† CYTOSCOPY and URETEROSCOPY with or without PYELOSCOPY including, where performed, ureteric meatotomy or dilatation of the ureter (not associated with a service covered by Items 5842 to 5888)</p> <p>ALL STATES: FEE \$225.00</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>																		

† CYSTOSCOPY and URETEROSCOPY with or without PYELOSCOPY including, where performed, ureteric meatotomy or dilatation of the ureter with one or more of the following procedures in the ureter or renal pelvis—biopsy, diathermy, calculus extraction (not associated with a service covered by Item 5841 and Items 5843 to 5888)

5842 ALL STATES: FEE \$300.00

ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

† CYTOSCOPY and URETEROSCOPY with or without PYELOSCOPY including, where performed, ureteric meatotomy or dilatation of the ureter with ultrasonic or electrohydraulic pulse disintegration of stone in the ureter or renal pelvis (not associated with Items 5841, 5842 and 5845 to 5888)

5843 ALL STATES: FEE \$375.00

ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

CYSTOSCOPY, with or without urethral dilatation

		NSW	VIC	QLD	SA	WA	TAS
5845	FEE	\$ 78.00	76.00	76.00	76.00	76.00	76.00

ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S



5851	<p>CYSTOSCOPY, with ureteric catheterisation, with or without introduction of opaque medium</p> <table border="0"> <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 style="text-align: right;">FEE</td> <td style="text-align: right;">\$</td> <td></td> <td style="text-align: right;">102.00</td> <td style="text-align: right;">116.00</td> <td style="text-align: right;">102.00</td> <td style="text-align: right;">102.00</td> <td style="text-align: right;">102.00</td> <td style="text-align: right;">102.00</td> </tr> </table> <p style="text-align: center;">ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>				NSW	VIC	QLD	SA	WA	TAS	FEE	\$		102.00	116.00	102.00	102.00	102.00	102.00
			NSW	VIC	QLD	SA	WA	TAS											
FEE	\$		102.00	116.00	102.00	102.00	102.00	102.00											
5853	<p>CYSTOSCOPY, with controlled hydro-dilatation of the bladder</p> <p style="text-align: center;">ALL STATES: FEE \$126.00</p> <p style="text-align: center;">ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>																		
5861	<p>ASCENDING CYSTO-URETHROGRAPHY</p> <p style="text-align: center;">ALL STATES: FEE \$51.00</p> <p style="text-align: center;">ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>																		
5864	<p>CYSTOSCOPIO REMOVAL OF FOREIGN BODY</p> <p style="text-align: center;">ALL STATES: FEE \$152.00</p> <p style="text-align: center;">ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>																		
5868	<p>CYSTOSCOPY, with biopsy of bladder tumours</p> <p style="text-align: center;">ALL STATES: FEE \$126.00</p> <p style="text-align: center;">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 style="text-align: center;">ALL STATES: FEE \$178.00</p> <p style="text-align: center;">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 style="text-align: center;">ALL STATES: FEE \$380.00</p> <p style="text-align: center;">ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>																		

5878	CYSTOSCOPY, with ureteric meatotomy or with resection of ureterocele		ALL STATES: FEE \$144.00		ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S															
5881	CYSTOSCOPY WITH ENDOSCOPIC RESECTION OF BLADDER NECK or CYSTOSCOPY WITH ENDOSCOPIC INCISION OF BLADDER NECK or BOTH OF THESE PROCEDURES		ALL STATES: FEE \$255.00		ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S															
5883	ENDOSCOPIC EXTERNAL SPHINCTEROTOMY for neurogenic bladder neck obstruction not associated with Item 5881		ALL STATES: FEE \$255.00		ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S															
5885	CYSTOSCOPY, with endoscopic removal or manipulation of ureteric calculus		<table border="0"> <thead> <tr> <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>188.00</td> <td>235.00</td> <td>188.00</td> <td>188.00</td> <td>188.00</td> <td>188.00</td> </tr> </tbody> </table>			NSW	VIC	QLD	SA	WA	TAS	FEE \$	188.00	235.00	188.00	188.00	188.00	188.00	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S	
	NSW	VIC	QLD	SA	WA	TAS														
FEE \$	188.00	235.00	188.00	188.00	188.00	188.00														
5888	LITHOLAPAXY, with or without cystoscopy		ALL STATES: FEE \$255.00		ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S															
<b>OPERATIONS ON THE BLADDER (OPEN)</b>																				
5891	G.	BLADDER, repair of rupture of, or partial excision of, or plastic repair of		ALL STATES: FEE \$310.00																
5894	S.			ALL STATES: FEE \$380.00																
				ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S																
5897	G.	CYSTOSTOMY OR CYSTOTOMY, suprapubic (not covered by Item 5903)		ALL STATES: FEE \$188.00																
5901	S.			ALL STATES: FEE \$235.00																
				ANAESTHETIC 3 UNITS—ITEM NOS 409G/517S																

5903	SUPRAPUBIC STAB CYSTOTOMY  ALL STATES: FEE \$43.50  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
5905	BLADDER, total excision of  ALL STATES: FEE \$575.00  ANAESTHETIC 29 UNITS—ITEM NOS 473G/544S
5916	BLADDER NECK CONTRACTURE, operation for  ALL STATES: FEE \$380.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
5919	BLADDER TUMOURS, suprapubic diathermy of  ALL STATES: FEE \$380.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
5929	DIVERTICULUM OF BLADDER, excision or obliteration of  ALL STATES: FEE \$410.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
5935	VESICAL FISTULA, cutaneous, operation for  ALL STATES: FEE \$235.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
5941	VESICO-VAGINAL FISTULA, closure of, by abdominal approach  ALL STATES: FEE \$455.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
5947	VESICO-COLIC FISTULA, closure of, excluding bowel resection  ALL STATES: FEE \$365.00  ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S

5956	VESICO-RECTAL FISTULA, closure of  ALL STATES: FEE \$410.00  ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S														
5964	BLADDER ASPIRATION by needle  ALL STATES: FEE \$25.50														
5968	CYSTOTOMY, with removal of calculus, as an independent procedure <sup>1</sup>  ALL STATES: FEE \$255.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S														
5977	URETHROPEXY (Marshall-Marchetti operation)  ALL STATES: FEE \$365.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S														
5981	BLADDER ENLARGEMENT using intestine or segment of bowel  ALL STATES: FEE \$930.00  ANAESTHETIC 23 UNITS—ITEM NOS 467G/538S														
5984	CORRECTION OF VESICO-URETERIC REFLUX—operation for—unilateral  ALL STATES: FEE \$505.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S														
5993	CORRECTION OF VESICO-URETERIC REFLUX—operation for—bilateral  ALL STATES: FEE \$625.00  ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S														
6001	<b>OPERATIONS ON THE PROSTATE</b> PROSTATECTOMY (suprapubic, perineal or retropubic)  <table border="0"> <thead> <tr> <th>FEE</th> <th>NSW</th> <th>VIC</th> <th>QLD</th> <th>SA</th> <th>WA</th> <th>TAS</th> </tr> </thead> <tbody> <tr> <td>\$</td> <td>575.00</td> <td>575.00</td> <td>535.00</td> <td>535.00</td> <td>535.00</td> <td>535.00</td> </tr> </tbody> </table> ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S	FEE	NSW	VIC	QLD	SA	WA	TAS	\$	575.00	575.00	535.00	535.00	535.00	535.00
FEE	NSW	VIC	QLD	SA	WA	TAS									
\$	575.00	575.00	535.00	535.00	535.00	535.00									

		NSW	VIC	QLD	SA	WA	TAS
6005	PROSTATECTOMY (endoscopic), with or without cystoscopy  FEE \$ 535.00 600.00 535.00 535.00 535.00 535.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S						
6010	MEDIAN BAR, endoscopic resection of, with or without cystoscopy  ALL STATES: FEE \$255.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S						
6017	PROSTATE, total excision of  ALL STATES: FEE \$630.00  ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S						
6022	PROSTATE, OPEN PERINEAL BIOPSY OF  ALL STATES: FEE \$156.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S						
6027	PROSTATE, biopsy of, endoscopic, with or without cystoscopy  ALL STATES: FEE \$235.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S						
6030	PROSTATE, needle biopsy of, or injection into  ALL STATES: FEE \$76.00  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S						
6033	PROSTATIC ABSCESS, retropubic or endoscopic drainage of  ALL STATES: FEE \$255.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S						

OPERATIONS ON URETHRA, PENIS OR SCROTUM																	
6036	<p>URETHRAL SOUNDS, passage of, as an independent procedure</p> <p>ALL STATES: FEE \$25.50</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>																
6039	<p>URETHRAL STRICTURE, dilatation of</p> <table> <thead> <tr> <th>FEE</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></td> <td></td> <td>43.50</td> <td>41.00</td> <td>43.50</td> <td>43.50</td> <td>43.50</td> <td>43.50</td> </tr> </tbody> </table> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>	FEE	\$	NSW	VIC	QLD	SA	WA	TAS			43.50	41.00	43.50	43.50	43.50	43.50
FEE	\$	NSW	VIC	QLD	SA	WA	TAS										
		43.50	41.00	43.50	43.50	43.50	43.50										
6041	<p>URETHRA, repair of RUPTURE OF</p> <p>ALL STATES: FEE \$505.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>																
6044	<p>URETHRAL FISTULA, closure of</p> <p>ALL STATES: FEE \$152.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>																
6047	<p>URETHROSCOPY, as an independent procedure</p> <p>ALL STATES: FEE \$78.00</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>																
6053	<p>URETHROSCOPY with diathermy of tumour</p> <p>ALL STATES: FEE \$178.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>																
6056	<p>URETHROSCOPY with removal of stone or foreign body</p> <p>ALL STATES: FEE \$126.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>																

‡  6005	PROSTATECTOMY (endoscopic), with or without cystoscopy and including services covered by Item 6039, 6061, 6066 or 6069  <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></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 style="text-align: right;">FEE</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">535.00</td> <td style="text-align: right;">600.00</td> <td style="text-align: right;">535.00</td> <td style="text-align: right;">535.00</td> <td style="text-align: right;">535.00</td> <td style="text-align: right;">535.00</td> <td style="text-align: right;">535.00</td> </tr> </tbody> </table> ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S				NSW	VIC	QLD	SA	WA	TAS	FEE	\$	535.00	600.00	535.00	535.00	535.00	535.00	535.00
			NSW	VIC	QLD	SA	WA	TAS											
FEE	\$	535.00	600.00	535.00	535.00	535.00	535.00	535.00											
6010	MEDIAN BAR, endoscopic resection of, with or without cystoscopy  ALL STATES: FEE \$255.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S																		
6017	PROSTATE, total excision of  ALL STATES: FEE \$630.00  ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S																		
6022	PROSTATE, OPEN PERINEAL BIOPSY OF  ALL STATES: FEE \$156.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S																		
6027	PROSTATE, biopsy of, endoscopic, with or without cystoscopy  ALL STATES: FEE \$235.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S																		
6030	PROSTATE, needle biopsy of, or injection into  ALL STATES: FEE \$76.00  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S																		
6033	PROSTATIC ABSCESS, retropubic or endoscopic drainage of  ALL STATES: FEE \$255.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S																		

## OPERATIONS ON URETHRA, PENIS OR SCROTUM

URETHRAL SOUNDS, passage of, as an independent procedure

6036

ALL STATES: FEE \$25.50

ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

URETHRAL STRICTURE, dilatation of

6039

FEE	\$	NSW	VIC	QLD	SA	WA	TAS
		43.50	41.00	43.50	43.50	43.50	43.50

ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

URETHRA, repair of RUPTURE OF

6041

ALL STATES: FEE \$505.00

ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S

URETHRAL FISTULA, closure of

6044

ALL STATES: FEE \$152.00

ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

URETHROSCOPY, as an independent procedure

6047

ALL STATES: FEE \$78.00

ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

URETHROSCOPY with diathermy of tumour

6053

ALL STATES: FEE \$178.00

ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

URETHROSCOPY with removal of stone or foreign body

6056

ALL STATES: FEE \$126.00

ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S



6061	URETHRA, examination of, involving the use of an urethroscope, with cystoscopy  ALL STATES: FEE \$94.00  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
6066	URETHRAL MEATOTOMY, EXTERNAL  ALL STATES: FEE \$51.00  ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
6069	URETHROTOMY, external or internal  ALL STATES: FEE \$126.00  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
6077	URETHRECTOMY, partial or complete, for removal of tumour  ALL STATES: FEE \$365.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
6079	URETHRO-VAGINAL FISTULA, closure of  ALL STATES: FEE \$310.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
6083	URETHRO-RECTAL FISTULA, closure of  ALL STATES: FEE \$410.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
6086	URETHROPLASTY—single stage operation  ALL STATES: FEE \$410.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
6089	URETHROPLASTY—two stage operation—first stage  ALL STATES: FEE \$380.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S

6092	<p>URETHROPLASTY—two stage operation—second stage</p> <p>ALL STATES: FEE \$380.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
6095	<p>URETHROPLASTY, not covered by any other item in this Part</p> <p>ALL STATES: FEE \$152.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
6098	<p>HYPOSPADIAS, meatotomy and hemi-circumcision</p> <p>ALL STATES: FEE \$97.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
6105	<p>HYPOSPADIAS, correction of chordee</p> <p>ALL STATES: FEE \$200.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
6107	<p>HYPOSPADIAS, correction of chordee with transplantation of prepuce</p> <p>ALL STATES: FEE \$255.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
6110	<p>HYPOSPADIAS, urethral reconstruction for, with or without urinary diversion</p> <p>ALL STATES: FEE \$390.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
6118	<p>HYPOSPADIAS, urethral reconstruction and correction of chordee, complete, one stage including urinary diversion</p> <p>ALL STATES: FEE \$455.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
6122	<p>HYPOSPADIAS, secondary correction of</p> <p>ALL STATES: FEE \$152.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>

6061	URETHRA, examination of, involving the use of an urethroscope, with cystoscopy ALL STATES: FEE \$94.00 ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
6066	URETHRAL MEATOTOMY, EXTERNAL ALL STATES: FEE \$51.00 ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
6069	URETHROTOMY, external or internal ALL STATES: FEE \$126.00 ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
6077	URETHRECTOMY, partial or complete, for removal of tumour ALL STATES: FEE \$365.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
6079	URETHRO-VAGINAL FISTULA, closure of ALL STATES: FEE \$310.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
6083	URETHRO-RECTAL FISTULA, closure of ALL STATES: FEE \$410.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
6085	† PERI-URETHRAL TEFLON INJECTION for urinary incontinence including cystoscopy and urethroscopy ALL STATES: FEE \$138.00 ANAESTHETIC 5 UNITS—ITEM NOS 406G/513S
6086	URETHROPLASTY—single stage operation ALL STATES: FEE \$410.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
6089	URETHROPLASTY—two stage operation—first stage ALL STATES: FEE \$380.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S

6092	<p>URETHROPLASTY—two stage operation—second stage</p> <p>ALL STATES: FEE \$380.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
6095	<p>URETHROPLASTY, not covered by any other item in this Part</p> <p>ALL STATES: FEE \$152.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
6098	<p>HYPOSPADIAS, meatotomy and hemi-circumcision</p> <p>ALL STATES: FEE \$97.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
6105	<p>HYPOSPADIAS, correction of chordee</p> <p>ALL STATES: FEE \$200.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
6107	<p>HYPOSPADIAS, correction of chordee with transplantation of prepuce</p> <p>ALL STATES: FEE \$255.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
6110	<p>HYPOSPADIAS, urethral reconstruction for, with or without urinary diversion</p> <p>ALL STATES: FEE \$390.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
6118	<p>HYPOSPADIAS, urethral reconstruction and correction of chordee, complete, one stage including urinary diversion</p> <p>ALL STATES: FEE \$455.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
6122	<p>HYPOSPADIAS, secondary correction of</p> <p>ALL STATES: FEE \$152.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>

6130	<p>EPISPADIAS, repair of, not involving sphincter—each stage</p> <p>ALL STATES: FEE \$310.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
6135	<p>EPISPADIAS, repair of, INCLUDING BLADDER NECK CLOSURE</p> <p>ALL STATES: FEE \$505.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
6140	<p>URETHRA, diathermy of</p> <p>ALL STATES: FEE \$102.00</p> <p>ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S</p>
6146	<p>URETHRA, excision of prolapse of</p> <p>ALL STATES: FEE \$102.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
6152	<p>URETHRA, excision of diverticulum of</p> <p>ALL STATES: FEE \$255.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
6157	<p>URETHRA, operation for correction of male urinary incontinence</p> <p>ALL STATES: FEE \$410.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
6162	<p>PRIAPISM, decompression operation for, under general anaesthesia</p> <p>ALL STATES: FEE \$43.50</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
6166	<p>PRIAPISM, decompression shunt, operation for</p> <p>ALL STATES: FEE \$410.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>

6175	URETHRAL VALVES OF URETHRAL MEMBRANE, endoscopic, resection of  ALL STATES: FEE \$200.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
6179	PENIS, partial amputation of  ALL STATES: FEE \$255.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
6184	PENIS, complete or radical amputation of  ALL STATES: FEE \$505.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
6189	PENIS, repair of laceration or fracture involving cavernous tissue  ALL STATES: FEE \$255.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
6194	PENIS, repair of avulsion  ALL STATES: FEE \$505.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
6199	PENIS, Peyronie's disease, injection procedure for  ALL STATES: FEE \$25.50
6204	PENIS, Peyronie's disease, operation for  ALL STATES: FEE \$255.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
6208	PENIS, plastic implantation of  ALL STATES: FEE \$365.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

6210	PENIS, lengthening of by translocation of corpora, as an independent procedure  ALL STATES: FEE \$410.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
6212	SCROTUM, partial excision of  ALL STATES: FEE \$156.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
<b>OPERATIONS ON TESTES, VASA OR SEMINAL VESICLES</b>	
6218	TESTICULAR BIOPSY  ALL STATES: FEE \$102.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
6221	SPERMATOCELE OR EPIDIDYMAL CYSTS, excision of  G. ALL STATES: FEE \$124.00
6224	S. ALL STATES: FEE \$152.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
6228	EXPLORATION OF THE TESTIS, with or without fixation for torsion  ALL STATES: FEE \$152.00  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
6231	RETROPERITONEAL LYMPH NODE DISSECTION following orchidectomy (unilateral)  ALL STATES: FEE \$470.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
6232	RETROPERITONEAL LYMPH NODE DISSECTION following nephrectomy for tumour  ALL STATES: FEE \$360.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S

6299	<p>CLITORIS, amputation of</p> <p>ALL STATES: FEE \$146.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
6302	<p>VULVECTOMY (SIMPLE), VULVOPLASTY OR LABIOPLASTY</p> <p>ALL STATES: FEE \$190.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
6306	<p>VULVECTOMY (RADICAL)</p> <p>ALL STATES: FEE \$640.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
6308	<p>PELVIC LYMPH GLANDS, excision of (radical)</p> <p>ALL STATES: FEE \$370.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
6313	<p>VAGINA, DILATATION OF, as an independent procedure including any associated consultation</p> <p>ALL STATES: FEE \$23.50</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 \$116.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
6325	<p>VAGINA, partial or complete removal of</p> <p>ALL STATES: FEE \$370.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
6327	<p>VAGINAL RECONSTRUCTION for congenital absence, gynatresia or urogenital sinus</p> <p>ALL STATES: FEE \$370.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>



6210	PENIS, lengthening of by translocation of corpora, as an independent procedure  ALL STATES: FEE \$410.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
6212	SCROTUM, partial excision of  ALL STATES: FEE \$156.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
<b>OPERATIONS ON TESTES, VASA OR SEMINAL VESICLES</b>	
6218	TESTICULAR BIOPSY  ALL STATES: FEE \$102.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
6221	SPERMATOCELE OR EPIDIDYMAL CYSTS, excision of G. ALL STATES: FEE \$124.00
6224	S. ALL STATES: FEE \$152.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
6228	EXPLORATION OF THE TESTIS, with or without fixation for torsion  ALL STATES: FEE \$152.00  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
6231	RETROPERITONEAL LYMPH NODE DISSECTION following orchidectomy (unilateral)  ALL STATES: FEE \$470.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
6232	‡ RETROPERITONEAL LYMPH NODE DISSECTION following nephrectomy for tumour, not associated with Item 5667  ALL STATES: FEE \$360.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S

6236	<p>EPIDIDYMECTOMY</p> <p>ALL STATES: FEE \$172.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
6245	<p>VASO-VASOSTOMY or VASO-EPIDIDYMOSTOMY, unilateral, using operating microscope</p> <p>ALL STATES: FEE \$395.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
6246	<p>VASOEPIDIDYMOGRAPHY and VASOVESICULOGRAPHY, PREPARATION FOR, BY OPEN OPERATION, as an independent procedure</p> <p>ALL STATES: FEE \$102.00</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>
6247	<p>VASO-VASOSTOMY OR VASO-EPIDIDYMOSTOMY (unilateral)</p> <p>ALL STATES: FEE \$260.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
6249	<p>VASOTOMY OR VASECTOMY (unilateral or bilateral)</p> <p>G. ALL STATES: FEE \$102.00</p>
6253	<p>S. ALL STATES: FEE \$126.00</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>
6258	<p style="text-align: center;"><b>DIVISION 5—GYNAECOLOGICAL</b></p> <p>GYNAECOLOGICAL EXAMINATION UNDER ANAESTHESIA, not associated with any other item in this Part</p> <p>ALL STATES: FEE \$44.00</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>
6262	<p>INTRA-UTERINE CONTRACEPTIVE DEVICE, INTRODUCTION OF, not associated with any other item in this Part</p> <p>ALL STATES: FEE \$29.00</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>

6264	INTRA-UTERINE CONTRACEPTIVE DEVICE, REMOVAL OF UNDER GENERAL ANAESTHESIA, not associated with any other item in this Part	ALL STATES: FEE \$29.00	ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
6271	HYMENECTOMY	ALL STATES: FEE \$48.50	ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
6274	BARTHOLIN'S CYST, excision of	ALL STATES: FEE \$97.00	
6277	S.	ALL STATES: FEE \$120.00	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
6278	BARTHOLIN'S CYST OR GLAND, marsupialisation of	ALL STATES: FEE \$63.00	
6280	S.	ALL STATES: FEE \$79.00	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
6284	BARTHOLIN'S ABSCESS, incision of	ALL STATES: FEE \$31.50	ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S
6290	URETHRA OR URETHRAL CARUNCLE, cauterisation of	ALL STATES: FEE \$31.50	ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
6292	URETHRAL CARUNCLE, excision of	ALL STATES: FEE \$63.00	
6296	S.	ALL STATES: FEE \$79.00	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

6299	<p>CLITORIS, amputation of</p> <p>ALL STATES: FEE \$146.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
6302	<p>VULVECTOMY (SIMPLE), VULVOPLASTY OR LABIOPLASTY</p> <p>ALL STATES: FEE \$190.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
6306	<p>VULVECTOMY (RADICAL)</p> <p>ALL STATES: FEE \$640.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
6308	<p>PELVIC LYMPH GLANDS, excision of (radical)</p> <p>ALL STATES: FEE \$370.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
6313	<p>VAGINA, DILATATION OF, as an independent procedure including any associated consultation</p> <p>ALL STATES: FEE \$23.50</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 \$116.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
6325	<p>VAGINA, partial or complete removal of</p> <p>ALL STATES: FEE \$370.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
6327	<p>VAGINAL RECONSTRUCTION for congenital absence, gynatresia or urogenital sinus</p> <p>ALL STATES: FEE \$370.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>

6264	<p>INTRA-UTERINE CONTRACEPTIVE DEVICE, REMOVAL OF UNDER GENERAL ANAESTHESIA, not associated with any other item in this Part</p> <p>ALL STATES: FEE \$29.00</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>
6271	<p>HYMENECTOMY</p> <p>ALL STATES: FEE \$48.50</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>
6274 G. 6277 S.	<p>BARTHOLIN'S CYST, excision of</p> <p>ALL STATES: FEE \$97.00</p> <p>ALL STATES: FEE \$120.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
6278 G. 6280 S.	<p>BARTHOLIN'S CYST OR GLAND, marsupialisation of</p> <p>ALL STATES: FEE \$63.00</p> <p>ALL STATES: FEE \$79.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
6284	<p>BARTHOLIN'S ABSCESS, incision of</p> <p>ALL STATES: FEE \$31.50</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>
6290	<p>URETHRA OR URETHRAL CARUNCLE, cauterisation of</p> <p>ALL STATES: FEE \$31.50</p> <p>ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S</p>
6292 G. 6296 S.	<p>URETHRAL CARUNCLE, excision of</p> <p>ALL STATES: FEE \$63.00</p> <p>ALL STATES: FEE \$79.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>

‡ 6299	CLITORIS, amputation of, where medically indicated  ALL STATES: FEE \$146.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
‡ 6302	VULVECTOMY (SIMPLE), VULVOPLASTY OR LABIOPLASTY, where medically indicated  ALL STATES: FEE \$190.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
6306	VULVECTOMY (RADICAL)  ALL STATES: FEE \$640.00  ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S
6308	PELVIC LYMPH GLANDS, excision of (radical)  ALL STATES: FEE \$370.00  ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S
6313	VAGINA, DILATATION OF, as an independent procedure including any associated consultation  ALL STATES: FEE \$23.50  ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
6321	VAGINA, removal of simple tumour (including Gartner duct cyst)  ALL STATES: FEE \$116.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
6325	VAGINA, partial or complete removal of  ALL STATES: FEE \$370.00  ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
6327	VAGINAL RECONSTRUCTION for congenital absence, gynatresia or urogenital sinus  ALL STATES: FEE \$370.00  ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S

6332	VAGINAL SEPTUM, excision of, for correction of double vagina								
	ALL STATES: FEE \$215.00								
	ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S								
6336	PLASTIC REPAIR TO ENLARGE VAGINAL ORIFICE								
	ALL STATES: FEE \$87.00								
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S								
6342	‡ COLPOTOMY—not covered by any other item in this Part								
	ALL STATES: FEE \$67.00								
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S								
6347	ANTERIOR VAGINAL REPAIR OR POSTERIOR VAGINAL REPAIR (involving repair of rectocele or enterocele or both) not covered by Item 6358, 6363, 6367 or 6373								
	G.	FEE	\$	NSW 188.00	VIC 158.00	QLD 158.00	SA 158.00	WA 158.00	TAS 158.00
6352	S.	FEE	\$	230.00	198.00	198.00	198.00	198.00	198.00
	ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S								
6358	ANTERIOR VAGINAL REPAIR AND POSTERIOR VAGINAL REPAIR (involving repair of rectocele or enterocele or both) not covered by Item 6367 or 6373								
	G.	ALL STATES: FEE \$230.00							
6363	S.	ALL STATES: FEE \$290.00							
	ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S								
6367	DONALD-FOTHERGILL OR MANCHESTER OPERATION FOR GENITAL PROLAPSE								
	G.	ALL STATES: FEE \$275.00							
6373	S.	FEE	\$	NSW 345.00	VIC 345.00	QLD 345.00	SA 345.00	WA 365.00	TAS 345.00
	ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S								

6389	<p>URETHROCELE, operation for</p> <p>ALL STATES: FEE \$95.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
6396	<p>Operation involving ABDOMINAL APPROACH for repair of ENTEROCELE OR SUSPENSION OF VAGINAL VAULT OR ENTEROCELE AND SUSPENSION OF VAGINAL VAULT</p> <p>ALL STATES: FEE \$290.00</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 \$370.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
6406	<p>STRESS INCONTINENCE, sling operation for</p> <p>ALL STATES: FEE \$365.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
6407	<p>STRESS INCONTINENCE, combined synchronous ABDOMINO-VAGINAL operation for; abdominal procedure (including after-care)</p> <p>ALL STATES: FEE \$365.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
6408	<p>STRESS INCONTINENCE, combined synchronous ABDOMINO-VAGINAL operation for; vaginal procedure (including after-care)</p> <p>ALL STATES: FEE \$198.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
6411	<p>CERVIX, cauterisation (other than by chemical means), ionisation, diathermy or biopsy of, with or without removal of cervical polyp, and with or without dilatation of cervix</p> <p>ALL STATES: FEE \$34.50</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>



6415 EXAMINATION OF LOWER FEMALE GENITAL TRACT by a Hinselmann-type colposcope in a patient with a previous abnormal cervical smear or a history of maternal ingestion of oestrogen or where a patient, because of suspicious signs of cancer, has been referred by another medical practitioner

ALL STATES: FEE \$34.50

ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

6430 G. CERVIX, cone biopsy, amputation or repair of, not covered by Item 6367 or 6373

ALL STATES: FEE \$94.00

6431 S. ALL STATES: FEE \$116.00

ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

6446 CERVIX, dilatation of, under general anaesthesia, not covered by Item 6460, 6464 or 6469

ALL STATES: FEE \$44.00

ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

6451 HYSTEROSCOPY under general anaesthesia or CULDOSCOPY

ALL STATES: FEE \$58.00

ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

6460 G. UTERUS, CURETTAGE OF, under general anaesthesia, with or without dilatation (including curettage for incomplete miscarriage)

ALL STATES: FEE \$73.00

6464	S. FEE	\$	NSW 94.00	VIC 99.00	QLD 94.00	SA 94.00	WA 94.00	TAS 94.00
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ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

6469 EVACUATION OF THE CONTENTS OF THE GRAVID UTERUS BY CURETTAGE OR SUCTION CURETTAGE not covered by Item 6460/6464

ALL STATES: FEE \$118.00

ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

6483	UTERUS, CURETTAGE OF, with COLPOSCOPY, CERVICAL BIOPSY and RADICAL DIATHERMY  ALL STATES: FEE \$158.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
6508	HYSTEROTOMY or UTERINE MYOMECTOMY  ALL STATES: FEE \$290.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
6513	HYSTERECTOMY, SUB-TOTAL or TOTAL, by any route G. ALL STATES: FEE \$290.00
6517	S. ALL STATES: FEE \$365.00  ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
6532	HYSTERECTOMY, ABDOMINAL, with enucleation of ovarian cyst, one or both sides G. ALL STATES: FEE \$380.00
6533	S. ALL STATES: FEE \$485.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
6536	HYSTERECTOMY AND DISSECTION OF PELVIC GLANDS  ALL STATES: FEE \$610.00  ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S
6542	RADICAL HYSTERECTOMY WITHOUT GLAND DISSECTION  ALL STATES: FEE \$440.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
6544	HYSTERECTOMY, VAGINAL, with removal of UTERINE ADNEXAE  ALL STATES: FEE \$410.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S

	ECTOPIC GESTATION, removal of								
6553	G.	ALL STATES: FEE \$230.00							
6557	S.	ALL STATES: FEE \$290.00							
		ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S							
	BICORNUATE UTERUS, plastic reconstruction for								
6570		ALL STATES: FEE \$315.00							
		ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S							
	UTERUS, SUSPENSION OR FIXATION OF, as an independent procedure								
6585	G.	FEE	\$	NSW 190.00	VIC 190.00	QLD 174.00	SA 190.00	WA 174.00	TAS 174.00
6594	S.	FEE	\$	235.00	255.00	235.00	235.00	235.00	235.00
		ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
	STERILISATION BY TRANSECTION OR RESECTION OF FALLOPIAN TUBES, via abdominal or vaginal routes or via laparoscopy using diathermy or any other method								
6611	G.	ALL STATES: FEE \$178.00							
6612	S.	ALL STATES: FEE \$215.00							
		ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
	TUBOPLASTY (salpingostomy, salpingolysis or tubal implantation into uterus), UNILATERAL or BILATERAL								
6631		ALL STATES: FEE \$345.00							
		ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S							
	FALLOPIAN TUBES, unilateral microsurgical anastomosis of, using operating microscope								
6633		ALL STATES: FEE \$395.00							
		ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S							

6638		<p>RUBIN TEST FOR PATENCY OF FALLOPIAN TUBES, or hydrotubation of Fallopian tubes, as a non-repetitive procedure not associated with any other item in this Part</p> <p>ALL STATES: FEE \$36.50</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
6641		<p>FALLOPIAN TUBES, hydrotubation of, as a repetitive post-operative procedure</p> <p>ALL STATES: FEE \$23.50</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
6643	G.	<p>LAPAROTOMY, involving OOPHORECTOMY, SALPINGECTOMY, SALPINGO-OOPHORECTOMY, removal of OVARIAN, PAROVARIAN, FIMBRIAL or BROAD LIGAMENT CYST—one such procedure, not associated with hysterectomy</p> <p>ALL STATES: FEE \$196.00</p>
6644	S.	<p>ALL STATES: FEE \$245.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
6648	G.	<p>LAPAROTOMY, involving OOPHORECTOMY, SALPINGECTOMY, SALPINGO-OOPHORECTOMY, removal of OVARIAN, PAROVARIAN, FIMBRIAL or BROAD LIAGMENT CYST—two or more such procedures, unilateral or bilateral, not associated with hysterectomy</p> <p>ALL STATES: FEE \$235.00</p>
6649	S.	<p>ALL STATES: FEE \$295.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
6655		<p>RADICAL OR DEBULKING OPERATION for ovarian tumour including omentectomy</p> <p>ALL STATES: FEE \$365.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
6677	G.	<p>PELVIC ABSCESS, suprapubic drainage of</p> <p>ALL STATES: FEE \$196.00</p>
6681	S.	<p>ALL STATES: FEE \$245.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>

6415 EXAMINATION OF LOWER FEMALE GENITAL TRACT by a Hinselmann-type colposcope in a patient with a previous abnormal cervical smear or a history of maternal ingestion of oestrogen or where a patient, because of suspicious signs of cancer, has been referred by another medical practitioner

ALL STATES: FEE \$34.50

ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

6430 CERVIX, cone biopsy, amputation or repair of, not covered by Item 6367 or 6373

G. ALL STATES: FEE \$94.00

6431 S. ALL STATES: FEE \$116.00

ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

6446 CERVIX, dilatation of, under general anaesthesia, not covered by Item 6460, 6464 or 6469

ALL STATES: FEE \$44.00

ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

6451 HYSTEROSCOPY under general anaesthesia or CULDOSCOPY

ALL STATES: FEE \$58.00

ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

6460 UTERUS, CURETTAGE OF, under general anaesthesia, with or without dilatation (including curettage for incomplete miscarriage)

G. ALL STATES: FEE \$73.00

				NSW	VIC	QLD	SA	WA	TAS
6464	S.	FEE	\$	94.00	99.00	94.00	94.00	94.00	94.00

ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

6469 EVACUATION OF THE CONTENTS OF THE GRAVID UTERUS BY CURETTAGE OR SUCTION CURETTAGE not covered by Item 6460/6464

ALL STATES: FEE \$118.00

ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

## PART 10— OPERATIONS

## DIVISION 5— GYNAECOLOGICAL

6483	<p>UTERUS, CURETTAGE OF, with COLPOSCOPY, CERVICAL BIOPSY and RADICAL DIATHERMY</p> <p>ALL STATES: FEE \$158.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
6508	<p>HYSTEROTOMY or UTERINE MYOMECTOMY</p> <p>ALL STATES: FEE \$290.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
<p>‡</p> <p>6513</p> <p>6517</p>	<p>HYSTERECTOMY, ABDOMINAL, SUB-TOTAL or TOTAL, with or without removal of uterine adnexae or VAGINAL HYSTERECTOMY (with or without uterine curettage) not covered by Item 6544</p> <p>G. ALL STATES: FEE \$290.00</p> <p>S. ALL STATES: FEE \$365.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
<p>‡</p> <p>6532</p> <p>6533</p>	<p>HYSTERECTOMY, ABDOMINAL, with excision of ovarian, para-ovarian, broad ligament or other adnexal cyst or mass, one or more, with conservation of the ovaries</p> <p>G. ALL STATES: FEE \$380.00</p> <p>S. ALL STATES: FEE \$485.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
6536	<p>HYSTERECTOMY AND DISSECTION OF PELVIC GLANDS</p> <p>ALL STATES: FEE \$610.00</p> <p>ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S</p>
6542	<p>RADICAL HYSTERECTOMY WITHOUT GLAND DISSECTION</p> <p>ALL STATES: FEE \$440.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>

	ECTOPIC GESTATION, removal of							
6553	G.	ALL STATES: FEE \$230.00						
6557	S.	ALL STATES: FEE \$290.00						
		ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S						
	BICORNUATE UTERUS, plastic reconstruction for							
6570		ALL STATES: FEE \$315.00						
		ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S						
	UTERUS, SUSPENSION OR FIXATION OF, as an independent procedure							
6585	G. FEE	\$	NSW 190.00	VIC 190.00	QLD 174.00	SA 190.00	WA 174.00	TAS 174.00
6594	S. FEE	\$	235.00	255.00	235.00	235.00	235.00	235.00
		ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S						
	STERILISATION BY TRANSECTION OR RESECTION OF FALLOPIAN TUBES, via abdominal or vaginal routes or via laparoscopy using diathermy or any other method							
6611	G.	ALL STATES: FEE \$176.00						
6612	S.	ALL STATES: FEE \$215.00						
		ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S						
a	TUBOPLASTY (salpingostomy, salpingolysis or tubal implantation into uterus), UNILATERAL or BILATERAL							
6631		ALL STATES: FEE \$345.00						
		ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S						
	FALLOPIAN TUBES, unilateral microsurgical anastomosis of, using operating microscope							
6633		ALL STATES: FEE \$395.00						
		ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S						

6638	‡	HYDROTUBATION OF FALLOPIAN TUBES as a non-repetitive procedure not associated with any other item in this Part OR RUBIN TEST FOR PATENCY OF FALLOPIAN TUBES  ALL STATES: FEE \$36.50  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
6641		FALLOPIAN TUBES, hydrotubation of, as a repetitive post-operative procedure  ALL STATES: FEE \$23.50  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
6643	G.	LAPAROTOMY, involving OOPHORECTOMY, SALPINGECTOMY, SALPINGO-OOPHORECTOMY, removal of OVARIAN, PAROVARIAN, FIMBRIAL or BROAD LIGAMENT CYST—one such procedure, not associated with hysterectomy  ALL STATES: FEE \$196.00
6644	S.	ALL STATES: FEE \$245.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
6648	G.	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  ALL STATES: FEE \$235.00
6649	S.	ALL STATES: FEE \$295.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
6655		RADICAL OR DEBULKING OPERATION for ovarian tumour including omentectomy  ALL STATES: FEE \$365.00  ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S
6677	G.	PELVIC ABSCESS, suprapubic drainage of  ALL STATES: FEE \$196.00
6681	S.	ALL STATES: FEE \$245.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S



‡ 6544	<p>HYSTERECTOMY, VAGINAL (with or without uterine curettage) with salpingectomy, oophorectomy or excision of ovarian cyst, one or more, one or both sides</p> <p>ALL STATES: FEE \$410.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>																															
6553 6557	<p>ECTOPIC GESTATION, removal of</p> <p>G. ALL STATES: FEE \$230.00</p> <p>S. ALL STATES: FEE \$290.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>																															
6570	<p>BICORNUATE UTERUS, plastic reconstruction for</p> <p>ALL STATES: FEE \$315.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>																															
6585 6594	<p>UTERUS, SUSPENSION OR FIXATION OF, as an independent procedure</p> <table border="1" data-bbox="117 949 1150 1075"> <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>G. FEE</td> <td>\$</td> <td>190.00</td> <td>190.00</td> <td>174.00</td> <td>190.00</td> <td>174.00</td> <td>174.00</td> </tr> <tr> <td>S. FEE</td> <td>\$</td> <td>235.00</td> <td>255.00</td> <td>235.00</td> <td>235.00</td> <td>235.00</td> <td>235.00</td> </tr> </tbody> </table> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>										NSW	VIC	QLD	SA	WA	TAS	G. FEE	\$	190.00	190.00	174.00	190.00	174.00	174.00	S. FEE	\$	235.00	255.00	235.00	235.00	235.00	235.00
		NSW	VIC	QLD	SA	WA	TAS																									
G. FEE	\$	190.00	190.00	174.00	190.00	174.00	174.00																									
S. FEE	\$	235.00	255.00	235.00	235.00	235.00	235.00																									
6611 6612	<p>STERILISATION BY TRANSECTION OR RESECTION OF FALLOPIAN TUBES, via abdominal or vaginal routes or via laparoscopy using diathermy or any other method</p> <p>G. ALL STATES: FEE \$176.00</p> <p>S. ALL STATES: FEE \$215.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>																															
6631	<p>TUBOPLASTY (salpingostomy, salpingolysis or tubal implantation into uterus), UNILATERAL or BILATERAL</p> <p>ALL STATES: FEE \$345.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>																															

**PART 10—OPERATIONS****DIVISION 5—GYNAECOLOGICAL**

6633 FALLOPIAN TUBES, unilateral microsurgical anastomosis of, using operating microscope  
 ALL STATES: FEE \$395.00  
 ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S

6638 HYDROTUBATION OF FALLOPIAN TUBES as a non-repetitive procedure not associated with any other item in this Part OR RUBIN TEST FOR PATENCY OF FALLOPIAN TUBES  
 ALL STATES: FEE \$36.50  
 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

6641 FALLOPIAN TUBES, hydrotubation of, as a repetitive post-operative procedure  
 ALL STATES: FEE \$23.50  
 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

6643 G. LAPAROTOMY, involving OOPHORECTOMY, SALPINGECTOMY, SALPINGO-OOPHORECTOMY, removal of OVARIAN, PAROVARIAN, FIMBRIAL or BROAD LIGAMENT CYST—one such procedure, not associated with hysterectomy  
 ALL STATES: FEE \$196.00  
 6644 S. ALL STATES: FEE \$245.00  
 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S

6648 G. 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  
 ALL STATES: FEE \$235.00  
 6649 S. ALL STATES: FEE \$295.00  
 ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S

6655 RADICAL OR DEBULKING OPERATION for ovarian tumour including omentectomy  
 ALL STATES: FEE \$365.00  
 ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S

## DIVISION 6—OPHTHALMOLOGICAL

OPHTHALMOLOGICAL EXAMINATION under general anaesthesia, not associated with any other item in this Part

6686

ALL STATES: FEE \$54.00

ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

EYE, ENUCLEATION OF, with or without sphere implant

6688

ALL STATES: FEE \$255.00

ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

EYE, ENUCLEATION OF, with insertion of integrated implant

6692

ALL STATES: FEE \$320.00

ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S

GLOBE, EVISCERATION OF

6697

ALL STATES: FEE \$255.00

ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

GLOBE, EVISCERATION OF, AND INSERTION OF INTRASCLERAL BALL OR CARTILAGE

6699

ALL STATES: FEE \$320.00

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 \$188.00

ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S

ORBIT, SKIN GRAFT TO, as a delayed procedure

6703

ALL STATES: FEE \$108.00

ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

6705	<p>CONTRACTED SOCKET, RECONSTRUCTION INCLUDING MUCOUS MEMBRANE GRAFTING AND STENT MOULD</p> <p>ALL STATES: FEE \$215.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
6707	<p>ORBIT, EXPLORATION with or without biopsy, requiring REMOVAL OF BONE</p> <p>ALL STATES: FEE \$335.00</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 \$215.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
6715	<p>ORBIT, EXENTERATION OF, with or without skin graft and with or without temporalis muscle transplant</p> <p>ALL STATES: FEE \$440.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
6722	<p>ORBIT, EXPLORATION OF, with removal of tumour or foreign body, requiring removal of bone</p> <p>ALL STATES: FEE \$625.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
6724	<p>ORBIT, EXPLORATION OF, with removal of tumour or of foreign body</p> <p>ALL STATES: FEE \$265.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
6728	<p>EYEBALL, PERFORATING WOUND OF, not involving intraocular structures—repair involving suture of cornea or sclera, or both, not covered by Item 6807</p> <p>ALL STATES: FEE \$335.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>

6730	<p>EYEBALL, PERFORATING WOUND OF, with incarceration or prolapse of uveal tissue—repair</p> <p>ALL STATES: FEE \$390.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
6736	<p>EYEBALL, PERFORATING WOUND OF, with incarceration of lens or vitreous—repair</p> <p>ALL STATES: FEE \$545.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
6740	<p>INTRAOCULAR FOREIGN BODY, magnetic removal from anterior segment</p> <p>ALL STATES: FEE \$215.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
6742	<p>INTRAOCULAR FOREIGN BODY, nonmagnetic removal from anterior segment</p> <p>ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
6744	<p>INTRAOCULAR FOREIGN BODY, magnetic removal from posterior segment</p> <p>ALL STATES: FEE \$390.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
6747	<p>INTRAOCULAR FOREIGN BODY, nonmagnetic removal from posterior segment</p> <p>ALL STATES: FEE \$545.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
6752	<p>ABSCCESS (INTRAORBITAL), drainage of</p> <p>ALL STATES: FEE \$62.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
6754	<p>TARSAL CYST, extirpation of</p> <p>ALL STATES: FEE \$44.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>

6758	TARSAL CARTILAGE, excision of  ALL STATES: FEE \$245.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S																
6762	ECTROPION, tarsal cauterisation for  ALL STATES: FEE \$62.00																
6766	TARSORRHAPHY  ALL STATES: FEE \$146.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S																
6767	ELECTROLYSIS EPILATION for trichiasis, each treatment  <table border="0"> <thead> <tr> <th>FEE</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></td> <td></td> <td>27.50</td> <td>25.00</td> <td>25.00</td> <td>25.00</td> <td>25.00</td> <td>25.00</td> </tr> </tbody> </table> ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S	FEE	\$	NSW	VIC	QLD	SA	WA	TAS			27.50	25.00	25.00	25.00	25.00	25.00
FEE	\$	NSW	VIC	QLD	SA	WA	TAS										
		27.50	25.00	25.00	25.00	25.00	25.00										
6768	CANTHOPLASTY, medial or lateral  ALL STATES: FEE \$178.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S																
6772	LACRIMAL GLAND, excision of palpebral lobe  ALL STATES: FEE \$108.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S																
6774	LACRIMAL SAC, excision of, or operation on  ALL STATES: FEE \$265.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S																
6778	DACRYOCYSTORHINOSTOMY  ALL STATES: FEE \$370.00  ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S																

6730	<p>EYEBALL, PERFORATING WOUND OF, with incarceration or prolapse of uveal tissue—repair</p> <p>ALL STATES: FEE \$390.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
6736	<p>EYEBALL, PERFORATING WOUND OF, with incarceration of lens or vitreous—repair</p> <p>ALL STATES: FEE \$545.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
6740	<p>INTRAOCULAR FOREIGN BODY, magnetic removal from anterior segment</p> <p>ALL STATES: FEE \$215.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
6742	<p>INTRAOCULAR FOREIGN BODY, nonmagnetic removal from anterior segment</p> <p>ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
6744	<p>INTRAOCULAR FOREIGN BODY, magnetic removal from posterior segment</p> <p>ALL STATES: FEE \$390.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
6747	<p>INTRAOCULAR FOREIGN BODY, nonmagnetic removal from posterior segment</p> <p>ALL STATES: FEE \$545.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
6752	<p>ABSCESS (INTRAORBITAL), drainage of</p> <p>ALL STATES: FEE \$62.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
6754	<p>TARSAL CYST, extirpation of</p> <p>ALL STATES: FEE \$44.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>

6758	TARSAL CARTILAGE, excision of  ALL STATES: FEE \$245.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S																
6762	ECTROPION, tarsal cauterisation for  ALL STATES: FEE \$62.00																
6766	TARSORRHAPHY  ALL STATES: FEE \$146.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S																
6767	‡ CRYOTHERAPY or ELECTROLYSIS EPILATION for trichiasis, each treatment  <table border="0"> <thead> <tr> <th>FEE</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></td> <td></td> <td>27.50</td> <td>25.00</td> <td>25.00</td> <td>25.00</td> <td>25.00</td> <td>25.00</td> </tr> </tbody> </table> ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S	FEE	\$	NSW	VIC	QLD	SA	WA	TAS			27.50	25.00	25.00	25.00	25.00	25.00
FEE	\$	NSW	VIC	QLD	SA	WA	TAS										
		27.50	25.00	25.00	25.00	25.00	25.00										
6768	CANTHOPLASTY, medial or lateral  ALL STATES: FEE \$178.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S																
6772	LACRIMAL GLAND, excision of palpebral lobe  ALL STATES: FEE \$108.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S																
6774	LACRIMAL SAC, excision of, or operation on  ALL STATES: FEE \$265.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S																
6778	DACRYOCYSTORHINOSTOMY  ALL STATES: FEE \$370.00  ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S																



6786	†	CONJUNCTIVORHINOSTOMY including dacryocystorhinostomy and fashioning of conjunctival flaps  ALL STATES: FEE \$450.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S																
6792	‡	LACRIMAL CANALICULAR SYSTEM, establishment of patency by open operation  ALL STATES: FEE \$335.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S																
6796		LACRIMAL CANALICULUS, immediate repair of  ALL STATES: FEE \$245.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S																
6799		NASO-LACRIMAL DUCT, probing for obstruction, one or both ducts  <table border="0"> <thead> <tr> <th>FEE</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></td> <td></td> <td>76.00</td> <td>76.00</td> <td>52.00</td> <td>52.00</td> <td>52.00</td> <td>52.00</td> </tr> </tbody> </table> ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S	FEE	\$	NSW	VIC	QLD	SA	WA	TAS			76.00	76.00	52.00	52.00	52.00	52.00
FEE	\$	NSW	VIC	QLD	SA	WA	TAS											
		76.00	76.00	52.00	52.00	52.00	52.00											
6802		LACRIMAL PASSAGES, lavage of (excluding after-care)  ALL STATES: FEE \$25.50  ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S																
6805		PUNCTUM SNIP operation  <table border="0"> <thead> <tr> <th>FEE</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></td> <td></td> <td>72.00</td> <td>60.00</td> <td>43.50</td> <td>43.50</td> <td>43.50</td> <td>43.50</td> </tr> </tbody> </table> ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S	FEE	\$	NSW	VIC	QLD	SA	WA	TAS			72.00	60.00	43.50	43.50	43.50	43.50
FEE	\$	NSW	VIC	QLD	SA	WA	TAS											
		72.00	60.00	43.50	43.50	43.50	43.50											
6807		CONJUNCTIVAL PERITOMY OR REPAIR OF CORNEAL LACERATION by conjunctival flap  ALL STATES: FEE \$62.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S																

6810	<p>CONJUNCTIVAL GRAFT OVER CORNEA</p> <p>ALL STATES: FEE \$200.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
6818	<p>CORNEA OR SCLERA, removal of imbedded foreign body from (excluding after-care)</p> <p>ALL STATES: FEE \$38.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
6820	<p>CORNEAL SCARS, removal of, by partial keratectomy</p> <p>ALL STATES: FEE \$108.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
6824	<p>CORNEA, epithelial debridement for dendritic ulcer (excluding after-care)</p> <p>ALL STATES: FEE \$38.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
6828	<p>CORNEA, transplantation of, full thickness, including collection of implant</p> <p>ALL STATES: FEE \$705.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
6832	<p>CORNEA, transplantation of, superficial or lamellar, including collection of transplant</p> <p>ALL STATES: FEE \$475.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
6833	<p>† REFRACTIVE KERATOPLASTY (excluding radial keratotomy) following corneal grafting or intraocular operation INCLUDING ANY MEASUREMENTS AND CALCULATIONS associated with the procedure</p> <p>ALL STATES: FEE \$475.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>

6786	CONJUNCTIVORHINOSTOMY including dacryocystorhinostomy and fashioning of conjunctival flaps							
	ALL STATES: FEE \$450.00							
	ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S							
6792	LACRIMAL CANALICULAR SYSTEM, establishment of patency by open operation							
	ALL STATES: FEE \$335.00							
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
6796	LACRIMAL CANALICULUS, immediate repair of							
	ALL STATES: FEE \$245.00							
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
‡	LACRIMAL PASSAGES, probing for obstruction, unilateral or bilateral, with or without lavage							
6799	FEE	\$	NSW 76.00	VIC 76.00	QLD 52.00	SA 52.00	WA 52.00	TAS 52.00
	ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S							
‡	LACRIMAL PASSAGES, lavage of, unilateral, not associated with Item 6799 (excluding after-care)							
6802	ALL STATES: FEE \$25.50							
	ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S							
6805	PUNCTUM SNIP operation							
	FEE	\$	NSW 72.00	VIC 60.00	QLD 43.50	SA 43.50	WA 43.50	TAS 43.50
	ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S							
6807	CONJUNCTIVAL PERITOMY OR REPAIR OF CORNEAL LACERATION by conjunctival flap							
	ALL STATES: FEE \$62.00							
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							

6810	<p>CONJUNCTIVAL GRAFT OVER CORNEA</p> <p>ALL STATES: FEE \$200.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
6818	<p>CORNEA OR SCLERA, removal of imbedded foreign body from (excluding after-care)</p> <p>ALL STATES: FEE \$38.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
6820	<p>CORNEAL SCARS, removal of, by partial keratectomy</p> <p>ALL STATES: FEE \$108.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
6824	<p>CORNEA, epithelial debridement for dendritic ulcer (excluding after-care)</p> <p>ALL STATES: FEE \$38.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
6828	<p>CORNEA, transplantation of, full thickness, including collection of implant</p> <p>ALL STATES: FEE \$705.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
6832	<p>CORNEA, transplantation of, superficial or lamellar, including collection of transplant</p> <p>ALL STATES: FEE \$475.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
6833	<p>REFRACTIVE KERATOPLASTY (excluding radial keratotomy) following corneal grafting or intraocular operation INCLUDING ANY MEASUREMENTS AND CALCULATIONS associated with the procedure</p> <p>ALL STATES: FEE \$475.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>

**PART 10—OPERATIONS**

**DIVISION 6—OPHTHALMOLOGICAL**

6786 CONJUNCTIVORHINOSTOMY including dacryocystorhinostomy and fashioning of conjunctival flaps  
 ALL STATES: FEE \$450.00  
 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S

6792 LACRIMAL CANALICULAR SYSTEM, establishment of patency by open operation  
 ALL STATES: FEE \$335.00  
 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

6796 LACRIMAL CANALICULUS, immediate repair of  
 ALL STATES: FEE \$245.00  
 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

6799 LACRIMAL PASSAGES, probing for obstruction, unilateral or bilateral, with or without lavage

FEE	NSW	VIC	QLD	SA	WA	TAS
\$	76.00	76.00	52.00	52.00	52.00	52.00

ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S

6802 LACRIMAL PASSAGES, lavage of, unilateral, not associated with Item 6799 (excluding after-care)  
 ALL STATES: FEE \$25.50  
 ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S

6805 PUNCTUM SNIP operation

FEE	NSW	VIC	QLD	SA	WA	TAS
\$	72.00	60.00	43.50	43.50	43.50	43.50

ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S

6807 CONJUNCTIVAL PERITOMY OR REPAIR OF CORNEAL LACERATION by conjunctival flap  
 ALL STATES: FEE \$62.00  
 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

6810	<p>CONJUNCTIVAL GRAFT OVER CORNEA</p> <p>ALL STATES: FEE \$200.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
6818	<p>CORNEA OR SCLERA, removal of imbedded foreign body from (excluding after-care)</p> <p>ALL STATES: FEE \$38.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
6820	<p>CORNEAL SCARS, removal of, by partial keratectomy</p> <p>ALL STATES: FEE \$108.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
6824	<p>‡ CORNEA, epithelial debridement for corneal ulcer or corneal erosion (excluding after-care)</p> <p>ALL STATES: FEE \$38.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
6828	<p>CORNEA, transplantation of, full thickness, including collection of implant</p> <p>ALL STATES: FEE \$705.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
6832	<p>CORNEA, transplantation of, superficial or lamellar, including collection of transplant</p> <p>ALL STATES: FEE \$475.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
6833	<p>REFRACTIVE KERATOPLASTY (excluding radial keratotomy) following corneal grafting or intraocular operation INCLUDING ANY MEASUREMENTS AND CALCULATIONS associated with the procedure</p> <p>ALL STATES: FEE \$475.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>

## PART 10— OPERATIONS

## DIVISION 6— OPTHALMOLOGICAL

6786	CONJUNCTIVORHINOSTOMY including dacryocystorhinostomy and fashioning of conjunctival flaps ALL STATES: FEE \$450.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S							
6792	LACRIMAL CANALICULAR SYSTEM, establishment of patency by open operation ALL STATES: FEE \$335.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
6796	LACRIMAL CANALICULUS, immediate repair of ALL STATES: FEE \$245.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
‡ 6799	NASOLACRIMAL TUBE (unilateral) replacement of, under general anaesthesia, or lacrimal passages, probing for obstruction, unilateral or bilateral, with or without lavage							
	FEE	\$	NSW 76.00	VIC 76.00	QLD 52.00	SA 52.00	WA 52.00	TAS 52.00
	ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S							
6802	LACRIMAL PASSAGES, lavage of, unilateral, not associated with Item 6799 (excluding after-care) ALL STATES: FEE \$25.50 ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S							
6805	PUNCTUM SNIP operation							
	FEE	\$	NSW 72.00	VIC 60.00	QLD 43.50	SA 43.50	WA 43.50	TAS 43.50
	ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S							
6807	CONJUNCTIVAL PERITOMY OR REPAIR OF CORNEAL LACERATION by conjunctival flap ALL STATES: FEE \$62.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							

## PART 10— OPERATIONS

## DIVISION 6— OPHTHALMOLOGICAL

6810	<p>CONJUNCTIVAL GRAFT OVER CORNEA</p> <p>ALL STATES: FEE \$200.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
6818	<p>CORNEA OR SCLERA, removal of imbedded foreign body from (excluding after-care)</p> <p>ALL STATES: FEE \$38.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
6820	<p>CORNEAL SCARS, removal of, by partial keratectomy</p> <p>ALL STATES: FEE \$108.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
6824	<p>CORNEA, epithelial debridement for corneal ulcer or corneal erosion (excluding after-care)</p> <p>ALL STATES: FEE \$38.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
6828	<p>CORNEA, transplantation of, full thickness, including collection of implant</p> <p>ALL STATES: FEE \$705.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
6832	<p>CORNEA, transplantation of, superficial or lamellar, including collection of transplant</p> <p>ALL STATES: FEE \$475.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
6833	<p>REFRACTIVE KERATOPLASTY (excluding radial keratotomy) following corneal grafting or intraocular operation INCLUDING ANY MEASUREMENTS AND CALCULATIONS associated with the procedure</p> <p>ALL STATES: FEE \$475.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>



6835	CONJUNCTIVA, CAUTERY OF, INCLUDING TREATMENT OF PANNUS—each attendance at which treatment is given including any associated consultation							
	ALL STATES: FEE \$32.00							
	ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S							
6837	PTERYGIUM, removal of							
	FEE	\$	NSW 134.00	VIC 144.00	QLD 124.00	SA 124.00	WA 124.00	TAS 124.00
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
6842	PINGUECULA, removal of							
	ALL STATES: FEE \$62.00							
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
6846	LIMBIC TUMOUR, removal of							
	ALL STATES: FEE \$146.00							
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
6848	LENS EXTRACTION							
	FEE	\$	NSW 630.00	VIC 575.00	QLD 520.00	SA 505.00	WA 505.00	TAS 505.00
	ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S							
6852	ARTIFICIAL LENS, insertion of							
	ALL STATES: FEE \$335.00							
	ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S							
6857	‡ ARTIFICIAL LENS, REMOVAL or REPOSITIONING of by open operation, not associated with Item 6852							
	ALL STATES: FEE \$245.00							
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S							

6858	† ARTIFICIAL LENS, REMOVAL of and REPLACEMENT with a different lens  ALL STATES: FEE \$420.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S																
6859	CATARACT, JUVENILE, removal of, including subsequent needlings  ALL STATES: FEE \$630.00  ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S																
6861	CAPSULECTOMY, OR REMOVAL OF VITREOUS via the anterior chamber  ALL STATES: FEE \$275.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S																
6863	VITRECTOMY via posterior chamber sclerotomy with removal of vitreous by cutting and suction and replacement by saline, Hartmann's or similar solution  ALL STATES: FEE \$705.00  ANAESTHETIC 25 UNITS—ITEM NOS 469G/540S																
6865	CAPSULOTOMY, NEEDLING or PARACENTESIS for diagnosis or relief of tension  ALL STATES: FEE \$160.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S																
6871	ANTERIOR CHAMBER, IRRIGATION OF BLOOD FROM, as an independent procedure  ALL STATES: FEE \$335.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S																
6873	GLAUCOMA, filtering and allied operations in the treatment of  <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">FEE</th> <th style="text-align: left;">\$</th> <th style="text-align: center;">NSW</th> <th style="text-align: center;">VIC</th> <th style="text-align: center;">QLD</th> <th style="text-align: center;">SA</th> <th style="text-align: center;">WA</th> <th style="text-align: center;">TAS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: center;">505.00</td> <td style="text-align: center;">475.00</td> <td style="text-align: center;">475.00</td> <td style="text-align: center;">475.00</td> <td style="text-align: center;">475.00</td> <td style="text-align: center;">475.00</td> </tr> </tbody> </table> ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S	FEE	\$	NSW	VIC	QLD	SA	WA	TAS			505.00	475.00	475.00	475.00	475.00	475.00
FEE	\$	NSW	VIC	QLD	SA	WA	TAS										
		505.00	475.00	475.00	475.00	475.00	475.00										
6879	GONIOTOMY  ALL STATES: FEE \$370.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S																

6835	CONJUNCTIVA, CAUTERY OF, INCLUDING TREATMENT OF PANNUS—each attendance at which treatment is given including any associated consultation ALL STATES: FEE \$32.00 ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
6837	PTERYGIUM, removal of FEE \$ NSW 134.00 VIC 144.00 QLD 124.00 SA 124.00 WA 124.00 TAS 124.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
6842	PINGUECULA, removal of ALL STATES: FEE \$62.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
6846	LIMBIC TUMOUR, removal of ALL STATES: FEE \$146.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
6848	LENS EXTRACTION FEE \$ NSW 630.00 VIC 575.00 QLD 520.00 SA 505.00 WA 505.00 TAS 505.00 ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
6852	ARTIFICIAL LENS, insertion of ALL STATES: FEE \$335.00 ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
6857	ARTIFICIAL LENS, REMOVAL or REPOSITIONING of by open operation, not associated with Item 6852 ALL STATES: FEE \$245.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
6858	ARTIFICIAL LENS, REMOVAL of and REPLACEMENT with a different lens ALL STATES: FEE \$420.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
6859	CATARACT, JUVENILE, removal of, including subsequent needlings ALL STATES: FEE \$630.00 ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S

**PART 10 — OPERATIONS**

**DIVISION 6 — OPHTHALMOLOGICAL**

<p>6861</p>	<p>‡ CAPSULECTOMY OR REMOVAL OF VITREOUS via the anterior chamber by any method, not associated with any other intraocular operation on that eye</p> <p>ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>																
<p>6862</p>	<p>† CAPSULECTOMY by posterior chamber sclerotomy OR REMOVAL OF VITREOUS or VITREOUS BANDS from the anterior chamber by posterior chamber sclerotomy, by cutting and suction and replacement by saline, Hartmann's or similar solution, not associated with any other intraocular operation on that eye—one of both procedures</p> <p>ALL STATES: FEE \$300.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>																
<p>6863</p>	<p>‡ VITRECTOMY via posterior chamber sclerotomy—including the removal of vitreous, division of bands or removal of pre-retinal membranes by cutting and suction and replacement by saline, Hartmann's or similar solution, not associated with any other intraocular operation on that eye</p> <p>ALL STATES: FEE \$705.00</p> <p>ANAESTHETIC 25 UNITS—ITEM NOS 469G/540S</p>																
<p>6864</p>	<p>† CAPSULECTOMY or LENSECTOMY by posterior chamber sclerotomy associated with the removal of vitreous or division of vitreous bands or removal of pre-retinal membrane from the posterior chamber by cutting and suction and replacement by saline, Hartmann's or similar solution, not associated with any other intraocular operation</p> <p>ALL STATES: FEE \$800.00</p> <p>ANAESTHETIC 25 UNITS—ITEM NOS 469G/540S</p>																
<p>6865</p>	<p>CAPSULOTOMY, NEEDLING or PARACENTESIS for diagnosis or relief of tension</p> <p>ALL STATES: FEE \$160.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>																
<p>6871</p>	<p>ANTERIOR CHAMBER, IRRIGATION OF BLOOD FROM, as an independent procedure</p> <p>ALL STATES: FEE \$335.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>																
<p>6873</p>	<p>GLAUCOMA, filtering and allied operations in the treatment of</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></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;">505.00</td> <td style="text-align: center;">475.00</td> <td style="text-align: center;">475.00</td> <td style="text-align: center;">475.00</td> <td style="text-align: center;">475.00</td> <td style="text-align: center;">475.00</td> </tr> </table> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	505.00	475.00	475.00	475.00	475.00	475.00
		NSW	VIC	QLD	SA	WA	TAS										
FEE	\$	505.00	475.00	475.00	475.00	475.00	475.00										
<p>6879</p>	<p>GONIOTOMY</p> <p>ALL STATES: FEE \$370.00</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 \$275.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>																
6885	<p>IRIDECTOMY (including excision of tumour of iris) OR IRIDOTOMY, as an independent procedure</p> <p>ALL STATES: FEE \$275.50</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>																
6889	<p>IRIS, LIGHT COAGULATION OF</p> <p>ALL STATES: FEE \$188.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>																
6894	<p>TUMOUR, INVOLVING CILIARY BODY OR CILIARY BODY AND IRIS, excision of</p> <p>ALL STATES: FEE \$575.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>																
6898	<p>CYCLODIATHERMY OR CYCLOCRYOTHERAPY</p> <p>ALL STATES: FEE \$156.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>																
6900	<p>DETACHED RETINA, diathermy or cryotherapy for</p> <p>ALL STATES: FEE \$475.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>																
6902	<p>DETACHED RETINA, resection of, or buckling operation for, or revision operation for</p> <table data-bbox="188 1335 1093 1397"> <thead> <tr> <th>FEE</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></td> <td></td> <td>630.00</td> <td>705.00</td> <td>630.00</td> <td>630.00</td> <td>630.00</td> <td>630.00</td> </tr> </tbody> </table> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>	FEE	\$	NSW	VIC	QLD	SA	WA	TAS			630.00	705.00	630.00	630.00	630.00	630.00
FEE	\$	NSW	VIC	QLD	SA	WA	TAS										
		630.00	705.00	630.00	630.00	630.00	630.00										
6904	<p>PHOTOCOAGULATION, each attendance at which treatment is given</p> <p>ALL STATES: FEE \$188.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>																

6906	DETACHED RETINA, removal of encircling silicone band from							
	ALL STATES: FEE \$88.00							
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
6908	RETINA, CRYOTHERAPY TO, as an independent procedure							
	ALL STATES: FEE \$310.00							
	ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S							
6914	RETROBULBAR TRANSILLUMINATION, as an independent procedure							
	ALL STATES: FEE \$47.50							
	ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S							
6918	RETROBULBAR INJECTION OF ALCOHOL OR OTHER DRUG, as an independent procedure							
	ALL STATES: FEE \$37.00							
6922	SQUINT, OPERATION FOR, ON ONE OR BOTH EYES, the operation involving a total of ONE OR TWO MUSCLES							
	FEE	\$	NSW 310.00	VIC 310.00	QLD 275.00	SA 275.00	WA 275.00	TAS 275.00
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
6924	SQUINT, OPERATION FOR, ON ONE OR BOTH EYES, the operation involving a total of THREE OR FOUR MUSCLES							
	FEE	\$	NSW 370.00	VIC 370.00	QLD 320.00	SA 320.00	WA 320.00	TAS 320.00
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S							
6928	SQUINT, OPERATION FOR ON ONE OR BOTH EYES, the operation involving a total of MORE THAN FOUR MUSCLES							
	FEE	\$	NSW 390.00	VIC 390.00	QLD 370.00	SA 370.00	WA 370.00	TAS 370.00
	ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S							

6881	DIVISION OF ANTERIOR OR POSTERIOR SYNECHIAE, as an independent procedure							
	ALL STATES: FEE \$275.00							
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S							
6885	IRIDECTOMY (including excision of tumour of iris) OR IRIDOTOMY, as an independent procedure							
	ALL STATES: FEE \$275.50							
	ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S							
6889	IRIS, LIGHT COAGULATION OF							
	ALL STATES: FEE \$188.00							
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
6894	TUMOUR, INVOLVING CILIARY BODY OR CILIARY BODY AND IRIS, excision of							
	ALL STATES: FEE \$575.00							
	ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S							
6898	CYCLODIATHERMY OR CYCLOCRYOTHERAPY							
	ALL STATES: FEE \$156.00							
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
6900	DETACHED RETINA, diathermy or cryotherapy for							
	ALL STATES: FEE \$475.00							
	ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S							
6902	DETACHED RETINA, resection of, or buckling operation for, or revision operation for							
	FEE	\$	NSW 630.00	VIC 705.00	QLD 630.00	SA 630.00	WA 630.00	TAS 630.00
	ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S							
6904	PHOTOCOAGULATION, each attendance at which treatment is given							
	ALL STATES: FEE \$188.00							
	ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S							

**PART 10 — OPERATIONS**

**DIVISION 6 — OPHTHALMOLOGICAL**

6906	DETACHED RETINA, removal of encircling silicone band from  ALL STATES: FEE \$88.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
6908	RETINA, CRYOTHERAPY TO, as an independent procedure  ALL STATES: FEE \$310.00  ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S							
6914	RETROBULBAR TRANSILLUMINATION, as an independent procedure  ALL STATES: FEE \$47.00  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S							
6918	RETROBULBAR INJECTION OF ALCOHOL OR OTHER DRUG, as an independent procedure  ALL STATES: FEE \$37.00							
6922	SQUINT, OPERATION FOR, ON ONE OR BOTH EYES, the operation involving a total of ONE OR TWO MUSCLES  FEE	\$	NSW 310.00	VIC 310.00	QLD 275.00	SA 275.00	WA 275.00	TAS 275.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
6924	‡ SQUINT, OPERATION FOR, ONE OR BOTH EYES, the operation involving a total of THREE OR MORE MUSCLES  FEE	\$	NSW 370.00	VIC 370.00	QLD 320.00	SA 320.00	WA 320.00	TAS 320.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
6929	† READJUSTMENT OF ADJUSTABLE SUTURES, one or both eyes, as an independent procedure following an operation for correction of squint.  ALL STATES: FEE \$75.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
6930	SQUINT, muscle transplant for (Hummelsheim type, etc.)  FEE	\$	NSW 370.00	VIC 370.00	QLD 310.00	SA 275.00	WA 320.00	TAS 275.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S



6881	DIVISION OF ANTERIOR OR POSTERIOR SYNECHIAE, as an independent procedure ALL STATES: FEE \$275.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S																
6885	IRIDECTOMY (including excision of tumour of iris) OR IRIDOTOMY, as an independent procedure ALL STATES: FEE \$275.50 ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S																
6889	IRIS, LIGHT COAGULATION OF ALL STATES: FEE \$188.00 ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S																
6894	TUMOUR, INVOLVING CILIARY BODY OR CILIARY BODY AND IRIS, excision of ALL STATES: FEE \$575.00 ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S																
6898	CYCLODIATHERMY OR CYCLOCRYOTHERAPY ALL STATES: FEE \$156.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S																
6900	† DETACHED RETINA, diathermy or cryotherapy for, not associated with Item 6902 ALL STATES: FEE \$475.00 ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S																
6902	DETACHED RETINA, resection of, or buckling operation for, or revision operation for <table data-bbox="221 1322 1044 1372"> <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>630.00</td> <td>705.00</td> <td>630.00</td> <td>630.00</td> <td>630.00</td> <td>630.00</td> </tr> </tbody> </table> ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	630.00	705.00	630.00	630.00	630.00	630.00
		NSW	VIC	QLD	SA	WA	TAS										
FEE	\$	630.00	705.00	630.00	630.00	630.00	630.00										
6904	PHOTOCOAGULATION, each attendance at which treatment is given ALL STATES: FEE \$188.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S																

## PART 10—OPERATIONS

## DIVISION 6—OPHTHALMOLOGICAL

6906	DETACHED RETINA, removal of encircling silicone band from  ALL STATES: FEE \$88.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S																
6908	RETINA, CRYOTHERAPY TO, as an independent procedure  ALL STATES: FEE \$310.00  ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S																
6914	RETROBULBAR TRANSILLUMINATION, as an independent procedure  ALL STATES: FEE \$47.00  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S																
6918	RETROBULBAR INJECTION OF ALCOHOL OR OTHER DRUG, as an independent procedure  ALL STATES: FEE \$37.00																
6922	SQUINT, OPERATION FOR, ON ONE OR BOTH EYES, the operation involving a total of ONE OR TWO MUSCLES  <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>310.00</td> <td>310.00</td> <td>275.00</td> <td>275.00</td> <td>275.00</td> <td>275.00</td> </tr> </tbody> </table> ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	310.00	310.00	275.00	275.00	275.00	275.00
		NSW	VIC	QLD	SA	WA	TAS										
FEE	\$	310.00	310.00	275.00	275.00	275.00	275.00										
6924	SQUINT, OPERATION FOR, ONE OR BOTH EYES, the operation involving a total of THREE OR MORE MUSCLES  <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>370.00</td> <td>370.00</td> <td>320.00</td> <td>320.00</td> <td>320.00</td> <td>320.00</td> </tr> </tbody> </table> ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	370.00	370.00	320.00	320.00	320.00	320.00
		NSW	VIC	QLD	SA	WA	TAS										
FEE	\$	370.00	370.00	320.00	320.00	320.00	320.00										
6929	READJUSTMENT OF ADJUSTABLE SUTURES, one or both eyes, as an independent procedure following an operation for correction of squint  ALL STATES: FEE \$100.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S																
6930	SQUINT, muscle transplant for (Hummelsheim type, etc.)  <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>370.00</td> <td>370.00</td> <td>310.00</td> <td>275.00</td> <td>320.00</td> <td>275.00</td> </tr> </tbody> </table> ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	370.00	370.00	310.00	275.00	320.00	275.00
		NSW	VIC	QLD	SA	WA	TAS										
FEE	\$	370.00	370.00	310.00	275.00	320.00	275.00										

6930	<p>SQUINT, muscle transplant for (Hummelsheim type, etc.)</p> <table border="0"> <thead> <tr> <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>\$ 370.00</td> <td>370.00</td> <td>310.00</td> <td>275.00</td> <td>320.00</td> <td>275.00</td> </tr> </tbody> </table> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>		NSW	VIC	QLD	SA	WA	TAS	FEE	\$ 370.00	370.00	310.00	275.00	320.00	275.00
	NSW	VIC	QLD	SA	WA	TAS									
FEE	\$ 370.00	370.00	310.00	275.00	320.00	275.00									
6932	<p>RUPTURED MEDIAL PALPEBRAL LIGAMENT or ruptured EXTRA-OCULAR MUSCLE, repair of</p> <p>ALL STATES: FEE \$215.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>														
6938	<p>RESUTURING OF WOUND FOLLOWING INTRAOCULAR PROCEDURES with or without excision of prolapsed iris</p> <p>ALL STATES: FEE \$215.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>														
<b>DIVISION 7—THORACIC</b>															
6940	<p>THORACIC CAVITY, aspiration or paracentesis of, or both (excluding after-care)</p> <p>ALL STATES: FEE \$36.50</p>														
6942	<p>PERICARDIUM, paracentesis of (excluding after-care)</p> <p>ALL STATES: FEE \$59.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>														
6953	<p>INTERCOSTAL DRAIN, insertion of, not involving resection of rib (excluding after-care)</p> <p>ALL STATES: FEE \$59.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>														
6955	<p>EMPHYEMA, radical operation for, involving resection of rib</p> <p>ALL STATES: FEE \$250.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>														
6958	<p>THORACOTOMY, exploratory, with or without biopsy</p> <p>ALL STATES: FEE \$485.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>														

6962	<p>THORACOTOMY, with pulmonary decortication</p> <p>ALL STATES: FEE \$720.00</p> <p>ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S</p>
6964	<p>THORACOTOMY, with pleurectomy or pleurodesis, OR ENUCLEATION OF HYDATID cysts</p> <p>ALL STATES: FEE \$520.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
6966	<p>THORACOPLASTY (COMPLETE)</p> <p>ALL STATES: FEE \$720.00</p> <p>ANAESTHETIC 21 UNITS—ITEM NOS 465G/535S</p>
6968	<p>THORACOPLASTY (IN STAGES)—each stage</p> <p>ALL STATES: FEE \$375.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
6972	<p>PECTUS EXCAVATUM OR PECTUS CARINATUM, radical correction of</p> <p>ALL STATES: FEE \$635.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
6974	<p>THORACOSCOPY, with or without division of pleural adhesions</p> <p>ALL STATES: FEE \$150.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
6980	<p>PNEUMONECTOMY or lobectomy</p> <p>ALL STATES: FEE \$720.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>
6986	<p>OESOPHAGECTOMY, with direct anastomosis OR WITH STOMACH TRANSPOSITION</p> <p>ALL STATES: FEE \$720.00</p> <p>ANAESTHETIC 23 UNITS—ITEM NOS 467G/538S</p>

6962	<p>THORACOTOMY, with pulmonary decortication</p> <p>ALL STATES: FEE \$720.00</p> <p>ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S</p>
6964	<p>THORACOTOMY, with pleurectomy or pleurodesis, OR ENUCLEATION OF HYDATID cysts</p> <p>ALL STATES: FEE \$520.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
6966	<p>THORACOPLASTY (COMPLETE)</p> <p>ALL STATES: FEE \$720.00</p> <p>ANAESTHETIC 21 UNITS—ITEM NOS 465G/535S</p>
6968	<p>THORACOPLASTY (IN STAGES)—each stage</p> <p>ALL STATES: FEE \$375.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
6972	<p>PECTUS EXCAVATUM OR PECTUS CARINATUM, radical correction of</p> <p>ALL STATES: FEE \$635.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
6974	<p>THORACOSCOPY, with or without division of pleural adhesions</p> <p>ALL STATES: FEE \$150.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
6980	<p>PNEUMONECTOMY or lobectomy</p> <p>ALL STATES: FEE \$720.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>
6986	<p>OESOPHAGECTOMY, with direct anastomosis OR WITH STOMACH TRANSPOSITION</p> <p>ALL STATES: FEE \$720.00</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 \$895.00</p> <p>ANAESTHETIC 27 UNITS—ITEM NOS 471G/542S</p>
6992	<p>MEDIASTINUM, cervical exploration of, with or without biopsy</p> <p>ALL STATES: FEE \$215.00</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 \$520.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
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 \$720.00</p> <p>ANAESTHETIC 28 UNITS—ITEM NOS 472G/543S</p>
7001	<p>MEASUREMENT OF INTRACARDIAC CONDUCTION TIMES OR RIGHT HEART CATHETERISATION, including fluoroscopy, oximetry dye dilution curves, cardiac output measurement by any method, shunt detection and exercise stress test</p> <p>ALL STATES: FEE \$235.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
7002	<p>INTRACARDIAC ELECTROPHYSIOLOGICAL INVESTIGATIONS not covered by Item 7001</p> <p>ALL STATES: FEE \$335.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</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 \$275.00</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 \$335.00</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 \$235.00</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 \$390.00</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 \$635.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
7028	<p>PERMANENT TRANSVENOUS ELECTRODE, insertion or replacement of</p> <p>ALL STATES: FEE \$315.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
7033	<p>PERMANENT PACEMAKER, insertion or replacement of</p> <p>ALL STATES: FEE \$200.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
7042	<p>TEMPORARY TRANSVENOUS PACEMAKING ELECTRODE, insertion of</p> <p>ALL STATES: FEE \$158.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>

7044	<p>OPEN HEART SURGERY for congenital heart disease in children up to two years, excluding patent ductus arteriosus</p> <p>ALL STATES: FEE \$1015.00</p> <p>ANAESTHETIC 38 UNITS—ITEM NOS 477G/548S</p>
7046	<p>OPEN HEART SURGERY for single valve replacement, atrial septal defect, pulmonary valvotomy, congenital heart disease (not covered by Item 7044) or any other open heart operation not covered by any other item in this Part</p> <p>ALL STATES: FEE \$1015.00</p> <p>ANAESTHETIC 32 UNITS—ITEM NOS 475G/546S</p>
7057	<p>OPEN HEART SURGERY on more than one valve or involving more than one chamber</p> <p>ALL STATES: FEE \$1465.00</p> <p>ANAESTHETIC 38 UNITS—ITEM NOS 477G/548S</p>
7066	<p>CORONARY ARTERY OR ARTERIES, direct surgery to, employing cardiopulmonary by-pass</p> <p>ALL STATES: FEE \$1160.00</p> <p>ANAESTHETIC 36 UNITS—ITEM NOS 476G/547S</p>
<b>DIVISION 8—NEURO-SURGICAL</b>	
7079	<p>INJECTION INTO TRIGEMINAL GANGLION OR PRIMARY BRANCH OF TRIGEMINAL NERVE WITH ALCOHOL</p> <p>ALL STATES: FEE \$144.00</p>
7081	<p>INTRATHECAL INJECTION OF ALCOHOL OR PHENOL</p> <p>ALL STATES: FEE \$150.00</p>
7085	<p>LUMBAR PUNCTURE, or SPINAL OR EPIDURAL INJECTION not covered by Item 748 or 752</p> <p>ALL STATES: FEE \$40.00</p>
7089	<p>CISTERNAL PUNCTURE</p> <p>ALL STATES: FEE \$45.50</p>



7099	<p>VENTRICULAR PUNCTURE (not including burr-hole)</p> <p>ALL STATES: FEE \$102.00</p>
7106	<p>CUTANEOUS OR DIGITAL NERVE, primary suture of</p> <p>G. ALL STATES: FEE \$67.00</p>
7111	<p>S. ALL STATES: FEE \$82.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
7112	<p>CUTANEOUS NERVE (other than digital nerve), primary suture of, using the OPERATING MICROSCOPE</p> <p>ALL STATES: FEE \$116.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
7116	<p>REPAIR OF DIVIDED DIGITAL NERVE to thumb or finger</p> <p>G. ALL STATES: FEE \$106.00</p>
7117	<p>S. ALL STATES: FEE \$138.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
7120	<p>REPAIR OF DIVIDED DIGITAL NERVE to thumb or finger using the OPERATING MICROSCOPE—primary repair</p> <p>ALL STATES: FEE \$188.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
7121	<p>REPAIR OF DIVIDED DIGITAL NERVE to thumb or finger using the OPERATING MICROSCOPE—secondary repair</p> <p>ALL STATES: FEE \$245.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
7124	<p>NERVE TRUNK, PRIMARY suture of</p> <p>ALL STATES: FEE \$235.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>

**PART 10 — OPERATIONS****DIVISION 7 — THORACIC**

7044	<p>OPEN HEART SURGERY for congenital heart disease in children up to two years, excluding patent ductus arteriosus</p> <p>ALL STATES: FEE \$1015.00</p> <p>ANAESTHETIC 38 UNITS—ITEM NOS 477G/549S</p>
7046	<p>OPEN HEART SURGERY for single valve replacement, atrial septal defect, pulmonary valvotomy, congenital heart disease (not covered by Item 7044) or any other open heart operation not covered by any other item in this Part</p> <p>ALL STATES: FEE \$1015.00</p> <p>ANAESTHETIC 32 UNITS—ITEM NOS 475G/546S</p>
7056	<p>OPEN HEART SURGERY on more than one valve or involving more than one chamber</p> <p>ALL STATES: FEE \$1465.00</p> <p>ANAESTHETIC 38 UNITS—ITEM NOS 477G/548S</p>
7066	<p>CORONARY ARTERY OR ARTERIES, direct surgery to, employing cardiopulmonary by-pass</p> <p>ALL STATES: FEE \$1160.00</p> <p>ANAESTHETIC 36 UNITS—ITEM NOS 476G/547S</p>
<b>DIVISION 8—NEURO-SURGICAL</b>	
7079	<p>INJECTION INTO TRIGEMINAL GANGLION OR PRIMARY BRANCH OF TRIGEMINAL NERVE WITH ALCOHOL</p> <p>ALL STATES: FEE \$144.00</p>
7081	<p>INTRATHECAL INJECTION OF ALCOHOL OR PHENOL</p> <p>ALL STATES: FEE \$150.00</p>
7085	<p>LUMBAR PUNCTURE, or SPINAL OR EPIDURAL INJECTION not covered by Item 748 or 752</p> <p>ALL STATES: FEE \$40.00</p>
7089	<p>CISTERNAL PUNCTURE</p> <p>ALL STATES: FEE \$45.50</p>

## PART 10 — OPERATIONS

## DIVISION 8 — NEURO-SURGICAL

7099	<p>VENTRICULAR PUNCTURE (not including burr-hole)</p> <p>ALL STATES: FEE \$102.00</p>
7106	<p>CUTANEOUS OR DIGITAL NERVE, primary suture of</p> <p>G. ALL STATES: FEE \$67.00</p>
7111	<p>S. ALL STATES: FEE \$82.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
7112	<p>CUTANEOUS NERVE (other than digital nerve), primary suture of, using the OPERATING MICROSCOPE</p> <p>ALL STATES: FEE \$116.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
7116	<p>REPAIR OF DIVIDED DIGITAL NERVE to thumb or finger</p> <p>G. ALL STATES: FEE \$106.00</p>
7117	<p>S. ALL STATES: FEE \$138.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
7120	<p>REPAIR OF DIVIDED DIGITAL NERVE to thumb or finger using the OPERATING MICROSCOPE—primary repair</p> <p>ALL STATES: FEE \$188.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
7121	<p>REPAIR OF DIVIDED DIGITAL NERVE to thumb or finger using the OPERATING MICROSCOPE—secondary repair</p> <p>ALL STATES: FEE \$245.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
7124	<p>‡ NERVE TRUNK, PRIMARY repair of</p> <p>ALL STATES: FEE \$235.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>

## PART 10—OPERATIONS

## DIVISION 7—THORACIC

7044	<p>OPEN HEART SURGERY for congenital heart disease in children up to two years, excluding patent ductus arteriosus</p> <p>ALL STATES: FEE \$1015.00</p> <p>ANAESTHETIC 38 UNITS—ITEM NOS 477G/548S</p>
7046	<p>OPEN HEART SURGERY for single valve replacement, atrial septal defect, pulmonary valvotomy, congenital heart disease (not covered by Item 7044) or any other open heart operation not covered by any other item in this Part</p> <p>ALL STATES: FEE \$1015.00</p> <p>ANAESTHETIC 32 UNITS—ITEM NOS 475G/546S</p>
7056	<p>OPEN HEART SURGERY on more than one valve or involving more than one chamber</p> <p>ALL STATES: FEE \$1465.00</p> <p>ANAESTHETIC 38 UNITS—ITEM NOS 477G/548S</p>
7066	<p>CORONARY ARTERY OR ARTERIES, direct surgery to, employing cardiopulmonary by-pass</p> <p>ALL STATES: FEE \$1160.00</p> <p>ANAESTHETIC 36 UNITS—ITEM NOS 476G/547S</p>
<b>DIVISION 8—NEURO-SURGICAL</b>	
7079	<p>INJECTION INTO TRIGEMINAL GANGLION OR PRIMARY BRANCH OF TRIGEMINAL NERVE WITH ALCOHOL</p> <p>ALL STATES: FEE \$144.00</p>
7081	<p>INTRATHECAL INJECTION OF ALCOHOL OR PHENOL</p> <p>ALL STATES: FEE \$150.00</p>
7085	<p>LUMBAR PUNCTURE, or SPINAL OR EPIDURAL INJECTION not covered by Item 748 or 752</p> <p>ALL STATES: FEE \$40.00</p>
7089	<p>CISTERNAL PUNCTURE</p> <p>ALL STATES: FEE \$45.50</p>

7099	VENTRICULAR PUNCTURE (not including burr-hole) ALL STATES: FEE \$102.00
† 7118	CUTANEOUS NERVE (including digital nerve), primary repair of ALL STATES: FEE \$126.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
† 7119	CUTANEOUS NERVE (including digital nerve), secondary repair of ALL STATES: FEE \$162.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
‡ 7120	CUTANEOUS NERVE (including digital nerve), primary repair of, using the operating microscope ALL STATES: FEE \$188.00 ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
‡ 7121	CUTANEOUS NERVE (including digital nerve), secondary repair of, using the operating microscope ALL STATES: FEE \$245.00 ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
7124	NERVE TRUNK, PRIMARY repair of ALL STATES: FEE \$235.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

**PART 10— OPERATIONS****DIVISION 7— THORACIC**

7044	<p>OPEN HEART SURGERY for congenital heart disease in children up to two years, excluding patent ductus arteriosus</p> <p>ALL STATES: FEE \$1015.00</p> <p>ANAESTHETIC 38 UNITS—ITEM NOS 477G/548S</p>
7046	<p>OPEN HEART SURGERY for single valve replacement, atrial septal defect, pulmonary valvotomy, congenital heart disease (not covered by Item 7044) or any other open heart operation not covered by any other item in this Part</p> <p>ALL STATES: FEE \$1015.00</p> <p>ANAESTHETIC 32 UNITS—ITEM NOS 475G/546S</p>
7056	<p>OPEN HEART SURGERY on more than one valve or involving more than one chamber</p> <p>ALL STATES: FEE \$1465.00</p> <p>ANAESTHETIC 38 UNITS—ITEM NOS 477G/548S</p>
7066	<p>CORONARY ARTERY OR ARTERIES, direct surgery to, employing cardiopulmonary by-pass</p> <p>ALL STATES: FEE \$1160.00</p> <p>ANAESTHETIC 36 UNITS—ITEM NOS 476G/547S</p>
<b>DIVISION 8—NEURO-SURGICAL</b>	
a 7079	<p>INJECTION INTO TRIGEMINAL GANGLION OR PRIMARY BRANCH OF TRIGEMINAL NERVE WITH ALCOHOL</p> <p>ALL STATES: FEE \$144.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
7081	<p>INTRATHECAL INJECTION OF ALCOHOL OR PHENOL</p> <p>ALL STATES: FEE \$150.00</p>
a 7085	<p>LUMBAR PUNCTURE, or SPINAL OR EPIDURAL INJECTION not covered by Item 748 or 752</p> <p>ALL STATES: FEE \$40.00</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>
7089	<p>CISTERNAL PUNCTURE</p> <p>ALL STATES: FEE \$45.50</p>

7099	<p>VENTRICULAR PUNCTURE (not including burr-hole)</p> <p>ALL STATES: FEE \$102.00</p>
7118	<p>CUTANEOUS NERVE (including digital nerve), primary repair of</p> <p>ALL STATES: FEE \$126.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
7119	<p>CUTANEOUS NERVE (including digital nerve), secondary repair of</p> <p>ALL STATES: FEE \$162.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
7120	<p>CUTANEOUS NERVE (including digital nerve), primary repair of, using the operating microscope</p> <p>ALL STATES: FEE \$188.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
7121	<p>CUTANEOUS NERVE (including digital nerve), secondary repair of, using the operating microscope</p> <p>ALL STATES: FEE \$245.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
7124	<p>NERVE TRUNK, PRIMARY repair of</p> <p>ALL STATES: FEE \$235.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>

7129	NERVE TRUNK, primary suture of, using the OPERATING MICROSCOPE	ALL STATES: FEE \$375.00	ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
7132	NERVE TRUNK, SECONDARY suture of	ALL STATES: FEE \$255.00	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
7133	NEUROLYSIS OF NERVE TRUNK, INTERNAL (interfascicular), using the OPERATING MICROSCOPE	ALL STATES: FEE \$240.00	ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
7138	NERVE TRUNK, secondary suture of, using the OPERATING MICROSCOPE	ALL STATES: FEE \$410.00	ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
7139	NERVE GRAFT performed with magnification	ALL STATES: FEE \$455.00	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
7143	NERVE, TRANSPOSITION of	ALL STATES: FEE \$235.00	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
7148	G. NEURECTOMY; NEUROTOMY or removal of tumour from superficial peripheral nerve, including multiple percutaneous neurotomy of posterior division of spinal nerves	ALL STATES: FEE \$98.00	
7152	S.	ALL STATES: FEE \$124.00	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S



7156	NEURECTOMY, NEUROTOMY, OR REMOVAL OF TUMOUR FROM DEEP PERIPHERAL NERVE								
	ALL STATES: FEE \$235.00								
	ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S								
7157	RADIOFREQUENCY TRIGEMINAL GANGLIOTOMY								
	ALL STATES: FEE \$235.00								
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S								
7170	NEURECTOMY, INTRACRANIAL OR RADICAL as in tic douloureux								
	ALL STATES: FEE \$625.00								
	ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S								
7171	INTRACRANIAL MICROSURGICAL DECOMPRESSION OF CRANIAL NERVE, posterior cranial fossa approach including Jannetta's operation								
	ALL STATES: FEE \$815.00								
	ANAESTHETIC 25 UNITS—ITEM NOS 469G/540S								
7175	EXPLORATION OF BRACHIAL PLEXUS, not covered by any other item in this Part								
	ALL STATES: FEE \$196.00								
	ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S								
7178	NEUROLYSIS BY OPEN OPERATION without transposition								
				NSW	VIC	QLD	SA	WA	TAS
	G.	FEE	\$	138.00	138.00	116.00	116.00	116.00	116.00
7182	S.	FEE	\$	172.00	172.00	144.00	144.00	144.00	144.00
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S								
7184	SUBDURAL HAEMORRAGE, tap for, each tap								
	ALL STATES: FEE \$43.50								
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S								

## PART 10 — OPERATIONS

## DIVISION 8 — NEURO-SURGICAL

7129	‡ NERVE TRUNK, primary repair of, using the OPERATING MICROSCOPE  ALL STATES: FEE \$375.00  ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
7132	‡ NERVE TRUNK, SECONDARY repair of  ALL STATES: FEE \$255.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
7133	NEUROLYSIS OF NERVE TRUNK, INTERNAL (interfascicular), using the OPERATING MICROSCOPE  ALL STATES: FEE \$240.00  ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
7138	‡ NERVE TRUNK, secondary repair of, using the OPERATING MICROSCOPE  ALL STATES: FEE \$410.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
7139	NERVE GRAFT performed with magnification  ALL STATES: FEE \$455.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
7140	† NERVE GRAFT to cutaneous nerve (including digital nerve)  ALL STATES: FEE \$350.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
7143	NERVE, TRANSPOSITION of  ALL STATES: FEE \$235.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
7148	‡ NEURECTOMY, NEUROTOMY or removal of tumour from superficial peripheral nerve G. ALL STATES: FEE \$98.00
7152	S. ALL STATES: FEE \$124.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S

**PART 10 — OPERATIONS**

**DIVISION 8 — NEURO-SURGICAL**

7153	† PERCUTANEOUS NEUROTOMY of posterior divisions of spinal nerves by any method on one or more occasions within a thirty day period, including any spinal, epidural or regional nerve block given at the time of such neurotomy  ALL STATES: FEE \$78.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S																														
7156	NEURECTOMY, NEUROTOMY, OR REMOVAL OF TUMOUR FROM DEEP PERIPHERAL NERVE  ALL STATES: FEE \$235.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S																														
7157	RADIOFREQUENCY TRIGEMINAL GANGLIOTOMY  ALL STATES: FEE \$235.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S																														
7170	NEURECTOMY, INTRACRANIAL OR RADICAL as in tic douloureux  ALL STATES: FEE \$625.00  ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S																														
7171	INTRACRANIAL MICROSURGICAL DECOMPRESSION OF CRANIAL NERVE, posterior cranial fossa approach including Jannetta's operation  ALL STATES: FEE \$815.00  ANAESTHETIC 25 UNITS—ITEM NOS 469G/540S																														
7175	EXPLORATION OF BRACHIAL PLEXUS, not covered by any other item in this Part  ALL STATES: FEE \$196.00  ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S																														
7178	NEUROLYSIS BY OPEN OPERATION without transposition  <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 5%;"></th> <th style="width: 5%;"></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>7178</td> <td>G.</td> <td>FEE</td> <td>\$</td> <td>138.00</td> <td>138.00</td> <td>116.00</td> <td>116.00</td> <td>116.00</td> <td>116.00</td> </tr> <tr> <td>7182</td> <td>S.</td> <td>FEE</td> <td>\$</td> <td>172.00</td> <td>172.00</td> <td>144.00</td> <td>144.00</td> <td>144.00</td> <td>144.00</td> </tr> </tbody> </table> ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S					NSW	VIC	QLD	SA	WA	TAS	7178	G.	FEE	\$	138.00	138.00	116.00	116.00	116.00	116.00	7182	S.	FEE	\$	172.00	172.00	144.00	144.00	144.00	144.00
				NSW	VIC	QLD	SA	WA	TAS																						
7178	G.	FEE	\$	138.00	138.00	116.00	116.00	116.00	116.00																						
7182	S.	FEE	\$	172.00	172.00	144.00	144.00	144.00	144.00																						
7184	SUBDURAL HAEMORRAGE, tap for, each tap  ALL STATES: FEE \$43.50  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S																														

7129	<p>NERVE TRUNK, primary repair of, using the OPERATING MICROSCOPE</p> <p>ALL STATES: FEE \$375.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
7132	<p>NERVE TRUNK, SECONDARY repair of</p> <p>ALL STATES: FEE \$255.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
7133	<p>NEUROLYSIS OF NERVE TRUNK, INTERNAL (interfascicular), using the OPERATING MICROSCOPE</p> <p>ALL STATES: FEE \$240.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
7138	<p>NERVE TRUNK, secondary repair of, using the OPERATING MICROSCOPE</p> <p>ALL STATES: FEE \$410.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
7139	<p>NERVE GRAFT performed with magnification</p> <p>ALL STATES: FEE \$455.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
7140	<p>NERVE GRAFT to cutaneous nerve (including digital nerve)</p> <p>ALL STATES: FEE \$350.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
7143	<p>NERVE, TRANSPOSITION of</p> <p>ALL STATES: FEE \$235.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
7148	<p>NEURECTOMY, NEUROTOMY or removal of tumour from superficial peripheral nerve</p> <p>G. ALL STATES: FEE \$98.00</p> <p>7152 S. ALL STATES: FEE \$124.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>

## PART 10—OPERATIONS

## DIVISION 8—NEURO-SURGICAL

7153	PERCUTANEOUS NEUROTOMY of posterior divisions of spinal nerves by any method on one or more occasions within a thirty day period, including any spinal, epidural or regional nerve block given at the time of such neurotomy								
	ALL STATES: FEE \$78.00								
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S								
7156	NEURECTOMY, NEUROTOMY, OR REMOVAL OF TUMOUR FROM DEEP PERIPHERAL NERVE								
	ALL STATES: FEE \$235.00								
	ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S								
7157	RADIOFREQUENCY TRIGEMINAL GANGLIOTOMY								
	ALL STATES: FEE \$235.00								
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S								
7170	NEURECTOMY, INTRACRANIAL OR RADICAL as in tic douloureux								
	ALL STATES: FEE \$625.00								
	ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S								
7171	INTRACRANIAL MICROSURGICAL DECOMPRESSION OF CRANIAL NERVE, posterior cranial fossa approach including Jannetta's operation								
	ALL STATES: FEE \$815.00								
	ANAESTHETIC 25 UNITS—ITEM NOS 469G/540S								
7175	EXPLORATION OF BRACHIAL PLEXUS, not covered by any other item in this Part								
	ALL STATES: FEE \$196.00								
	ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S								
‡	NEUROLYSIS BY OPEN OPERATION without transposition, not associated with Item 7133								
7178	G.	FEE	\$	NSW 138.00	VIC 138.00	QLD 116.00	SA 116.00	WA 116.00	TAS 116.00
7182	S.	FEE	\$	172.00	172.00	144.00	144.00	144.00	144.00
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S								
7184	SUBDURAL HAEMORRAGE, tap for, each tap								
	ALL STATES: FEE \$43.50								
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S								

7186	<p>BURR-HOLE, single, preparatory to ventricular puncture of for inspection purpose—not included in any other items</p> <p>ALL STATES: FEE \$124.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
7190	<p>INSERTION OF VENTRICULAR RESERVOIR, OR INSERTION OF INTRACRANIAL PRESSURE MONITORING DEVICE, including burr-hole, as an independent procedure (excluding after-care)</p> <p>ALL STATES: FEE \$200.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
7192	<p>INTRACRANIAL TUMOUR, BIOPSY OF, OR INTRACRANIAL CYST, drainage of via burr-hole—including burr-hole</p> <p>ALL STATES: FEE \$250.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
7194	<p>INTRACRANIAL TUMOUR, biopsy or decompression of via osteoplastic flap or biopsy and decompression of via osteoplastic flap</p> <p>ALL STATES: FEE \$520.00</p> <p>ANAESTHETIC 18 UNITS— ITEM NOS 462G/529S</p>
7198	<p>‡ † CRANIOTOMY for removal of GLIOMA, METASTATIC CARCINOMA or ANY OTHER TUMOUR in cerebrum, cerebellum or brain stem—not covered by any other item in this Part</p> <p>ALL STATES: FEE \$855.00</p> <p>ANAESTHETIC 25 UNITS—ITEM NOS 469G/540S</p>
7203	<p>‡ CRANIOTOMY for removal of MENINGIOMA, PINEALOMA, CRANIO-PHARYNGIOMA or ANY OTHER intracranial tumour not covered by any other item in this Part</p> <p>ALL STATES: FEE \$1285.00</p> <p>ANAESTHETIC 25 UNITS—ITEM NOS 469G/540S</p>
7204	<p>HYPOPHYSECTOMY OR REMOVAL OF PITUITARY TUMOUR by transcranial or transphenoidal approach</p> <p>ALL STATES: FEE \$935.00</p> <p>ANAESTHETIC 25 UNITS—ITEM NOS 469G/540S</p>

7212	<p>INTRACRANIAL HAEMORRHAGE, burr-hole craniotomy for—including burr-holes</p> <p>ALL STATES: FEE \$250.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
7216	<p>INTRACRANIAL HAEMORRHAGE, OSTEOPLASTIC CRANIOTOMY OR EXTENSIVE CRANIECTOMY AND REMOVAL OF HAEMATOMA</p> <p>ALL STATES: FEE \$575.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>
7231	<p>FRACTURE OF SKULL, depressed or comminuted, operation for</p> <p>ALL STATES: FEE \$380.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
7240	<p>FRACTURED SKULL, COMPOUND, WITHOUT DURAL PENETRATION, operation for</p> <p>ALL STATES: FEE \$490.00</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 \$575.00</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 \$575.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
7251	<p>RECONSTRUCTIVE CRANIOPLASTY</p> <p>ALL STATES: FEE \$475.00</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 \$1285.00</p> <p>ANAESTHETIC 28 UNITS—ITEM NOS 472G/543S</p>
7270	<p>ANEURYSM, OR ARTERIOVENOUS MALFORMATION, INTRACRANIAL PROXIMAL ARTERY CLIPPING</p> <p>ALL STATES: FEE \$680.00</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 \$335.00</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 \$380.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
7283	<p>INTRACRANIAL ABSCESS, excision of</p> <p>ALL STATES: FEE \$755.00</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 \$250.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
7291	<p>CRANIECTOMY FOR OSTEOMYELITIS OF SKULL</p> <p>ALL STATES: FEE \$380.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
7298	<p>LEUCOTOMY OR LOBOTOMY for psychiatric causes</p> <p>ALL STATES: FEE \$475.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>



7312	<p>INTRACRANIAL STEREOTACTIC PROCEDURE BY ANY METHOD, including burr-holes, preparation for ventriculography and localisation of lesion</p> <p>ALL STATES: FEE \$575.00</p> <p>ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S</p>
7314	<p>VENTRICULO-CISTERNOSTOMY (TORKILDSEN'S OPERATION)</p> <p>ALL STATES: FEE \$485.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
7316	<p>VENTRICULO-ATRIAL OR VENTRICULO-PERITONEAL VALVULAR SHUNT for hydrocephalus or other lesions</p> <p>ALL STATES: FEE \$485.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
7318	<p>VENTRICULO-ATRIAL OR VENTRICULO-PERITONEAL VALVULAR SHUNT, revision or removal of</p> <p>ALL STATES: FEE \$255.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
7320	<p>SPINO-URETERAL, SPINO-PERITONEAL, SPINO-PLEURAL OR SIMILAR SPINAL SHUNT for hydrocephalus</p> <p>ALL STATES: FEE \$380.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
7324	<p>CRANIOSTENOSIS, operation for—single suture</p> <p>ALL STATES: FEE \$380.00</p> <p>ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S</p>
7326	<p>CRANIOSTENOSIS, operation for—more than one suture</p> <p>ALL STATES: FEE \$535.00</p> <p>ANAESTHETIC 20 UNITS—ITEM 464G/533S</p>

7328	<p>ARACHNOIDAL CYST, operation for</p> <p>ALL STATES: FEE \$485.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
7331	<p>LAMINECTOMY FOR EXPLORATION OR REMOVAL OF INTERVERTEBRAL DISC OR DISCS</p> <p>ALL STATES: FEE \$505.00</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 \$575.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
7341	<p>LAMINECTOMY FOR EXTRADURAL TUMOUR OR ABSCESS</p> <p>ALL STATES: FEE \$575.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
7346	<p>LAMINECTOMY FOR INTRADURAL LESION OR OPEN CORDOTOMY</p> <p>ALL STATES: FEE \$705.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
7353	<p>LAMINECTOMY AND RADICAL EXCISION OF INTRAMEDULLARY TUMOUR OR ARTERIOVENOUS MALFORMATION</p> <p>ALL STATES: FEE \$855.00</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 \$575.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>
7361	<p>LAMINECTOMY FOLLOWED BY POSTERIOR FUSION, PERFORMED BY NEUROSURGEON AND ORTHOPAEDIC SURGEON OPERATING TOGETHER—LAMINECTOMY, including after-care</p> <p>ALL STATES: FEE \$300.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>

7365	<p>LAMINECTOMY FOLLOWED BY POSTERIOR FUSION, PERFORMED BY NEUROSURGEON AND ORTHOPAEDIC SURGEON OPERATING TOGETHER—POSTERIOR FUSION, including after-care</p> <p>ALL STATES: FEE \$300.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>
7370	<p>SPINAL RHIZOLYSIS involving exposure of spinal nerve roots, with or without laminectomy</p> <p>ALL STATES: FEE \$505.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
7376	<p>SYMPATHECTOMY (cervical, lumbar, thoracic, sacral or presacral)</p> <p>ALL STATES: FEE \$375.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
7381	<p>PERCUTANEOUS CORDOTOMY</p> <p>ALL STATES: FEE \$335.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
7397	<p style="text-align: center;"><b>DIVISION 9—TREATMENT OF DISLOCATIONS</b></p> <p style="text-align: center;"><b>DISLOCATIONS NOT REQUIRING OPEN OPERATION</b></p> <p>MANDIBLE</p> <p>ALL STATES: FEE \$25.00</p> <p>ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S</p>
7410	<p>CLAVICLE</p> <p>ALL STATES: FEE \$39.00</p> <p>ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S</p>
7412	<p>SHOULDER—first or second dislocation</p> <p>ALL STATES: FEE \$47.50</p> <p>ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S</p>

7416	SHOULDER—third or subsequent dislocation—requiring anaesthesia  ALL STATES: FEE \$39.00  ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
7419	SHOULDER—third or subsequent dislocation—not requiring anaesthesia  ALL STATES: FEE \$31.00
7423	ELBOW  ALL STATES: FEE \$58.00  ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
7426	CARPUS  ALL STATES: FEE \$37.00  ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
7430	CARPUS ON RADIUS AND ULNA G. ALL STATES: FEE \$75.00
7432	S. ALL STATES: FEE \$94.00  ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
7435	FINGER  ALL STATES: FEE \$15.80  ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
7436	METACARPO-PHALANGEAL JOINT OF THUMB  ALL STATES: FEE \$47.50  ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
7440	HIP G. ALL STATES: FEE \$120.00
7443	S. ALL STATES: FEE \$156.00  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

	KNEE	
7446	G.	ALL STATES: FEE \$88.00
7451	S.	ALL STATES: FEE \$108.00 ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
	PATELLA	
7457		ALL STATES: FEE \$37.00 ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
	ANKLE	
7461		ALL STATES: FEE \$62.00 ANAESTHETIC 5 UNITS—ITEM 406G/510S
	TOE	
7464		ALL STATES: FEE \$18.80 ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
	TARSUS	
7468		ALL STATES: FEE \$47.50 ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
	SPINE (CERVICAL OR LUMBAR), without fracture	
7472		ALL STATES: FEE \$144.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
	<b>DISLOCATIONS REQUIRING OPEN OPERATION</b>	
	TREATMENT OF A DISLOCATION REQUIRING OPEN OPERATION, being a dislocation referred to in Item 7397, 7410, 7416, 7419, 7426, 7435, 7457 or 7464	
7480		ALL STATES: FEE \$63.00 ANAESTHETIC—ITEM NOS 482G/553S

TREATMENT OF A DISLOCATION REQUIRING OPEN OPERATION, being a dislocation referred to in an item (other than an item referred to in Item 7480) under the heading Dislocations Not Requiring Open Operation in this Division

7483 **DERIVED FEE**—The fee for the treatment of the dislocation, had such dislocation not required open operation, plus one-half of that fee

ANAESTHETIC—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 \$23.50

ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S

PROXIMAL PHALANX of finger or thumb

7508 G. ALL STATES: FEE \$48.50

7512 S. ALL STATES: FEE \$72.00

ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S

MIDDLE PHALANX OF FINGER

7516 ALL STATES: FEE \$32.00

ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S

ONE OR MORE METACARPALS, not involving base of first carpometacarpal joint

7520 G. ALL STATES: FEE \$72.00

7524	S.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
				98.00	98.00	98.00	98.00	98.00	88.00

ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S

FIRST METACARPAL involving carpometacarpal joint (Bennett's fracture)

7527 G. ALL STATES: FEE \$82.00

7530 S. ALL STATES: FEE \$116.00

ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S

7533 CARPUS (excluding navicular)  
 ALL STATES: FEE \$37.00  
 ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

7535 G. NAVICULAR OR CARPAL SCAPHOID  
 ALL STATES: FEE \$72.00  
 7538 S. ALL STATES: FEE \$86.00  
 ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

COLLE'S FRACTURE OF WRIST

			NSW	VIC	QLD	SA	WA	TAS
7540	G.	FEE	\$ 91.00	91.00	97.00	91.00	91.00	91.00
7544	S.	FEE	\$ 126.00	116.00	144.00	126.00	126.00	116.00

ANAESTHETIC 7 UNITS—ITEM NOS 406G/510S

7547 DISTAL END OF RADIUS OR ULNA, involving wrist  
 ALL STATES: FEE \$72.00  
 ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

RADIUS

			NSW	VIC	QLD	SA	WA	TAS
7550	G.	FEE	\$ 76.00	82.00	76.00	76.00	82.00	76.00
7552	S.	FEE	\$ 98.00	116.00	91.00	91.00	116.00	91.00

ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

ULNA

7559 G. ALL STATES: FEE \$75.00  
 7563 S. ALL STATES: FEE \$91.00  
 ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S

		HUMERUS OR BOTH SHAFTS OF FOREARM							
7567	G.	ALL STATES: FEE \$108.00							
7572	S.	ALL STATES: FEE \$158.00							
		ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
		CLAVICLE OR STERNUM							
7588	G.	ALL STATES: FEE \$51.00							
7593	S.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
				72.00	69.00	72.00	62.00	62.00	62.00
		ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
		SCAPULA							
7597		ALL STATES: FEE \$62.00							
		ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
		ONE OR MORE RIBS—each attendance							
7601	G.	FEE	\$	NSW	VIC	QLD	SA	WA	TAS
				15.00	14.20	13.00	13.00	13.00	14.20
7605	S.	FEE	\$	21.50	20.00	20.00	20.00	20.00	17.80
		ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
		PELVIS (excluding symphysis pubis) or sacrum							
7608	G.	ALL STATES: FEE \$94.00							
7610	S.	ALL STATES: FEE \$124.00							
		ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
		SYMPHYSIS PUBIS							
7615	G.	ALL STATES: FEE \$72.00							
7619	S.	ALL STATES: FEE \$94.00							
		ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							



FEMUR													
7624	G. ALL STATES: FEE \$215.00												
7627	S. ALL STATES: FEE \$275.00 ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S												
FIBULA OR TARSUS (excepting os calcis or os talus)													
7632	G. ALL STATES: FEE \$54.00												
7637	S. FEE \$ <table border="1" style="display: inline-table; vertical-align: middle;"> <thead> <tr> <th>NSW</th> <th>VIC</th> <th>QLD</th> <th>SA</th> <th>WA</th> <th>TAS</th> </tr> </thead> <tbody> <tr> <td>75.00</td> <td>78.00</td> <td>69.00</td> <td>72.00</td> <td>72.00</td> <td>72.00</td> </tr> </tbody> </table> ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S	NSW	VIC	QLD	SA	WA	TAS	75.00	78.00	69.00	72.00	72.00	72.00
NSW	VIC	QLD	SA	WA	TAS								
75.00	78.00	69.00	72.00	72.00	72.00								
TIBIA OR PATELLA													
7641	G. FEE \$ <table border="1" style="display: inline-table; vertical-align: middle;"> <thead> <tr> <th>NSW</th> <th>VIC</th> <th>QLD</th> <th>SA</th> <th>WA</th> <th>TAS</th> </tr> </thead> <tbody> <tr> <td>82.00</td> <td>86.00</td> <td>75.00</td> <td>72.00</td> <td>79.00</td> <td>72.00</td> </tr> </tbody> </table>	NSW	VIC	QLD	SA	WA	TAS	82.00	86.00	75.00	72.00	79.00	72.00
NSW	VIC	QLD	SA	WA	TAS								
82.00	86.00	75.00	72.00	79.00	72.00								
7643	S. FEE \$ <table border="1" style="display: inline-table; vertical-align: middle;"> <thead> <tr> <th>NSW</th> <th>VIC</th> <th>QLD</th> <th>SA</th> <th>WA</th> <th>TAS</th> </tr> </thead> <tbody> <tr> <td>116.00</td> <td>116.00</td> <td>98.00</td> <td>98.00</td> <td>98.00</td> <td>98.00</td> </tr> </tbody> </table> ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S	NSW	VIC	QLD	SA	WA	TAS	116.00	116.00	98.00	98.00	98.00	98.00
NSW	VIC	QLD	SA	WA	TAS								
116.00	116.00	98.00	98.00	98.00	98.00								
ANKLE (Pott's Fracture) with or without dislocation, OS CALCIS (calcaneus), OS TALUS or BOTH SHAFTS OF LEG													
7647	G. ALL STATES: FEE \$140.00												
7652	S. ALL STATES: FEE \$188.00 ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S												
METATARSALS—one or more													
7673	G. ALL STATES: FEE \$49.00												
7677	S. ALL STATES: FEE \$72.00 ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S												
PHALANX OF TOE (other than great toe)													
7681	ALL STATES: FEE \$19.60 ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S												

7683	MORE THAN ONE PHALANX OF TOE (other than great toe)								
	ALL STATES: FEE \$31.00								
	ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S								
7687	DISTAL PHALANX of great toe								
	ALL STATES: FEE \$48.50								
	ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S								
7691	PROXIMAL PHALANX of great toe								
	ALL STATES: FEE \$48.50								
	ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S								
	SKULL, not requiring operation—each attendance								
7694	G.	FEE	\$	NSW 15.00	VIC 14.20	QLD 13.00	SA 13.00	WA 13.00	TAS 14.20
7697	S.	FEE	\$	21.50	20.00	20.00	20.00	20.00	17.80
	NASAL BONES, not requiring reduction—each attendance								
7701	G.	FEE	\$	NSW 15.00	VIC 14.20	QLD 13.00	SA 13.00	WA 13.00	TAS 14.20
7706	S.	FEE	\$	21.50	20.00	20.00	20.00	20.00	17.80
	NASAL BONES, requiring reduction								
7709	G.	FEE	\$	NSW 91.00	VIC 91.00	QLD 91.00	SA 72.00	WA 72.00	TAS 72.00
7712	S.	FEE	\$	126.00	126.00	116.00	91.00	91.00	91.00
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S								
7715	NASAL BONES, requiring reduction and involving osteotomies								
	ALL STATES: FEE \$255.00								
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S								

**PART 10 — OPERATIONS**

**DIVISION 10 — FRACTURES**

7719	a	MAXILLA or MANDIBLE, unilateral OR bilateral, NOT requiring splinting							
		ALL STATES: FEE \$83.00							
7722	a	MAXILLA or MANDIBLE, requiring splinting OR wiring of teeth, not associated with Item 7725—each procedure to a maximum of three such procedures							
		ALL STATES: FEE \$215.00							
		ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S							
7725	a	MAXILLA or MANDIBLE, CIRCUMOSSEOUS FIXATION of—each procedure to maximum of three such procedures							
		ALL STATES: FEE \$230.00							
		ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S							
7728	a	MAXILLA or MANDIBLE, EXTERNAL SKELETAL FIXATION of—each procedure to a maximum of three such procedures							
		ALL STATES: FEE \$245.00							
		ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S							
		ZYGOMA							
7764	G.	ALL STATES: FEE \$63.00							
7766	S.	ALL STATES: FEE \$86.00							
		ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
		SPINE (excluding sacrum), transverse process or bone OTHER THAN VERTEBRAL BODY, not requiring immobilisation in plaster—each attendance							
7774	G.	FEE	\$	NSW 15.00	VIC 14.20	QLD 13.00	SA 13.00	WA 13.00	TAS 14.20
7777	S.	FEE	\$	21.50	20.00	20.00	20.00	20.00	17.80
		SPINE (excluding sacrum), VERTEBRAL BODY, without involvement of cord, not requiring immobilisation in plaster—each attendance							
7781	G.	FEE	\$	NSW 15.00	VIC 14.20	QLD 13.00	SA 13.00	WA 13.00	TAS 14.20
7785	S.	FEE	\$	21.50	20.00	20.00	20.00	20.00	17.80

7789	SPINE (excluding sacrum), transverse process or bone OTHER THAN VERTEBRAL BODY requiring immobilisation in plaster or traction by skull calipers	ALL STATES: FEE \$108.00	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 \$188.00	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
7798	SPINE (excluding sacrum), VERTEBRAL BODY, with involvement of cord	ALL STATES: FEE \$475.00	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S
7802	<p style="text-align: center;"><b>SIMPLE AND UNCOMPLICATED FRACTURES REQUIRING OPEN OPERATION</b></p> <p>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</p>	ALL STATES: FEE \$63.00	ANAESTHETIC—ITEM NOS 483G/554S
7803	TREATMENT OF A SIMPLE AND UNCOMPLICATED FRACTURE REQUIRING OPEN OPERATION, being a fracture referred to in an item (other than an item referred to in Item 7802) under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this Division	<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.	ANAESTHETIC—ITEM NOS 483G/554S
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 \$63.00	ANAESTHETIC—ITEM NOS 484G/556S

7809	<p>TREATMENT OF A SIMPLE AND UNCOMPLICATED FRACTURE REQUIRING INTERNAL FIXATION, being a fracture referred to in an item (other than an item referred to in Item 7808) under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this Division</p> <p><b>DERIVED FEE</b>—The fee for the treatment of the fracture, had such fracture not required open operation plus one-half of that fee.</p> <p>ANAESTHETIC—ITEM NOS 484G/556S</p>
7815	<p style="text-align: center;"><b>COMPOUND FRACTURES REQUIRING OPEN OPERATION</b></p> <p>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</p> <p>ALL STATES: FEE \$63.00</p> <p>ANAESTHETIC—ITEM NOS 484G/556S</p>
7817	<p>TREATMENT OF A COMPOUND FRACTURE REQUIRING OPEN OPERATION, being a fracture referred to in an item (other than an item referred to in Item 7815) under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this Division</p> <p><b>DERIVED FEE</b>—The fee for the treatment of the fracture, had such fracture not required open operation, plus one-half of that fee.</p> <p>ANAESTHETIC—ITEM NOS 484G/556S</p>
7821	<p style="text-align: center;"><b>COMPLICATED FRACTURES REQUIRING OPEN OPERATION</b></p> <p>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</p> <p>ALL STATES: FEE \$63.00</p> <p>ANAESTHETIC—ITEM NOS 485G/557S</p>
7823	<p>TREATMENT OF A COMPLICATED FRACTURE INVOLVING VISCERA, BLOOD VESSELS OR NERVES AND REQUIRING OPEN OPERATION, being a fracture referred to in an item (other than an item referred to in Item 7821) under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this Division</p> <p><b>DERIVED FEE</b>—The fee for the treatment of the fracture, had such fracture not required open operation, plus three-quarters of that fee.</p> <p>ANAESTHETIC—ITEM NOS 485G/557S</p>

## 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 the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this Division

7828                    **DERIVED FEE**—One-half of the amount of the fee specified for the reduction of the fracture.

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.

EACH SUBSEQUENT REDUCTION (without full post-operative treatment) in a series (other than the final reduction), being a reduction that would, but for this item, be covered by an item under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this Division

7834                    **DERIVED FEE**—One-half of the amount of the fee specified for the reduction of the fracture.

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.

FINAL REDUCTION (including full post-operative treatment) in a series being a reduction that would, but for this item, be covered by an item under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this Division

7839                    **DERIVED FEE**—The fee specified for the reduction of the fracture.

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

TREATMENT OF AVULSION OF EPIPHYSIS of any part referred to in an item under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this Division

7844                    **DERIVED FEE**—The fee specified in this Division for the treatment of a simple and uncomplicated fracture of that part not requiring open operation.

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.

7847	<p>TREATMENT OF A CLOSED FRACTURE, INVOLVING A JOINT SURFACE, being a fracture referred to in an item under the heading Simple and Uncomplicated Fractures Not Requiring Open Operation in this Division</p> <p><b>DERIVED FEE</b>—The fee specified for the treatment of the fracture plus one-third of that fee.</p>																		
<p><b>DIVISION 11—ORTHOPAEDIC</b></p>																			
7853	<p>ACCESSORY OR SESAMOID BONE, removal of</p> <p>ALL STATES: FEE \$150.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>																		
7855	<p>† BONE CYSTS, injection of steroids into</p> <p>ALL STATES: FEE \$108.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>																		
7857	<p>EPIDCONDYLITIS, open operation for</p> <p>ALL STATES: FEE \$150.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>																		
7861	<p>DIGITAL NAIL, removal of</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></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 style="text-align: right;">FEE</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">18.80</td> <td style="text-align: right;">18.80</td> <td style="text-align: right;">15.00</td> <td style="text-align: right;">15.00</td> <td style="text-align: right;">15.00</td> <td style="text-align: right;">15.00</td> <td style="text-align: right;">15.00</td> </tr> </table> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>				NSW	VIC	QLD	SA	WA	TAS	FEE	\$	18.80	18.80	15.00	15.00	15.00	15.00	15.00
			NSW	VIC	QLD	SA	WA	TAS											
FEE	\$	18.80	18.80	15.00	15.00	15.00	15.00	15.00											
7864	<p>INCISION FOR PULP SPACE INFECTION, PARONYCHIA OR OTHER ACUTE INFECTION OF HANDS OR FEET, not covered by any other item in this Part (excluding after-care)</p> <p>ALL STATES: FEE \$15.80</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>																		
7868	<p>MIDDLE PALMAR, THENAR OR HYPOTHENAR SPACES, drainage of</p> <p>ALL STATES: FEE \$38.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>																		

	INGROWING TOENAIL, excision of nail bed								
7872	G.	FEE	\$	NSW 88.00	VIC 65.00	QLD 65.00	SA 65.00	WA 65.00	TA. 65.00
7878	S.	FEE	\$	116.00	86.00	86.00	82.00	86.00	82.00
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S								
	INSERTION OF ORTHOPAEDIC PIN OR WIRE, as an independent procedure								
7883	ALL STATES: FEE \$65.00								
	ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S								
	REMOVAL OF BURIED WIRE, PIN, SCREW, ROD, NAIL OR PLATE requiring incision under regional or general anaesthesia								
7886	ALL STATES: FEE \$98.00								
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S								
	OSTEOSYNTHESIS by Smith-Petersen nail								
7898	ALL STATES: FEE \$520.00								
	ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S								
	TEMPORO-MANDIBULAR MENISCECTOMY								
7902	ALL STATES: FEE \$194.00								
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S								
	MANIPULATION OF JOINT, JOINTS, SPINE, JOINT AND SPINE OR JOINTS AND SPINE, under general anaesthesia, not associated with any other Item in this Part.								
7911	G.	ALL STATES: FEE \$60.00							
7915	S.	ALL STATES: FEE \$75.00							
	ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S								
	SPINE, APPLICATION OF PLASTER JACKET								
7926	ALL STATES: FEE \$97.00								
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S								



7928	<p>RISSEK JACKET, localiser or turn-buckle jacket, application of, body only</p> <p>ALL STATES: FEE \$158.00</p>
7932	<p>RISSEK JACKET, localiser or turn-buckle jacket, application of, body and head</p> <p>ALL STATES: FEE \$158.00</p>
7934	<p>SCOLIOSIS, spinal fusion for</p> <p>ALL STATES: FEE \$815.00</p> <p>ANAESTHETIC 23 UNITS—ITEM NOS 467G/538S</p>
7937	<p>SCOLIOSIS, re-exploration for adjustment or removal of Harrington rods or similar devices</p> <p>ALL STATES: FEE \$265.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
7938	<p>SCOLIOSIS, anterior correction of (Dwyer procedure), not more than four spaces; OR SPINAL FUSION FOR SCOLIOSIS OR KYPHOSIS with use of Harrington distraction rod</p> <p>ALL STATES: FEE \$1015.00</p> <p>ANAESTHETIC 23 UNITS—ITEM NOS 467G/538S</p>
7939	<p>SCOLIOSIS, anterior correction of (Dwyer procedure), more than four spaces; OR SPINAL FUSION FOR SCOLIOSIS OR KYPHOSIS with the use of Harrington distraction and compression rods</p> <p>ALL STATES: FEE \$1285.00</p> <p>ANAESTHETIC 29 UNITS—ITEM NOS 473G/544S</p>
7940	<p>APPLICATION OF HALO for spinal fusion in the treatment of scoliosis, not covered by Item 7934</p> <p>ALL STATES: FEE \$178.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
7942	<p>BONE GRAFT TO SPINE, POSTERIOR, not covered by Item 7945, 7967 or 7969</p> <p>ALL STATES: FEE \$380.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>

	INGROWING TOENAIL, excision of nail bed							
7872	G. FEE	\$	NSW 88.00	VIC 65.00	QLD 65.00	SA 65.00	WA 65.00	TAS 65.00
7878	S. FEE	\$	116.00	86.00	86.00	82.00	86.00	82.00
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
7883	INSERTION OF ORTHOPAEDIC PIN OR WIRE, as an independent procedure							
	ALL STATES: FEE \$65.00							
	ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S							
7886	REMOVAL OF BURIED WIRE, PIN, SCREW, ROD, NAIL OR PLATE requiring incision under regional or general anaesthesia							
	ALL STATES: FEE \$98.00							
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
7898	‡ FEMUR, internal fixation of neck or intertrochanteric (pertrochanteric) fracture							
	ALL STATES: FEE \$520.00							
	ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S							
7902	TEMPORO-MANDIBULAR MENISCECTOMY							
	ALL STATES: FEE \$194.00							
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S							
7911	MANIPULATION OF JOINT, JOINTS, SPINE, JOINT AND SPINE OR JOINTS AND SPINE, under general anaesthesia, not associated with any other item in this Part							
	G.	ALL STATES: FEE \$60.00						
7915	S.	ALL STATES: FEE \$75.00						
	ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S							
7926	SPINE, APPLICATION OF PLASTER JACKET							
	ALL STATES: FEE \$97.00							
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							

7928	<p>RISSER JACKET, localiser or turn-buckle jacket, application of, body only</p> <p>ALL STATES: FEE \$158.00</p>
7932	<p>RISSER JACKET, localiser or turn-buckle jacket, application of, body and head</p> <p>ALL STATES: FEE \$158.00</p>
7934	<p>SCOLIOSIS, spinal fusion for</p> <p>ALL STATES: FEE \$815.00</p> <p>ANAESTHETIC 23 UNITS—ITEM NOS 467G/538S</p>
7937	<p>SCOLIOSIS, re-exploration for adjustment or removal of Harrington rods or similar devices</p> <p>ALL STATES: FEE \$265.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
7938	<p>SCOLIOSIS, anterior correction of (Dwyer procedure), not more than four spaces; OR SPINAL FUSION FOR SCOLIOSIS OR KYPHOSIS with use of Harrington distraction rod</p> <p>ALL STATES: FEE \$1015.00</p> <p>ANAESTHETIC 23 UNITS—ITEM NOS 467G/538S</p>
7939	<p>SCOLIOSIS, anterior correction of (Dwyer procedure), more than four spaces; OR SPINAL FUSION FOR SCOLIOSIS OR KYPHOSIS with the use of Harrington distraction and compression rods</p> <p>ALL STATES: FEE \$1285.00</p> <p>ANAESTHETIC 29 UNITS—ITEM NOS 473G/544S</p>
7940	<p>APPLICATION OF HALO for spinal fusion in the treatment of scoliosis, not covered by Item 7934</p> <p>ALL STATES: FEE \$178.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
7942	<p>BONE GRAFT TO SPINE, POSTERIOR, not covered by Item 7945, 7967 or 7969</p> <p>ALL STATES: FEE \$380.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>

7945	<p>BONE GRAFT TO SPINE, POSTERO-LATERAL fusion</p> <p>ALL STATES: FEE \$675.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
7947	<p>ANTERIOR INTERBODY SPINAL FUSION TO CERVICAL SPINE—ONE LEVEL</p> <p>ALL STATES: FEE \$580.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
7951	<p>ANTERIOR INTERBODY SPINAL FUSION TO CERVICAL SPINE—MORE THAN ONE LEVEL</p> <p>ALL STATES: FEE \$750.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
7957	<p>ANTERIOR INTERBODY SPINAL FUSION TO LUMBAR OR THORACIC SPINE—ONE LEVEL</p> <p>ALL STATES: FEE \$675.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
7961	<p>ANTERIOR INTERBODY SPINAL FUSION TO LUMBAR OR THORACIC SPINE—MORE THAN ONE LEVEL</p> <p>ALL STATES: FEE \$905.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
7967	<p>BONE GRAFT TO SPINE WITH LAMINECTOMY AND POSTERIOR INTERBODY FUSION—ONE LEVEL</p> <p>ALL STATES: FEE \$660.00</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 \$905.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>

7975	<p>BONE GRAFT TO FEMUR</p> <p>ALL STATES: FEE \$455.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
7977	<p>BONE GRAFT TO TIBIA</p> <p>ALL STATES: FEE \$365.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
7983	<p>BONE GRAFT TO HUMERUS, OR TO RADIUS AND ULNA</p> <p>ALL STATES: FEE \$455.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
7993	<p>BONE GRAFT TO RADIUS OR ULNA</p> <p>ALL STATES: FEE \$320.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
7999	<p>BONE GRAFT TO SCAPHOID</p> <p>ALL STATES: FEE \$300.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
8001	<p>BONE GRAFT TO OTHER BONES, not covered by any other item in this Part</p> <p>ALL STATES: FEE \$265.00</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 \$400.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
8009	<p>SHOULDER—removal of calcium deposit from cuff</p> <p>ALL STATES: FEE \$150.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>

8014	SHOULDER—arthrotomy  ALL STATES: FEE \$158.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S																
8017	SHOULDER—arthroplasty or plastic reconstruction  ALL STATES: FEE \$410.00  ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S																
8019	SHOULDER—arthrodesis or arthrectomy  ALL STATES: FEE \$485.00  ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S																
8022	FINGER OR OTHER SMALL JOINT—arthrodesis, arthrectomy, or arthroplasty  <table border="0"> <thead> <tr> <th>FEE</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></td> <td></td> <td>174.00</td> <td>174.00</td> <td>146.00</td> <td>130.00</td> <td>130.00</td> <td>130.00</td> </tr> </tbody> </table> ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S	FEE	\$	NSW	VIC	QLD	SA	WA	TAS			174.00	174.00	146.00	130.00	130.00	130.00
FEE	\$	NSW	VIC	QLD	SA	WA	TAS										
		174.00	174.00	146.00	130.00	130.00	130.00										
8024	METACARPO PHALANGEAL JOINT, prosthetic arthroplasty  ALL STATES: FEE \$235.00  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S																
8026	SMALL JOINT—arthrotomy  ALL STATES: FEE \$48.50  ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S																
8028	ZYGAPOPHYSEAL JOINTS, arthrectomy  ALL STATES: FEE \$250.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S																
8032	SACRO-ILIAC JOINT—arthrodesis  ALL STATES: FEE \$275.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S																

8036	<p>OTHER LARGE JOINT—arthrodesis, arthrectomy, arthroplasty or total synovectomy of</p> <p>ALL STATES: FEE \$250.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8040	<p>OTHER LARGE JOINT—arthrotomy</p> <p>ALL STATES: FEE \$178.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8044	<p>HIP—ARTHRODESIS</p> <p>ALL STATES: FEE \$635.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
8048	<p>HIP—ARTHRECTOMY</p> <p>ALL STATES: FEE \$440.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
8053	<p>HIP—ARTHROPLASTY (Austin Moore, Girdlestone or similar procedure)</p> <p>ALL STATES: FEE \$440.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8069	<p>JOINT—ARTHROPLASTY, total replacement of hip (McKee-Farrer, Charnley or similar procedure), knee, elbow, shoulder or ankle</p> <p>ALL STATES: FEE \$625.00</p> <p>ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S</p>
8070	<p>JOINT—ARTHROPLASTY, revision operation for total replacement of hip, knee, elbow, shoulder or ankle with removal of prosthesis and replacement with new prosthesis</p> <p>ALL STATES: FEE \$815.00</p> <p>ANAESTHETIC 20 UNITS—ITEM NOS 464G/533S</p>
8074	<p>HIP—ARTHROTOMY (including removal of prosthesis)</p> <p>ALL STATES: FEE \$320.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>

8080	<p>KNEE—DIAGNOSTIC ARTHROSCOPY not associated with a procedure performed through the arthroscope</p> <p>ALL STATES: FEE \$118.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
8082	<p>KNEE—ARTHROTOMY, including one or more of, removal of loose body, removal of foreign body, biopsy or lateral capsular release, not associated with Item 8085, 8088, 8090 or 8092</p> <p>ALL STATES: FEE \$215.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
8085	<p>KNEE—single meniscectomy, repair of one collateral ligament, patellectomy, operation for recurrent dislocation of patella, single transfer of ligament for rotary instability, single transfer of tendon for rotary instability or any other single procedure not covered by any other Item in this Part—one procedure</p> <p>ALL STATES: FEE \$255.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8088	<p>KNEE—total synovectomy, arthrectomy, arthrodesis, repair of cruciate ligaments, replacement of cruciate ligaments, reconstruction of cruciate ligaments, arthroscopic surgery for meniscectomy, chondroplasty, removal of loose body or removal of foreign body—one procedure</p> <p>ALL STATES: FEE \$395.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
8090	<p>KNEE—operation comprising two or more procedures covered by Item 8082, 8085 or 8088, but not covered by Item 8092</p> <p>ALL STATES: FEE \$395.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
8092	<p>KNEE—three or more procedures for correction of rotary instability involving injury to cruciate ligaments, comprising as a minimum, medial, lateral and intra-articular procedures</p> <p>ALL STATES: FEE \$505.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
8105	<p>JOINT, or other SYNOVIAL CAVITY—aspiration of, injection into, or both of these procedures</p> <p>ALL STATES: FEE \$17.20</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>



8113	JOINT, repair of capsule or ligament of, or INTERNAL FIXATION of, to stabilize joint							
	ALL STATES: FEE \$215.00							
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
8116	FOOT OR ANKLE REGION—triple arthrodesis							
	FEE	\$	NSW 320.00	VIC 365.00	QLD 320.00	SA 320.00	WA 320.00	TAS 320.00
	ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S							
8120	CALCANEAN SPUR, removal of							
	ALL STATES: FEE \$194.00							
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
8131	HALLUX VALGUS OR RIGIDUS, correction of, with osteotomy or osteectomy of phalanx or metatarsal (Keller's arthroplasty); OR TOTAL REPLACEMENT OF FIRST METATARSOPHALANGEAL JOINT							
	FEE	\$	NSW 270.00	VIC 270.00	QLD 245.00	SA 245.00	WA 255.00	TAS 245.00
	ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S							
8135	HALLUX VALGUS, correction of, with osteotomy or osteectomy of phalanx or metatarsal and transplantation of adductor hallucis tendon							
	FEE	\$	NSW 365.00	VIC 335.00	QLD 310.00	SA 310.00	WA 310.00	TAS 310.00
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S							
8151	HAMMER TOE, correction of							
G.	ALL STATES: FEE \$118.00							
8153	S.							
	ALL STATES: FEE \$146.00							
	ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S							
8158	CERVICAL RIB, removal of							
	ALL STATES: FEE \$320.00							
	ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S							

## PART 10 — OPERATIONS

## DIVISION 11 — ORTHOPAEDIC

8080	<p>KNEE—DIAGNOSTIC ARTHROSCOPY not associated with a procedure performed through the arthroscope</p> <p>ALL STATES: FEE \$118.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
8082	<p>KNEE—ARTHROTOMY, including one or more of, removal of loose body, removal of foreign body, biopsy or lateral capsular release, not associated with Item 8085, 8088, 8090 or 8092</p> <p>ALL STATES: FEE \$215.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
8085	<p>KNEE—single meniscectomy, repair of one collateral ligament, patellectomy, operation for recurrent dislocation of patella, single transfer of ligament for rotary instability, single transfer of tendon for rotary instability or any other single procedure not covered by any other Item in this Part—one procedure</p> <p>ALL STATES: FEE \$255.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8088	<p>KNEE—total synovectomy, arthrectomy, arthrodesis, repair of cruciate ligaments, replacement of cruciate ligaments, reconstruction of cruciate ligaments, arthroscopic surgery for meniscectomy, chondroplasty, removal of loose body or removal of foreign body—one procedure</p> <p>ALL STATES: FEE \$395.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
8090	<p>KNEE—operation comprising two or more procedures covered by Item 8082, 8085 or 8088, but not covered by Item 8092</p> <p>ALL STATES: FEE \$395.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
8092	<p>KNEE—three or more procedures for correction of rotary instability involving injury to cruciate ligaments, comprising as a minimum, medial, lateral and intra-articular procedures.</p> <p>ALL STATES: FEE \$505.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
8105	<p>JOINT, or other SYNOVIAL CAVITY—aspiration of, injection into, or both of these procedures</p> <p>ALL STATES: FEE \$17.20</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>

## PART 10 — OPERATIONS

## DIVISION 11 — ORTHOPAEDIC

8113	JOINT, repair of capsule or ligament of, or INTERNAL FIXATION of, to stabilize joint  ALL STATES: FEE \$215.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S																		
8116	FOOT OR ANKLE REGION—triple arthrodesis  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></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></td> <td>320.00</td> <td>365.00</td> <td>320.00</td> <td>320.00</td> <td>320.00</td> <td>320.00</td> </tr> </tbody> </table> ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S				NSW	VIC	QLD	SA	WA	TAS	FEE	\$		320.00	365.00	320.00	320.00	320.00	320.00
			NSW	VIC	QLD	SA	WA	TAS											
FEE	\$		320.00	365.00	320.00	320.00	320.00	320.00											
8120	CALCANEAN SPUR, removal of  ALL STATES: FEE \$194.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S																		
8131	HALLUX VALGUS OR RIGIDUS, correction of, with osteotomy or osteectomy of phalanx or metatarsal (Keller's arthroplasty); OR TOTAL REPLACEMENT OF FIRST METATARSOPHALANGEAL JOINT  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></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></td> <td>270.00</td> <td>270.00</td> <td>245.00</td> <td>245.00</td> <td>255.00</td> <td>245.00</td> </tr> </tbody> </table> ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S				NSW	VIC	QLD	SA	WA	TAS	FEE	\$		270.00	270.00	245.00	245.00	255.00	245.00
			NSW	VIC	QLD	SA	WA	TAS											
FEE	\$		270.00	270.00	245.00	245.00	255.00	245.00											
8135	HALLUX VALGUS, correction of, with osteotomy or osteectomy of phalanx or metatarsal and transplantation of adductor hallucis tendon  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 10%;"></th> <th style="width: 10%;"></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></td> <td>365.00</td> <td>335.00</td> <td>310.00</td> <td>310.00</td> <td>310.00</td> <td>310.00</td> </tr> </tbody> </table> ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S				NSW	VIC	QLD	SA	WA	TAS	FEE	\$		365.00	335.00	310.00	310.00	310.00	310.00
			NSW	VIC	QLD	SA	WA	TAS											
FEE	\$		365.00	335.00	310.00	310.00	310.00	310.00											
8151	HAMMER TOE, correction of G. ALL STATES: FEE \$118.00																		
8153	S. ALL STATES: FEE \$146.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S																		
8158	CERVICAL RIB, removal of  ALL STATES: FEE \$320.00  ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S																		
8159	† REMOVAL OF FIRST RIB by axillary approach  ALL STATES: FEE \$450.00  ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S																		

8161	<p>SCALENOTOMY</p> <p>ALL STATES: FEE \$255.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>																
8166	<p>ACROMION OR CORACO-ACROMION LIGAMENT, removal of</p> <p>ALL STATES: FEE \$194.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>																
8169 G. 8173 S.	<p>EXCISION OF EXOSTOSIS OF SMALL BONE including simple removal of bunion</p> <p>ALL STATES: FEE \$118.00</p> <p>ALL STATES: FEE \$146.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>																
8179 G. 182 S.	<p>EXCISION OF EXOSTOSIS OF LARGE BONE</p> <p>ALL STATES: FEE \$144.00</p> <p>ALL STATES: FEE \$178.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>																
8185	<p>OSTEOTOMY OR OSTEECTOMY OF PHALANX, METACARPAL OR METATARSAL</p> <table border="0" data-bbox="197 1128 1093 1182"> <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>150.00</td> <td>150.00</td> <td>138.00</td> <td>138.00</td> <td>150.00</td> <td>138.00</td> </tr> </table> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	150.00	150.00	138.00	138.00	150.00	138.00
		NSW	VIC	QLD	SA	WA	TAS										
FEE	\$	150.00	150.00	138.00	138.00	150.00	138.00										
8187	<p>OSTEOTOMY OF PHALANX, METACARPAL OR METATARSAL, with internal fixation</p> <p>ALL STATES: FEE \$158.00</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 \$158.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>																

8193	<p>OSTEOTOMY OF FIBULA, RADIUS, ULNA, CLAVICLE, SCAPULA (OTHER THAN ACROMION), RIB, TARSUS OR CARPUS, with internal fixation</p> <p>ALL STATES: FEE \$194.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
8195	<p>OSTEOTOMY OR OSTEECTOMY OF TIBIA OR HUMERUS</p> <p>ALL STATES: FEE \$215.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
8198	<p>OSTEOTOMY OR OSTEECTOMY OF FEMUR OR PELVIC BONE</p> <p>ALL STATES: FEE \$365.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8201	<p>OSTEOTOMY OF TIBIA, HUMERUS, FEMUR OR PELVIC BONE, with internal fixation</p> <p>ALL STATES: FEE \$520.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
8206	<p>OSTEOTOMY OF FEMUR—sub-trochanteric</p> <p>ALL STATES: FEE \$365.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
8209	<p>OSTEECTOMY OF VERTEBRAL BODIES</p> <p>ALL STATES: FEE \$335.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8211	<p>OSTEOTOMY AND DISTRACTION FOR LENGTHENING OF LIMB</p> <p>ALL STATES: FEE \$365.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8214	<p>REMOVAL OF DISTRACTING APPARATUS FROM LIMB, without internal fixation</p> <p>ALL STATES: FEE \$88.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>

8161	SCALENOTOMY  ALL STATES: FEE \$255.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
8166	ACROMION OR CORACO-ACROMION LIGAMENT, removal of  ALL STATES: FEE \$194.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S
8169	EXCISION OF EXOSTOSIS OF SMALL BONE including simple removal of bunion G. ALL STATES: FEE \$118.00
8173	S. ALL STATES: FEE \$146.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
8179	‡ EXCISION OF EXOSTOSIS OF LARGE BONE or excision of osteoma of palate G. ALL STATES: FEE \$144.00
8182	S. ALL STATES: FEE \$178.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
8185	OSTEOTOMY OR OSTEECTOMY OF PHALANX, METACARPAL OR METATARSAL  FEE           \$       NSW           VIC           QLD           SA           WA           TAS 150.00   150.00   138.00   138.00   150.00   138.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
8187	OSTEOTOMY OF PHALANX, METACARPAL OR METATARSAL, with internal fixation  ALL STATES: FEE \$158.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S
8190	OSTEOTOMY OR OSTEECTOMY OF FIBULA, RADIUS, ULNA, CLAVICLE, SCAPULA (OTHER THAN ACROMION), RIB, TARSUS OR CARPUS  ALL STATES: FEE \$158.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S

8193	<p>OSTEOTOMY OF FIBULA, RADIUS, ULNA, CLAVICLE, SCAPULA (OTHER THAN ACROMION), RIB, TARSUS OR CARPUS, with internal fixation</p> <p>ALL STATES: FEE \$194.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
8195	<p>OSTEOTOMY OR OSTEECTOMY OR TIBIA OR HUMERUS</p> <p>ALL STATES: FEE \$215.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
8198	<p>OSTEOTOMY OR OSTEECTOMY OF FEMUR OR PELVIC BONE</p> <p>ALL STATES: FEE \$365.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8201	<p>OSTEOTOMY OF TIBIA, HUMERUS, FEMUR OR PELVIC BONE, with internal fixation</p> <p>ALL STATES: FEE \$520.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
8206	<p>OSTEOTOMY OF FEMUR—sub-trochanteric</p> <p>ALL STATES: FEE \$365.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
8209	<p>OSTEECTOMY OF VERTEBRAL BODIES</p> <p>ALL STATES: FEE \$335.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8211	<p>OSTEOTOMY AND DISTRACTION FOR LENGTHENING OF LIMB</p> <p>ALL STATES: FEE \$365.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8214	<p>REMOVAL OF DISTRACTING APPARATUS FROM LIMB, without internal fixation</p> <p>ALL STATES: FEE \$88.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>

8243	<p>TENDON OF FOOT, secondary suture of</p> <p>ALL STATES: FEE \$97.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8246	<p>TENOTOMY, SUBCUTANEOUS, one or more tendons</p> <p>ALL STATES: FEE \$60.00</p> <p>ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S</p>
8249	<p>TENOTOMY, OPEN, with or without tenoplasty</p> <p>ALL STATES: FEE \$146.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
8251	<p>TENDON OR LIGAMENT TRANSPLANTATION, not covered by any other item in this Part</p> <p>ALL STATES: FEE \$265.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8257	<p>TENDON GRAFT</p> <p>ALL STATES: FEE \$365.00</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 \$270.00</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 \$158.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
8267	<p>TENDON SHEATH, incision of, or open operation for STENOSING TENDOVAGINITIS</p> <p>ALL STATES: FEE \$118.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>



8275	<p>TENOLYSIS OF FLEXOR TENDON following tendon injury, repair or graft</p> <p>ALL STATES: FEE \$172.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8279	<p>TENOLYSIS OF EXTENSOR TENDON following tendon injury, repair or graft</p> <p>ALL STATES: FEE \$98.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
8282	<p>TENDON SHEATH OF FINGER OR THUMB, synovectomy of</p> <p>ALL STATES: FEE \$130.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8283	<p>SYNOVECTOMY of metacarpophalangeal joint</p> <p>ALL STATES: FEE \$172.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8287	<p>SYNOVECTOMY of interphalangeal joint</p> <p>ALL STATES: FEE \$120.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8290	<p>SYNOVECTOMY of wrist, extensor or flexor tendons of wrist, carpometacarpal joint or inferior radio ulnar joint</p> <p>ALL STATES: FEE \$290.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
8294	<p>CICATRICAL FLEXION CONTRACTURE OF JOINT, correction of, involving tissues deeper than skin and subcutaneous tissue</p> <p>ALL STATES: FEE \$194.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
8296	<p>DUPUYTREN'S CONTRACTURE, subcutaneous fasciotomy</p> <p>ALL STATES: FEE \$97.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>

8298	<p>DUPUYTREN'S CONTRACTURE, radical operation for</p> <p>ALL STATES: FEE \$240.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
8302	<p>FRAGMENTATION AND RODDING IN FRAGILITRAS OSSIUM—HUMERUS, RADIUS OR ULNA</p> <p>ALL STATES: FEE \$365.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
8304	<p>FRAGMENTATION AND RODDING IN FRAGILITAS OSSIUM—TIBIA</p> <p>ALL STATES: FEE \$440.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8306	<p>FRAGMENTATION AND RODDING IN FRAGILITAS OSSIUM—FEMUR</p> <p>ALL STATES: FEE \$580.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
8310	<p>EPIPHYSEODESIS—FEMUR</p> <p>ALL STATES: FEE \$215.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
8312	<p>EPIPHYSEODESIS—TIBIA AND FIBULA</p> <p>ALL STATES: FEE \$215.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
8314	<p>EPIPHYSEODESIS—FEMUR, TIBIA AND FIBULA</p> <p>ALL STATES: FEE \$300.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8316	<p>STAPLE ARREST OF HEMI-EPIPHYSIS</p> <p>ALL STATES: FEE \$300.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>

8318	<p>Operation for the prevention of closure of epiphysial plate</p> <p>ALL STATES: FEE \$600.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>								
8320	<p>RADICAL PLANTAR FASCIOTOMY (STEINDLER'S OPERATION)</p> <p>ALL STATES: FEE \$275.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>								
8322	<p>TALIPES EQUINOVARUS—POSTERIOR RELEASE PROCEDURE</p> <p>ALL STATES: FEE \$260.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>								
8324	<p>TALIPES EQUINOVARUS—MEDIAL RELEASE PROCEDURE</p> <p>ALL STATES: FEE \$300.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>								
8326	<p>SUBTALAR ARTHRODESIS (EXTRA-ARTICULAR)</p> <p>ALL STATES: FEE \$300.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>								
8328	<p>CALCANEAL OSTEOTOMY</p> <p>ALL STATES: FEE \$215.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>								
8330	<p>CALCANEAL OSTEOTOMY WITH BONE GRAFT</p> <p>ALL STATES: FEE \$300.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>								
8332	<p>CONGENITAL DISLOCATION OF HIP—manipulation and plaster (one hip)</p> <table data-bbox="209 1550 1107 1603"> <tr> <td>FEE</td> <td>\$</td> <td>NSW 104.00</td> <td>VIC 76.00</td> <td>QLD 76.00</td> <td>SA 76.00</td> <td>WA 76.00</td> <td>TAS 76.00</td> </tr> </table> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>	FEE	\$	NSW 104.00	VIC 76.00	QLD 76.00	SA 76.00	WA 76.00	TAS 76.00
FEE	\$	NSW 104.00	VIC 76.00	QLD 76.00	SA 76.00	WA 76.00	TAS 76.00		

8334	<p>TALIPES EQUINOVARUS, CALCANEUS VALGUS, PES PLANUS, METATARSUS VARUS, GENU VARUM OR GENU VALGUM—manipulation under general anaesthesia</p> <p>ALL STATES: FEE \$25.50</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>
8336	<p>TALIPES EQUINOVARUS, CALCANEUS VALGUS, PES PLANUS, METATARSUS VARUS, GENU VARUM OR GENU VALGUM—manipulation and plaster under general anaesthesia</p> <p>ALL STATES: FEE \$32.00</p> <p>ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S</p>
8349	<p>EPIPHYSITIS (Perthes', Calve's or Scheuermann's) plaster for</p> <p>ALL STATES: FEE \$52.00</p> <p>ANAESTHETIC 5 UNITS—ITEM 406G/510S</p>
8351	<p>EPIPHYSITIS (Sever's, Kohler's, Kienboch's or Schlatter's), plaster for</p> <p>ALL STATES: FEE \$32.00</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 \$25.50</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 \$39.00</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>
8356	<p>SPASTIC PARALYSIS—manipulation and plaster (one limb)</p> <p>ALL STATES: FEE \$39.00</p> <p>ANAESTHETIC 5 UNITS—ITEM NOS 406G/510S</p>

## DIVISION 12—PAEDIATRIC

## OPERATIONS FOR CORRECTION OF CONGENITAL ABNORMALITIES

8378	<p>HYPERTELORISM, correction of</p> <p>ALL STATES: FEE \$485.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
8380	<p>CHOANAL ATRESIA, plastic repair of</p> <p>ALL STATES: FEE \$475.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>
8382	<p>CHOANAL ATRESIA, repair of by puncture and dilatation</p> <p>ALL STATES: FEE \$118.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
8384	<p>MACROCHEILIA, MACROGLOSSIA OR MACROSTOMIA, operation for</p> <p>ALL STATES: FEE \$255.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
8386	<p>TORTICOLLIS, operation for</p> <p>ALL STATES: FEE \$194.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
8388	<p>OESOPHAGUS, correction of congenital stenosis by oesophagectomy and anastomosis</p> <p>ALL STATES: FEE \$580.00</p> <p>ANAESTHETIC 21 UNITS—ITEM NOS 465G/535S</p>
8390	<p>TRACHEO-OESOPHAGEAL FISTULA (with or without atresia), ligation and division of</p> <p>ALL STATES: FEE \$580.00</p> <p>ANAESTHETIC 20 UNITS—ITEM NOS 464G/533S</p>

8392	<p>OESOPHAGEAL ATRESIA, with or without fistula, correction of</p> <p>ALL STATES: FEE \$720.00</p> <p>ANAESTHETIC 23 UNITS—ITEM NOS 467G/538S</p>
8394	<p>NEONATAL ALIMENTARY OBSTRUCTION, laparotomy for, with or without resection, including reduction of volvulus</p> <p>ALL STATES: FEE \$505.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
8398	<p>HIRSCHSPRUNG'S DISEASE, rectosigmoidectomy for</p> <p>ALL STATES: FEE \$660.00</p> <p>ANAESTHETIC 22 UNITS—ITEM NOS 466G/537S</p>
8400	<p>EXOMPHALOS OR GASTROSCHISIS, operation for</p> <p>ALL STATES: FEE \$575.00</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 \$640.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
8406	<p>ANO-RECTAL MALFORMATION, perineal anoplasty, primary or secondary repair</p> <p>ALL STATES: FEE \$215.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8408	<p>ANO-RECTAL MALFORMATION, rectoplasty, primary or secondary repair, not covered by Item 8406</p> <p>ALL STATES: FEE \$625.00</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 \$320.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>

8412	URACHAL FISTULA, operation for  ALL STATES: FEE \$275.00  ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
8414	SPHINCTER RECONSTRUCTION for ectopia vesicae, ectopia cloacae or congenital incontinence  ALL STATES: FEE \$635.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
8418	URETHRAL VALVES OR URETHRAL MEMBRANE, open removal of  ALL STATES: FEE \$380.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
8422	LYMPHANGIECTASIS OF LIMB (Milroy's disease)—limited excision of  ALL STATES: FEE \$196.00  ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S
8424	LYMPHANGIECTASIS OF LIMB (Milroy's disease)—radical excision of  ALL STATES: FEE \$435.00  ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S
<b>OPERATIONS FOR EXCISION OF CONGENITAL ABNORMALITIES</b>	
8428	EXTRA DIGIT, ligation of pedicle  ALL STATES: FEE \$25.50  ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
8430	EXTRA DIGIT, amputation of  ALL STATES: FEE \$65.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S

8432 8434	<p>DERMOID, periorbital or superficial nasal, excision of</p> <p>G. ALL STATES: FEE \$94.00</p> <p>S. ALL STATES: FEE \$120.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8436	<p>DERMOID, ORBITAL, excision of</p> <p>ALL STATES: FEE \$255.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8440	<p>DERMOID OF NOSE, excision of, with intranasal extension</p> <p>ALL STATES: FEE \$300.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8442	<p>MYELOMENINGOCELE—excision of sac</p> <p>ALL STATES: FEE \$365.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
8444	<p>MYELOMENINGOCELE EXTENSIVE requiring formal repair with skin flaps or Z plasty</p> <p>ALL STATES: FEE \$535.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
<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>	
8448	<p>SINGLE STAGE LOCAL MUSCLE FLAP REPAIR, simple, small</p> <p>ALL STATES: FEE \$200.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
8449	<p>SINGLE STAGE LARGE MUSCLE FLAP REPAIR (pectoralis major, gastrocnemius, gracilis or similar large muscle)</p> <p>ALL STATES: FEE \$335.00</p> <p>ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S</p>



8450	DERMO-FAT OR FASCIA GRAFT (including transplant or muscle flap)  ALL STATES: FEE \$250.00  ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S																
8452	ABRASIVE THERAPY, limited area  ALL STATES: FEE \$94.00  ANAESTHETIC 6 UNITS—ITEM NOS 407G/513S																
8454	ABRASIVE THERAPY, extensive area  ALL STATES: FEE \$210.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S																
8458	ANGIOMA, cauterisation of or injection into, under general anaesthesia  ALL STATES: FEE \$49.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S																
8462	ANGIOMA OF SKIN, and subcutaneous tissue or mucous surface, small, excision and repair of  <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">FEE</th> <th style="text-align: left;">\$</th> <th style="text-align: center;">NSW</th> <th style="text-align: center;">VIC</th> <th style="text-align: center;">QLD</th> <th style="text-align: center;">SA</th> <th style="text-align: center;">WA</th> <th style="text-align: center;">TAS</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td style="text-align: center;">72.00</td> <td style="text-align: center;">72.00</td> <td style="text-align: center;">58.00</td> <td style="text-align: center;">58.00</td> <td style="text-align: center;">58.00</td> <td style="text-align: center;">49.00</td> </tr> </tbody> </table> ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S	FEE	\$	NSW	VIC	QLD	SA	WA	TAS			72.00	72.00	58.00	58.00	58.00	49.00
FEE	\$	NSW	VIC	QLD	SA	WA	TAS										
		72.00	72.00	58.00	58.00	58.00	49.00										
8466	ANGIOMA OF SKIN and subcutaneous tissue or mucous surface, large, excision and repair of  ALL STATES: FEE \$86.00  ANAESTHETIC 9 UNITS— ITEM NOS 443G/518S																
8470	ANGIOMA, INVOLVING DEEPER TISSUE, small, excision and repair of  ALL STATES: FEE \$116.00  ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S																
8472	ANGIOMA, INVOLVING DEEPER TISSUE, large, excision and repair of  ALL STATES: FEE \$172.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S																

8474	<p>HAEMANGIOMA OF NECK, deep-seated, excision of</p> <p>ALL STATES: FEE \$300.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8476	<p>MAJOR EXCISION AND GRAFTING FOR LYMPHOEDEMA</p> <p>ALL STATES: FEE \$410.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
8478	<p>FOREIGN IMPLANTS FOR CONTOUR RECONSTRUCTION</p> <p>ALL STATES: FEE \$250.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
<b>SKIN FLAP SURGERY</b>	
8480	<p>SINGLE STAGE LOCAL FLAP REPAIR, simple, small, excluding flap for male pattern baldness</p> <p>ALL STATES: FEE \$150.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
8484	<p>SINGLE STAGE LOCAL FLAP REPAIR, complicated or large, excluding flap for male pattern baldness</p> <p>ALL STATES: FEE \$215.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8485	<p>DIRECT FLAP REPAIR (cross arm, abdominal or similar), first stage</p> <p>ALL STATES: FEE \$250.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
8486	<p>DIRECT FLAP REPAIR (cross arm, abdominal or similar), second stage</p> <p>ALL STATES: FEE \$124.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
8487	<p>DIRECT FLAP REPAIR, cross leg, first stage</p> <p>ALL STATES: FEE \$535.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/521S</p>

8488	<p>DIRECT FLAP REPAIR, cross leg, second stage</p> <p>ALL STATES: FEE \$240.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
8490	<p>DIRECT FLAP REPAIR, small (cross finger or similar), first stage</p> <p>ALL STATES: FEE \$138.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
8492	<p>DIRECT FLAP REPAIR, small (cross finger or similar), second stage</p> <p>ALL STATES: FEE \$62.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>
8494	<p>INDIRECT FLAP OR TUBED PEDICLE, formation of</p> <p>ALL STATES: FEE \$235.00</p> <p>ANAESTHETIC 10 UNITS—ITEM 450G/521S</p>
8496	<p>INDIRECT FLAP OR TUBED PEDICLE, delay of</p> <p>ALL STATES: FEE \$124.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8498	<p>INDIRECT FLAP OR TUBED PEDICLE, preparation of intermediate or final site and attachment to the site</p> <p>ALL STATES: FEE \$250.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8500	<p>INDIRECT FLAP OR TUBED PEDICLE, spreading of pedicle, as a separate procedure</p> <p>ALL STATES: FEE \$196.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8502	<p>DIRECT, INDIRECT OR LOCAL FLAP REPAIR, revision of graft</p> <p>ALL STATES: FEE \$138.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>

## FREE GRAFTS

8504	<p>FREE GRAFTS (split skin or pinch grafts) on granulating areas, small</p> <p>ALL STATES: FEE \$108.00</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 \$215.00</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 2.5 per centum of total body surface</p> <p>ALL STATES: FEE \$158.00</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 2.5 per centum of total body surface</p> <p>ALL STATES: FEE \$370.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
8511	<p>FREE GRAFTS (homograft split skin) to burns including excision of burned tissue—involving more than 2.5 per centum of total body surface</p> <p>ALL STATES: FEE \$335.00</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 \$150.00</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 \$310.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>

8518	<p>FREE FULL THICKNESS GRAFTS, excluding grafts for male pattern baldness</p> <p>ALL STATES: FEE \$250.00</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 \$116.00</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 \$156.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
8528	<p>MAMMAPLASTY, reduction (unilateral), with or without repositioning of nipple</p> <p>ALL STATES: FEE \$475.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8530	<p>AUGMENTATION MAMMAPLASTY for significant breast asymmetry or following mastectomy, where the mammoplasty is limited to one breast</p> <p>ALL STATES: FEE \$390.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8535	<p>HAIR TRANSPLANTATION FOR THE TREATMENT OF ALOPECIA of congenital or traumatic origin or due to disease, excluding male pattern baldness, not covered by any other item in this Part</p> <p>ALL STATES: FEE \$250.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>
8540	<p>DIGIT, transplantation of—complete procedure</p> <p>ALL STATES: FEE \$680.00</p> <p>ANAESTHETIC 16 UNITS—ITEM NOS 460G/527S</p>

8542	<p>NEUROVASCULAR ISLAND FLAP, including repair of secondary defect, excluding flap for male pattern baldness</p> <p>ALL STATES: FEE \$580.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
8544	<p>MACRODACTYLY, plastic reduction of, each finger</p> <p>ALL STATES: FEE \$174.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8546	<p>FACIAL NERVE PARALYSIS, free fascia graft for</p> <p>ALL STATES: FEE \$380.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
8548	<p>FACIAL NERVE PARALYSIS, muscle transfer or graft for</p> <p>ALL STATES: FEE \$440.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
8551	<p>MELOPLASTY for correction of facial asymmetry due to soft tissue abnormality where the meloplasty is limited to one side of the face</p> <p>ALL STATES: FEE \$470.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
8552	<p>ORBITAL CAVITY, reconstruction of floor or roof of</p> <p>ALL STATES: FEE \$255.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
8554	<p>MAXILLA, resection of</p> <p>ALL STATES: FEE \$475.00</p> <p>ANAESTHETIC 17 UNITS—ITEM NOS 461G/528S</p>
8556	<p>MANDIBLE, resection of</p> <p>ALL STATES: FEE \$370.00</p> <p>ANAESTHETIC 15 UNITS—ITEM 459G/526S</p>

8560	MANDIBLE, segmental resection of, for tumours  ALL STATES: FEE \$310.00  ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S														
8568	MANDIBLE, hemi-mandibular reconstruction with bone graft, not associated with Item 8556  ALL STATES: FEE \$435.00  ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S														
8570	MANDIBLE, condylectomy  ALL STATES: FEE \$250.00  ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S														
8582	WHOLE THICKNESS RECONSTRUCTION OF EYELID other than by direct suture only  ALL STATES: FEE \$310.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S														
8584	REDUCTION OF UPPER EYELID for skin redundancy obscuring vision, herniation of orbital fat in exophthalmos, facial nerve palsy or post-traumatic scarring, or, in respect of one of these conditions, the restoration of symmetry of the contralateral upper eyelid  ALL STATES: FEE \$124.00  ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S														
8585	REDUCTION OF LOWER EYELID for herniation of orbital fat in exophthalmos, facial nerve palsy or post-traumatic scarring, or, in respect of one of these conditions, the restoration of symmetry of the contralateral lower eyelid  ALL STATES: FEE \$172.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S														
8586	CORRECTION OF PTOSIS (unilateral)  <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"></th> <th style="text-align: center;">NSW</th> <th style="text-align: center;">VIC</th> <th style="text-align: center;">QLD</th> <th style="text-align: center;">SA</th> <th style="text-align: center;">WA</th> <th style="text-align: center;">TAS</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">FEE</td> <td style="text-align: right;">\$ 410.00</td> <td style="text-align: right;">365.00</td> <td style="text-align: right;">365.00</td> <td style="text-align: right;">365.00</td> <td style="text-align: right;">365.00</td> <td style="text-align: right;">365.00</td> </tr> </tbody> </table> ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S		NSW	VIC	QLD	SA	WA	TAS	FEE	\$ 410.00	365.00	365.00	365.00	365.00	365.00
	NSW	VIC	QLD	SA	WA	TAS									
FEE	\$ 410.00	365.00	365.00	365.00	365.00	365.00									

8588	<p>ECTROPION OR ENTROPION, correction of (unilateral)</p> <p>ALL STATES: FEE \$172.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
8592	<p>SYMBLEPHARON, grafting for</p> <p>ALL STATES: FEE \$250.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8594	<p>RHINOPLASTY, correction of lateral or alar cartilages or both</p> <p>ALL STATES: FEE \$270.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8596	<p>RHINOPLASTY, correction of bony vault only</p> <p>ALL STATES: FEE \$310.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8598	<p>RHINOPLASTY—TOTAL, including correction of all bony and cartilaginous elements of the external nose</p> <p>ALL STATES: FEE \$535.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
8600	<p>RHINOPLASTY OR SIMILAR CONTOUR RESTORATION OF THE FACE, involving autogenous bone or costal cartilage graft</p> <p>ALL STATES: FEE \$675.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
8602	<p>RHINOPLASTY, secondary revision of</p> <p>ALL STATES: FEE \$78.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8604	<p>RHINOPHYMA, correction of</p> <p>ALL STATES: FEE \$188.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>



8560	<p>MANDIBLE, segmental resection of, for tumours</p> <p>ALL STATES: FEE \$310.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>																
8568	<p>MANDIBLE, hemi-mandibular reconstruction with bone graft, not associated with Item 8556</p> <p>ALL STATES: FEE \$435.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>																
8570	<p>MANDIBLE, condylectomy</p> <p>ALL STATES: FEE \$250.00</p> <p>ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S</p>																
8582	<p>WHOLE THICKNESS RECONSTRUCTION OF EYELID other than by direct suture only</p> <p>ALL STATES: FEE \$310.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>																
8584	<p>REDUCTION OF UPPER EYELID for skin redundancy obscuring vision, herniation of orbital fat in exophthalmos, facial nerve palsy or post-traumatic scarring, or, in respect of one of these conditions, the restoration of symmetry of the contralateral upper eyelid</p> <p>ALL STATES: FEE \$124.00</p> <p>ANAESTHETIC 7 UNITS—ITEM NOS 408G/514S</p>																
8585	<p>REDUCTION OF LOWER EYELID for herniation of orbital fat in exophthalmos, facial nerve palsy or post-traumatic scarring, or, in respect of one of these conditions, the restoration of symmetry of the contralateral lower eyelid</p> <p>ALL STATES: FEE \$172.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>																
8586	<p>CORRECTION OF PTOSIS (unilateral)</p> <table data-bbox="205 1532 1099 1585"> <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>410.00</td> <td>365.00</td> <td>365.00</td> <td>365.00</td> <td>365.00</td> <td>365.00</td> </tr> </table> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>			NSW	VIC	QLD	SA	WA	TAS	FEE	\$	410.00	365.00	365.00	365.00	365.00	365.00
		NSW	VIC	QLD	SA	WA	TAS										
FEE	\$	410.00	365.00	365.00	365.00	365.00	365.00										

## PART 10—OPERATIONS

## DIVISION 13—PLASTIC

8588	<p>ECTROPION OR ENTROPION, correction of (unilateral)</p> <p>ALL STATES: FEE \$172.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>
8592	<p>SYMBLEPHARON, grafting for</p> <p>ALL STATES: FEE \$250.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8594	<p>‡ RHINOPLASTY, correction of lateral or alar cartilages or columella, one or more</p> <p>ALL STATES: FEE \$270.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8596	<p>RHINOPLASTY, correction of bony vault only</p> <p>ALL STATES: FEE \$310.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8598	<p>RHINOPLASTY—TOTAL, including correction of all bony and cartilaginous elements of the external nose</p> <p>ALL STATES: FEE \$535.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
8600	<p>RHINOPLASTY OR SIMILAR CONTOUR RESTORATION OF THE FACE, involving autogenous bone or costal cartilage graft</p> <p>ALL STATES: FEE \$675.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
8602	<p>RHINOPLASTY, secondary revision of</p> <p>ALL STATES: FEE \$78.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8604	<p>RHINOPHYMA, correction of</p> <p>ALL STATES: FEE \$188.00</p> <p>ANAESTHETIC 9 UNITS—ITEM NOS 443G/518S</p>

8606	COMPOSITE GRAFT (Chondro-cutaneous or chondro-mucosal) to nose, ear or eyelid
	ALL STATES: FEE \$265.00
	ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
8608	LOP EAR, BAT EAR OR SIMILAR DEFORMITY, correction of
	ALL STATES: FEE \$275.00
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
8612	CONGENITAL ATRESIA, reconstruction of external auditory canal
	ALL STATES: FEE \$370.00
	ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
8614	FULL THICKNESS WEDGE EXCISION OF LIP OR EYELID with repair by direct sutures
	ALL STATES: FEE \$172.00
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
8616	VERMILIONECTOMY
	ALL STATES: FEE \$172.00
	ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
8618	LIP OR EYELID RECONSTRUCTION using full thickness flap (Abbe or similar), first stage
	ALL STATES: FEE \$440.00
	ANAESTHETIC 11 UNITS—ITEM NOS 453G/522S
8620	LIP OR EYELID RECONSTRUCTION using full thickness flap (Abbe or similar), second stage
	ALL STATES: FEE \$128.00
	ANAESTHETIC 4 UNITS—ITEM NOS 405G/509S
8622	CLEFT LIP, unilateral—primary repair
	ALL STATES: FEE \$335.00
	ANAESTHETIC 12 UNITS— ITEM NOS 454G/523S

8624	<p>CLEFT LIP, complete primary repair, one stage, bilateral</p> <p>ALL STATES: FEE \$455.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
8628	<p>CLEFT LIP, secondary correction, partial or incomplete</p> <p>ALL STATES: FEE \$144.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8630	<p>CLEFT LIP, secondary correction, complete revision</p> <p>ALL STATES: FEE \$270.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
8632	<p>CLEFT LIP, secondary correction, Abbe flap</p> <p>ALL STATES: FEE \$630.00</p> <p>ANAESTHETIC 12 UNITS—ITEM 454G/523S</p>
8634	<p>CLEFT LIP, secondary correction of nostril or nasal tip</p> <p>ALL STATES: FEE \$188.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8636	<p>CLEFT PALATE, primary repair, partial cleft</p> <p>ALL STATES: FEE \$335.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
8640	<p>CLEFT PALATE, primary repair, complete cleft or cleft requiring major repair</p> <p>ALL STATES: FEE \$435.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
8644	<p>CLEFT PALATE, secondary repair, closure of fistula</p> <p>ALL STATES: FEE \$215.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>

8648	CLEFT PALATE, secondary repair, lengthening procedure	ALL STATES: FEE \$310.00	ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S
8652	CLEFT PALATE, partial repair, complex cleft	ALL STATES: FEE \$310.00	ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S
8656	PHARYNGEAL FLAP OR PHARYNGOPLASTY	ALL STATES: FEE \$390.00	ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S
8658	† UNILATERAL OSTEOTOMY or OSTEECTOMY of MANDIBLE or MAXILLA, including transposition of nerves and vessels and bone grafts taken from the same site	ALL STATES: FEE \$510.00	ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S
8660	† BILATERAL OSTEOTOMY or OSTEECTOMY of MANDIBLE or MAXILLA, including transposition of nerves and vessels and bone grafts taken from the same site	ALL STATES: FEE \$650.00	ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S
8662	† OSTEOTOMIES or OSTEECTOMIES of MANDIBLE or MAXILLA, involving THREE OR MORE such procedures on the ONE JAW, including transposition of nerves and vessels and bone grafts taken from the same site	ALL STATES: FEE \$740.00	ANAESTHETIC 22 UNITS—ITEM NOS 466G/537S
8664	† BILATERAL OSTEOTOMIES or OSTEECTOMIES of MANDIBLE or MAXILLA, involving TWO such procedures of EACH JAW including transposition of nerves and vessels and bone grafts taken from the same site	ALL STATES: FEE \$850.00	ANAESTHETIC 26 UNITS—ITEM NOS 470G/541S

8666	† COMPLEX BILATERAL OSTEOTOMIES or OSTEECTOMIES of MANDIBLE or MAXILLA, involving THREE or MORE such procedures of ONE JAW and TWO such procedures of the OTHER JAW, INCLUDING GENIOPLASTY (when performed) and transposition of nerves and vessels and bone grafts taken from the same site	ALL STATES: FEE \$935.00  ANAESTHETIC 32 UNITS—ITEM NOS 475G/546S
8668	† COMPLEX BILATERAL OSTEOTOMIES or OSTEECTOMIES of MANDIBLE or MAXILLA, involving THREE or MORE such procedures of EACH JAW, INCLUDING GENIOPLASTY (when performed) and transposition of nerves and vessels and bone grafts taken from the same site	ALL STATES: FEE \$1020.00  ANAESTHETIC 34 UNITS—ITEM NOS 492G/563S
8670	† GENIOPLASTY not associated with Item 8658, 8660, 8662, 8664, 8666, or 8668 including transposition of nerves and bone grafts taken from the same site	ALL STATES: FEE \$395.00  ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S
8672	† GENIOPLASTY associated with Item 8658, 8660, 8662 or 8664	ALL STATES: FEE \$230.00  ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S
8675	† HYPERTELORISM, correction of, intra-cranial	ALL STATES: FEE \$1330.00  ANAESTHETIC 47 UNITS—ITEM NOS 497G/565S
8676	† HYPERTELORISM, correction of, sub-cranial	ALL STATES: FEE \$1015.00  ANAESTHETIC 26 UNITS—ITEM NOS 470G/541S
8677	† PERIORBITAL CORRECTION OF TREACHER COLLINS SYNDROME, with rib and iliac bone grafts	ALL STATES: FEE \$925.00  ANAESTHETIC 30 UNITS—ITEM NOS 474G/545S

8648	<p>CLEFT PALATE, secondary repair, lengthening procedure</p> <p>ALL STATES: FEE \$310.00</p> <p>ANAESTHETIC 12 UNITS—ITEM NOS 454G/523S</p>
8652	<p>CLEFT PALATE, partial repair, complex cleft</p> <p>ALL STATES: FEE \$310.00</p> <p>ANAESTHETIC 13 UNITS—ITEM NOS 457G/524S</p>
‡ 8656	<p>PHARYNGEAL FLAP OR PHARYNGOPLASTY, with or without tonsillectomy</p> <p>ALL STATES: FEE \$390.00</p> <p>ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S</p>
8658	<p>UNILATERAL OSTEOTOMY or OSTEECTOMY of MANDIBLE or MAXILLA, including transposition of nerves and vessels and bone grafts taken from the same site</p> <p>ALL STATES: FEE \$510.00</p> <p>ANAESTHETIC 14 UNITS—ITEM NOS 458G/525S</p>
8660	<p>BILATERAL OSTEOTOMY or OSTEECTOMY of MANDIBLE or MAXILLA, including transposition of nerves and vessels and bone grafts taken from the same site</p> <p>ALL STATES: FEE \$650.00</p> <p>ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S</p>
8662	<p>OSTEOTOMIES or OSTEECTOMIES of MANDIBLE or MAXILLA, involving THREE OR MORE such procedures on the ONE JAW, including transposition of nerves and vessels and bone grafts taken from the same site</p> <p>ALL STATES: FEE \$740.00</p> <p>ANAESTHETIC 22 UNITS—ITEM NOS 466G/537S</p>
8664	<p>BILATERAL OSTEOTOMIES or OSTEECTOMIES of MANDIBLE or MAXILLA, involving TWO such procedures of EACH JAW including transposition of nerves and vessels and bone grafts taken from the same site</p> <p>ALL STATES: FEE \$850.00</p> <p>ANAESTHETIC 26 UNITS—ITEM NOS 470G/541S</p>

8666	<p>COMPLEX BILATERAL OSTEOTOMIES, or OSTEECTOMIES of MANDIBLE or MAXILLA, involving THREE or MORE such procedures of ONE JAW and TWO such procedures of the OTHER JAW, INCLUDING GENIOPLASTY (when performed) and transposition of nerves and vessels and bone grafts taken from the same site</p> <p>ALL STATES: FEE \$935.00</p> <p>ANAESTHETIC 32 UNITS—ITEM NOS 475G/546S</p>
8668	<p>COMPLEX BILATERAL OSTEOTOMIES or OSTEECTOMIES of MANDIBLE or MAXILLA, involving THREE or MORE such procedures of EACH JAW, INCLUDING GENIOPLASTY (when performed) and transposition of nerves and vessels and bone grafts taken from the same site</p> <p>ALL STATES: FEE \$1020.00</p> <p>ANAESTHETIC 34 UNITS—ITEM NOS 492G/563S</p>
8670	<p>GENIOPLASTY not associated with Item 8658, 8660, 8662, 8664, 8666, or 8668 including transposition of nerves and bone grafts taken from the same site</p> <p>ALL STATES: FEE \$395.00</p> <p>ANAESTHETIC 10 UNITS—ITEM NOS 450G/521S</p>
8672	<p>GENIOPLASTY associated with Item 8658, 8660, 8662 or 8664</p> <p>ALL STATES: FEE \$230.00</p> <p>ANAESTHETIC 8 UNITS—ITEM NOS 409G/517S</p>
8675	<p>HYPERTELORISM, correction of, intra-cranial</p> <p>ALL STATES: FEE \$1330.00</p> <p>ANAESTHETIC 47 UNITS—ITEM NOS 497G/565S</p>
8676	<p>HYPERTELORISM, correction of, sub-cranial</p> <p>ALL STATES: FEE \$1015.00</p> <p>ANAESTHETIC 26 UNITS—ITEM NOS 470G/541S</p>
8677	<p>PERIORBITAL CORRECTION OF TREACHER COLLINS SYNDROME, with rib and iliac bone grafts</p> <p>ALL STATES: FEE \$925.00</p> <p>ANAESTHETIC 30 UNITS—ITEM NOS 474G/545S</p>



8678	† CORRECTION OF UNILATERAL ORBITAL DYSTOPIA—total repositioning of one orbit, intra-cranial ALL STATES: FEE \$925.00 ANAESTHETIC 35 UNITS—ITEM NOS 493G/564S
8679	† CORRECTION OF UNILATERAL ORBITAL DYSTOPIA—sub-total repositioning of one orbit, extra-cranial ALL STATES: FEE \$680.00 ANAESTHETIC 18 UNITS—ITEM NOS 462G/529S
8680	† UNILATERAL FRONTO-ORBITAL ADVANCEMENT ALL STATES: FEE \$520.00 ANAESTHETIC 19 UNITS—ITEM NOS 463G/531S
8681	† CRANIAL VAULT RECONSTRUCTION for oxycephaly, brachycephaly, turricephaly or similar condition—(bilateral fronto-orbital advancement) ALL STATES: FEE \$880.00 ANAESTHETIC 39 UNITS—ITEM NOS 478G/549S
8682	† Reconstruction of glenoid fossa, zygomatic arch and temporal bone (Obwegeser technique) ALL STATES: FEE \$870.00 ANAESTHETIC 19 UNITS—ITEM NOS 463G/531S
8683	† Construction of absent condyle and ascending ramus in hemifacial microsomia ALL STATES: FEE \$470.00 ANAESTHETIC 15 UNITS—ITEM NOS 459G/526S

## PART 11—NUCLEAR MEDICINE

## NOTE

(This note should be read in conjunction with paragraphs 237 to 242 of Section 1 of this Book—Notes for General Guidance of Medical Practitioners).

(1) Benefits for a nuclear scanning service cover the preliminary examination of the patient, estimation of dosage, supervision of the administration of the dose and the performance of the scan, and compilation of the final report. Additional benefits will only be attracted for a specialist physician or consultant physician attendance under Part 1 of the Schedule where there is a request for a full medical examination accompanied by a Notice of Referral.

(2) The 'C' Schedule fee in this Part applies only where the service covered by the item is performed in a nuclear medicine installation with computerised processing facilities.

(3) The 'NC' Schedule fee in this Part applies where the service covered by the item is performed in a nuclear medicine installation without computerised processing facilities.

## ERYTHROCYTE RADIOACTIVE UPTAKE SURVIVAL TIME TEST

8700 ALL STATES: FEE \$70.00

## BLOOD VOLUME ESTIMATION USING RADIOACTIVE CHROMIUM

			NSW	VIC	QLD	SA	WA	TAS
8702	FEE	\$	27.50	27.50	27.50	27.50	24.50	27.50

## GASTROINTESTINAL BLOOD LOSS ESTIMATION with radioactive chromium involving serial examination of stool specimens

8704 ALL STATES: FEE \$55.00

## RADIOIODINE, URINARY ESTIMATION

8706 ALL STATES: FEE \$19.00

## PROTEIN BOUND RADIOACTIVE IODINE TEST

8708 ALL STATES: FEE \$27.50

## RADIOACTIVE B12 ABSORPTION TEST (Schilling test)—One isotope

8710 ALL STATES: FEE \$30.50

## RADIOACTIVE B12 ABSORPTION TEST (Schilling test)—Two isotopes

8711 ALL STATES: FEE \$45.50

	THALLIUM MYOCARDIAL STUDY or THALLIUM MYOCARDIAL REDISTRIBUTION STUDY	
8712	C.	ALL STATES: FEE \$124.00
8713	NC.	ALL STATES: FEE \$110.00
	MYOCARDIAL INFARCT AVID IMAGING STUDY, CARDIAC BLOOD POOL STUDY or CARDIAC OUTPUT ESTIMATION	
8716	C.	ALL STATES: FEE \$96.00
8717	NC.	ALL STATES: FEE \$83.00
	GATED CARDIAC BLOOD POOL (equilibrium) STUDY	
8720	C.	ALL STATES: FEE \$156.00
8721	NC.	ALL STATES: FEE \$83.00
	GATED CARDIAC BLOOD POOL STUDY WITH INTERVENTION	
8723	C.	ALL STATES: FEE \$190.00
	CARDIAC FIRST PASS BLOOD FLOW STUDY (gated or ungated) or CARDIAC SHUNT STUDY	
8724	C.	ALL STATES: FEE \$96.00
	LUNG PERFUSION STUDY, LUNG VENTILATION STUDY or LUNG AEROSOL STUDY	
8730	C.	ALL STATES: FEE \$96.00
8731	NC.	ALL STATES: FEE \$83.00
	LIVER AND SPLEEN STUDY, HEPATO BILIARY STUDY or MECKEL'S DIVERTICULUM STUDY	
8736	C.	ALL STATES: FEE \$126.00
8737	NC.	ALL STATES: FEE \$114.00
	SPLEEN STUDY, RED BLOOD CELL SPLEEN STUDY, PANCREAS STUDY, GASTRO-OESOPHAGEAL REFLUX STUDY, SALIVARY STUDY, or BOWEL HAEMORRAGE STUDY	
8738	C.	ALL STATES: FEE \$98.00
8739	NC.	ALL STATES: FEE \$86.00

## LIVER AND LUNG STUDY

8742 C. ALL STATES: FEE \$190.00

8743 NC. ALL STATES: FEE \$164.00

## LE VEEN SHUNT STUDY

8746 C. ALL STATES: FEE \$65.00

8747 NC. ALL STATES: FEE \$58.00

## GASTRIC EMPTYING STUDY

8750 C. ALL STATES: FEE \$98.00

## RENAL STUDY (static) or PLACENTAL STUDY

8755 C. ALL STATES: FEE \$98.00

8756 NC. ALL STATES: FEE \$86.00

## CYSTOURETEROGRAM or QUANTITATIVE RENOGRAM

8759 C. ALL STATES: FEE \$126.00

8760 NC. ALL STATES: FEE \$114.00

## TESTICULAR STUDY

8763 C. ALL STATES: FEE \$67.00

8764 NC. ALL STATES: FEE \$59.00

## BRAIN STUDY (static) or CEREBRO SPINAL FLUID STUDY (static)

8769 C. ALL STATES: FEE \$128.00

8770 NC. ALL STATES: FEE \$114.00

## SHUNT PATENCY STUDY

8773 C. ALL STATES: FEE \$98.00

8774 NC. ALL STATES: FEE \$87.00

	DYNAMIC FLOW STUDY or REGIONAL BLOOD VOLUME QUANTITATIVE STUDY	
8779	C.	ALL STATES: FEE \$37.50
8780	NC.	ALL STATES: FEE \$33.50
	VENOGRAPHY, LYMPHOSCINTIGRAPHY, LABELLED PLATELETS THROMBUS STUDY or LABELLED WHITE CELL STUDY	
8783	C.	ALL STATES: FEE \$126.00
8784	NC.	ALL STATES: FEE \$114.00
	PERIPHERAL PERFUSION STUDY	
8787	C.	ALL STATES: FEE \$96.00
8788	NC.	ALL STATES: FEE \$83.00
	BONE STUDY—four or more areas	
8793	C.	ALL STATES: FEE \$255.00
8794	NC.	ALL STATES: FEE \$225.00
	BONE STUDY—less than four areas	
8797	C.	ALL STATES: FEE \$128.00
8798	NC.	ALL STATES: FEE \$114.00
	JOINT STUDY of two or more joints	
8799	C.	ALL STATES: FEE \$128.00
8800	NC.	ALL STATES: FEE \$114.00
	TUMOUR SEEKING STUDY—three or more areas	
8803	C.	ALL STATES: FEE \$255.00
8804	NC.	ALL STATES: FEE \$225.00
	TUMOUR SEEKING STUDY—less than three areas	
8807	C.	ALL STATES: FEE \$128.00
8808	NC.	ALL STATES: FEE \$114.00

THYROID STUDY (using technetium, iodine or caesium) or PERCHLORATE DISCHARGE STUDY		
8813	C.	ALL STATES: FEE \$64.00
8814	NC.	ALL STATES: FEE \$57.00
THYROID UPTAKE		
8817	C.	ALL STATES: FEE \$33.50
8818	NC.	ALL STATES: FEE \$29.50
PARATHYROID STUDY		
8821	C.	ALL STATES: FEE \$96.00
ADRENAL STUDY		
8824	C.	ALL STATES: FEE \$100.00
8825	NC.	ALL STATES: FEE \$88.00
STUDY OF REGION OR ORGAN NOT COVERED by any other item in this Part		
8828	C.	ALL STATES: FEE \$96.00
8829	NC.	ALL STATES: FEE \$83.00
Procedure service associated with the administration of a radionuclide in relation to a service covered by an item in Part 8A or Part 11		
8850		ALL STATES: FEE \$1.65

**COMMONWEALTH DEPARTMENT OF HEALTH  
SECTION 2A**

**PATHOLOGY SERVICES SCHEDULE  
REPLACEMENT PAGES — 1 AUGUST 1986**

**NOTE:** The attached Schedule pages relate to pathology services and replace those presently contained in Part 7 of Section 2. Schedule pages relating to pathology services will in future be known as Section 2A and should be located at the back of the existing Section 2. The following explanatory notes replace those at paragraphs 204 to 239 of the 'Notes for Guidance' located in the front of the Medicare Benefits Schedule Book but should be read in conjunction with the general notes relating to the Medicare arrangements.

1. A number of changes to the arrangements relating to pathology services have been implemented following an extensive review of the existing pathology arrangements and are designed to meet the concerns expressed by the Joint Parliamentary Committee of Public Accounts on Pathology Fraud and Overservicing. The new arrangements, which include a separate Schedule to the Health Insurance Act for pathology services, the deletion of the eighteen "HP" items and a reduction in the fees for the corresponding "SP" and "OP" items, are explained in the following paragraphs.

2. The revised arrangements make provision for a revamped 'Approved Pathology Provider' scheme, a new scheme for undertakings by 'Approved Pathology Authorities', provision for the accreditation of pathology laboratories, a separate Schedule of pathology services ("pathology services table"), and a new committee to oversee changes within the new pathology Schedule (the Pathology Services Advisory Committee) More information on these matters is furnished in the following paragraphs.

**Medicare Benefits in Relation to Pathology Services** See also paragraphs 54-66)

3. The following requirements need to be satisfied for Medicare benefits to be attracted:

- (a) the treating practitioner must determine that the pathology service is necessary;
- (b) the service has to be provided by or on behalf of an approved pathology practitioner (who must be a medical practitioner);
- (c) the proprietor of the laboratory where the service is performed must be an approved pathology authority;
- (d) the service is to be provided in a pathology laboratory accredited for that kind of service;
- (e) the approved pathology practitioner providing the service must either be the proprietor of the laboratory or party to an agreement, either by way of contract of employment or otherwise, with the proprietor under which the service is provided;
- (f) the service may only be provided in response to a request from the treating practitioner or from another approved pathology practitioner, and the request must be made in writing (or, if oral, confirmed in writing within fourteen days). A request is not required for a pathologist-determinable service or for a prescribed pathology service rendered by or on behalf of a medical practitioner (not being an approved pathology practitioner) and the medical practitioner by or on whose behalf the service is rendered is either the treating practitioner or one of a group of medical practitioners of which the treating practitioner is a member and who requested the service to be rendered.

4. A pathologist-determinable service is a self determined test which has been determined by the Minister for Health, following consultation with the Royal College of Pathologists of Australasia. Such tests will attract Medicare benefits at the other pathology (OP) rate and must be clearly identified on accounts as having been self determined.

5. A prescribed pathology service is a service included in Division 9 of the Pathology Schedule (Section 2A in this book). Division 9 contains 13 services which may be performed by a medical practitioner in his or her own surgery. For Medicare benefit purposes they may only be performed by a practitioner who is not an approved pathology practitioner.

#### **Treating Practitioner Must Determine that Pathology Service is Necessary**

6. The service must be determined to be necessary by the treating practitioner or, in the case of a pathologist-determinable service rendered by or on behalf of an approved pathology practitioner, was determined to be necessary by that approved pathology practitioner.

#### **Approved Pathology Practitioners to Carry Out Pathology Services or to Supervise Pathology Services Personally**

7. For pathology services to be rendered on behalf of an approved pathology practitioner the services must be rendered under the personal supervision of the approved pathology practitioner.

8. Personal supervision by approved pathology practitioners means that they have to exercise a reasonable level of personal control over the rendering of the services and they have personal responsibility for the proper performance of the services.

9. Whilst it is recognised that approved pathology practitioners do not personally render all pathology services, there is an obligation on approved pathology practitioners to bear responsibility for those services which others provide on their behalf. In practice, personal supervision means that an approved pathology practitioner must, to the fullest extent possible, be responsible for exercising an acceptable level of control over the proper rendering of pathology services performed. The approved pathology practitioner is directly accountable for the quality of the services performed and the methods used in rendering tests. A nexus will be established as between the approved pathology practitioner/approved pathology authority undertakings and the accreditation standards to ensure that the appropriate levels of supervision are adequate. For example, it will be necessary to ensure that an adequate level of supervision exists to cover such matters as:

- (i) compliance with accreditation requirements;
- (ii) the proper performance of pathology tests;
- (iii) the choice and correct application of test procedures;
- (iv) the application of proper procedures for quality control; and
- (v) the issuing and recording of the test results.

#### **Outline of Approved Pathology Practitioner Scheme**

10. To become an approved pathology practitioner it is necessary to make an application in accordance with the approval form, sign the approval and undertaking and pay a fee of \$100. Applications are restricted to medical practitioners and to those medical laboratory scientists who, before 1 August 1977, were rendering pathology services at the request of medical practitioners and who were accepted as approved pathology practitioners under the former arrangements.

11. Applications and forms of undertaking are available from the State Headquarters office of the Health Insurance Commission in each State capital city. Completed applications, the signed undertaking and the fee should be forwarded to the nearest office of the Health Insurance Commission.

12. The Minister is unable to accept undertakings from a person in respect of whom there is a determination in force that the person has breached the undertaking, or from a person who, if the undertaking were accepted, would be likely to carry on the business of a prescribed person or would enable a person to avoid the financial consequences of the disqualification (or likely disqualification) of that prescribed person. A 'prescribed person' includes, inter alia, fully or partially disqualified persons (or persons likely to be so disqualified).



13. Similarly an undertaking will not be accepted if the Minister is satisfied that the person giving such undertaking is not a fit and proper person to be an approved pathology practitioner. Factors which must be taken into account in determining if a person is a fit and proper person to be an approved pathology practitioner include:-

- the person's qualifications and experience,
- whether the person is a relevant person (which includes persons convicted of relevant offences, persons given notice by the Minister to show cause why action for breach of undertaking should not be taken),
- the terms of any determination made by a Medicare Participation Review Committee in respect of
  - (a) the commission by a practitioner of a relevant offence;
  - (b) breach of an undertaking by an approved pathology practitioner or approved pathology authority;
  - (c) initiation of excessive pathology services.

#### **Additional Information**

14. When an undertaking has been given the Minister may require the person giving the undertaking to provide additional information within a fixed period of time, and if the person does not comply the Minister may refuse to accept the undertaking and must notify the person of the decision. The Minister's advice is to include notification of a right of internal review of the decision and a right of appeal to the Administrative Appeals Tribunal. There is also a requirement for the Minister to notify persons giving undertakings of the period of time for which the undertaking is to have effect, and the notice is to advise persons whose interests are affected by the decision of their rights of appeal to the Administrative Appeals Tribunal against the Minister's decision.

#### **Date of Effect of Undertaking**

15. The day when an undertaking accepted by a Minister comes into effect is to be the day of acceptance by the Minister or such earlier day specified by the Minister (not being a day earlier than the day on which the undertaking was signed) in notifying the person of acceptance.

#### **Cessation of Undertaking**

16. The undertaking ceases to be in force if it is terminated, if the Minister revokes acceptance of the undertaking, if the person giving the undertaking was a medical practitioner at the time of its acceptance and the person ceases to be a medical practitioner, or if the period of effect for the undertaking expires — whichever event first occurs.

17. An approved pathology practitioner may terminate an undertaking at any time provided that the practitioner gives at least 30 days notice of the termination of the undertaking.

#### **Repayment of Fee**

18. The fee shall be repaid to a person giving an undertaking as an approved pathology practitioner if the undertaking is not accepted.

#### **Outline of Approved Pathology Authority Scheme**

19. Applications to become an approved pathology authority should be submitted in the same manner as for approved pathology practitioners. A fee of \$100 also applies in respect of applications for approved pathology authority status. An approved pathology authority undertaking may be given by or on behalf of a person (including a State, the Northern Territory or a public authority).

20. The particulars to be required for an application by a body corporate may include — as prescribed by determination — particulars of the directors, shareholders and officers of the body corporate.

21. Before accepting the undertaking the Minister must be satisfied that the person giving the undertaking is a fit and proper person to be an approved pathology authority, and in making that decision the Minister has to have regard to similar

criteria to those for approved pathology practitioners but, in addition, where the person giving the undertaking is a body corporate — whether any officer of a body corporate or any person in a position to control the body corporate is or has been associated with a relevant person, or is or has been in a position to control the operations of a body corporate that is/has been an approved pathology authority and is a relevant person.

### **Additional Information**

22. When an undertaking has been given the Minister may require the person giving the undertaking to provide additional information within a fixed period of time, and if the person does not comply the Minister may refuse to accept the undertaking and must notify the person of the decision. The notice is to include notification of a right of internal review of the decision and a right of appeal to the Administrative Appeals Tribunal. There is also a requirement for the Minister to notify persons giving undertakings of the period of time for which the undertaking is to have effect, and the notice is to advise persons whose interests are affected by the decision of their rights of appeal to the Administrative Appeals Tribunal against the Minister's decision.

### **Date of Effect of Undertaking**

23. The day when an undertaking accepted by a Minister comes into effect is to be the day of acceptance by the Minister or such earlier day specified by the Minister (not being a day earlier than the day on which the undertaking was signed) in notifying the person of acceptance.

### **Cessation of Undertaking**

24. The undertaking ceases to be in force if it is terminated, if the Minister revokes acceptance of the undertaking, or if the period of effect for the undertaking expires — whichever event first occurs.

25. An approved pathology authority may terminate an undertaking at any time provided that the authority gives at least 30 days notice of the termination of the undertaking.

### **Repayment of Fee**

26. The fee shall be repaid to a person giving an undertaking, as an approved pathology authority if the undertaking is not accepted

### **Accredited Pathology Laboratories**

27. Under the revised arrangements the Minister may approve premises as an accredited pathology laboratory for pathology services of the kind specified in the approval.

28. New South Wales and Victoria are the only two States which have legislation to implement a programme for the accreditation of pathology laboratories. The Commonwealth will accept laboratory accreditation in these two States for the purpose of paying Medicare benefits. However, automatic acceptance will depend on States continuing to adopt National Pathology Accreditation Advisory Council's guidelines as the minimum standard.

29. The Commonwealth Government operates laboratory accreditation arrangements for those States/Territories which do not have accreditation legislation in place. The Chief Commonwealth Medical Officer of the Department of Health is empowered to accredit laboratories in accordance with the guidelines approved by the National Pathology Accreditation Advisory Council.

30. The National Association of Testing Authorities (NATA) in conjunction with the Royal College of Pathologists of Australasia is the testing authority. Applications for accreditation should be made to NATA in all States/Territories except New South Wales and Victoria (see below for addresses). For the latter States, application should be made to the Pathology Accreditation Board in the State in which the laboratory is located (Pathology Services Accreditation Board, Box 4790, GPO Melbourne VIC 3000

and Pathology Laboratories Accreditation Board, Po Box K110, Haymarket, Sydney NSW 2000). If located in more than one State, the application should be made to the NATA office in the State in which the principal laboratory is located.

#### ADDRESSES OF NATA

Head Office 688 Pacific Highway Chatswood NSW 2067 Telephone: (02)411 4000 Telex: 26378  
Registered Office 191 Royal Parade Parkville VIC 3052 Telephone: (03) 347 1166 Telex: 31806

#### State Secretaries

QLD A.J. Russell 688 Pacific Highway Chatswood NSW 2067 Telephone: (02) 411 4000  
SA L.R. Chester 12 Tennyson Avenue Tranmere SA 5072 Telephone: (08) 260 0332  
TAS K.N. Stanton 191 Royal Parade Parkville VIC 3072 Telephone: (03) 347 1166 Telex: 31806  
WA R.B. Oke 191 Royal Parade Parkville VIC 3052 Telephone: (03) 347 1166 Telex: 31806

31. Since it would not be possible for all laboratories seeking accreditation to be inspected before the accreditation provisions come into force, a system of provisional accreditation has been provided. Applications for provisional accreditation should be forwarded to the Chief Commonwealth Medical Officer, Commonwealth Department of Health, PO Box 100, Woden ACT 2606. Application forms are available from any Regional Office of the Department of Health. One of the conditions for approval of provisional accreditation is that an application for full accreditation has already been made. Provisional accreditation may be withdrawn if full accreditation has not been obtained within a period of two years following the date provisional accreditation is granted.

#### Request Forms and Confirmation Forms

32. An approved pathology practitioner is required to retain written request/confirmation of requests for pathology services for 18 months from the day when the service was rendered. This also applies to requests which an approved pathology practitioner receives and refers on to another approved pathology practitioner (the first approved pathology practitioner would retain the request for 18 months).

33. If the written request or written confirmation has been recorded on film or other magnetic medium approved by the Minister for Health, for the purposes of storage and subsequent retrieval, the record so made shall be deemed to be a retention of the request or confirmation. The production or reproduction of such a record shall be deemed to be a production of the written request or written confirmation.

34. An approved pathology practitioner is required to produce, on request from an officer of the Health Insurance Commission, no later than the end of the day following the request from the officer, a written request or written confirmation retained pursuant to paragraphs 32 and 33 above. The officer is authorised to make and retain copies of or take and retain extracts from written requests or written confirmations.

35. A practitioner or an approved pathology practitioner who makes an oral request to an approved pathology practitioner is obliged to confirm the request in writing within fourteen days from the day when the request is made.

36. It is acceptable for a request to be made to an approved pathology authority who is the proprietor or one of the proprietors of a laboratory in lieu of making the request to the approved pathology practitioner who renders the service or on whose behalf the service is rendered.

37. 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 pathologist-determinable tests or for items listed in Division 9. The request in writing must show:

- (i) 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 (see Section 3 C for list of acceptable terms and abbreviations);
- (ii) the requesting practitioner's signature;
- (iii) the name and address of the requesting practitioner;
- (iv) the name and address of the patient;
- (v) the date the pathology services were determined to be necessary;
- (vi) whether, at the time the request was made, the patient was an out-patient of a recognised hospital, a hospital patient in a recognised hospital, a private patient in a recognised hospital or a private patient in a private hospital; and
- (vii) the name and address of the approved pathology practitioner requested to perform the pathology services

38. 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. However, request forms issued by pathology laboratories for use by referring doctors must be approved by the Health Insurance Commission. Oral requests must be confirmed by a request in writing before an account is issued. A request in writing is required within a partnership or group practice for services in Division 1-8.

39. 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 should forward the initial request to the second approved pathology practitioner;
- (b) where some of the services are referred, he should issue his own request in writing, which would show in addition to the particulars listed in paragraph 37 above:
  - (i) name of the original requesting practitioner; and
  - (ii) date of initial request.

NOTE: The patient should be billed by each approved pathology practitioner only for those services rendered by or on their behalf.

### **Offences in Relation to Request Forms and Confirmation Forms**

40. The following offences are, except for the last mentioned offence, punishable upon conviction by a fine not exceeding \$1000. The penalty for the last offence is a fine not exceeding \$1000:-

- an approved pathology practitioner who, without reasonable excuse, does not keep request forms for 18 months;
- an approved pathology practitioner who, without reasonable excuse, does not produce a request form to an officer of the Health Insurance Commission before the end of the day following the day of the officer's request;
- an approved pathology practitioner who, without reasonable excuse, does not confirm in writing an oral request to another approved pathology practitioner within fourteen days of making the oral request;
- a practitioner who, without reasonable excuse, does not confirm in writing an oral request within fourteen days of making the oral request;
- an approved pathology practitioner or approved pathology authority who, without reasonable excuse, provides request forms to practitioners which are not in accordance with the form approved by the Health Insurance Commission.

### **Pathology Services Advisory Committee**

41. The Pathology Services Advisory Committee is responsible for considering and for making recommendations to the Minister for Health on variations to the pathology services table or substituting a new table. Proposed variations and substitutions may be referred to the Committee by the Minister or the Committee may act on its own

initiative. The Minister may make determinations varying the table or substituting a new table but only in accordance with the Committee's recommendation.

42. The Pathology Services Advisory Committee replaces the Medicare Benefits Advisory Committee as the body advising the Minister for Health on proposed variations to the pathology services table.

43. The Health Insurance Commission is responsible for fixing a fee in respect of a pathology service which is of unusual length or complexity, in accordance with principles provided to the Commission by the Pathology Services Advisory Committee. Where principles have not been formulated the Commission must refer cases to the Committee for consideration and recommendation and, if the fee is to be increased, for formulation of the principles to be followed.

44. Appeals against a decision of the Commission may be made to the Minister. The Minister is required to refer an appeal to the Pathology Services Advisory Committee for consideration and recommendation.

### **Procedures Associated with Breaches of Undertakings by Approved Pathology Practitioners and Approved Pathology Authorities**

45. Where the Minister has reasonable grounds for believing that an approved pathology practitioner or an approved pathology authority has breached the undertaking the Minister is required to give notice in writing to the person explaining the grounds for that belief and inviting the person to put a submission to the Minister to show cause why no further action should be taken in the matter.

46. After the submission has been received, the Minister may decide to take no further action against the person. Alternatively, he may refer the matter to a Medicare Participation Review Committee, notifying the grounds for believing that the undertaking has been breached. If after 28 days no submission has been received from the person, the Minister must refer the matter to the Committee.

47. The Minister is empowered to suspend an undertaking where notice has been given to a Medicare Participation Review Committee of its possible breach, pending the outcome of the Committee's proceedings. The Minister must give notice in writing to the person who provided the undertaking of the determination to suspend it, and the notice shall inform the person of a right of appeal against the determination to the Administrative Appeals Tribunal. The Minister may also publish a notice of a determination in the *Commonwealth Gazette*.

### **Procedures Associated with Initiation of Excessive Pathology Services**

(Note: Matters relating to initiation of excessive pathology services are no longer referred to Medical Services Committees of Inquiry)

48. Basically, the Minister must follow the same procedures in relation to the initiation of excessive pathology services as apply to breaches of undertakings, i.e. notice must be given to the person to show cause why no further action should be taken then, where applicable, referral of the matter to the Medicare Participation Review Committee.

49. A major difference in relation to excessive pathology services procedures is that the Minister may notify any one of three classes of persons of the grounds for believing that the person had been instrumental in initiating excessive pathology services. These classes of persons are:

- the practitioner who initiated the services;
- the employer of the practitioner who caused or permitted the practitioner to initiate the services; or
- an officer of the body corporate employing the practitioner who caused or permitted the practitioner to initiate the services.

50. The other essential difference is that no rights of appeal to the Administrative Appeals Tribunal are applicable to these procedures.

## **Review of Minister's Decisions**

51. A person may seek the Minister's reconsideration of a refusal to accept an undertaking as an approved pathology practitioner or approved pathology authority.
52. The Minister may affirm the decision to refuse to accept the undertaking, or to accept the undertaking for a specified period of up to 12 months from the day when the undertaking comes into force. The Minister must notify his decision in writing to the person concerned and include in the notice a statement of the person's right to appeal the Minister's decision under the Administrative Appeals Tribunal Act 1975.
53. Other decisions of the Minister against which a person has a right of appeal to the Administrative Appeals Tribunal are as follows:
  - a decision approving or refusing to approve premises as an accredited pathology laboratory;
  - a decision either affirming the Minister's refusal to accept an undertaking or varying the period for which the undertaking is accepted;
  - a decision about the period for which an undertaking is to have effect; and
  - a decision by the Minister to suspend an undertaking.

## **Conditions Relating to Medicare Benefits**

54. For the purposes of assessing Medicare benefits for an item listed in the pathology services Schedule which is requested or determined to be necessary the following rules apply:

- (1) Divisions 1-8 are applicable only where the service is performed by an approved pathology practitioner in a pathology laboratory accredited for that kind of service. Approved pathology practitioners are required to exercise personal supervision over pathology services which are rendered on their behalf (see paragraphs 7-9).
- (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 fees in Divisions 1-8 apply where:
  - (a) the service was performed by or on behalf of an approved pathology practitioner who is recognised as a specialist pathologist for the purposes of the Health Insurance Act (see paragraph 56);
  - (b) the approved pathology practitioner (or approved pathology authority) has a request in writing (which conforms to the requirements of the regulations under the Health Insurance Act — see paragraphs 37 to 38) from the treating medical or dental practitioner or another approved pathology practitioner;
  - (c) the person in respect of whom the service was rendered was not at the time of the request a private in-patient or in receipt of an out-patient service at a recognised hospital; and
  - (d) recognised hospital or Government (including university and Government authority) laboratory facilities and/or staff were not used in the performance of the pathology service (see paragraph 61).
- (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; or
  - (b) the service was performed by an approved pathology practitioner who is a recognised specialist pathologist 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 or the approved pathology authority:
  - (a) has a request in writing from the treating medical or dental practitioner or from another approved pathology practitioner for the services requested and

records on the account, receipt or direct-billing assignment form the following additional details:

- (i) the name of the requesting practitioner;
  - (ii) the date on which the request was made; and
  - (iii) where the provider is an approved pathology authority, the surname and initials of the approved pathology practitioner who performed the service;
- or —

- (b) in respect of pathologist-determinable services, determined that the service was necessary if an approved pathology practitioner and records the date the service was determined as being necessary on the account, receipt or direct-billing assignment form. In practice this requirement would be met by a notation "SD".
- (6) (a) in respect of a pathology item in Division 9, the medical practitioner who renders the service must ensure his account, receipt or direct-billing assignment form includes his name, address, provider number, the date of the service, the relevant item number and/or a brief description to clearly identify the service; and
- (b) if the service was determined necessary by another medical practitioner who is a member of the same group practice as the practitioner who rendered the service, the surname and initials of the requesting practitioner must also be included.

### **Recognised Specialist Pathologists**

55. To be eligible for Medicare benefits at the specialist pathologist (SP) rate (see paragraph 54(3)) recognised specialist pathologists must become approved pathology practitioners.

56. 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 315 to 320 of the "General Notes" in the front of this Book). 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.

### **Pathology Tests not Covered by Request**

57. An approved pathology practitioner who has been requested to perform one or more pathology services may deem it necessary in the interest of the patient to carry out additional tests to those requested. This situation may be handled in two ways:

- (a) The approved pathology practitioner may arrange with the referring practitioner to forward an amended or a second request. The account will then be issued in the ordinary way and the additional services will attract full benefits at the "SP" rate where the approved pathology practitioner is a recognised specialist pathologist
- (b) in respect of pathologist-determinable services he/she may determine that the services were necessary. In this case the account or receipt for the requested services should observe the requirements of paragraph 54(5)(a). The account or receipt for the additional services will indicate that he/she determined the services were necessary and show the date the determination was made (see paragraph 54(5)(b)). The latter services attract benefit at the "OP" rate.

### **Patient Episode — Definition**

58. 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 an 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 on that day or over a number of days.

### **Inbuilt Multiple Services Rule**

59. Exemption may be sought to the inbuilt multiple services rule under Section 4B(3) 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, involving substantial additional expense for the approved pathology practitioner. An exemption may be sought 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 time the services were performed. Alternatively, an exemption may be sought by the approved pathology practitioner approaching the nearest office of the Health Insurance Commission. If exemption is granted, the approved pathology practitioner will have to endorse his accounts that "the exemption was approved by .....on.....". Approval is not automatic. The practitioner may be asked to verify that the patient was seriously ill, that the special tests were necessary, that they were requested and substantial additional expenses were incurred. Exemptions would not normally apply in the instance of tests provided in a recognised (public) hospital nor in respect of tests listed under procedural services (Items 1504-1517). A typical case for exemption would be where a pathology practitioner is required to make special visits at intervals to a hospital to collect specimens from a critically ill person.

60. The above provision also applies in regard 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 and rendering practitioner's account should be endorsed similarly to that outlined in paragraph 59.

61. The following laboratories have been prescribed for the purposes of payment of Medicare benefits as outlined in paragraph 55(3)(d):

- (a) laboratories operated by the Commonwealth (these include Commonwealth health laboratories operated by the Department of Health as well as the laboratories operated by other Departments eg the Departments of Defence and Veterans' Affairs conduct laboratories from which pathology services are provided);
- (b) laboratories operated by a State Government or authority of a State. (Laboratories operated or associated with recognised hospitals are also included);
- (c) laboratories operated by the Northern Territory and the Australian Capital Territory Health Authority; and
- (d) laboratories operated by the following universities:
  - University of N.S.W
  - University of Sydney
  - University of New England
  - Monash University
  - University of Melbourne
  - University of Queensland
  - University of Adelaide
  - University of Western Australia
  - University of Tasmania
  - Australian National University

### **Assignment of Medicare Benefits**

62. In addition to the general arrangements relating to the assignment of benefits as outlined at paragraph 67 of the "General Notes" it should be noted that, where the treating practitioner requests pathology services but the patient does not physically attend the approved pathology practitioner, the patient may complete an assignment voucher at the time of the requesting doctor's visit offering to assign benefits for the approved pathology practitioner's services.

63. Where a pathology service is rendered by or on behalf of an approved pathology practitioner who is acting in relation to the service on behalf of another person, the



pathology service shall be deemed not to have been rendered on behalf of that other person. In other words if a practitioner requests an approved pathology practitioner to perform a necessary pathology service, that approved pathology practitioner must perform the service himself/herself or have it performed on his/her behalf in order to be eligible to receive benefits by way of assignment. If, however, the first approved pathology practitioner arranges for the service to be rendered by a second approved pathology practitioner who is not under his supervision, the second approved pathology practitioner and not the first, is eligible to receive an assignment of the Medicare benefit for the service in question.

### **Medicare Benefit not Payable in Respect of Services Rendered by Disqualified Practitioners**

64. Medicare benefits are not payable for pathology services if at the time the service is rendered, the person, by or on whose behalf the service is rendered, is a person in relation to whom a determination was in force in relation to that service ie where an approved pathology practitioner has breached an undertaking, that Medicare benefits are not payable for a specified period up to 5 years in respect of certain pathology services rendered by the practitioner.

### **Medicare Benefits not Payable for Certain Pathology Tests**

65. Certain tests of public health significance do not qualify for payment of Medicare benefits. Examples of services in this category are:

- culture of viruses;
- estimation of chlorinated hydrocarbons (Dieldrin);
- examination of animal inoculation;
- Guthrie test for phenylketonuria;
- neonatal screening for hypothyroidism (T4 estimation);
- identification of M Tuberculosis by bio-chemical tests or sub-culture; or
- treponema pallidum immobilisation test (TPIT or TIT)

66. In addition to the above, certain other tests do not qualify for payment of Medicare benefits. These include:

- cytotoxic food testing;
- pathology services performed for the purposes of tissue audit;
- pathology services performed for the purposes of control estimation, repeat tests or duplication of tests (eg, for confirmation of earlier tests, etc);
- pathology services which are performed routinely in association with the termination of pregnancy without there being any indication for the necessity of the services. However, benefits would be payable for the following pathology tests in all instances:
  - Items 1006/1007 — haemoglobin estimation;
  - Items 1080/1081 — blood grouping ABO and Rh (D antigen);
  - Items 1121/1122 — examination of serum for Rh and/or other blood group antibodies.

### **Definitions**

67. Excessive pathology service — means a service for which Medicare benefits are payable but which is not reasonably necessary for the adequate medical or dental care of the patient.

68. Initiate — in relation to a pathology service means to make the decision which instigates the rendering of the service.

69. Pathologist-determinable service — is a self determined test requiring a decision by an approved pathology practitioner (but not by another person on behalf of an approved pathology practitioner) and is restricted to those tests determined by the Minister for Health. Such tests attract the "OP" Schedule fee and should be clearly indicated on accounts as having been self determined.

70. Personal supervision — means that an approved pathology practitioner will, to the fullest extent, be responsible for exercising an acceptable level of control over the rendering of pathology services (see paragraphs 7-9).

71. Prescribed pathology service — is a service included in Division 9 and may be performed by a medical or dental practitioner in his own surgery. They may only be performed by a practitioner who is not an approved pathology practitioner.

## **Interpretations**

### *Haematology*

#### *Blood Grouping (Items 1080/1081 and 1089/1090)*

72. Repeat blood grouping may be performed each time cross-matching of fresh units of blood for transfusion is carried out. This is an internal quality control measure and should not attract benefits on each occasion. Benefits are payable for blood grouping once only during any period of hospitalisation.

#### *Compatibility Testing (Items 1111-1116)*

73. If further blood is requested after the initial compatibility testing and a separate attendance is involved, benefits are again attracted under Items 1111-1112 for one or two units of blood.

#### *Quantitative Estimation of Any Substance by Reagent Strip with Reflectance Meter (Items 1296, 1297)*

74. These items cover tests performed by instruments such as the Ame's 'SERALYZER'. It is a condition for the payment of benefit that the patient or specimen must have been referred to an approved pathology practitioner who is not a member of the same group of practitioners as the referring practitioner.

#### *Estimation by Any Method of specified Biochemical Substances (Items 1301-1311)*

75. Benefits are not attracted under these items for estimations carried out by means of reagent strips with or without reflectance meters.

#### *Estimation of Glycosylated Haemoglobin (Items 1313/1314)*

76. Glycosylated haemoglobin estimation (HbA1 or HbA1c) has a role in the management of problem diabetes. It is not intended that the items should be used in the diagnosis of diabetes or in the routine assessment of the controlled diabetic.

#### *Cultural Examination (Items 1612-1620)*

77. In these items the words "where processed independently" indicate that material from each site must be treated separately for culture then individually identified and reported on.

#### *Blood Culture (Items 1633/1634)*

78. The usual practice is to take one set of cultures every 2-3 hours for a total of 3-4 sets. One set consists of aerobic or anaerobic or both media. Benefits under the items are attracted for each set to a maximum of three sets.

#### *Urine Culture (Items 1673/1674)*

79. Testing for inhibitory substances in urine is included in the items covering urine culture. Items 1732/1733 do not apply in addition to these items.

#### *RAST Tests (Items 1903/1904, 1905/1906)*

80. It should be noted that benefits for RAST tests are restricted to a maximum of four allergens.

#### *Cytological Examination of Smears (Items 2081/2082)*

81. Benefit is not payable under these items for cytological examination of nasal smears which is covered by Items 1545/1546.

#### *Estimation of beta-HCG (Items 2272/2273)*

82. Estimation of beta-HCG in serum or urine as a diagnostic test for pregnancy, attracts benefit under Items 2272/2273 not under Items 1345/1346 or 1452/1453.

# **SECTION 2A**

## **MEDICARE BENEFITS SCHEDULE FEES PATHOLOGY SERVICES**

**1 AUGUST 1986**

Item  
No.

Medical Service

## PATHOLOGY SERVICES

## 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)

1006 SP. ALL STATES: FEE \$5.70

1007 OP. ALL STATES: FEE \$4.30

+ Two procedures to which Item 1006 or 1007 applies

1008 SP. ALL STATES: FEE \$6.90

1009 OP. ALL STATES: FEE \$5.20

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

1011 SP. ALL STATES: FEE \$10.35

1012 OP. ALL STATES: FEE \$7.80

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

1014 SP. ALL STATES: FEE \$8.55

1015 OP. ALL STATES: FEE \$6.45

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

1019 SP. ALL STATES: FEE \$4.60

1020 OP. ALL STATES: FEE \$3.45

	Two or more procedures to which Item 1019 or 1020 applies	
1021	SP.	ALL STATES: FEE \$6.90
1022	OP.	ALL STATES: FEE \$5.20
	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; Sickle cells; or similar cells, substances or parasites	
	One procedure	
1028	SP.	ALL STATES: FEE \$6.90
1029	OP.	ALL STATES: FEE \$5.20
	Two or more procedures to which Item 1028 or 1029 applies	
1030	SP.	ALL STATES: FEE \$11.40
1032	OP.	ALL STATES: FEE \$8.55
	Erythrocytes, qualitative assessment of metabolism or haemolysis by—Erythrocyte autohaemolysis test; Erythrocyte fragility test (mechanical); Glucose-6-phosphate dehydrogenase estimation; Gluthathione deficiencies test; Pyruvate kinase estimation; Sugar water test (or similar) for paroxysmal nocturnal haemoglobinuria	
	One procedure	
1036	SP.	ALL STATES: FEE \$11.40
1037	OP.	ALL STATES: FEE \$8.55
	Two or more procedures to which Item 1036 or 1037 applies	
1038	SP.	ALL STATES: FEE \$23.00
1040	OP.	ALL STATES: FEE \$17.25
	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	
1044	SP.	ALL STATES: FEE \$23.00
1045	OP.	ALL STATES: FEE \$17.25

	Two or more procedures to which Item 1044 or 1045 applies	
1048	SP.	ALL STATES: FEE \$46.00
1049	OP.	ALL STATES: FEE \$34.50
	Viscosity of plasma or whole blood, estimation of—each procedure	
1052	SP.	ALL STATES: FEE \$9.10
1053	OP.	ALL STATES: FEE \$6.90
	<b>BONE MARROW EXAMINATION</b> (Excluding Collection Fee)	
	Bone marrow examination (including use of special stains where indicated), of— Bone marrow aspirate; Clot section; Trephine section	
	One procedure	
1062	SP.	ALL STATES: FEE \$69.00
1063	OP.	ALL STATES: FEE \$51.75
	Two or more procedures to which Item 1062 or 1063 applies	
1064	SP.	ALL STATES: FEE \$114.00
1065	OP.	ALL STATES: FEE \$85.50
	<b>BLOOD TRANSFUSION PROCEDURES</b>	
	<b>NOTE:</b> Benefit for these items is payable once only during any one period of hospitalisation	
	Blood grouping (including back grouping when performed)—ABO and Rh (D antigen) not covered by Item 1089 or 1090	
1080	SP.	ALL STATES: FEE \$11.40
1081	OP.	ALL STATES: FEE \$8.55
	<b>NOTE:</b> Benefit for these items is payable once only during any one period of hospitalisation.	
‡	Blood grouping (including back grouping when performed)—ABO and Rh (D antigen) when performed in association with compatibility testing covered by Item 1111, 1112, 1114, or 1116	
1089	SP.	ALL STATES: FEE \$20.50
1090	OP.	ALL STATES: FEE \$15.40
	<b>NOTE:</b> Benefit for Items 1101, 1102, 1104, 1105, 1106 and 1108 is payable once only during any one period of hospitalisation	
	Blood grouping—Rh phenotypes; Kell system; Duffy system; M and N factors; or any other blood group system	
	One system	
1101	SP.	ALL STATES: FEE \$23.00
1102	OP.	ALL STATES: FEE \$17.25

	Two systems to which Item 1101 or 1102 applies	
1104	SP.	ALL STATES: FEE \$46.00
1105	OP.	ALL STATES: FEE \$34.50
	Each system to which Item 1101 or 1102 applies in excess of two	
1106	SP.	ALL STATES: FEE \$11.40
1108	OP.	ALL STATES: FEE \$8.55
	Compatability testing by saline, papain, albumin or indirect Coombs techniques (by any or all techniques), including auto-cross match and donor group check where performed—	
+	Testing involving one or two units of blood	
1111	SP.	ALL STATES: FEE \$34.50
1112	OP.	ALL STATES: FEE \$25.90
	Compatability testing by saline, papain, albumin or indirect Coombs techniques (by any or all techniques), including auto-cross match and donor group check where performed—	
+	Each unit of blood tested in excess of two	
1114	SP.	ALL STATES: FEE \$12.90
1116	OP.	ALL STATES: FEE \$9.70
	Examination of serum for Rh and/or other blood group antibodies—	
	Screening test (by any or all techniques)	
1121	SP.	ALL STATES: FEE \$17.20
1122	OP.	ALL STATES: FEE \$12.90
	Examination of serum for Rh and/or blood group antibodies—	
	Screening test (by any or all techniques) and quantitative estimation of one antibody	
1124	SP.	ALL STATES: FEE \$46.00
1125	OP.	ALL STATES: FEE \$34.50

Examination of serum for Rh and/or other blood group antibodies—  
Quantitative estimation—one antibody

1126 SP. ALL STATES: FEE \$34.50

1128 OP. ALL STATES: FEE \$25.90

Examination of serum for Rh and/or other blood group antibodies—  
Quantitative estimation—each antibody in excess of one

1129 SP. ALL STATES: FEE \$23.00

1130 OP. ALL STATES: FEE \$17.25

Coombs test, direct

1136 SP. ALL STATES: FEE \$11.40

1137 OP. ALL STATES: FEE \$8.55

‡ Coombs test, indirect (not associated with Item 1111, 1112, 1114, 1116, 1121, 1122, 1124, 1125, 1126, 1128, 1129 or 1130 except where part of neo-natal screening or in investigation of haemolytic anaemia)

1144 SP. ALL STATES: FEE \$17.20

1145 OP. ALL STATES: FEE \$12.90

Examination of serum for blood group haemolysins

1152 SP. ALL STATES: FEE \$23.00

1153 OP. ALL STATES: FEE \$17.25

Leucocyte agglutinins, detection of

1159 SP. ALL STATES: FEE \$23.00

1160 OP. ALL STATES: FEE \$17.25

Platelet agglutinins, detection of

1166 SP. ALL STATES: FEE \$23.00

1167 OP. ALL STATES: FEE \$17.25



## MISCELLANEOUS

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

1190 SP. ALL STATES: FEE \$9.20

1191 OP. ALL STATES: FEE \$6.90

Heterophile antibodies quantitative estimation by serial dilutions with specific absorption (including qualitative estimation covered by Item 1190 or 1191)

1194 SP. ALL STATES: FEE \$23.00

1195 OP. ALL STATES: FEE \$17.25

Cold agglutinins, qualitative estimation of

1202 SP. ALL STATES: FEE \$9.20

1203 OP. ALL STATES: FEE \$6.90

Cold agglutinins quantitative estimation by serial dilutions (including qualitative estimation covered by Item 1202 or 1203 where performed)

1206 SP. ALL STATES: FEE \$23.00

1207 OP. ALL STATES: FEE \$17.25

Blood volume, estimation of by dye method

1211 SP. ALL STATES: FEE \$11.40

1212 OP. ALL STATES: FEE \$8.55

Blood, spectroscopic examination of

1215 SP. ALL STATES: FEE \$11.40

1216 OP. ALL STATES: FEE \$8.55

## HAEMOSTASIS

Estimation of—Bleeding time; Coagulation time (including clot retraction); Prothrombin time (one stage); Thromboplastin time (partial) with or without kaolin and/or kaolin clotting time; or Thrombotest (Owren)

One procedure

1234 SP. ALL STATES: FEE \$11.40

1235 OP. ALL STATES: FEE \$8.55

**PATHOLOGY**

**DIVISION 1 — HAEMATOLOGY**

	Two procedures to which Item 1234 or 1235 applies	
1236	SP.	ALL STATES: FEE \$17.20
1237	OP.	ALL STATES: FEE \$12.90
	Three or more procedures to which Item 1234 or 1235 applies	
1238	SP.	ALL STATES: FEE \$23.00
1239	OP.	ALL STATES: FEE \$17.25
	Platelet aggregation, qualitative test for	
1242	SP.	ALL STATES: FEE \$11.40
1243	OP.	ALL STATES: FEE \$8.55
	Estimation of—Thrombin time (including test for presence of an inhibitor and serial test for fibrinogenolysis); or recalcified plasma clotting time—each procedure	
1244	SP.	ALL STATES: FEE \$11.40
1246	OP.	ALL STATES: FEE \$8.55
	Fibrinogen titre, determination of	
1247	SP.	ALL STATES: FEE \$11.40
1248	OP.	ALL STATES: FEE \$8.55
	Factor 13, test for presence of	
1251	SP.	ALL STATES: FEE \$17.20
1252	OP.	ALL STATES: FEE \$12.90
	Thromboplastin, generation screening test	
1255	SP.	ALL STATES: FEE \$17.20
1256	OP.	ALL STATES: FEE \$12.90

## PATHOLOGY

## DIVISION 1—HAEMATOLOGY

	Prothrombin time, estimation of (two stage)	
1259	SP.	ALL STATES: FEE \$17.20
1260	OP.	ALL STATES: FEE \$12.90
	Qualitative, quantitative OR qualitative and quantitative estimation of Fibrin degeneration products	
1261	SP.	ALL STATES: FEE \$13.80
1262	OP.	ALL STATES: FEE \$10.35
	Quantitative estimation of—Platelet adhesion; Prothrombin consumption; or Protamine sulphate—each procedure	
1263	SP.	ALL STATES: FEE \$17.20
1264	OP.	ALL STATES: FEE \$12.90
	Euglobulin lysis time, estimation of	
1267	SP.	ALL STATES: FEE \$34.50
1268	OP.	ALL STATES: FEE \$25.90
	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	
1271	SP.	ALL STATES: FEE \$34.50
1272	OP.	ALL STATES: FEE \$25.90
	Platelet aggregation test using—ADP; Collagen; 5HT; Ristocetin; or similar substance One procedure	
1277	SP.	ALL STATES: FEE \$34.50
1278	OP.	ALL STATES: FEE \$25.90
	Two or more procedures to which Item 1277 or 1278 applies	
1279	SP.	ALL STATES: FEE \$69.00
1280	OP.	ALL STATES: FEE \$51.75

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 1301-1311

(ii) Items 1301-1311 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.

‡  
+ Quantitative estimation of any substance BY REAGENT STRIP WITH REFLECTANCE METER (not associated with Items 1301 to 1311) by or on behalf of an approved pathology practitioner where the patient is referred by a medical practitioner for the estimation and where the referring medical practitioner is not a member of a group of practitioners of which the first-mentioned practitioner is a member

One or more estimations—

1296 SP. ALL STATES: FEE \$12.90

1297 OP. ALL STATES: FEE \$9.70

+ Estimation BY ANY METHOD EXCEPT BY REAGENT STRIP with or without reflectance meter of—Albumin; Alkaline phosphatase; ALT; AST; Bicarbonate; Bilirubin (direct); Bilirubin (indirect); Calcium (including serum ionized calcium); Chloride; Cholesterol; CK; CK isoenzymes; Creatinine; GGTP; Globulin; Glucose; HBD; LD; Phosphate; Potassium; Protein (total); Sodium; Triglycerides; Urate or Urea or estimation of a substance referred to in any other item in this Division where the estimation is performed on a multichannel analyser—

One estimation

1301 SP. ALL STATES: FEE \$12.90

1302 OP. ALL STATES: FEE \$9.70

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

1304 SP. ALL STATES: FEE \$17.25

1305 OP. ALL STATES: FEE \$12.95

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

1307 SP. ALL STATES: FEE \$21.40

1308 OP. ALL STATES: FEE \$16.05

‡ +	Six or more estimations—of a kind specified in Item 1301 or 1302	
1310	SP.	ALL STATES: FEE \$23.65
1311	OP.	ALL STATES: FEE \$17.75
Glycosylated haemoglobin, estimation of, in the management of established diabetes, with a maximum of three estimations in any twelve month period		
1313	SP.	ALL STATES: FEE \$20.50
1314	OP.	ALL STATES: FEE \$15.40
Qualitative estimation of—Acidity (by pH meter or titration); Blood in faeces (occult blood); Cryoglobulins; Cryoproteins; Euglobins; Macroglobulins (Sia test); PBG; Protein (Bence-Jones) in urine; UBG or Any other substance not specified in any other item in this Division— One estimation—		
1319	SP.	ALL STATES: FEE \$5.70
1320	OP.	ALL STATES: FEE \$4.30
Two or more estimations to which Item 1319 or 1320 applies		
1322	SP.	ALL STATES: FEE \$11.40
1323	OP.	ALL STATES: FEE \$8.55
+	Quantitative estimation of blood gases (including pO <sub>2</sub> , oxygen saturation, pCO <sub>2</sub> and estimation of bicarbonate and pH)	
1324	SP.	ALL STATES: FEE \$34.50
1325	OP.	ALL STATES: FEE \$25.90
Qualitative estimation of—Foetoprotein; Gastric acidity (by dye method); or Porphyrins Each estimation		
1327	SP.	ALL STATES: FEE \$23.00
1328	OP.	ALL STATES: FEE \$17.25

	Chromatography, qualitative estimation of a substance not specified in any other item in this Division	
1330	SP.	ALL STATES: FEE \$23.00
1331	OP.	ALL STATES: FEE \$17.25
	Electrophoresis, qualitative	
1333	SP.	ALL STATES: FEE \$23.00
1334	OP.	ALL STATES: FEE \$17.25
	Australia antigen or similar antigen, detection of by any method including radioimmunoassay	
1336	SP.	ALL STATES: FEE \$23.00
1337	OP.	ALL STATES: FEE \$17.25
	Osmolality, estimation of, in serum or urine	
1339	SP.	ALL STATES: FEE \$23.00
1340	OP.	ALL STATES: FEE \$17.25
	Quantitative estimation of—Acid phosphatase; Aldolase; Alpha foeto-proteins in serum; Amulase; Lipase; Amylase and Lipase; Antithrombin 3; Antitrypsin alpha -1; Bromide; BSP; Caeruloplasmin; Carotene; Complement (total or fraction); Any other specific protein (excluding immunoglobulins) (Where estimated by immunodiffusion; nephelometry; Laurell rock or similar technique); Creatine; Cryofibrinogen; Haemoglobin F; Hexosamine; Lactate; Lithium; Magnesium; Pyruvate; Salicylate or Xylose—	
	Each estimation	
1342	SP.	ALL STATES: FEE \$23.00
1343	OP.	ALL STATES: FEE \$17.25
	Quantitative estimation of—Arsenic; Copper; Gold; Lead; Mercury; Strontium; Zinc; Any other element not specified in any other item in this Division; Folic acid; Vitamin B12; Any other vitamin not specified in any other item in this division; Alcohol; Ammonia; Neo-natal bilirubin (direct and indirect); Cholinesterase; Coproporphyrin; Erythroporphyrin; Uroporphyrin or any other porphyrin factor; Carboxyhaemoglobin; Delta ALA: 5HIAA; Iron (including iron-binding capacity); Oxalate; Oxosteroids; Oxogenic steroids; PBG; Urine oestriol; Transketolase or Any other substance not specified in any other item in this Division—	
	Each estimation	
1345	SP.	ALL STATES: FEE \$34.50
1346	OP.	ALL STATES: FEE \$25.90

	Dibucaine number or similar, determination of	
1348	SP.	ALL STATES: FEE \$34.50
1349	OP.	ALL STATES: FEE \$25.90
	Indican, qualitative test for	
1351	SP.	ALL STATES: FEE \$34.50
1352	OP.	ALL STATES: FEE \$25.90
	Calculus, analysis of	
1354	SP.	ALL STATES: FEE \$34.50
1355	OP.	ALL STATES: FEE \$25.90
	Amniotic fluid, spectrophotometric analysis of	
1357	SP.	ALL STATES: FEE \$34.50
1358	OP.	ALL STATES: FEE \$25.90
	Electrophoresis, quantitative (including qualitative test)	
1360	SP.	ALL STATES: FEE \$34.50
1362	OP.	ALL STATES: FEE \$25.90
	Quantitative estimation of—Catecholamines (one or more components); Faecal fat; HMMA; Hydroxyproline; 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.	ALL STATES: FEE \$46.00
1366	OP.	ALL STATES: FEE \$34.50
	Chromatography, quantitative estimation (including qualitative test) of any substance not specified in any other item in this Division	
1368	SP.	ALL STATES: FEE \$46.00
1370	OP.	ALL STATES: FEE \$34.50

**PATHOLOGY**

**DIVISION 2—CHEMISTRY**

Lecithin/sphingomyelin ratio of amniotic fluid, determination of

1372 SP. ALL STATES: FEE \$46.00

1374 OP. ALL STATES: FEE \$34.50

Drug assays—qualitative estimations or screening procedures, by colorimetric methods—  
One or more estimations or procedures on each specimen

1376 SP. ALL STATES: FEE \$11.40

1378 OP. ALL STATES: FEE \$8.55

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

1380 SP. ALL STATES: FEE \$28.50

1381 OP. ALL STATES: FEE \$21.40

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

1382 SP. ALL STATES: FEE \$46.00

1384 OP. ALL STATES: FEE \$34.50

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

1385 SP. ALL STATES: FEE \$57.00

1387 OP. ALL STATES: FEE \$42.75

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

1392 SP. ALL STATES: FEE \$34.50

1393 OP. ALL STATES: FEE \$25.90



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

1394 SP. ALL STATES: FEE \$57.00

1395 OP. ALL STATES: FEE \$42.75

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. ALL STATES: FEE \$69.00

1398 OP. ALL STATES: FEE \$51.75

HDL cholesterol, estimation of, in proven cases of hyperlipidaemia—two estimations in any twelve month period

Each estimation

1401 SP. ALL STATES: FEE \$23.00

1402 OP. ALL STATES: FEE \$17.25

#### HORMONE ASSAYS

(not covered by any other item in this Division)

Assay of T3 resin uptake, thyroxine (T4) OR normalised thyroxine (effective thyroxine ratio)—using any technique—one estimation

1421 SP. ALL STATES: FEE \$17.20

1422 OP. ALL STATES: FEE \$12.90

Assay of T3 resin uptake, thyroxine (T4) OR normalised thyroxine (effective thyroxine ratio)—using any techniques—two or more estimations

1424 SP. ALL STATES: FEE \$28.50

1425 OP. ALL STATES: FEE \$21.40

HORMONE ASSAYS—assay of insulin, growth hormone, TSH, LH, FSH, T3, prolactin, renin, gastrin, cortisol (selenium labelled), ACTH, HPL but not including assay of a thyroid hormone covered by Item 1421, 1422, 1424 or 1425, using gamma emitting labels or other unspecified technique—one estimation of any one hormone

1452 SP. ALL STATES: FEE \$34.50

1453 OP. ALL STATES: FEE \$25.90

	Two estimations of any one hormone using any technique referred to in Item 1452 or 1453	
1455	SP.	ALL STATES: FEE \$52.00
1456	OP.	ALL STATES: FEE \$39.00
	Three estimations of any one hormone using any technique referred to in Item 1452 or 1453	
1458	SP.	ALL STATES: FEE \$69.00
1459	OP.	ALL STATES: FEE \$51.75
	Each estimation of any one hormone in excess of three using any technique referred to in Item 1452 or 1453	
1461	SP.	ALL STATES: FEE \$6.90
1462	OP.	ALL STATES: FEE \$5.20
	Hormone receptor assay on proven primary breast carcinoma or on subsequent lesion in the breast—  One or more assays	
1469	SP.	ALL STATES: FEE \$92.00
1470	OP.	ALL STATES: FEE \$69.00
	Hormone assays (including progesterone, testosterone, cortisol (tritium labelled) 17-hydroxyprogesterone, oestradiol and aldosterone) using beta emitting labels or bioassay  One estimation of any one hormone	
1475	SP.	ALL STATES: FEE \$57.00
1476	OP.	ALL STATES: FEE \$42.75
	Two estimations of any one hormone using a technique referred to in Item 1475 or 1476	
1478	SP.	ALL STATES: FEE \$92.00
1479	OP.	ALL STATES: FEE \$69.00
	Three estimations of any one hormone using a technique referred to in Item 1475 or 1476	
1481	SP.	ALL STATES: FEE \$114.00
1482	OP.	ALL STATES: FEE \$85.50

Each estimation of any one hormone in excess of three using a technique referred to in Item 1475 or 1476

1484 SP. ALL STATES: FEE \$11.40

1485 OP. ALL STATES: FEE \$8.55

**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

1504 SP. ALL STATES: FEE \$11.40

1505 OP. ALL STATES: FEE \$8.55

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

1511 SP. ALL STATES: FEE \$34.50

1512 OP. ALL STATES: FEE \$25.90

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

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

1516 SP. ALL STATES: FEE \$28.50

1517 OP. ALL STATES: FEE \$21.40

**DIVISION 3—MICROBIOLOGY**

Microscopical examination—wet film, other than urine

1529 SP. ALL STATES: FEE \$6.90

1530 OP. ALL STATES: FEE \$5.20

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. ALL STATES: FEE \$9.20

1537 OP. ALL STATES: FEE \$6.90

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

1545 SP. ALL STATES: FEE \$9.20

1546 OP. ALL STATES: FEE \$6.90

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

1548 SP. ALL STATES: FEE \$11.40

1549 OP. ALL STATES: FEE \$8.55

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

1556 SP. ALL STATES: FEE \$11.40

1557 OP. ALL STATES: FEE \$8.55

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. ALL STATES: FEE \$17.20

1567 OP. ALL STATES: FEE \$12.90

	Microscopical examination for dermatophytes	
	Examination of material from one site	
1586	SP.	ALL STATES: FEE \$11.40
1587	OP.	ALL STATES: FEE \$8.55
	Microscopical examination referred to in Item 1586 or 1587—	
	Examination of material from two or more sites	
1588	SP.	ALL STATES: FEE \$23.00
1589	OP.	ALL STATES: FEE \$17.25
	Microscopical examination of exudate by dark ground illumination for <i>Treponema pallidum</i>	
1604	SP.	ALL STATES: FEE \$28.50
1606	OP.	ALL STATES: FEE \$21.40
+	Cultural examination of material 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—	
	Examination of material from one site	
1609	SP.	ALL STATES: FEE \$17.25
1610	OP.	ALL STATES: FEE \$12.95
‡ +	Cultural examination referred to in Items 1609 or 1610—Examination of material from two or more sites where processed independently	
1612	SP.	ALL STATES: FEE \$30.00
1613	OP.	ALL STATES: FEE \$22.50

+	<p>Cultural examination of material 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—</p> <p>Examination of material from one site</p>	
1615	SP.	ALL STATES: FEE \$25.90
1616	OP.	ALL STATES: FEE \$19.45
‡	<p>Cultural examination referred to in Items 1615 or 1616—</p>	
+	<p>Examination of material from two or more sites where processed independently</p>	
1619	SP.	ALL STATES: FEE \$45.00
1620	OP.	ALL STATES: FEE \$33.75
	<p>Cultural examination for mycobacteria—each specimen</p>	
1622	SP.	ALL STATES: FEE \$23.00
1623	OP.	ALL STATES: FEE \$17.25
+	<p>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</p> <p>Each set of cultures to a maximum of three sets</p>	
1633	SP.	ALL STATES: FEE \$25.90
1634	OP.	ALL STATES: FEE \$19.45
	<p>Screening test for mycoplasma and/or ureaplasma</p>	
1637	SP.	ALL STATES: FEE \$5.70
1638	OP.	ALL STATES: FEE \$4.30
	<p>Coagulase test for organism identification by slide or tube method, not associated with the use of Items 1644/1645, 1647/1648, 1661/1662, 1664/1665, for identification of the same organism</p>	
1640	SP.	ALL STATES: FEE \$5.70
1641	OP.	ALL STATES: FEE \$4.30

	<p>Identification of pathogenic micro-organisms, excluding M tuberculosis, using biochemical tests and/or other special techniques involving sub-culture</p> <p>Identification of one organism</p>	
1644	SP.	ALL STATES: FEE \$11.40
1645	OP.	ALL STATES: FEE \$8.55
	<p>Identification of two or more organisms, excluding M tuberculosis, by the method referred to in Item 1644 or 1645</p>	
1647	SP.	ALL STATES: FEE \$23.00
1648	OP.	ALL STATES: FEE \$17.25
	<p>Identification of pathogenic micro-organisms using specific serological techniques, (including immunofluorescent and immunoenzymic methods)</p> <p>One procedure</p>	
1661	SP.	ALL STATES: FEE \$11.40
1662	OP.	ALL STATES: FEE \$8.55
	<p>Two or more of any procedures of a kind referred to in Item 1661 or 1662</p>	
1664	SP.	ALL STATES: FEE \$17.20
1665	OP.	ALL STATES: FEE \$12.90
‡ +	<p>Anaerobic culture of urine obtained by suprapubic aspiration of the bladder where previous aerobic urine culture is negative, plus microscopical examination of urine, with cell count, relevant stains (if indicated), aerobic 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—</p> <p>pH, specific gravity, blood, albumin, urobilinogen, sugar, acetone and bile pigments. (Not associated with Item 1673 or 1674)</p>	
1668	SP.	ALL STATES: FEE \$32.65
1669	OP.	ALL STATES: FEE \$24.50

<p>+</p> <p>1673</p> <p>1674</p>	<p>Microscopical examination of urine, with cell count, relevant stains (if indicated), aerobic 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 and testing for substances inhibitory to micro-organisms where indicated and with general examination for one or more of the following where indicated—</p> <p>pH, specific gravity, blood, albumin, urobilinogen, sugar, acetone and bile pigments</p> <p>SP. ALL STATES: FEE \$24.00</p> <p>OP. ALL STATES: FEE \$18.00</p>
<p>1682</p> <p>1683</p>	<p>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)</p> <p>SP. ALL STATES: FEE \$11.40</p> <p>OP. ALL STATES: FEE \$8.55</p>
<p>1687</p> <p>1688</p>	<p>Microscopical examination of faeces or body fluids for parasites, cysts or ova, with or without simple stains and concentration techniques</p> <p>SP. ALL STATES: FEE \$17.20</p> <p>OP. ALL STATES: FEE \$12.90</p>
<p>1693</p> <p>1694</p>	<p>Identification of helminths</p> <p>SP. ALL STATES: FEE \$11.40</p> <p>OP. ALL STATES: FEE \$8.55</p>
<p>1702</p> <p>1703</p>	<p>Cultural examination for parasites other than trichomonas</p> <p>Culture of one parasite</p> <p>SP. ALL STATES: FEE \$23.00</p> <p>OP. ALL STATES: FEE \$17.25</p>



**PATHOLOGY**

**DIVISION 3—MICROBIOLOGY**

	Cultural examination for parasites referred to in Item 1702 or 1703—	
	Culture of two or more parasites	
1705	SP.	ALL STATES: FEE \$40.00
1706	OP.	ALL STATES: FEE \$30.00
	Determination of the minimum inhibitory concentration of an antibiotic or chemotherapeutic agent by tube technique or by agar plate dilution	
	One organism	
1721	SP.	ALL STATES: FEE \$23.00
1722	OP.	ALL STATES: FEE \$17.25
	Determination referred to in Item 1721 or 1722—	
	Two or more organisms	
1724	SP.	ALL STATES: FEE \$28.50
1725	OP.	ALL STATES: FEE \$21.40
	Detection of substances inhibitory to micro-organisms in a body fluid (excluding urine)	
1732	SP.	ALL STATES: FEE \$5.70
1733	OP.	ALL STATES: FEE \$4.30
	Quantitative assay of an antibiotic or chemotherapeutic agent in a body fluid (including urine)	
1743	SP.	ALL STATES: FEE \$23.00
1744	OP.	ALL STATES: FEE \$17.25
	Serological tests for Hepatitis	
	Each test to a maximum of two tests	
1747	SP.	ALL STATES: FEE \$23.00
1748	OP.	ALL STATES: FEE \$17.25
	Agglutination tests (screening)	
	One test	
1756	SP.	ALL STATES: FEE \$5.70
1757	OP.	ALL STATES: FEE \$4.30

		<p>Agglutination tests (screening)</p> <p>Two or more tests</p>
1758	SP.	ALL STATES: FEE \$6.90
1759	OP.	ALL STATES: FEE \$5.20
		<p>Agglutination tests (quantitative), including those for enteric fever and brucellosis</p> <p>One antigen</p>
1760	SP.	ALL STATES: FEE \$17.20
1761	OP.	ALL STATES: FEE \$12.90
		<p>Agglutination tests (quantitative) referred to in Item 1760 or 1761—</p> <p>Second to sixth antigen—each antigen</p>
1763	SP.	ALL STATES: FEE \$9.20
1764	OP.	ALL STATES: FEE \$6.90
		<p>Agglutination tests (quantitative) referred to in Item 1760 or 1761—</p> <p>Each antigen in excess of six</p>
1766	SP.	ALL STATES: FEE \$4.60
1767	OP.	ALL STATES: FEE \$3.45
		<p>Flocculation tests, including V.D.R.L., Kahn, Kline or similar tests</p> <p>One test</p>
1772	SP.	ALL STATES: FEE \$5.70
1773	OP.	ALL STATES: FEE \$4.30
		<p>Flocculation tests referred to in Item 1772 or 1773—</p> <p>Two or more tests</p>
1775	SP.	ALL STATES: FEE \$6.90
1776	OP.	ALL STATES: FEE \$5.20

	Complement fixation tests	
	One test	
1781	SP.	ALL STATES: FEE \$23.00
1782	OP.	ALL STATES: FEE \$17.25
	Each test referred to in Item 1781 or 1782 in excess of one	
1784	SP.	ALL STATES: FEE \$5.70
1785	OP.	ALL STATES: FEE \$4.30
	Fluorescent serum antibody test (FTA test, FTA-absorbed test or similar)	
	One test	
1793	SP.	ALL STATES: FEE \$17.20
1794	OP.	ALL STATES: FEE \$12.90
	Each test referred to in Item 1793 or 1794 in excess of one	
1796	SP.	ALL STATES: FEE \$9.20
1797	OP.	ALL STATES: FEE \$6.90
	Haemagglutination tests—	
	One test	
1805	SP.	ALL STATES: FEE \$11.40
1806	OP.	ALL STATES: FEE \$8.55
	Each test referred to in Item 1805 or 1806 in excess of one	
1808	SP.	ALL STATES: FEE \$5.70
1809	OP.	ALL STATES: FEE \$4.30
	Haemagglutination inhibition tests—	
	One test	
1823	SP.	ALL STATES: FEE \$11.40
1824	OP.	ALL STATES: FEE \$8.55

	Each test referred to in Item 1823 or 1824 in excess of one	
1826	SP.	ALL STATES: FEE \$5.70
1827	OP.	ALL STATES: FEE \$4.30
	Antistreptolysin O titre or similar test (qualitative) not associated with Item 1843, 1844, 1846 or 1847	
1839	SP.	ALL STATES: FEE \$5.70
1840	OP.	ALL STATES: FEE \$4.30
	Antistreptolysin O titre test, anti-desoxyribonuclease B titre test or similar test (quantitative) One test	
1843	SP.	ALL STATES: FEE \$17.20
1844	OP.	ALL STATES: FEE \$12.90
	Antistreptolysin O titre test, anti-desoxyribonuclease B titre test or similar test (quantitative) Two or more tests	
1846	SP.	ALL STATES: FEE \$26.00
1847	OP.	ALL STATES: FEE \$19.50
	Total and differential cell count on any body fluid	
1851	SP.	ALL STATES: FEE \$11.40
1852	OP.	ALL STATES: FEE \$8.55
	Autogenous vaccine, preparation of—each organism	
1858	SP.	ALL STATES: FEE \$46.00
1859	OP.	ALL STATES: FEE \$34.50
	<b>DIVISION 4—IMMUNOLOGY</b>	
	Immunelectrophoresis using polyvalent antisera	
1877	SP.	ALL STATES: FEE \$34.50
1878	OP.	ALL STATES: FEE \$25.90

	Immuno-electrophoresis using monovalent antiserum—each antiserum	
1884	SP.	ALL STATES: FEE \$5.70
1885	OP.	ALL STATES: FEE \$4.30
	Immunoglobulins G, A, M or D, quantitative estimation of, by immunodiffusion or any other method Estimation of one immunoglobulin	
1888	SP.	ALL STATES: FEE \$23.00
1889	OP.	ALL STATES: FEE \$17.25
	Estimation of each immunoglobulin referred to in Item 1888 or 1889 in excess of one	
1891	SP.	ALL STATES: FEE \$11.40
1892	OP.	ALL STATES: FEE \$8.55
	Immunoglobulin E, quantitative estimation of	
1897	SP.	ALL STATES: FEE \$34.50
1898	OP.	ALL STATES: FEE \$25.90
	Radioallergosorbent tests for allergen identification Identification of one allergen	
1903	SP.	ALL STATES: FEE \$11.40
1904	OP.	ALL STATES: FEE \$8.55
	Identification of each allergen referred to in Item 1903 or 1904 in excess of one to a maximum of THREE allergens	
1905	SP.	ALL STATES: FEE \$5.70
1906	OP.	ALL STATES: FEE \$4.30
	Immunofluorescent detection of tissue antibodies—qualitative not associated with the service specified in Item 1918 or 1919 Detection of one antibody	
1911	SP.	ALL STATES: FEE \$23.00
1912	OP.	ALL STATES: FEE \$17.25

**PATHOLOGY**

**DIVISION 4—IMMUNOLOGY**

Detection of each antibody referred to in Item 1911 or 1912 in excess of one—each antibody

1913 SP. ALL STATES: FEE \$11.40

1914 OP. ALL STATES: FEE \$8.55

Immunofluorescent detection of tissue antibodies—qualitative and quantitative—  
 Detection and estimation of each antibody

1918 SP. ALL STATES: FEE \$28.50

1919 OP. ALL STATES: FEE \$21.40

Complement fixation tests on human tissue antibody—  
 One antibody

1924 SP. ALL STATES: FEE \$23.00

1925 OP. ALL STATES: FEE \$17.25

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

1926 SP. ALL STATES: FEE \$11.40

1927 OP. ALL STATES: FEE \$8.55

Latex flocculation test—qualitative and/or quantitative

1935 SP. ALL STATES: FEE \$11.40

1936 OP. ALL STATES: FEE \$8.55

Rose Waaler test, quantitative, using sheep cells

1941 SP. ALL STATES: FEE \$23.00

1942 OP. ALL STATES: FEE \$17.25

Modified Rose Waaler test using stabilised sheep cells, not associated with Item 1941 or 1942

1943 SP. ALL STATES: FEE \$11.40

1944 OP. ALL STATES: FEE \$8.55

	Lupus erythematosus cells, preparation and examination of film for	
1948	SP.	ALL STATES: FEE \$17.20
1949	OP.	ALL STATES: FEE \$12.90
	Tanned erythrocyte haemagglutination test for tissue antibodies— One antibody	
1955	SP.	ALL STATES: FEE \$23.00
1956	OP.	ALL STATES: FEE \$17.25
	Each antibody referred to in Item 1955 or 1956 in excess of one	
1957	SP.	ALL STATES: FEE \$11.40
1958	OP.	ALL STATES: FEE \$8.55
	Leucocyte fractionation as preliminary test to specific tests of leucocyte function (by density gradient centrifugation or other method)—	
1965	SP.	ALL STATES: FEE \$34.50
1966	OP.	ALL STATES: FEE \$25.90
	Neutrophil or monocyte tests for phagocytic activity— Visual techniques	
1971	SP.	ALL STATES: FEE \$34.50
1972	OP.	ALL STATES: FEE \$25.90
	Neutrophil or monocyte function tests for phagocytic activity— Radioactive techniques	
1973	SP.	ALL STATES: FEE \$57.00
1974	OP.	ALL STATES: FEE \$42.75
	Lymphocyte cell count—E. rosette technique or similar	
1981	SP.	ALL STATES: FEE \$46.00
1982	OP.	ALL STATES: FEE \$34.50

**PATHOLOGY**

**DIVISION 4—IMMUNOLOGY**

B lymphocyte cell count—by immunofluorescence or immunoperoxidase

- 1987 SP. ALL STATES: FEE \$46.00
- 1988 OP. ALL STATES: FEE \$34.50

Lymphocyte function tests—  
Visual transformation

- 1995 SP. ALL STATES: FEE \$46.00
- 1996 OP. ALL STATES: FEE \$34.50

Radioactive techniques

- 1997 SP. ALL STATES: FEE \$69.00
- 1998 OP. ALL STATES: FEE \$51.75

Tissue group typing (HLA phenotypes)

- 2006 SP. ALL STATES: FEE \$57.00
- 2007 OP. ALL STATES: FEE \$42.75

Mantoux, Schick, Casoni or similar test, not including skin sensitivity testing for allergens covered by Item 987 or 989

- 2013 SP. ALL STATES: FEE \$11.40
- 2014 OP. ALL STATES: FEE \$8.55

Skin sensitivity—induction and detection of sensitivity to chemical antigens

- 2022 SP. ALL STATES: FEE \$23.00
- 2023 OP. ALL STATES: FEE \$17.25

**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

- 2041 SP. ALL STATES: FEE \$80.00
- 2042 OP. ALL STATES: FEE \$60.00



**PATHOLOGY**

**DIVISION 5—HISTOPATHOLOGY**

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

2048 SP. ALL STATES: FEE \$104.00

2049 OP. ALL STATES: FEE \$78.00

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

2056 SP. ALL STATES: FEE \$148.00

2057 OP. ALL STATES: FEE \$111.00

Immunofluorescent or immunoperoxidase investigation of biopsy specimen, one or both, including any other histopathology examination of tissue obtained from the one patient at the one time

2060 SP. ALL STATES: FEE \$104.00

2061 OP. ALL STATES: FEE \$78.00

Electron microscopy examination of biopsy material including any other histopathology examination of that tissue obtained from the one patient at the one time

2062 SP. ALL STATES: FEE \$120.00

2063 OP. ALL STATES: FEE \$90.00

**DIVISION 6—CYTOLOGY**

Cytological examination for pathological change of smears from Cervix and vagina, Skin or Mucous membrane, excluding nasal smears for cell count covered by Item 1545, 1546, 1548 or 1549—

Each examination

2081 SP. ALL STATES: FEE \$17.20

2082 OP. ALL STATES: FEE \$12.90

Cytological examination of body fluid or washings for malignant cells—examination of Sputum; Urine; Bronchial secretion; Cerebrospinal fluid; Peritoneal fluid; any similar fluid; Gastric washings; Duodenal washings; Oesophageal washings or Colonic washings; including collection of specimen

Each examination

2091 SP. ALL STATES: FEE \$34.50

2092 OP. ALL STATES: FEE \$25.90

**PATHOLOGY**

**DIVISION 6—CYTOLOGY**

	Cytological examination for malignant cells of material obtained by fine needle aspiration of solid tissues	
2093	SP.	ALL STATES: FEE \$46.00
2094	OP.	ALL STATES: FEE \$34.50
	Hormonal assessment by cytological examination of vaginal epithelium involving cell count and/or index	
2104	SP.	ALL STATES: FEE \$17.20
2105	OP.	ALL STATES: FEE \$12.90
	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	
2111	SP.	ALL STATES: FEE \$28.50
2112	OP.	ALL STATES: FEE \$21.40
<b>DIVISION 7—CYTOGENETICS</b>		
	Chromosome studies, including preparation, count and karyotyping of amniotic fluid	
2148	SP.	ALL STATES: FEE \$172.00
2149	OP.	ALL STATES: FEE \$129.00
	Chromosome studies, including preparation, count and karyotyping of bone marrow	
2155	SP.	ALL STATES: FEE \$114.00
2156	OP.	ALL STATES: FEE \$85.50
	Chromosome studies, including preparation, count and karyotyping of blood, skin or any other tissue or fluid NOT referred to in Item 2148, 2149, 2155 or 2156—	
	Each study	
2161	SP.	ALL STATES: FEE \$138.00
2162	OP.	ALL STATES: FEE \$103.50
	Chromosome identification by banding techniques (using fluorescein, Giemsa or centromeres staining)— One method	
2170	SP.	ALL STATES: FEE \$114.00
2171	OP.	ALL STATES: FEE \$85.50
	Two or more methods referred to in Item 2170 or 2171	
2173	SP.	ALL STATES: FEE \$172.00
2174	OP.	ALL STATES: FEE \$129.00

## DIVISION 8—INFERTILITY AND PREGNANCY TESTS

Semen examination for presence of spermatozoa

2201 SP. ALL STATES: FEE \$6.90

2202 OP. ALL STATES: FEE \$5.20

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

2211 SP. ALL STATES: FEE \$23.00

2212 OP. ALL STATES: FEE \$17.25

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

2215 SP. ALL STATES: FEE \$34.50

2216 OP. ALL STATES: FEE \$25.90

Semen analysis, chemical—

Analysis of one substance

2225 SP. ALL STATES: FEE \$17.20

2226 OP. ALL STATES: FEE \$12.90

Analysis of two or more substances referred to in Item 2225 or 2226

2227 SP. ALL STATES: FEE \$28.50

2228 OP. ALL STATES: FEE \$21.40

Spermagglutinating and immobilising antibodies, tests for—

One test

2247 SP. ALL STATES: FEE \$17.20

2248 OP. ALL STATES: FEE \$12.90

Two or more tests referred to in Item 2247 or 2248

2249 SP. ALL STATES: FEE \$23.00

2250 OP. ALL STATES: FEE \$17.25

<p>2264</p> <p>2265</p>	<p>Sperm penetrability, one or more tests for—not associated with Item 2211 or 2212</p> <p>SP. ALL STATES: FEE \$23.00</p> <p>OP. ALL STATES: FEE \$17.25</p>
<p>2272</p> <p>2273</p>	<p>Chorionic gonadotrophin (beta-HCG), qualitative estimation or quantitative estimation or qualitative and quantitative estimation by one or more methods for any purpose not covered by Item 2285 or 2286</p> <p>SP. ALL STATES: FEE \$11.40</p> <p>OP. ALL STATES: FEE \$8.55</p>
<p>2285</p> <p>2286</p>	<p>Chorionic gonadotrophin, quantitative estimation of (including serial dilutions) for assessment of hormone levels in the case of proven hormone producing neoplasms by one or more methods—</p> <p>SP. ALL STATES: FEE \$34.50</p> <p>OP. ALL STATES: FEE \$25.90</p>
<p>2287</p> <p>2288</p>	<p><b>PREGNANCY PATHOLOGY ASSESSMENT</b>—comprising haemoglobin estimation, calculation of red cell indices, blood film examination, blood grouping, examination for blood group antibodies, test for syphilis, test for rubella antibodies, microscopic examination of urine and culture—one assessment in any one pregnancy</p> <p>SP. ALL STATES: FEE \$72.00</p> <p>OP. ALL STATES: FEE \$54.00</p>
<p>2294</p> <p>2295</p>	<p style="text-align: center;"><b>DIVISION 8A—EXAMINATION NOT OTHERWISE COVERED</b></p> <p>Pathology examination of any body fluid or tissue not covered by any other item in this Part</p> <p>SP. ALL STATES: FEE \$4.60</p> <p>OP. ALL STATES: FEE \$3.45</p>

## DIVISION 9—13 SPECIFIED SIMPLE BASIC PATHOLOGY TESTS

**INTRODUCTION**

*The following items cover the 13 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 of 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 Medicare 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 ALL STATES: FEE \$3.45

Two procedures to which Item 2334 applies

2335 ALL STATES: FEE \$5.20

Three or more procedures to which Item 2334 applies

2336 ALL STATES: FEE \$6.90

Microscopical examination of urine

2342 ALL STATES: FEE \$3.45

Pregnancy test by one or more immunochemical methods

2346 ALL STATES: FEE \$8.55

Microscopical examination of wet film other than urine

2352 ALL STATES: FEE \$5.20

Microscopical examination of Gram stained film

2357 ALL STATES: FEE \$6.90

Chemical tests for occult blood in faeces by reagent stick, strip, tablet or similar

2362 ALL STATES: FEE \$1.75

Microscopical examination screening for fungi in skin, hair, nails—one or more sites

2369 ALL STATES: FEE \$5.20

2374	Mantoux test ALL STATES: FEE \$8.55
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2382	Casoni test for hydatid disease ALL STATES: FEE \$8.55
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2388	Schick test ALL STATES: FEE \$8.55
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2392	Seminal examination for presence of spermatozoa ALL STATES: FEE \$5.20
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**PATHOLOGY**

Item  
No.

Medical Service

## **SECTION 3A**

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# **INDEX TO MEDICARE 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**



Service	Item
A	
Abbe flap, full thickness, for reconstruction of lip or eyelid	8618,8620
transplant or flap, secondary correction of, for cleft lip	8632
Abdomen, burst, repair of, with extrusion of abdominal viscera	4258/4262
Abdominal approach for repair of enterocele and/or suspension of vaginal vault	6936
apron or similar condition, transverse wedge excision	3306-3308
lipectomy for	3306-3308
block, initial	748
subsequent	752
cervicectomy	3739/3745
drainage of liver abscess	3764
hydatid cyst, excision of	3703
hysterectomy, with enucleation of ovarian cyst, one or both sides	6532/6533
viscera — operations involving	3739/3745
Abdominis, paracentesis	4197
Abdomino-perineal pull through resection	4217
resection	4202-4214
-vaginal operation for stress incontinence	6407,6408
Aberrant renal artery, operation for	5683
Abortion, induced, vacuum aspiration	6469
induced curettage	6469
missed, curettage for	6469
threatened, treatment of	246
Abrasive therapy	8452, 8454
Abscess, appendiceal, drainage of	4087/4093
Bartholin's, incision of	6284
Brodie's, operation for	4864
cerebral, operation for	7283,7287
intracranial, operation for	7283,7287
intra-orbital, drainage of	6752
ischio-rectal, incision of	3379/3384
large, incision with drainage of, requiring a general anaesthetic	3379/3384
liver, abdominal drainage of	3764
or inflammation of middle ear, operation on	5162
pelvic, drainage of through rectum	3379,3384
suprapubic drainage of	6677/6681
perianal, incision of	3379/3384
perinephric, drainage of	5732
pertonsillar, incision of	5445
prostatic, retropubic drainage of	6033
retroperitoneal, drainage of	4185
retropharyngeal, incision with drainage of	3379/3384
scrotum, drainage of	3379/3384
small, incision with drainage of, not requiring a general anaesthetic	3371
subperiosteal	(see osteomyelitis)
subphrenic, drainage of	3750
urethral, drainage of	3379/3384
Accessory bone, removal of	7853
nipple, removal of	3219-3237
scaphoid, removal of	7853

Service	Item
Achilles tendon or other large tendon	
—operation for lengthening	8262
—plastic repair of	8235/8238
—suture of	8235/8238
—torn, repair of	8235/8238
Acoustic neuroma	5108,5112,7203
Acromial bursitis, manipulation for	7911, 7915
Acromion, removal of	8166
Acromionectomy	8166
Acrylic head, fitting of, to femur	8053
prosthesis operation on hip	8053-8069
Acupuncture, performed by a medical practitioner	980
Acute osteomyelitis operation on sternum, clavicle, rib, ulna, radius, carpus, tibia, fibula, tarsus, mandible or maxilla	4838
Adductor hallucis tendon, transplantation of with osteotomy or osteectomy of phalanx or metatarsal with correction of hallux valgus	8135
Adenoids and tonsils, removal of	5363-5392
removal of	5407/5411
Adenomyoma of uterus, excision of	6508
Adhesions, division of, via laparoscope	4194
labial, separation of	*
peritoneal, separation of, and laparotomy	3726
pharyngeal, division of	5345
preputial, breakdown of	*
Administration of an anaesthetic	
—as a therapeutic procedure	487/559
—assistance in	767
—by a medical practitioner other than a specialist anaesthetist	401-497
—by a specialist anaesthetist	500-565
—in connection with a dental operation (not being a prescribed medical service)	566-575
—in connection with E.C.T.	404,506
computerised axial tomography	489/490,561/562
forceps delivery	481,552
radiotherapy	480,551
—in connection with the treatment of a	
—complicated fracture involving viscera, blood vessels or nerves requiring open operation	485,557
—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
—separate pre-operative examination for	82/85
Adrenal gland, biopsy of	5636
removal of	5636
Alcohol, injection of trigeminal ganglion or primary branch of trigeminal nerve with	7079
intrathecal injection	7081
local infiltration around nerve or in muscle with	*
nerve blocking with, following localisation by electrical stimulator	756
retrobulbar injection of	6918

\*Payable on attendance basis

Service	Item
Alimentary continuity, primary restoration	5508
obstruction, neonatal, laparotomy for	8394
Allergens, skin sensitivity for	987,989
Amniocentesis	278
Amniofusion	278
Amnion, puncture of	278
Amnioscopy	278
with surgical induction of labour	284
Amputation, breast, radical	3702
simple	3647/3652
cervix, or repair of	6430/6431
clitoris	6299
extra digit, congenital	8430
finger or thumb	4927-4969
foot at ankle (Syme, Pirogoff types)	5034
midtarsal or transmetatarsal	5038
hand	4972-4979
hindquarter	5055
hip	5051
interscapulothoracic	4987
penis, complete or radical	6184
partial	6179
shoulder	4983
stump, trimming of	*
through leg or at knee	5045
thigh	5048
toe or great toe	4990-5029
including metatarsal or through metatarsal	5024/5029
Anaesthesia, general (including oxygen administration)	
during hyperbaric therapy	787,790
regional, intravenous, of limb, by retrograde perfusion	760/764
nerve or field block	
—initial	748
—subsequent	752
Anaesthetic, administration of	
—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 E.C.T.	404,506
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
—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
assistance in administration	767
for removal of phaeochromocytoma	460/527
separate pre-operative examination for	82/85

\*Payable on attendance basis

Service	Item
Anal incontinence, operation for,	4492
Anal prolapse, circum-anal suture for	4467
injection into without anaesthesia	4534
submucosal injection for	4534
sphincterotomy, as an independent procedure (Hirschsprung's disease)	4490
stricture, repair of	4482
tags or external haemorrhoids, removal of	4534
Anastomosis, arterial	4762
arteriovenous, direct, of upper or lower limb	4817
bowel	4133
hepatic duct with gallbladder or intestine	3834
ileo-rectal, with total colectomy	4048
nerve,	7139
nerve	7139
portal, hypertension, vascular	4766
spino-ureteral, spino-peritoneal or spino-pleural of, for hydrocephalus, congenital	7320
Anderson-Hynes operation	5734
Aneurysm, abdominal aortic, excision of and insertion of graft	4791,4794
intracranial, operation for	7265-7274
ligation of great vessels for	4690,7265-7274
major artery, excision of	4798
Angioma, cauterisation or injection of, under general anaesthesia	8458
involving deep tissue, excision and repair of	8470,8472
of skin and subcutaneous tissue or mucous surface, excision and repair of	8462,8466
excision of, and direct repair	8462, 8472
Ankle, arthroplasty, total replacement	8069
revision operation	8070
dislocation of	7461
fracture of	7647/7652
region, tripole arthrodesis of	8116
total replacement, revision operation	8070
Anophthalmic orbit, insertion of cartilage or artificial implant	6701
removal of implant from socket	6701
Ano-rectal malformation	
—perineal anoplasty	8406
—rectoplasty	8408
Antenatal care	190,192,200-217
confinement and postnatal care for nine days	
—with mid-cavity forceps or vacuum extraction, breach delivery or management of multiple delivery	208/209
—with surgical induction of labour	211/213
—with surgical induction of labour requiring major regional or field block	216/217
Antepartum haemorrhage	273
Anterior chamber, irrigation of blood from	6871
colporrhaphy	6347/6352
—and perineorrhaphy	6358/6363
—with posterior colpoperineorrhaphy and amputation of cervix	6367/6373
synechiae, cutting of	6885
vaginal repair	6347/6352,6358/6363
Antireflux operations	4242-4245

Service	Item
Antrobuccal fistula operation	5288
Antrostomy (radical)	5270
with transantral ethmoidectomy	5277
Antrum, drainage of, through tooth socket	5284
intranasal operation on, or removal of foreign body from	5280
maxillary, lavage of	5264
proof puncture and lavage of	5245,5254
removal of foreign body from	5280
Anus, circum-anal suture for prolapse of	4467
dilation of (Lord's procedure)	4455
repair of stricture of	4482
sphincterotomy of	4490
submucosal injection for prolapse of	4534
Aorta, endarterectomy of	4705
Aortic aneurysm, ruptured	4791-4794
Aorto-femoral or aorto-iliac bifurcate graft	4744
Apparatus, distracting, with internal fixation, removal of	8217
without internal fixation, removal of	8214
Appendiceal abscess, drainage of	4087/4093
Appendectomy (Appendectomy)	4074-4093
—(Incidental)	4084
Appendicostomy	3722
Appendix, operations on	4074-4093
ruptured, drainage of	4087/4093
Apron, adominal, lipectomy for	3306-3308
Arrachnoidal cyst, congenital, operation for	7328
Arm, amputation through or disarticulation of	4979
direct arteriovenous anastomosis of	4817
Arterial anastomosis	4762
graft or by-pass	4754
patch graft	4738
puncture	956
Arteriography, selective coronary, preparation for	7011,7013
Arterioplasty, transluminal, including associated radiological services and preparation	4800
Arteriovenous anastomosis of upper of lower limb	4817
fistula, artificial, repair of	4676
cervical carotid ligation for	7274
dissection and ligation of	4702
dissection and repair of	4699
excision of, from major blood vessels	4690
malformation, intracranial, operation for	7265,7270
shunt, declotting of	831
external, insertion of	4808
removal of	4812
Artery, abdominal, endarterectomy of	4705
anastomosis of by micro-surgical techniques for the	
reimplantation of limb or digit or free transfer of tissue	4764
internal carotid, repositioning of	4733
intra-thoracic, endarterectomy of	4705
ligation of, by elective operation	4676,4678
major, of neck or extremity, repair of wound of with restoration of continuity	4693
of trunk, repair of wound of, with restoration of continuity	4696
maxillary, transantral ligation of	5268
of extremities, endarterectomy of	4709

Service	Item
Artery, of neck, endarterectomy of	4709
removal of embolus from	4778
trunk, removal of embolus from	4784
or arteries, coronary, direct surgery to	7066
umbilical, catheterisation	897
Arthrectomy, finger	8022
hip	8048
knee	8088
shoulder	8019
zygapophyseal joints	8028
other large joint	8036
small joint	8022
Arthrodesis, finger	8022
hip	8044
knee	8088
sacro-iliac joint	8032
shoulder	8019
subtalar	8326
triple, of foot or ankle region	8116
other large joint	8036
small joint	8022
Arthroplasty, ankle	8069
elbow	8069
finger	8022
hip	8053-8070
knee	8070-8092
shoulder	8017
other large joint	8036
small joint	8022
prosthetic, metacarpo phalangeal joint	8024
Arthroscopy, knee	8080-8092
Arthrotomy, hip	8074
knee	8082
shoulder	8014
small joint	8026
other large joint	8040
Artificial insemination	*
lens, insertion of	6852
removal of	6857
removal of and replacement with different lens	6858
repositioning of, by open operation	6857
rupture by membranes	354
Aspiration biopsy of bone marrow	3160
of lymph gland, deep tissue or organ	3148
haematoma	3366
joint	8105
of bladder	5964
breast cyst	*
or intra-synovial injection of synovial cavity or both	
of these services	8108
paracentesis, or both, of thoracic cavity	6940
vacuum induced abortion	6469
non gravid uterus	6460/6464
Assistance at operations	2951,2953
in administration of an anaesthetic	767

\*Payable on attendance basis

Service	Item
Atresia, choanal, repair of	8380-8382
congenital, biliary, dissection of bile ducts	3831
laparotomy	3739/3745
reconstruction of external auditory canal for	8612
oesophagus, dilation for	5470-5492
operation for	8392
tracheal, dilatation of, with bronchoscopy	5619,5624
Attendance, at which acupuncture is performed by a medical practitioner	980
by a medical practitioner for the investigation and evaluation	
of a patient for the fitting of CONTACT LENSES	851
Attendance, professional, by general practitioner	
—at hospital or nursing home	27-46
by general practitioner, surgery	
consultation or home visit	
—brief	1,2,11,12
—standard	5,6,15,16
—long	7,8,17,18
—prolonged	9,10,21,22
—on nursing home patient	32,34,41,42
—on hospital in-patient	31,55,56,61-68
—family group therapy	996-998
by specialist	
—initial referred	88,100
—subsequent	94,103
by consultant physician (other than in psychiatry)	
—nursing home, hospital or surgery	110,116
—home visit	122,128
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
pre-operative by anaesthetist	82/85
Audiogram, air and bone conduction	865
—and speech	870
—and speech with other Cochlear tests	874
conduction	863
impedance	877
with either air conduction or air and bone	
conduction	878
Auditory canal, external, reconstruction of for congenital atresia	8612
removal of foreign body from	5062
meatus, external, removal of exostoses in	5072
internal, exploration of	5122
Augmentation mammoplasty, prosthetic	8530
Aural polyp, removal of	5066
Austin Moore arthroplasty of hip	8053
Avulsion, epiphysis	7844
penis, repair of	6194
Axilla, lymph glands of, incision of	3634, 3638
Axillary artery, ligation of	4690
hyperidrosis, wedge excision for	3314
vessel, ligation of	4690
involving gradual occlusion by mechanical	
device	4715

\*Payable on attendance basis

Service	Item
<b>B</b>	
Back, manipulation of, under general anaesthesia	7911/7915
Baker's cyst, excision of	3217
Band, encircling silicone, removal of from detached retina	6906
rubber, ligation of haemorrhoids	4509
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	3820-3834
reconstruction of	3834
Biliary atresia, congenital, exploratory laparotomy	3739/3745
reconstruction of bile duct	3834
system, operations on	3789-3834
Biopsy, adrenal gland	5636
aspiration of bone marrow	3160
of lymph gland, deep tissue or organ	3148
bladder tumour, by cystoscopy	5868
bone marrow, by aspiration	3160
open approach	3157
percutaneous approach	3158
bronchus	5611
(burr-hole) of sternum	3157
cervix	6411
cone, of cervix	6430/6431
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
of endometrium	*
ovarian by laparoscopy	4193,4194
prostate, endoscopic, with or without cystoscopy	6027
perineal	6022
punch, of synovial membrane or pleura	3160
puncture, sternum	3157
rectum, full thickness	4380
renal	5726
scalene node	3168
skin or mucous membrane	3130
sternum, puncture	3157
suction	3130
testis	6218

\*Payable on attendance basis



Service	Item
Biopsy via laparoscope	4193,4194
with cervical exploration of mediastinum	6992
direct examination of larynx	5524
gastroscopy or duodenoscopy	3847-3851
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
transection of for urge incontinence of urine	5941
tumour of, biopsy of, with cystoscopy	5868
diathermy or resection of, with cystoscopy	5871,5875
suprapubic diathermy of	5919
washout test of	839
Block, field or major regional, required with surgical induction of labour 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	756
Blood, administration of	940,944
cell separation (limited to one attendance per procedure)	*
collection of, for pathology test	907,956
transfusion	949
dye—dilution indicator test	952
pressure recording by intravascular cannula	770
the collection of, venepuncture for, sending to Approved Pathology Practitioner	955
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
cysts, injection of steroids into	7855
graft to femur	7975

\*Payable on attendance basis

Service	Item
Bone graft to humerus	7983
radius and ulna	7983
radius or ulna	7993
scaphoid	7999
spine	7934-7969
postero-lateral fusion	7945
with laminectomy and posterior interbody fusion	7967-7969
tibia	7977
(not covered by any other item)	8001
with calcaneal osteomy	8330
lunate, excision of	8190
marrow, aspiration biopsy of	3160
nasal, fracture of	7701-7715
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	3722,4165
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
Branchycephaly, cranial vault reconstruction for	8681
Breast, amputation of	3647-3702
cyst aspiration of	*
excision of cyst, fibro adenoma, local lesion or segmental resection	3654/3664
—where frozen section is performed	3668/3673
mammoplasty of	8528-8530
manipulation of fibrous tissue surrounding prosthesis —	
under general anaesthetic	3106
without general anaesthetic	*
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	3219/3265
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 of	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

\*Payable on attendance basis

Service	Item
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	8169/8173
Burns, dressing of (not involving grafting)	3039
excision of under G.A. (not involving grafting)	
—more than 10% of body surface	3006–3039
—not more than 10% of body surface	3038
extensive free graft to	8510
free graft to	8509–8511
Burr-hole biopsy of sternum	3157
craniotomy	7186, 7192, 7212, 7287
for intracranial haemorrhage	7212
Bursa, incision of	*
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

\*Payable on attendance basis

Service	Item
C	
Cable shunt, ventricular, for hydrocephalus, congenital	8320
Cadaver, donor nephrectomy	5647
Caecostomy	3722
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	7674/7652
valgus, manipulation and plaster under general anaesthesia	8336
under general anaesthesia	8334
Calcium, deposit, removal of, from cuff of shoulder	8009
Calculus, removal of, from bladder	5888
kidney	5691
parotid or salivary gland duct	3468/3472
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	8349
Canal, external auditory, reconstruction of, for congenital atresia	8612
Canaliculus system lacrimal, reconstruction of	6792
immediate repair of	6796
Cancer of skin, removal by serial curettage excision	3350,3351,3352
Cannula, intralymphatic insertion of, for introduction of radio-active material	938
intravascular, blood pressure recording by	770
Canthoplasty	6768
Capacity, diffusing, estimation of	920
Capsular, ligaments of knee, reconstruction of	8082-8088
Capsule, joint, repair of	8113
Capsulectomy	6861
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, 7033
rhythm, restoration of, by electrical stimulation	917
surgery, open, congenital, in children	7044
Cardiopulmonary by-pass, for direct surgery to coronary artery or arteries	7066
Cardiospasm, Heller's operation for	6999
Carinatum, pectus, radical correction of	6972
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
*Payable on attendance basis	

Service	Item
Carotid body or carotid body tumour, removal of without anastomosis	3295
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, knee, displaced, reduction of	7911/7915
removal of	8085-8092
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
central vein	950,951
eustachian tube	5343
frontal sinus	5305
scalp vein	895
umbilical artery	897
vein	895
ureteric, with cystoscopy	5851
Caudal block, initial	748
subsequent	752
Cauterisation, angioma, congenital, under general anaesthesia	8458
cervix	6411
haemangioma, congenital, under general anaesthesia	8458
haemorrhoids	4523/4527
keratoses or hyperkeratoses	3330-3346
of tarsus for ectropion	6762
perforation of tympanum	5176
pyogenic granulation	3330-3346
septum or turbinates or pharynx	5229
urethra or urethra caruncle	6290
Cautery, conjunctiva, including treatment of pannus	6835
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
Central nervous system evoked responses	816, 817
vein catheterisation	950, 951
Cerebello-pontine angle tumour	
—suboccipital removal of	7203
—transmastoid, translabyrinthine removal of	5108, 5112

Service	Item
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	3597
plexus block, initial (not including the uterine cervix)	748
subsequent (not including the uterine cervix)	752
rib, removal of	8158
spine, anterior interbody spinal fusion to dislocation of, without fracture	7947, 7951
sympathectomy	7472
Cervicectomy, abdominal	7376
Cervix, amputation or repair of	3739/3745
cauterisation of	6430/6431
cone biopsy of	6411
diathermy of	6430/6431
dilatation of	6411
examination of, with Hinselmann colposcope or similar instrument	6446
ionisation of	6415
purse string ligation of for threatened miscarriage	6411
removal of polyp from	250/258
purse string ligature of under general anaesthesia	6411
repair of	267
uterine, examination of, with a magnifying colposcope of the Hinselmann type or similar instrument	6367/6373, 6430/6431
Chalazion, extirpation of	6415
Charnley arthroplasty of hip	6754
Chemopallidectomy, including burr-hole	8069
or other stereotactic procedure	7312
Chemotherapy for keratoses, warts or similar lesions	7312
Chest, funnel, elevation of	3330-3346
pigeon, correction of	6972
wall, closure of after drainage for empyema	6972
Choanal atresia, repair of	3247/3253
Cholangiography pre-operative	8380, 8382
Cholecystectomy with or without choledochotomy	3789
Cholecystoduodenostomy	3820-3822
Cholecystoenterostomy	3831
Cholecystogastrostomy	3831
Cholecystostomy	3831
Choledochoduodenostomy	3722
with choledochotomy	3834
Choledochoenterostomy	3822
with choledochotomy	3834
Choledochogastrostomy	3822
Choledochotomy with or without cholecystectomy	3834
Cholera, inoculation against	3820-3822
Chondro-cutaneous or chondro-mucosal graft	*
Chondroma, removal of	8606
Chordee, correction of — hypospadias	3219-3253
	6105, 6107

\*Payable on attendance basis

Service	Item
Chronic osteomyelitis, operation on scapula, sternum, clavicle, rib, ulna, radius, metacarpus, carpus, phalanx, tibia, fibula, metatarsus, tarsus, mandible or maxilla	4860
Cicatricial flexion contracture of joint, correction of	8294
Ciliary body and/or iris, excision of tumour	6894
Cingulotomy	7298
Cingulotractotomy	7298
Circum-anal suture for anal prolapse	4467
Circumcision	4319-4345
arrest of post-operative haemorrhage	
without general anaesthesia	*
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
partial or incomplete, secondary correction	8628
secondary correction of nostril or nasal tip	8634
palate, complete cleft, primary repair	8640
complex cleft, partial repair	8652
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	3597
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
Coagulation, laser beam	6904
Coccyx, excision of	4606
Cochlear tests	874
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
venepuncture for sending to	
Approved Pathology Practitioner	955
specimen of sweat by iontophoresis	958
Colles' fracture of wrist	7540/7544
Colonic fibroscopy	4383-4394

\*Payable on attendance basis

Service	Item
Colonoscopy, fibroptic (short) with or without biopsy	4383
(long) with or without biopsy	4388
with removal of one or more polyps	4394
Colostomy	3722
entero-	3894/3898
extra-peritoneal closure of	3976/3981
following exploratory laparotomy	3722
for Hirschsprung's disease	3722
intraperitoneal closure of	3986
lavage of	*
Colotomy	3722
Colour discrimination test, Farnsworth Munsell 100 hue	*
Colpoperineorrhaphy	6347/6363
Colpopexy	6396
Colpoplasty	6367/6373
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	7231
Common bile duct, operations on	3822
Complete cleft palate, primary repair	8640
or partial urethrectomy for removal of tumour	6077
revision of secondary correction of cleft lip	8630
urethrectomy, 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, ear or eyelid	8606
Compound fracture requiring open operation	7815, 7817
skull or complicated with dural penetration and brain damage	7244
skull without dural penetration	7240
Compression techniques, continuous, multiple simultaneous injections by, for varicose veins	4633
Conception, products of, evacuation of, by intrauterine manual removal	362
Conduction times, nerve, estimation of (electromyography)	810,811,813,814
Condylectomy	8185-8190,8195,8198,8570
of mandible	8570
Cone biopsy of cervix	6430/6431
Confinement	194-217
antenatal care and postnatal care for nine days	200/207
—with mid-cavity forceps or vacuum extraction, breach delivery or management of multiple delivery	208/209
—with surgical induction of labour	211/213
—and requiring major regional or field block	216/217
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

\*Payable on attendance basis



Service	Item
Congenital atresia, biliary, 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	6999
incontinence, reconstruction of sphincter for	8414
Conjunctiva, cautery of, including treatment of pannus	6835
removal of tumour from	3219-3253
Conjunctival, graft over cornea	6810
lacerations not involving sclera	3058
peritomy	6807
Conjunctivorhinostomy	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	887-889
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	31-34,41,42,55,56,61
—surgery consultation or home visit	
—brief	1,2,11,12,55,56
—standard	5,6,15,16,61,62
—long	7,8,17,18,63,64
—prolonged	9,10,21,22,67,68
—family group therapy	996-998
by specialist	
—initial referred	88,100
—subsequent	94,103
preoperative, by anaesthetist	82/85
Contact lenses, attendance by a medical practitioner for the	
investigation and evaluation of a patient for the fitting of	851
Contaminated wound of soft tissue, debridement of under general	
anaesthesia	3041
Continuous compression techniques, by multiple simultaneous	
injections, for varicose veins	4633
Contour reconstructions, foreign implants for	8478
of the face by autogenous bone or	
cartilage graft	8600
Contraceptive device, intra-uterine, introduction of	6262
removal of under general anaesthesia	6264
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, 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

\*Payable on attendance basis

Service	Item
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	*
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, radical	6972
Cortical evoked responses	816,817
mastoidectomy	5087
Cost, oxygen, of breathing, estimation of	920
Counterpulsation by intra-aortic balloon	
—insertion by arteriotomy, or removal and arterioplasty	4806
—management of	976,977
Cranial nerve, infiltration of	7555
intracranial neurosurgical decompression of	7171
vault reconstruction for exycephaly, brachycephaly, turricephaly or similar condition	8681
Craniectomy and removal of haematoma	7216
extensive and removal of haematoma for osteomyelitis of skull	7216
	7291
Cranioplasty, reconstructive	7248,7251
Craniostenosis, operation for	7324,7326
Craniotomy and tumour removal	7198,7203
burr-hole	7186
for intracranial haemorrhage	7212
foetus	360
involving osteoplastic flap	7279
Cross leg, direct flap repair	8487,8488
Cruciate ligaments of knee, reconstruction of	8088
Cryocautery for superficial lesions	3330-3346
Cryotherapy for detached retina	6900
pre-detachment of retina	6908
superficial lesions	3330-3346
nose in the treatment of nasal haemorrhage	5233
retina	6908
Culdoscopy	6451
Curettage, or suction curettage for evacuation of the contents of the	
gravid uterus	6469
uterus (D. and C.)	6460/6464
including curettage for incomplete miscarriage	6460/6464
suction of non gravid uterus (menstrual aspiration)	6460/6464
with colposcopy, cervical biopsy and radical diathermy	6483
Cutaneous or digital nerve, primary suture of	7106/7111
nerve primary suture of by microsurgical technique	7112
neoplastic lesions, treatment of	3349
ureterostomy, closure of, unilateral	5837
vesical fistula, operation for	5935

\*Payable on attendance basis

Service	Item
Cyclocryotherapy	6898
Cyclodiathermy	6898
Cyst, arachnoidal, congenital, operation for	7328
Baker's excision of	3217
Bartholin's, excision of	6274/6277
marsupialisation or cautery destruction of	6278/6280
bone, injection of steroids into	7855
brain, operations for	7192
branchial, removal of	3526
breast, aspiration of	*
excision of	3654-3673
broad ligament, excision of	6643/6644,6648/6649
dentigerous	3247-3265
epididymal, removal of	6221/6224
fimbrial, excision of	6643/6644,6648/6649
hydatid, abdominal, removal of	3783
hydatid, abdominal, removal of	3783
liver, removal from	3783
lungs, enucleation of	6964
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
in a child under 10 years	4552/4557
renal, excision of	5724
tarsal, extirpation of	6754
thyroglossal, removal of	3581
vaginal, excision of	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
Cystometrography	843
Cystoscopic examination	5845
removal of foreign body from bladder	5864
Cystoscopy, with biopsy of bladder tumours	5868
or resection of bladder tumours	5871,5875
endoscopic bladder neck resection	5881
removal or manipulation of ureteric calculus	5885
hydrodilatation of the bladder	5853
litholapaxy	5888
or without urethral dilatation	5845
ureteric catheterisation	5851
ureteric meatotomy	5878
urethroscopy	6061
Cystostomy, suprapubic	5897/5901
change of tube	*

\*Payable on attendance basis

<b>Service</b>	<b>Item</b>
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

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 general anaesthesia 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	7314
Decortication, pulmonary, with thoracotomy	6962
Deep fascia, repair of for herniated muscle	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	7231
Derangement, internal, operation on knee for	8085-8092
Dermabrasion	8452,8454
Dermatome grafts	8504-8516
Dermo-fat fascia graft, including transplant or muscle flap	8450
Dermoid, excision of	3219-3265
of nose, congenital, excision of with intranasal extension	8440
superficial, excision of	8432/8434
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	821-824
Diaphragmatic hernia, congenital, repair of	4241
repair of	4238-4245
simple closure of	3739/3745
traumatic, repair of	4238
Diathermy, and laparoscopy of Fallopian tubes	6611/6612
and any one or more of septum turbinates or pharynx	5229
bladder tumours	5871,5875
suprapubic	5919
cervix	6411
and curettage of uterus	6483
cysts, tumours, warts, etc.	3330-3346
dessication of mole by	3330-3346
detached retina	6900
or resection of rectal tumour with sigmoidoscopy	4366/4367

Service	Item
Diathermy 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)	4455
as an independent procedure	4455
of cervix	6446
oesophagus	5470-5492
punctum, with punctum snip	6805
tracheal stricture with bronchoscopy	5619
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, cross arm, abdominal or similar	8485,8486
finger or similar	8490,8492
leg	8487,8488
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	7911/7915
laminectomy for removal of	7331
lesion, recurrent, laminectomy for	7336
slipped, manipulation of spine for, under general anaesthesia	7911/7915
Discrimination test, colour, Farnsworth Munsell 100 hue	*
Disimpaction of faeces under anaesthesia	4455
Dislocation, hip, congenital, manipulation and plaster for	8332
not requiring open operation	7397-7476
recurrent, patella, operation for	8085
requiring open operation and internal fixation	8113

\*Payable on attendance basis

Service	Item
Dislocation, shoulder	7412-7419
treatment of	7397-7483,8332
turbinate	5235
Displaced patella, fixation of	8085
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	3722
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	3726
Dohlman's operation	5357
Donald-Fothergill operation	6367/6373
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
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
common bile, operations on	3820-3834
hepatic, reconstruction of	3834
naso-lacrimal, probing of	6799
salivary gland, diathermy or dilation of	3465
removal of calculus from	3468/3472
sublingual gland, removal of calculus from	3468/3472
tear, probing of	6742
Duodenal intubation	4104
ulcer, perforated, suture of	3722
Duodenoscopy	3847-3851
with biopsy	3849
Duodenum, removal of diverticulum	3739/3745
Dupuytren's contracture, radical operation for	8298
subcutaneous fasciotomy	8296
Dwyer operation, anterior correction of scoliosis	7938,7939
Dye, blood—dilution indicator test	952
Dysmenorrhea, treatment of, by dilatation of cervix	6446
Dystopia, orbital, unilateral correction of	8678,8679

Service	Item
E	
E.C.G.	908,909,915,916
E.C.T.	886
E.E.G.	803,806
Eagle's operation (removal of styloid process of temporal bone)	3431
Ear, composite graft to	8606
full thickness repair of laceration	3104
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
removal of foreign body from	5059,5062
syringe of	*
toilet, requiring use of operating microscope and micro-inspection of tympanic membrane with or without general anaesthesia	5182
Echocardiography	913
Echoencephalography	794
Echography	791,793,794
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	8069
dislocation of	7423
removal of foreign or loose bodies from	8040
total replacement of, revision operation	8070
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	756
Electrocardiographic monitoring, during exercise	
—(bicycle, ergometer or treadmill)	916
—(continuous) of ambulatory patients	915
Electrocardiography, report only	909
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
temporary transvenous pacemaking insertion of	7042
Electrodes, myocardial, and permanent pacemaker, insertion or replacement of, by thoracotomy	7021
Electrodiagnosis, neuromuscular	810,811,813,814
Electroencephalography (E.E.G.)	803
temporosphenoidal	806
Electrolysis epilation, for trichiasis	6767
Electromyography (E.M.G.)	810,811,813,814
Electronystagmography (E.N.G.)	884

\*Payable on attendance basis



Service	Item
Electro-oculography	853
and electroretinography	854
Electrophysiological investigations, intra cardiac	7002
Electroplexy	886
Electroretinography	853
and electro-oculography	854
Electrosurgery of keratoses, warts or similar lesions	3330-3346
Elevation of funnel chest	6972
Embolus, removal of, from artery of neck	6972
extremities	4778
trunk	4784
Empyema, intercostal drainage of, not involving resection of rib	6953
radical operation for, involving resection of rib	6955
Encircling silicone band, removal from detached retina	6906
Enderterectomy of aorta or innominate artery	4705
artery of neck or extremities	4709
intra-thoracic artery	4705
Endolymphatic sac, transmastoid decompression	5116
Endometriosis, diathermy via laparoscope	4194
Endometrium, biopsy of	*
Endoscopic biopsy of prostate with or without cystoscopy	6027
bladder neck resection with cystoscopy	5881
external sphincterotomy	5883
pancreatocholangiography	3860
pharyngeal pouch (Dohlman's operation)	5357
prostatectomy with or without cystoscopy	6005
removal or manipulation of ureteric calculus with cystoscopy	5885
resection of median bar, with or without cystoscopy	6010
Endotracheal anaesthetic in connection with dental operation	568-575
Enterocoele, repair of by abdominal approach	6396
vaginal approach	6347/6352
Entero-colostomy	3894/3898
Entero-enterostomy	3894/3898
Enterolysis with intestinal plication, Noble type	3722
Enterostomy	3722
entero-	3894/3898
extra-peritoneal closure of	3976/3981
following exploratory laparotomy	3722
gastro-	3894/3898
or pyloroplasty with vagotomy	3889
Enterotomy	3722
Entropion, correction of	8588
Enucleation of eye with or without sphere implant	6688
and insertion of integrated implant	6692
hydatid cysts of lung	6964
Epicondylitis, open operation for	7857
Epididymal cyst, removal of	6221/6224
Epididymectomy	6236
Epidural block, initial	748
subsequent	752
implant for chronic pain control including insertion of subcutaneous battery—one or two stages (lumbar or thoracic) for control of post-operative pain	7381
	753

\*Payable on attendance basis



Service	Item
Excision, of lip, full thickness wedge	8614
total, of prostate	6017
transtympanic of glomus tumour	5152
vaginal septum for correction of double vagina	6332
wedge, for axillary hyperhidrosis	3314
Extenteration of orbit of eye	6715
Exercise tests in association with electrocardiography	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
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	8290
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
sphincterotomy, endoscopic	5883
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
and replacement with a different lens	6858
repositioning of, by open operation	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	6740,6742,6744,6747,6818
globe of, evisceration of	6697
paracentesis, in relation to	6865
trephining of	6873
Eyelashes, ingrowing, operation for	8588
Eyelid, correction of ectropion or entropion	8588
ptosis (unilateral)	8586
full thickness repair of laceration	3104
grafting for symblepharon	8592
plastic operations on	8582

\*Payable on attendance basis

Service	Item
Eyelid, reduction of	8584,8585
removal of cyst from	6754
repair of, whole thickness	8582,8618,8620
tarsorrhaphy	6766
Eyes, laser beam, application to	6904

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	4455
Fallopian tubes, hydrotubation of	6638,6641
implantation of, into uterus	6631
sterilisation, diathermy by laparoscopy	6611/6612
transection or resection by laparoscopy, laparotomy or vaginal route	6611/6612
unilateral microsurgical anastomosis of	6633
Family group, psychotherapy	887,888,889
therapy	996-998
Farnsworth Munsell 100 hue colour discrimination test	*
Fascia, deep, repair of, for herniated muscle	3417
dermo-fat, graft, including transplant of muscle flap	8450
Fasciotomy of limb	3391
plantar (radical)	8320
subcutaneous, Dupuytren's contracture	8296
Fatty tissue, subcutaneous, removal of excess	3219-3253
Feet, incision of pulp space for paronychia or other acute infection of	7864
Femoral endarterectomy	4709
hernia, repair of	4222/4227
puncture in infants	907
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 up to hepatic flexures with or	
without biopsy	4383
beyond hepatic flexures with or	
without biopsy	4388
with removal of one or more polyps	4386,4394
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

\*Payable on attendance basis

Service	Item
Fibula, operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8193
or osteotomy of	8190
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	4832
trigger, correction of	8267
Fissure in ano, excision of	4537/4544
Fistula antrobuccal, operation for	5288
arteriovenous, cervical carotid ligation for	7274
dissection and repair of	4699
ligation of	4702
excision of, from major blood vessels	4690
artificial, arteriovenous, repair of	4676
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
uterus	6585/6594
Flap, Abbe, secondary correction for cleft lip	8632
direct, small plastic repair	8490,8492

Service	Item
Flap, indirect, or tubed pedicle,	
—delay, intermediate transfer or detachment of	8496
indirect, or tubed pedicle,	
—formation of	8494
—preparation of site and attachment to site	8498
—spreading of pedicle	8500
neurovascular island, repair of	8542
pharyngeal	8656
plastic repair, direct, indirect or local, revision of graft	8502
local, single stage	8480,8484
repair, direct, cross arm, abdominal or similar	8485,8486
finger or similar	8490,8492
leg	8487,8488
Flexion, contracture, cicatricial, correction of	8294
Flexor tendon of hand, primary suture of	8219/8222
secondary suture of	8225
synovectomy of	8290
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 for 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 arthrotoomy)
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	*
not otherwise covered	3113
tendon, removal of	3120/3124
trachea, removal of	5601
urethra, removal of	6056
implants for contour reconstruction	8478

\*Payable on attendance basis

Service	Item
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	7231
or fractures of skull, compound or complicated, operation for	7240-7248
reduction of	7505-7839
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 burns	8509-8511
transfer of tissue, anastomosis of artery or vein for, by	
micro-surgical techniques	4764
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	3219/3226,3233/3237
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
Fronto-orbital advancement, unilateral	8680
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	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
for scoliosis or kyphosis	
—with use of Harrington distraction rod	7938
—with use of Harrington distraction and	
compression rods	7939



Service	Item
G	
Gallbladder, drainage of	3722
excision of	3793/3798
other operations on	3820-3831
Gallstones, percutaneous extraction of	3855
Ganglion, block, lumbar	755
excision of	3194/3199
trigeminal, injection of, with alcohol or similar substance	7079
Ganglionectomy and splanchnicectomy	7376
stellate	7376
Gangliotomy, radiofrequency trigeminal	7157
Gastrectomy, partial, and gastro-jejunostomy	3922
total	3930
radical	3938
Gastric by-pass for obesity	3893
cooling (by lavage with ice-cold water)	*
hypothermia	968,970
lavage in the treatment of ingested poison	974
reduction for obesity	3892
ulcer, perforated, suture of	3722
Gastro-camera investigation	3847
—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
Gastroscopy	3847-3851
with biopsy or polypectomy or removal of foreign body	3851
Gastrostomy	3722
for fixation of indwelling oesophageal tube	3722
Genioplasty	8670,8672
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	8336
manipulation under general anaesthesia	8334
Gestation, ectopic, removal of	6553/6557
Gilliam's operation	6585/6594
Girdlestone arthroplasty of hip	8053
Gland, adrenal, biopsy of	5636
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
Gland, lymph, biopsy of	3135-3142
parathyroid, removal of	3555

\*Payable on attendance basis

Service	Item
Gland, parotid, superficial lobectomy or removal of tumour from, with exposure of facial nerve	3450
total extirpation of	3437,3444
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
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, one or both eyes	844
Glenoid fossa, zygomatic arch and temporal bone, reconstruction of	8682
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 of	6262
removal of under general anaesthesia	6264
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	7983
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
chondro-cutaneous or chondro-mucosal	8606
composite, to nose, ear or eyelid	8606
conjunctival over cornea	6810
corneal	6828,6832
dermo-fat fascia, including transplant or muscle flap	8450
free full thickness	8518
free, split skin, on granulating areas, extensive	8508
free to burns	8509-8511
inlay, insertion and removal of mould	8516
nerve or anastomosis	7139
plastic and reconstructive	(Div 13, Part 10)

Service	Item
Graft, 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
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	8546,8548
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
Groin, lymph glands of, excision of	3634,3638
Group psychotherapy	887
—family	887,888,889
therapy—family	996-998
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	821-824
Haemorrhage, antepartum, treatment of	273
arrest of, requiring general anaesthesia, following	
removal of tonsils or tonsils and adenoids	5396/5401
following circumcision,	
without general anaesthesia	*
intracranial, burr-hole craniotomy for	7212
nasal, cryotherapy to nose in treatment of	5233
posterior, arrest of	5196
post-operative, control of	3110
laparotomy for	3734
postpartum, treatment of	362
subdural, congenital, tap for	7184
Haemorrhoidectomy, radical	4523/4527
Haemorrhoids, external, or anal tags, removal of	4534
incision of	4509
injection into	*
ligation of	4523/4527
removal of	4523/4527
rubber band ligation of	4509
Hair transplants for congenital or traumatic alopecia	8535
Hallucis tendon, adductor, transplantation of with correction of hallux valgus and osteotomy or osteectomy of phalanx or metatarsal	8135
Hallux rigidus, correction of	8131
valgus, correction of	8131
—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 of up to six weeks	7937 + (1/2) 7940
—for a period beyond six weeks	7942 + (1/2) 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 for paronychia or other acute infection of	7864
Harrington rods or similar devices, re-exploration for adjustment	
or removal of	7937
used in treatment of scoliosis of kyphosis	7938,7939

\*Payable on attendance basis

Service	Item
Health screening services, multiphasic	994
Heart, catheterisation of	7001-7006,7013
electrical stimulation of	917
intrathoracic operation on	6999
surgery, open	7046-7057
congenital, in children	7044
Heller's operation	4244,4245
Hemi-circumcision, hypospadias, and meatotomy	6098
Hemicolectomy	4046
Hemi-epiphysis, staple arrest of	8316
Hemispherectomy	7203
Hemithyroidectomy	3563
Hepatic duct, reconstruction of	3834
Hernia, diaphragmatic, congenital, repair of,	4241
repair of	4238-4245
simple closure of	3739/3745
traumatic, repair of	4238
(double) direct and indirect	4222/4227
epigastric	4246/4254
femoral or inguinal, repair	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
Herniated muscle, fascia, deep, repair of	3417
Hiatus hernia, (see Hernia, diaphragmatic)	
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	8053-8070
arthrotomy	8074
congenital dislocation of, manipulation and plaster for	8332
dislocation of	7440/7443
prosthesis, operation on	8053-8069
synovectomy	8048
total replacement of, revision operation	8070
Hirschsprung's disease, anal sphincterotomy for	4490
colostomy or enterostomy for	3722
congenital, rectosigmoidectomy for	8398
Home visit by a general practitioner	43-66
Hormone implanatation—by cannula	963
incision	960
Humerus, bone graft to	7983
fracture of	7567/7572
fragmentation and rodding in fragilitas ossium	8302
operation on, for acute osteomyelitis	4844
operation on, for chronic osteomyelitis	4864
osteectomy or osteotomy of	8195,8198
of, with internal fixation	8201
Hummelsheim type of muscle transplant for squint	6930

Service	Item
Hydatid cyst, liver, operation for	3783
lungs, enucleation of	6964
peritoneum, operation for	3783
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	7320
—suboccipital decompression, third ventriculostomy or Torkildsen's operation	7314
—ventriculo-atrial or ventriculo-peritoneal shunt for revision or removal of	7316 7318
Hydrocortisone, multiple injections into extensive keloid under general anaesthesia	3363
Hydrodilatation of the bladder with cystoscopy	5853
Hydrotubation of Fallopian tubes	6638,6641
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, intra-cranial	8675
sub-cranial	8676
Hypertension, portal, vascular anastomosis for	4766
Hypertrophied tissue, removal of	3219-3253
Hypnotherapy	(see Psychotherapy)
Hypodermic injections	*
Hypophysectomy	7204
Hypospadias, correction of chordee	6105,6107
meatotomy and hemi-circumcision	6098
secondary correction of	6122
urethral reconstruction for	6110,6118
Hypothenar spaces, drainage of	7868
Hypothermia, gastric	968,970
total body	925
Hysterectomy, abdominal with enucleation of ovarian cyst, one or both sides	6532/6533
and dissection of pelvic glands	6536
other than vaginal, subtotal	6513/6517
radical, without gland dissection	6542
vaginal, with removal of uterine adnexae	6544
Hysteroscopy	6451
Hysterotomy	6508

Service	Item
Ileo-rectal anastomosis with total colectomy	4048
Ileostomy, extra peritoneal closure of	3976/3981
with proctocolectomy	4052
Iliac, vein, removal of thrombus from	4789
vessel, ligation of	4690
involving gradual occlusion of vessel by mechanical device	4715
Immunisation against diphtheria, etc.	*
Implant, epidural, for chronic pain, including insertion of subcutaneous battery — one or two stages	7381
insertion or removal from eye socket	6701
of progesterone	960,963
Implantation, Fallopian tubes into uterus	6631
hormone, by cannula	963
incision	960
living tissue, by cannula	963
incision	960
plastic, of penis	6208
Implants, foreign, for contour reconstruction	8478
Incidental appendectomy	4084
Incision of peritonsillar abscess (quinsy)	5445
Incisional hernia, repair of	4258/4262
Incontinence, anal, operation for	4492
congenital, reconstruction of sphincter for	8414
male urinary, correction of	6157
of urine, urethropexy for (Marshall-Marchetti operation)	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 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 oesophagul tube, gastrostomy for fixation of	3722
Infantile, hydrocele	4222/4227
Infection, intracranial, drainage of	7287
Inferior radio ulna joint, synovectomy of	8290
vena cava, plication of	4721
Infiltration, local, around nerve or in muscle	*
of cranial nerve	755
sympathetic plexus	755
Inflammation of middle ear, operation for	5162
Infusion, intra-arterial, of substance incorporating a cytotoxic agent, preparation for	934
arteries of neck, thorax or abdomen	4822

\*Payable on attendance basis

Service	Item
Infusion, 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
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	*
retrobulbar	6918
angioma, congenital, under general anaesthesia	8458
epidural (lumbar or thoracic) for post-operative pain	753
habitual miscarriage	242
hypodermic	*
into joint, intra-articular	8105
prostate	6030
intra-arterial oxygen	4670
-articular, into joint	8105
intrathecal, of alcohol of phenol	7081
of sclerosant fluid into pilonidal sinus under anaesthesia	4622
steroids into bone cysts	7855
prolapsed rectum	4534
spinal or epidural, for neurological diagnosis or for	
therapeutic reasons	7085
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
Inlay graft, insertion and removal of mould	8516
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)	6638
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	8088-8092
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
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	3722
Intra-aortic balloon for counterpulsation	
—insertion by arteriotomy, or removal and arterioplasty	4806
—management of	976,977

\*Payable on attendance basis



Service	Item
Intra-arterial cannulisation	957
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
-cardiac conduction times	7001
electrophysiological investigations	7002
-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	7212,7216
infection, drainage of	7287
neurectomy or radical neurectomy	7170
pressure monitoring device, insertion of	7190
stereotactic procedure by any method	7312
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 frontal sinus or ethmoid sinuses	5280
sphenoidal sinus	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 of	6262
removal of under general anaesthesia	6264
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 of intra-uterine contraceptive device	6262
Intubation, small bowel	4104
with biopsy	4099
Intussusception, laparotomy and reduction of	3722
resection of	4012
	*Payable on attendance basis

Service	Item
Intussusception, reduction of, by fluid	4003
Inversion of uterus, acute, manipulative correction of	365,368
Inverted nipple, surgical eversion of	3707
Ionisation, cervix	6411
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)	6873
following intraocular procedures	6938
Iridenceleisis	6873
Iridocyclectomy	6894
Iridotomy	6885
Iris and ciliary body, excision of tumour of	6894
excision of tumour of	6885
light coagulation of	6889
Ischio-rectal abscess, incision of	3379/3384

\*Payable on attendance basis

Service	Item
J	
Jacket, plaster, application of, to spine	7926
rissler, localiser or turn-buckle, application of	
—body and head	7932
—body only	7928
Janetta's operation	7171
Jaw, dislocation of	7397
fracture of	7719-7728
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
Joint, aspiration of	8105
cicatrical flexion contracture of, correction of	8294
dislocation of	7397
congenital	8332
epiphysitis, plaster for	8349,8351
first metatarso-phalangeal, total replacement of	8131
internal fixation	8113
intra-articular injection into	8105
large, arthrectomy	8036
arthrodesis	8036
arthroplasty	8036,8070
arthrotomy	8040
metacarpo phalangeal, prosthetic, arthroplasty	8024
operations on	8009-8113
or spine, manipulation of, under general anaesthesia	7911/7915
repair of capsule	8113
ligament	8113
sacro-iliac, arthrodesis	8032
small, arthrectomy	8022
arthrodesis	8022
arthroplasty	8022
arthrotomy	8026
spinal, dislocation involving fracture	7774-7798
zygapophyseal, arthrectomy 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	8131
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
refractive	6683
Keratosis, treatment of by electrosurgical destruction,	
chemotherapy or surgical removal	3330-3346
obturator, surgical removal of, from external auditory meatus	5068
warts or similar lesions, surgical removal	3330-3346
Kidney, dialysis, in hospital	821-824
donor, continuous perfusion of	922
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	8351
Kirschner wire, insertion of	7883
Knee, amputation or disarticulation at	5045
arthrectomy	8088
arthrodesis	8088
arthroplasty	8070-8092
arthroscopy	8080
arthrotomy	8082
biopsy of	8082
cartilage, displaced, reduction of	7911/7915
removal of	8088
chondroplasty	8088
cruciate ligament, replacement or reconstruction of	8088
dislocation of	7446/7451
excision of patella	8085
foreign body, removal from	8088
ligament transfer for rotary instability	8085
meniscectomy of	8085,8088
operation for internal derangement	8085-8092
recurrent dislocation of patella	8085
reconstruction of capsular ligaments	8082
cruciate ligaments	8088-8092
removal of foreign or loose body from	8088
total replacement of, revision operation	8070
synovectomy of	8088
Kohler's epiphysitis plaster for	8351
Kondoleon operation	3261/3265
Kuntscher nail, insertion for fractured femur	7624/7627 (+ 7809)
Kyphosis, spinal fusion with the use of Harrington rods	7938,7939

Service	Item
L	
Labial adhesions, separation of	*
Labioplasty	6302
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
Laceration, full thickness, of nose, ear or eyelid, repair of	3104
Lacerations, repair and suturing of	3046-3101
Lacrimal canalicular systems, establishment of patency	6792
Lacrimal canaliculus, immediate repair of	6796
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 diagnostic	4192
involving procedures performed via laparoscope	4194
sterilisation via	6611/6612
with biopsy	4193
with transection or resection of Fallopian tubes	6611/6612
Laparotomy and division of peritoneal adhesions	3726
reduction of intussusception	3722
resection of intussusception	4012
exploratory	3713/3718
followed by enterostomy or colostomy	3722
for control of post-operative haemorrhage	3734
grading of lymphoma	3730
for neonatal alimentary obstruction	8394
involving oophorectomy, salpingectomy, salpingo-oophorectomy, removal of ovarian, parovarian, fimbrial or broad ligament cyst, not associated with hysterectomy	6643/6644,6648/6649
operation on abdominal viscera	3739/3745
with reduction of volvulus	3722
Large bone, exostosis of, excision of	8179/8182
joint, arthrectomy	8036
arthrodesis	8036
arthroplasty	8036
arthrotomy	8040

Service	Item
Large tendon, suture of	8235/8238
Laryngectomy	5498
Laryngofissure, external operation on	5556
Laryngopharyngectomy	5508
—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, application to eyes	6904
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
and replacement with a different lens	6858
repositioning of by open operation	6857
extraction	6848
Lesion (haematoma, furuncle, small abscess, etc.) incision with	
drainage of, not requiring a general anaesthetic	3371
Lesions, neoplastic	3349
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	8082–8088
coraco-acromion, removal of	8166
cruciate, of knee, reconstruction of	8088
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
of great vessel involving gradual occlusion by mechanical device	4715
purse string, of cervix, for threatened miscarriage	250/258
rubber band, of haemorrhoids	4509
transantral, of maxillary artery	5268
Ligature of cervix, purse string, removal of, under general anaesthesia	267
	*Payable on attendance basis

Service	Item
Light coagulation for detached retina	6904
of iris	6889
Limb, fasciotomy of	3391
intravenous regional anaesthesia of, by retrograde perfusion	760-764
osteotomy and distraction for lengthening of	8211
perfusion of	922
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
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, radical and abdominoplasty	3311
subumbilical	3310
transverse wedge excision for abdominal apron or similar condition	3306-3308
Lipoma, removal of	3219-3265
Lippe's loop—introduction of	6262
removal of under general anaesthesia	6264
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
biopsy, percutaneous	3752
hydatid cyst of, operation for	3783
massive resection of, or lobectomy	3759
ruptured, repair	3722,4165
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	7198
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, novocaine or similar preparation	*
Localisation by electrical stimulator with nerve blocking by alcohol or other agent	756
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	4455
Lumbar facetectomy	8028

\*Payable on attendance basis

Service	Item
Lumbar 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	7472
sympathectomy	7376
Lunate bone, osteectomy or osteotomy of	8190
Lung compliance, estimation of	920
hydatid cysts of, enucleation of	9464
intrathoracic operation on, not otherwise covered	6999
Lymph glands, 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
node dissection, retroperitoneal	
following nephrectomy for tumour	6232
following orchidectomy	6231
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
Lymphoid patches, removal of	3219-3253



Service	Item
M	
Macrocheilia, congenital, plastic operation for	8384
Macroductyly, plastic reduction for, each finger	8544
Macroplossia, 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 or vein of neck or extremity, repair of wound of, with restoration of continuity	4693
of trunk, repair of wound, with restoration of continuity	4696
regional or field block with surgical induction 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
reduction	8528
Mammary prosthesis, removal	3120/3124
Manchester operation (operation for genital prolapse)	6367/6373
Mandible, condylectomy	8570
dislocations of	7397
fractures of	7719-7728
hemi-mandibular reconstruction with bone graft	8568
operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteotomy or osteotomy of	8658-8668
resection of	8556
segmental, for tumours	8560
Mandibular, temporo-, meniscectomy	7902
Manipulation and plaster for congenital dislocation of hip	8332
joint or spine, under general anaesthesia	7911/7915
of fibrous tissue surrounding breast prosthesis	3106
paediatric	8332-8356
spine under general anaesthesia	7911/7915
ureteric calculus—endoscopic	5885
without anaesthesia	*
Manipulative correction of acute inversion of uterus	365,368
Manometric oesophageal motility test	966
Marrow, bone, aspiration biopsy of	3160
Marshall-Marchetti operation for urethropexy	5977
Marsupialisation of Bartholin's cyst or gland	6278/6280
Mastectomy, partial, involving more than one-quarter of breast tissue	3678/3683
radical	3702
simple	3647/3652
extended	3698
subcutaneous, with or without frozen section biopsy	3700
Mastoid cavity, obliteration of	5091
portion, decompression of facial nerve	5102
Mastoidectomy, cortical	5087
myringoplasty and ossicular chain reconstruction	5100
radical or modified radical	5095
—and myringoplasty	5098
with transmastoid removal of glomus tumour	5158
Maxilla, fractures of	7719-7728

\*Payable on attendance basis

Service	Item
Maxilla, operation on, for acute osteomyelitis	4838
chronic osteomyelitis	4860
osteectomy or osteotomy	8658-8668
resection of	8554
Maxillary antrum, lavage of	5264
proof puncture 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	8131
McKee-Farrer arthroplasty of hip	8069
Meatotomy and hemi-circumcision, hypospadias	6098
ureteric, with cystoscopy	5878
urinary	6066
Meatus, external auditory, removal of exostoses in	5072
internal auditory, exploration of	5122
surgical removal of keratosis obturens from	5068
pinhole urinary, dilatation of	6036
urinary, meatotomy of	6066
Mechanical efficiency of breathing apparatus, estimation of	920
Meckel's diverticulum, removal of	3722
Medial meniscus, removal of	8085-8088
palpebral ligament, ruptured, re-attachment of	6932
Median bar, endoscopic resection of, with or without cystoscopy	6010
Mediastinum, cervical exploration of, with or without biopsy	6992
intrathoracic operation on	6999
Meibomian cyst, extirpation of	6754
Melanoma, excision of	3219-3289
Meloplasty, unilateral, for correction of facial asymmetry	8551
Membrane, tympanic, micro-inspection of	5186
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	3160
Meningeal haemorrhage, middle, operations for	7212,7216
Meniscectomy of knee	8085-8088
temporo-mandibular	7902
Meniscus, medial, removal of	8085-8088
Mesenteric cysts, removal of, as an independent procedure	3783
Metacarpo-phalangeal joint, of thumb, dislocation	7436
prosthetic arthroplasty	8024
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 of osteectomy of with correction of hallux valgus	8131
Metatarso-phalangeal joint, total replacement of	8131
Metatarsus, amputation or disarticulation of	5024/5029
fracture of	7673/7677

Service	Item
Metatarsus, operation on, for acute osteomyelitis	4832
chronic osteomyelitis	4860
osteectomy of, with internal fixation	8187
or osteotomy of	8185
varus, manipulation	8334
and plaster	8336
Microlaryngoscopy	5534
with removal of tumour	5540
Microsomia, construction of condyle and ramus	8683
Micro-surgical techniques	
— anastomosis of, fallopian tubes	6633
artery or vein for reimplantation of limb or digit or free transfer of tissue	4764
— distal extremity or digit, repair of	4695
— graft to artery or vein	4756
— nerve, cutaneous, primary suture of divided digital to thumb or finger	7112
— primary repair	7120
— secondary repair	7121
— nerve trunk, primary suture	7129
secondary suture	7138
— neurolysis of nerve trunk	7133
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
Midtarsal amputation of foot	5038
Miles' operation	4202
Milroy's disease, operation for	8422,8424
Miscarriage, habitual, treatment of	242
incomplete, curettage for	6460/6464
threatened, purse string ligation of cervix for treatment of	250/258 246
Mitral stenosis, valvectomy for	6999
Mobilisation, bowel	3729/3745
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
removal by serial curettage excision	3350,3351,3352
repair of recent wound of	3046-3101
Multiphasic health screening service	994
Multiple delivery, management of, with antenatal care, confinement and postnatal care for nine days	208/209
simultaneous injections by continuous compression techniques for varicose veins	4633
Muscle, activity sampling (electromyography)	810,811,813,814
biopsy of	3135/3142
excision of, extensive	3399
limited	3391
extra-ocular, torn repair of	6932
eye, myotomy of	6922-6928
flap repair, large, single stage	8449

Service	Item
Muscle, flap repair, local, single stage, simple, small local infiltration in	8448 *
or other deep tissue, removal of foreign body from ruptured, repair of, not associated with external wound transplant (Hummelsheim type, etc.), for squint	3120/3124 3404,3407 6930
Myelomeningocele, congenital—excision of sac extensive, requiring formal repair with skin flaps or Z plasty	8442 8444
Myocardial electrodes and permanent pacemaker, insertion or replacement of, by thoracotomy	7021
Myomectomy	6508
Myotomy, oesophagogastric (Heller's operation) with fundoplasty or ocular muscles	4244 4245 6922-6928
Myringoplasty and ossicular chain reconstruction mastoidectomy	5075,5078 5085 5098
mastoidectomy and ossicular chain reconstruction	5100
Myringotomy	5162

Service	Item
N	
Naevus, excision of	3219-3237
Nail bed, excision of, ingrowing toenail	7872/7878
digital, removal of	7861
orthopaedic, removal of, requiring incision under regional or general anaesthesia	7886
Smith-Peterson, osteosynthesis by	7898
Narcotherapy	*
Nasal bones, fracture of	7701-7715
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
space, post, direct examination of, with biopsy	5348
tip, secondary correction of, for cleft lip	8634
Nasendoscopy	5348
Naso-lacrimal duct, probing for obstruction of	6799
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
Neoplastic lesions, cutaneous, treatment of	3349
Nephrectomy	5654/5661,5665
donor (cadaver)	5647
radical with adrenalectomy and en bloc dissection of lymph glands	5667
Nephrolithotomy	5691,5699
Nephropexy, as an independent procedure	5721
Nephrostomy	5715
Nephro-ureterectomy	5665
complete, with bladder repair	5675
Nerve block, regional, initial	748
subsequent	752
blocking with alcohol or other agent following localisation by electrical stimulator	756
conduction times, estimation of (electromyography)	810,811
cranial, intracranial, neurosurgical decompression of	7171
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

\*Payable on attendance basis

Service	Item
Nerve exploration of	7178/7182
fifth cranial, avulsion of branch of	7170
graft or anastomosis of	7139
local infiltration around, with alcohol, novocaine or similar preparation	*
peripheral, removal of tumour from	7148/7152,7156
transposition of	7143
trigeminal, primary branch of, injection with alcohol	7079
trunk, neurolysis of, internal (interfascicular)	7133
primary suture of, by micro surgical techniques	7124,7129
secondary suture of, by micro surgical techniques	7132,7138
Neurectomy, intracranial or radical	7170
peripheral nerve	7148,7152,7156
transantral Vidian	5277
Neurolysis by open operation	7178/7182
Neuroma, acoustic, removal of	5108/5112
Neuromuscular electrodiagnosis	810,811,813,814
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	3722
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
Non-gravid uterus, suction curettage of	6460/6464
Non-magnetic intraocular foreign body, removal of	6742,6747
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
full thickness repair of laceration	3104
operations on	5201-5241
plastic operations on	8594-8606
superficial dermoid of, congenital, excision of	8432/8434
Nostril, secondary correction of, for cleft lip	8634

Service	Item
O	
Obesity, gastric, by-pass for	3893
reduction for	3892
Obstruction, lacrimal passages, probing or dilatation	6799
Obturans, keratosis, surgical removal of, from external auditory meatus	5068
Ocular muscle, torn, repair of	6932
Oesophageal motility test, manometric	966
tube, indwelling, gastrostomy for fixation of	3722
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
Oesophagogastric myotomy	4244,4245
Oesophagoscopy	5464
—with biopsy	5480
—with insertion of prosthesis	5470-5486
—with polypectomy, removal of foreign body	3851
Oesophagostomy, cervical	3597
closure or plastic repair of	3597
Oesophagus, correction of atresia of	8392
congenital stenosis of	8388
dilatation of	5470-5492
intrathoracic operation on	6999
removal of foreign body in	5486
Olecranon, excision of bursa of	3208/3213
fracture of	7559/7563
Omentectomy with radical operation for ovarian tumours	6655
Oophorectomy, not associated with hysterectomy	6643/6644,6648/6649
Opaque medium, introduction of, into bladder by cystoscopy	5851
Open heart surgery, congenital, in children	7044
Operations, assistance at	2951/2953
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	6715
exploration of	6707,6709,6722,6724
skin graft to	6703
Orbital cavity, reconstruction of floor or roof of	8552
dermoid, congenital, excision of	8436
dystopia, correction of	8678,8679
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
simple	4288/4293
subcapsular	4288/4293
Orchidopexy	4307,4313

Service	Item
Oro-antral fistula, plastic closure of	5288
Orthopaedic operations	7853-8356
pin or wire, insertion of	7883
removal of under regional or general anaesthesia, requiring incision	7886
Os calcis, fracture of	7647/7652
talus, fracture of	7647/7652
Ossicular chain reconstruction	5081
— and myringoplasty	5085
—myringoplasty and mastoidectomy	5100
Osteectomy of carpus	8190
clavicle	8190
femur	8198
fibula	8190
humerus	8195
mandible	8658-8668
maxilla	8658-8668
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
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
terminal phalanx of finger or toes	4832
chronic operation	
—on combination of bones	4860,4877
humerus or femur	4864
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



Service	Item
Osteotomy clavicle	8190
with internal fixation	8193
femur	8198
with internal fixation	8201
fibula	8190
with internal fixation	8193
humerus	8195
with internal fixation	8201
mandible	8658-8668
maxilla	8658-8668
metacarpal	8185
with internal fixation	8187
metatarsal	8185
with internal fixation	8187
or osteectomy of phalanx or metatarsal and transplantaion 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	4194
cyst, enucleation of, with abdominal hysterectomy	6532/6533
excision of	6643/6644,6648/6649
puncture of, via laparoscope	4194
tumour, radical or debulking operation for	6655
Ovaries, prolapse, operation for	3739/3745
Ovary, repositioning	3739/3745
Oxycephaly, cranial vault reconstruction for	8681
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
Pacemaking electrode, temporary insertion	7042
Packing for postpartum haemorrhage	362
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	4130
partial excision of	4109
Pancreatic cyst, anastomosis to stomach or duodenum	3902
juice, collection of	4104
Pancreatico-duodenectomy (Whipple's operation)	4115
Pancreatocholangiography, endoscopic	3860
Panendoscopy, upper gastrointestinal tract	3847,3851
with biopsy	3849
urogenital tract	6061
Panhysterectomy	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	6865
of pericardium	6942
tympa-num	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
Parkes intersphincteric operation for anal incontinence	4492
Paronychia, incision for	7864
Parotid duct, diathermy of	3465
dilatation of	3465
removal of calculus from	3468/3472
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
excision of scrotum	6212

\*Payable on attendance basis

Service	Item
Partial 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	8085
excision of	8085
fracture of	7641/7643
recurrent dislocation of, operation for	8085
Patellar bursa, excision of	3208/3213
Patellectomy	8085
Patency of Fallopian tubes, Rubin test for	6638
Patent ductus arteriosus, operation for, congenital	6999
Pectus carinatum, correction of	6972
excavatum, correction of	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	4319-4351,6179-6210
partial amputation of	6179
Peptic ulcer, perforated, suture of	3722
Percutaneous cordotomy	7381
liver biopsy	3752
Perforated duodenal ulcer, suture of	3722
gastric ulcer, suture of	3722
peptic ulcer, suture of	3722
Perforating wound of eyeball, repair of	6728,6730,6736
Perfusion of donor kidney, continuous	922
limb or organ	922
retrograde, intravenous regional anaesthesia of limb by	760/764
whole body	923
Perianal abscess, incision of	3379/3384
tag, removal of	
—under general anaesthesia	4534
—without general anaesthesia	*
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
operation, post-operative haemorrhage, control of	3110
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 correction of Treacher Collins Syndrome	8677
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
vessel, decompression of	3391
Peritomy, conjunctival	6807
Peritoneal adhesions, separation of	3726
catheter, insertion and fixation of	833
dialysis	836
Peritoneoscopy—(see laparoscopy)	
Peritoneum, hydatid cyst of, operation for	3783
Peritonsillar abscess, incision of	5445
Perthes' epiphysitis, plaster for	8349
Perurethral resection of contracted bladder neck, congenital	8410
Pes planus-manipulation and plaster under general anaesthesia	8336
under general anaesthesia	8334
Peyronie's disease injection for	6199
operation for	6204
Phaeochromocytoma, anaesthetic for removal of	460/527
Phalanx, finger or thumb, fractures of	7505-7516
operation on, for chronic osteomyelitis	4860
osteectomy or osteotomy of	8185
—with internal fixation	8187
operation on, for acute osteomyelitis	4832
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
Phenol, intrathecal injection of	7081

\*Payable on attendance basis

Service	Item
Phlebotomy	*
Phonocardiography	912
Photocoagulation of iris	6889
xenon arc	6904
Photography, retinal	859/860
Physician, consultant, attendance by (other than in psychiatry)	
—homevisit	122,128
—surgery, hospital or nursing home	110,116
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	6972
Pilonidal cyst or sinus, excision of	4611/4617
in a child under 10 years	4552/4557
sinus, injection of sclerosant fluid under anaesthesia	4622
Pin, orthopaedic, insertion of	7883
removal of requiring incision under regional or general anaesthesia	7886
Pinch grafts, free, on granulating areas, small	8504
Pinguecula, removal of	6842
Pinhole urinary meatus, dilatation of	6036
Pirogoff's amputation of foot	5034
Pitocin drip	927,929
Pituitary tumour, removal of,	7204
Placenta, evacuation of, by intrauterine manual removal	362
ultrasonic localisation of, by Doppler technique	*
Placentography, preparation for	580
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, Perthes', Calve's or Scheuermann's	8349
Sever's, Kohler's, Kienboch's or Schlatter's	8351
jacket, application of, to spine	7926
Plastic and reconstructive operations	8450-8656
flap operation for exomphalus, congenital	8402
implantation of penis	6208
procedures to pelvi-uteri junction	5734
reconstruction for bicornuate uterus	6570
of lacrimal canaliculus	6792
shoulder (orthopaedic)	8017
Plastic reduction for macrodactyly, each finger	8544
repair, direct flap across leg or similar	8487,8488
small	8490,8492
of cervical oesophagostomy	3597
choanal atresia	8380
single stage, local flap	8480,8484
to enlarge vaginal orifice	6336
Plate, removal of, requiring incision under regional or general anaesthetic	7886
Pleura, punch biopsy of	3160
Pleurectomy or pleurodesis with thoracotomy	6964

\*Payable on attendance basis

Service	Item
Pleurodesis or pleurectomy with thoracotomy	6964
Plexus block, brachial, initial	748
subsequent	752
cervical, initial	748
subsequent	752
brachial, exploration of	7175
sympathetic, infiltration	755
Plication, intestinal, with enterolysis, Noble type	3722
of inferior vena cava	4721
Pneumonectomy or lobectomy	6980
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 with sigmoidoscopy	4366/4367
removal of form cervix	6411
uterus, removal of	6460/6464
Portal hypertension, vascular anastomosis for	4766
Posterior sclerotomy	6865
vaginal repair	6347/6352, 6358/6363
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 for vacuum extraction, breech	
delivery or management of multiple delivery	208/209
Post-operative haemorrhage, control of, following perineal	
or vaginal operations	3110
laparotomy for	3734
tonsils or tonsils and adenoids,	
requiring general anaesthesia, arrest of	5396/5401
pain, epidural injection for control of	753
Postpartum haemorrhage, treatment of	362
Pott's fracture	7647/7652
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
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

\*Payable on attendance basis

Service	Item
repair, complete, of cleft lip	8622,8624
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	27-34
institution	55-68
nursing home	41-46
—home visit	
—brief	11,12
—standard	15,16
—long	17,18
—prolonged	21,22
—surgery consultation	
—brief	1,2
—standard	5,6
—long	7,8
—prolonged	9,10
Professional attendance, by specialist	
—initial referred	88,100
—subsequent	94,103
Professional attendance, pre-operative by anaesthetist	82/85
Progesterone implant	960,963
Prolapse, anal—circum-anal suture for	4467
submucosal injection of	4534
bladder, repair of	6347-6373
genital, operations for	6347-6373
ovaries, operations for	3739/3745
rectum, paediatric, injection into	4534
radical operation for	4413
reduction of	4413
urethra, excision of	6146
operation for	6389
Prolonged professional attendance	160-164
Proof puncture of maxillary antrum	5245,5254
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

\*Payable on attendance basis

Service	Item
suprapubic, perineal or retropubic	6001
Prostatic abscess, retropubic drainage of	6033
Prosthesis, breast, insertion of, with oesophagoscopy	5470
manipulation of fibrous tissue surrounding	
under general anaesthesia	3106
without general anaesthesia	*
Prosthetic mammoplasty augmentation	5830
Provocative test for galucoma 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, family group	887,888,889
group	887
Pterygium, removal of	8637
Ptosis, correction of	8586
Pubis, symphysis, fracture of	7615/7619
Pudendal block, initial	748
subsequent	752
Pulmonary decortication with thoracotomy	6962
stenosis, valvulotomy	7046
Pulp space infaction, incision for	7864
Punch, biopsy of synovial membrane or pleura	3160
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
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	5691,5699
Pyeloplasty	5734,5737
Pyloromyotomy	3952
Pyloroplasty	3722,3952
with vagotomy	3889
Pyogenic granulation, cauterisation of	3330-3346
Pyonephrosis, drainage of	5729

\*Payable on attendance basis



Service	Item
Q	
Quantitative perimetry test	*
Quinsy, incision of	5445

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
nephrectomy with adrenalectomy and en bloc	
dissection of lymph glands	5667
obliteration of frontal sinus	5318
operation for Dupuyten'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 16)
Radius, bone graft to	7983/7993
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
socket, eye, contracted	6705
vaginal, in congenital absence or gynatresia	6327
Reconstructive carnioplasty	7251
Recording, blood pressure, by intravascular cannula	770
Rectal biopsy, full thickness	4380
fistula	5956,6083
ischio-, abscess, incision of	3379/3384
polyp, removal of with sigmoidoscopy	4366/4367
prolapse, reduction of	*
submucosal, injection for, under general anaesthesia	4534
tumour, excision of via trans-sphincteric approach	4399
resection or diathermy of, with sigmoidoscopy	4366/4367
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
prolapsed, paediatric, injection into	4534
radical operation for prolapse of	4413
stricture of, plastic operation for	3739/3745
suction biopsy of	3130
villous tumour of	4397
Recurrent dislocation of patella of knee, operation for	8085
hernia, repair of	4258/4262

\*Payable on attendance basis

Service	Item
Recurrent sapheno-femoral, incompetence, operation for	4664
sapheno-popliteal, incompetence, operation for	4644
Reduction, dislocation	7397-7483
eyelid, unilateral	8584-8585
fracture	7505-7839
in excess of one reduction	7828-7839
intussusception by fluid	4003
with laparotomy	3722
mammoplasty	8528
of volvulus, with laparotomy	3722
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
Refractive Keratoplasty	6833
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	*
Removal of intra-uterine contraceptive device, under general anaesthesia	6264
Renal artery, aberrant, operation for	5683
biopsy	5726
cyst, excision of	5724
denervation	5683
dialysis in hospital	821-824
transplant	5642-5645
Resection, mandible	8556
maxilla	8554
nasal septum	5217
of bladder tumours	5871,5875
or diathermy of rectal tumour with sigmoidoscopy	4366/4367
rib with radical operation for empyema	6955
segmental, of breast where frozen section is performed	3668/3673
submucous, of nasal septum	5217
of turbinates	5241
Respiratory function, estimation of	920,921
Response recording (electromyography)	810,811,813,814
Restoration of cardiac rhythm by electrical stimulation	917
Resuturing of surgical wound (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	859,860
Retrobulbar abscess, operation for	6752
injection of alcohol	6918
transillumination	6914

\*Payable on attendance basis

Service	Item
Retrognathism, correction of	8564
Retrograde pyelography including cystoscopy with ureteric catheterisation, preparation for	5851
Retroperitoneal abscess, drainage of	4185
lymph node dissection, following nephrectomy	6232
following orchidectomy	6231
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	7318
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
Rod, removal of, requiring incision under regional or general anaesthesia	7886
Rodent ulcer, operation for	3219-3253
Rods, Harrington, or similar devices, re-exploration for adjustment	
removal of	7937
Roof or floor or orbital cavity, reconstruction of	8552
Rosen incision—myringoplasty	5075
Round window repair	5147
Rovsing's operation	5683
Rubber band ligation of haemorrhoids	4509
Rubin test for patency of Fallopian tubes	6638
Rupture of bladder, repair of	5891/5894
Ruptured medial palpebral ligament, re-attachment of	6932
muscle, repair of, not associated with external wound	3404-3407
urethra, repair of	6041
viscus (including liver, spleen or bowel) repair or removal of	3722,4165

Service	Item
S	
Sac, endolymphatic, transmastoid decompression	5116
lacrimal, excision of, or operation on	6774
Sacral block, initial	748
subsequent	752
sinus, excision of	4611/4617
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	6631
Salpingo-oophorectomy not associated with hysterectomy	6643/6644,6648/6649
Salpingostomy and/or salpingolysis	6631
Sapheno-femoral incompetence, re-operation for recurrent	4664
Sapheno-popliteal incompetence, re-operation for recurrent	4664
Scalene node biopsy	3168
Scalenotomy	8161
Scalp, suturing of to anchor hairpieces	*
vein catheterisation	895
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
or osteotomy of	8190
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	8349
Schlatter's epiphysitis, plaster for	8351
Sclera, removal of foreign body from, involving deep layers	6818
superficial foreign body from	*
Sclerectomy and iridectomy, for galucoma (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
with use of Harrington rod	7938,7938
Screw, removal of, requiring incision under regional or general anaesthesia	7886
Scrotum, excision of abscess of	3379/3384
partial excision of	6212
Sebaceous cyst, removal of	3219-3253
Second trimester labour, induction and management of	274/275
Secondary correction, hypospadias	6122

\*Payable on attendance basis

Service	Item
partial or incomplete, of cleft lip	8628
detachment of testis from thigh	4313
revision of rhinoplasty	8602
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
Separation of labial adhesions	*
peritoneal adhesions and laparotomy, operation for	3722
Septoplasty of nasal septum	5217
Septum, cauterisation or diathermy of	5229
nasal, septoplasty or submucous resection of	5217
vaginal, excision of, for correction of double vagina	6332
Sequestrectomy	4860-4877
Sesamoid bone, removal of	7853
Sever's epiphysitis, plaster for	8351
Shafts, forearm, fracture of	7567/7572
leg, fracture of	7647/7652
Sheath, tendon, incision of	8267
of finger, synovectomy of	8282
thumb, synovectomy of	8282
Shirodkar suture	250/258
Shock, post-anaphylactic treatment of	*
Shoulder, amputation or disarticulation at	4983
arthrectomy	8019
arthrodesis	8019
arthroplasty	8053-8070
arthrotomy	8014
dislocation of	7412-7419
plastic reconstruction	8017
removal of calcium deposit from cuff	8009
total replacement of, revision operation	8070
Shunt, arteriovenous, external, insertion of	4808
removal of	4812
ventricular cable, for hydrocephalus, congenital	7320
ventriculo-atrial, for hydrocephalus, congenital	7316
revision of	7318
Sigmoidoscopic examination	4354
under general anaesthesia	4363
with biopsy	4363
with biopsy	4354
Sigmoidoscopy with diathermy or resection of rectal polyp or tumour	4366/4367
fibreoptic, using flexible sigmoidoscope	4383,4386
Silicone band, encircling, removal of from detached retina	6906
Simple fracture, closed involving joint surfaces	7847
requiring open operation	7802,7803,7809
Simultaneous injections, multiple, by continuous compression techniques for varicose veins	4633
Single stage local flap repair, plastic	8480,8484

\*Payable on attendance basis

Service	Item
Sinoscopy	5348
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
in a child under 10 years	4552/4557
injection of sclerosant fluid under anaesthesia	4622
sphenoidal, intranasal operation on	5330
urogenital, vaginal reconstruction for	6327
Sinuses, ethmoidal, external operation on	5320
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	7240/7248
craniectomy for osteomyelitis of	7291
depressed or comminuted fracture, operation for	7231
operation on, for acute osteomyelitis	4838
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	7911/7915
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	8069
nail, osteosynthesis by	7898
removal of	3120/3124
Socket, eye, contracted reconstruction of	6705
Sounds, urethral, passage of, as an independent procedure	6036
Souttar's tubes, insertion of	5470
with oesophagoscopy	5470
Space, dead, estimation of	920
Spastic paralysis—manipulation and plaster	8356
Specialist, anaesthetist, separate pre-operative examination by	85
attendance	88-103
Specimen of sweat, collection of, by iontophoresis	958
Spermatic cord, complete excision of with orchidectomy	4296
Spermatocoele, excision of	6221/6224
Sphenoidal sinus, intranasal operation on	5330
Sphincter, anal, stretching of	4455
of Oddi, direct operation on	3820-3825
Sphincterotomy, anal, as an independent procedure (Hirschsprung's disease)	4490
endoscopic, external	5883

\*Payable on attendance basis

Service	Item
Sphincterotomy, endoscopic, with extraction of stones from common bile duct	3860
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	7085
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 fusion to	7947-7951
dislocation without fracture	7472
fracture of	7774-7798
lumbar, dislocation of, without fracture	7472
lumbar or thoracic interbody spinal fusion to	7957,7961
manipulation of, under general anaesthesia	7911/7915
operation on, for acute osteomyelitis	4853
chronic osteomyelitis	4867
Spino-peritoneal anastomosis for hydrocephalus, congenital	8320
pleural anastomosis for hydrocephalus, congenital	8320
ureteral anastomosis for hydrocephalus, congenital	8320
Spirometer, estimation of respiratory function by	921
Splanchnicectomy and ganglionectomy	7376
Spleen, ruptured, repair or removal of	3722,4165
Splenectomy	4141,4144,4165
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
Stenosing tendovaginitis, open operation for	8267
Stenosis, congenital, of oesophagus, radical correction of pulmonary—valvulotomy	8388 6999,7046
tracheal, dilatation of, with bronchoscopy	5619
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
Stimulating response recording (electromyography)	810,811,813,814
Stimulation, electrical, for restoration of cardiac rhythm	917



Service	Item
maximal perineal	*
Stimulator, electrical, localisation by, with nerve blocking by alcohol or other agent	756
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 + (1/2)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	5470-5492
rectum, plastic operation to	3739/3745
tracheal, dilatation of, with bronchoscopy	5619
urethral, dilatation of	6039
Stump, amputation, 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
tissue, repair of recent wound of	3046-3101
Subdural haemorrhage, tap for	7184
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
turbinates	5241
Suboccipital decompression, for congenital hydrocephalus	7314
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
Superficial dermoid of nose, congenital, excision of	8432/8434
removal of	3113
wound, repair of	3046,3058,3073,3092

\*Payable on attendance basis

Service	Item
Supportive graft, skeletal, with rhinoplasty, with or without septal resection	8544
Supracondylar fracture of humerus	7567/7572
Suprapubic cystostomy or cystotomy	5897/5901
tube, change of	*
drainage of pelvic abscess	6677/6681
prostatectomy	6001
stab, cystotomy	5903
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
Sympathectomy (cervical, lumbar, thoracic, sacral or presacral)	7376
Sympathetic trunk, injection into	755
Symphiotomy for fused kidney	5679
Symphysis pubis, fracture of	7615/7619
Synœchia, division of anterior, or posterior as an independent procedure	6881
Synovectomy, extensor or flexor tendons in wrist	8290
finger or other small joint	8022
hip	8048
interphalangeal joint	8287
metacarpophalangeal joint	8283
tendon sheath of finger	8282
thumb	8282
total, of knee	8088
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	3160
Synovioma, removal of, from ankle joint	8040
Syringe of ear	*

\*Payable on attendance basis

Service	Item
T	
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
Tear duct, probing of	6799
Tear, third degree, repair of	383
Teflon injection into vocal cord	5542
Temporal bone, removal of styloid process of	3431
zygomatic arch and glenoid fossa, reconstruction of	8682
lobectomy	7198
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, transplation of with osteotomy of osteectomy	
of phalanx or metatarsal for correction of hallux valgus	8135
artificial prosthesis for tendon grafting	8259
excision of thickened	8246,8249
exploration of	8267
and freeing of	8267
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
large, suture of	8235/8238

\*Payable on attendance basis

Service	Item
Tendon, lengthening of	8246/8249
or other deep tissue, removal of foreign body from	3120/3124
sheath, incision of	8267
of finger, synovectomy of	8282
thumb, synovectomy of	8282
splitting	8262
supraspinatus, curettage of	8009
thickened, excision of	8249
transplantation	8251
Tendovaginitis, stenosing, open operation for	8267
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
Tensillon test	*
Test, for glaucoma, provocative, including water drinking	849
oesophageal motility, manometric	966
Testicular biopsy	6218
prosthesis, insertion of	4269/4273
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	6999,7046
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
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
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

\*Payable on attendance basis

Service	Item
Thumb, amputation of, including metacarpal or part of metacarpal or disarticulation of	4965-4969 4927-4969
fractures of	7505-7512
metacarpo-phalangeal joint, dislocation of	7436
nodule, removal of	3219-3253
repair of divided digital nerve	7116/7117
tendon sheath of, synovectomy of	8282
Thymectomy	6999
Thyoma, 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
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, correction of	8151/8153
Keller's operation to	8131
or great toe, amputation or disarticulation of	4990-5029
phalanx of, operation for acute osteomyelitis of	4832
Toenail, ingrowing, excision of nail bed	7872/7878
wedge resection for	7872/7878
removal of	7861
Toilet, ear, requiring use of operating microscope and micro-inspection of tympanic membrane with or without general anaesthesia	5182
Tongue, diathermy of	3330-3346
partial or complete excision of	3480,5360
tie, repair of	3496,3505
Tonography, one or both eyes	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 aged less than twelve years	5363/5366
—removal of in a person twelve years of age or over	5389/5392
Torek (testis) operations	4307-4313
Torkildsen's operation	8362
Torn extra-ocular muscle, repair of	6934
Torticollis, congenital, operation for	8386

Service	Item
Total lung volume, estimation of	921
synovectomy of knees	8079
Total replacement of first metatarso-phalangeal joint	8131
Trachea, removal of foreign body from	5601
Trachelorrhaphy	6430/6431
Tracheo-oesophageal fistula, with or without atresia, ligation and division of	8390
Tracheostomy	5572/5598
Transantral ethmoidectomy with radical antrotomy	5277
ligation of maxillary artery	5268
Vidian neurectomy	5277
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 arterioplasty including associated radiological services and preparation	4800
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	8632
muscle, (Hummelsheim type, etc.) for squint	6930
renal	6930
Transplantation, adductor hallucis tendon with osteotomy of osteectomy of phalanx or metatarsal for correction of halux valgus	8135
cornea, including collection of implant	6828,6832
digit, plastic—complete procedure	8540
ligament	8251
tendon	8251
undescended testis	4307-4313
ureter	5763-5807
Transplants, hair	8535
Transposition of nerve	7143
stomach, with oesophagectomy	6986
Transthoracic drainage, of pericardium	6995
Transtympanic excision of glomus tumour	5152
Transvenous electrode, insertion or replacement of	7028
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
Treacher Collis syndrome, peri-orbital correction of	8677
Treadmill, exercise test during electrocardiographic monitoring	916
Trephine of frontal sinus	5308
Trephining of eye	6873
Trichiasis, electrolysis epilation for	6767
Trigeminal ganglion, injection into with alcohol	7079
gangliotomy, radio frequency	7157
Trigger finger, correction of	8267
Trimming of ileostomy	*

\*Payable on attendance basis

Service	Item
Triple arthrodesis of foot or ankle region	8116
Triquetrum, fracture of	7533
Trochanteric, sub-, osteotomy of femur	8206
Trunk, major artery of, repair of wound of, with restoration of continuity	4696
nerve, neurelysis of, internal (interfascicular)	7133
primary suture of	7124
secondary suture of	7132
Tube, Eustachian, catheterisation of	5343
Fallopian, hydrotubation of	6638,6641
implantation of, into uterus	6631
indwelling oesophageal, gastrostomy for fixation of	3722
insertion of, for drainage of middle ear	5172
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	5470
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	3295
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	6885
laminectomy for	7341,7353
larynx, removal of	5530
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
ovarian, radical or debulking operation for	6655
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	4366/4367
removal or 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

Service	Item
Tumour, retroperitoneal, removal of	4173
sacrococcygeal and presacral	4179
simple, vagina or vulva, removal of	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	6321
villous of rectum	4397
vocal cord, removal from	5530
vulva, simple, removal of	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	5235
Turbinates, cauterisation or diathermy of	5229
submucous resection of	5241
Turbinectomy	5237
Turn-buckle jacket, application of, body and head	7932
body only	7928
'Turning-in' operation for ectopic bladder, congenital	8414
Turricephaly, cranial vault reconstruction for	8681
Tympani, paracentesis of	5162
Tympanic membrane, micro-inspection of one or both ears, as an independent procedure under general anaesthesia	5186
in association with ear toilet	5182
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	3722
gastric, perforated, suture of	3722
peptic, perforated, suture of	3722
rodent, operation for	3219-3253
Ulna, bone graft to	7983,7993
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	
—cross-sectional	791,793
—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
prolapsed, excision of	6146,6389

\*Payable on attendance basis

Service	Item
Urethra, ruptured, repair of	6041
Urethral abscess, drainage of	3379/3384
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, 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
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 or internal	6069
perineal (external), as an independent procedure	6069
Urinary, flow study	841
infection—bladder washout test	839
meatotomy	6066
tract, X-ray of, preparation for	5851
Urogenital sinus, vaginal reconstruction for	6327
Uterine adenomyoma, excision of	6508
adnexae, removal of, with vaginal hysterectomy	6544
lavage—saline flushing	*
tubes, insufflation of, as test for patency (Rubin test)	6638
Uterus, bicornuate, plastic reconstruction for	6570
curettage of	6460/6464
by suction aspiration (menstrual aspiration)	6460/6464
—including curettage for incomplete miscarriage	6460/6464
—with colposcopy, cervical biopsy and radical diathermy	6483
gravid, evacuation of the contents of, by curettage or suction curettage	6469
implantation of Fallopian tube or tubes into	6631
manipulative correction of acute inversion of	365,368
suspension or fixation of	6585/6594
Uvula, excision of	5449
Uvulotomy	5449

\*Payable on attendance basis

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
dilatation of, as an independent procedure	6313
partial or complete removal of	6325
removal of simple tumour of	6321
Vaginal fistula, repair of, or closure of	5941,6079,6401
hysterectomy with removal of uterine adnexae	6544
operation, control of post-operative haemorrhage	3110
orifice, plastic repair to enlarge	6336
repair of, anterior or posterior	6347/6352,6358/6363
reconstruction in congenital absence or gynatresia	6327
septum, excision of, for correction of double vagina	6332
vault, suspension of, abdominal approach	6396
Vagotomy, highly selective	3889
with pyloroplasty or gastro-enterostomy	3891
selective	3882
trunkal	3875
with pyloroplasty or gastro-enterostomy	3889
Valgus, calcaneus—manipulation and plaster under general anaesthesia	8336
under general anaesthesia	8334
hallux, correction of	8131
—with osteotomy of 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
Valvulotomy for pulmonary stenosis	6999,7046
Varicocele, removal of	4269/4273
Varicose veins, injection of sclerosing fluid	*
multiple simultaneous injection by continuous compression techniques	4633
operations for	4637-4664
Vas deferens, operations on	6245-6253
Vascular anastomosis for portal hypertension	4766
Vasectomy (unilateral or bilateral)	6249/6253
Vasoe epididymography and vasovesiculography as an independant operative procedure, preparation for by open operation	6246
Vasoe epididymostomy (unilateral)	6247
using operating microscope	6245
Vasotomy (unilateral or bilateral)	6249/6253
Vaso-vasostomy (unilateral)	6247
using operating microscope	6245
Vein and/or artery, operations on	4637-4822
anastomosis of by micro-surgical techniques for the reimplantation of limb or digit or free transfer of tissue graft for priapism	4764
	6166

\*Payable on attendance basis

Service	Item
Vein saphenous, crossed by-pass	4665
central, catheterisation	950,951
scalp, catheterisation of	895
umbilical, catheterisation of	895
varicose, injection of sclerosing fluid	*
multiple simultaneous injection by continuous compression techniques	4633
operations for	4637-4664
Vena cava, inferior, plication of	4721
Venepuncture for sending blood to Approved Pathology Practitioner	955
Venesection	*
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	8320
puncture, cerebral	7099
left	7003
reservoir, insertion of	7190
Ventriculo-atrial shunt for hydrocephalus, congenital	7316
revision or removal of	7318
Ventriculostomy, third, for hydrocephalus, congenital	7314
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
Vessel, great, ligation of involving gradual occlusion of vessel by mechanical device	4715
Vidian neurectomy, transantral	5277
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	3722
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	6863
Vocal cord, biopsy of	5524
removal of nodule from	5530
tumour from	5530
teflon injection into	5542
Volume reserve (expiratory or inspiratory) residual, tidal or total lung, estimation of	921
Volvulus, reduction of, with laparotomy	3722
Vulva, simple tumour of, removal of	6321
Vulvectomy (radical)	6306
(simple)	6302
Vulvoplasty	6302

\*Payable on attendance basis

Service	Item
W	
Warts, treatment of by electrosurgical destruction, chemotherapy or surgical removal	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, buried, removal of, requiring incision under regional or general anaesthesia	7886
orthopaedic, insertion of	7883
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
Wry neck, operation for	8386

\*Payable on attendance basis

Service	Item
X	
Xanthelasma, treatment of Xenon arc photo-coagulation	3219-3253 6904

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Service	Item
Z	
Zinc ionisation of nostrils in the treatment of hay fever	*
Zygapophyseal joints, arthrectomy of	8028
Zygoma, fracture of osteotomy or osteectomy for	7764/7766
Zygomatic arch, temporal bone and glenoidfossa reconstruction	8658-8668
	8262

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\*Payable on attendance basis

**1 NOVEMBER 1984**

## **SECTION 3B**

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# **INDEX TO MEDICARE BENEFITS SCHEDULE**

**PART 7 — PATHOLOGY SERVICES**

**PART 8 — RADIOLOGICAL SERVICES**

**PART 8A — RADIOTHERAPY**

**PART 9A — COMPUTERISED AXIAL TOMOGRAPHY**

**PART 11 — NUCLEAR MEDICINE**



Service	Item
A	
Abdominal X-ray, plain	2699/2703
Acetone, examination of urine for	1536/1537,1673/1676
Acid, haemolysis test for paroxysmal nocturnal haemoglobinuria	1044-1049
phosphatase, estimation of	1342/1343
Acidity, estimation by pH meter	1319-1323
gastric, by dye test	1327/1328
A.C.T.H. stimulation test (procedural service)	1504/1505
Addis count (except when associated with items 1536/1537 and 1673/1674)	1851/1852
Adhesion test, platelet	1263/1264
Adrenal insufflation and X-ray	2697
preparation for	2825
Adrenaline tolerance test (procedural service)	1504/1505
Agglutination tests (quantitative)	1760-1767
(screening)	1756-1759
Agglutinins, cold	1202/1203
leucocyte	1159/1160
platelet	1166/1167
Aggregation test, platelet	1242/1243,1277-1280
Air contrast study with opaque enema	2718
encephalography	2756
preparation for	2805
Albumin, estimation of	1301-1312
examination of urine for	1536/1537,1673/1674
Alcohol, estimation of	1345/1346
Aldolase, estimation of	1342/1343
Alimentary tract, X-ray of	2699-2718
Alkaline phosphatase, estimation of	1301-1312
Alpha-foetoproteins in serum, detection of, by latex test	1935/1936
qualitative estimation of	1327/1328
quantitative estimation	1342/1343
(Note—benefits to be payable for one method only)	
A.L.T. (Alanine Aminotransferase)	1301-1312
Alveolus, application of moulds of radio-active substances	2924/2926
Amino acids, quantitative estimation by gas or paper chromatography	1368/1370
qualitative estimation by gas or paper chromatography	1330/1331
Ammonia, estimation of	1345/1346
Amniotic fluid, chromosome studies	2148/2149
spectrophotometric analysis	1357/1358
Amylase, estimation of	1342/1343
Angiocardiology, serial, bi-plane direct roll-film method	2748
indirect roll-film method	2750
rapid cassette changing	2744
single plane—direct roll-film method	2746
Angiography, cerebral	2758
percutaneous, preparation for	2807
preparation for by catheter or open exposure	2807
vertebral	2758
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	1121-1130
heterophile, estimation of	1190-1195

Service	Item
Antibodies, tissue, immunofluorescent detection of	1911-1919
Anti-desoxyribonuclease B titre test	1843/1847
Antihaemophilic globulin, assay of	1271/1272
Antinuclear factor, slide test	1190/1191
Antistreptolysin O titre test	1839-1847
Antithrombin 3, estimation of	1342/1343
Antitrypsin alpha-1, estimation of	1342/1343
Aortography	2770
preparation for	2817
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
Arteriography, cerebral	2758
preparation for	2807
peripheral	2766,2776
preparation for	2819,2827
selective, coronary	2751
Arthrography contrast	2788
double contrast	2790
Aspiration, renal cyst with injection of radio-opaque material	2831
A.S.T. (Aspartate aminotransferase)	1301-1312
Australia antigen, detection of	1336/1337
Autogenous vaccines, preparation of	1858/1859
Axial tomography, computerised	2960-2971

Service	Item
B	
B lymphocyte cell count	1987/1988
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
Bence Jones protein in urine	1319/1320
Bicarbonate, estimation of	1301-1312
Bile pigments, examination of urine for	1536/1537,1673-1676
Biliary atresia, X-ray of	2720-2728
Bilirubin, direct and indirect	1301-1312
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	1536/1537,1673-1676
film examination	1014-1016
by special stains	1019-1032
(Division 9)	2334-2336
gases, quantitative estimation of	1324-1326
grouping ABO and Rh (D antigen)	1080-1090
Duffy system	1101-1108
Kell system	1101-1108
M and N factors	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
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	8793-8798
Bowel, small, barium X-ray of (small bowel series only)	2714
with barium meal examination of stomach	2711
Brain, scan	8769/8770
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	2815
Brucellosis, agglutination tests for	1760-1767
BSP (Bromsulphthalein) estimation of	1330/1331
Bunnell, Paul, test	1194/1195

Service	Item
C	
Caeruloplasmin, estimation of	1342/1343
Calcium, estimation of	1301-1312
Calculus, analysis of	1354/1355
salivary, X-ray of	2579
Carbamazepine, assay of	1380-1387
Carbohydrate tolerance test (procedural service)	1504/1505
Carboxyhaemoglobin—qualitative	1215/1216
—quantitative	1345/1346
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	
—percutaneous, catheter or open exposure	2807
scan	8769/8770
ventriculography	2760
preparation for	2811
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	1301-1312
Cholangiogram, transhepatic, preparation for	2859
Cholangiography	2722-2728
Cholecystography, including preparation	2720
Choledochography	2722-2728
Cholegram, transhepatic, preparation for	2859
Cholegraphy	
—drip infusion	2728
preparation for	2837
—intravenous	2724
—operative, or post-operative	2722
—percutaneous transhepatic	2726
Cholesterol, estimation of	1301-1312
HDL, estimation of, for hyperlipidaemia	1401,1402
Cholinesterase, quantitative estimation of	1345/1346
Chorionic gonadotrophin, (beta-HCG) qualitative estimation of	1452/1453
quantitative estimation of	1452/1453
qualitative estimation of	2272/2273
quantitative estimation of	2272/2273,2285/2286
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
Chromosome studies	2148-2174
Cisternal puncture, preparation for radiological procedure	2849
Clavicle, X-ray of	2543/2545
Clot retractions	1234-1239
Coagulase test	1640/1641

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
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
Computerised axial tomography	2960-2971
Contrast media injection for radiological procedures	2805-2859
X-ray	2744-2794
study, air with opaque enema	2718
Coombs test—direct	1136/1137
—indirect	1112/1117,1144/1145
Copper, estimation of	1345/1346
Coproporphyrin, estimation of	1345/1346
Coronary, selective arteriography	2751
Creatine, estimation of	1342/1343
kinase, estimation of	1301-1312
Creatinine, clearance test (procedural service)	1504/1505
estimation of	1301-1312
Cryofibrinogen, estimation of	1342/1343
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	1609-1618
urine	1673-1683
Culture for mycoplasma	1615-1618
Cyst, renal, aspiration with injection of radio-opaque material	2831
Cystography	2690
Cystourethrography, retrograde	2690
micturating	2694
preparation for	2839
Cytogenetics	2131-2174
Cytological examination for herpes	2081/2082
malignancy	2081-2097
of vagina for assessment of hormones	2104-2112
sex determination	2131-2142
Cytology	2081-2112

Service	Item
D	
Dacryocystography	2754
preparation for	2813
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	1014/1016
leucocyte count (Division 9)	2334-2336
Digit, X-ray of	2502-2505
Digoxin, assay of	1380-1387
Discography	2752
preparation for	2843
Donath-Landsteiner, cold haemolysin (screening test)	1036/1037
Drip-infusion pyelography	2672
preparation for	2837
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	2805
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	1006-1013
(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	1014-1016
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	8700
screening test, volume Cr51	8702
sedimentation rate	1006-1013
(Division 9)	2334-2336
Erythroporphyrin quantitative estimation of	1345/1346
Ethosuximide, assay of	1392-1398
Euglobulin lysis time	1267/1268
Euglobulins, qualitative estimation of	1319-1323
Exudate, dark ground illumination microscopical examination for	
trypsonema 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
Factor 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	2841
Femur (thigh), X-ray of	2524/2528
Fibrin degeneration products, determination of	1263/1264
qualitative estimation of	1261/1262
quantitative estimation of	1261/1262
Fibrinogen titre, determination of	1247/1248
Fibrinogenolysis	1244/1246
Finger, X-ray of	2502/2505
Fistula, injection into, in preparation for radiological procedure	2851
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 of oesophagus	2732
Frozen section, immediate, diagnosis of	2048-2057
Fungi, precipitin test for	1661/1662
screening for in skin, hair, nails (Division 9)	2369



Service	Item
G	
Gallbladder, X-ray of	2720-2728
Gamma-glutamyl transpeptidase	1301-1312
Gastric acidity by dye test	1327/1328
function test (procedural service)	1504/1505
washings, examination for malignant cells	2096/2097
Giemsa stain	1545/1549
Globulin, antihæmophilic, assay of	1271/1272
estimation of	1301-1312
Glucagon tolerance test (procedural service)	1504/1505
Glucose, estimation of	1301-1312
Glucose-6-phosphate dehydrogenase estimation of	1036-1049
Glutathione deficiencies test	1036-1040
stability test	1044-1049
Glycosylated hæmoglobin, estimation of, in the management of	
established diabetes	1313/1314
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	1006-1013
(Division 9)	2334-2336
Haematology	1006-1049
Haemoglobin A1c estimation, qualitative	1333/1334
quantitative including qualitative	1360/1362
estimation	1006-1013
(Division 9)	2334-2336
glycosylated, estimation of, in the management of established diabetes	1313/1314
H, examination of blood film for	1019-1022
Haemolysin, examination of serum for blood group	1152-1153
Haemostasis	1234-1264
Hair, structural examination of	1586/1587
Hand, wrist and lower forearm, X-ray of	2516/2520
X-ray of	2508/2512
HDL cholesterol, estimation of, for hyperlipidaemia	1401/1402
Heart, measurement (X-ray) and kymography	2642/2646
Heinz bodies, examination of blood film for	1028-1032
Helminths, identification of	1693/1694
Hepatitis A and B, serological tests for	1747/1748
Herpes, cytological examination for	2081/2082
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
Hormone assays	1419-1485
using beta emitting labels or by bioassay	1475-1485
gamma emitting labels or any other unspecified technique	1452-1462
receptor assay	1469/1470
Huhner's test	2211/2212
Hydroxybutyric dehydrogenase, estimation of	1301-1310
—methoxy mandelic acid (HMMA), estimation of	1364/1366
—proline, estimation of	1364/1366
Hydroxyindole acetic acid, quantitative estimation of	1345/1346
Hyperthyroidism or thyroid cancer, radio-iodine for	2937
Hysterosalpingography	2762
preparation for	2841

Service	Item
Immediate frozen section diagnosis	2048-2057
Immunoelectrophoresis	1877-1885
Immunofluorescent detection of tissue antibodies	
—qualitative	1911-1914
—qualitative and quantitative	1918/1919
Immunofluorescent investigation of biopsy specimen	2060/2061
Immunoglobulins G, A, M or D quantitative estimation of	1888-1892
E quantitative estimation of	1897/1898
Immunology	1877-2023
Immunoperoxidase investigation of biopsy specimen	2062/2063
Indican, test for	1351/1352
Infertility and pregnancy tests	2201-2286
Inhibitory substances to micro-organisms in body fluids, (excluding urine)	
detection of	1732/1733
Injection, of radio-opaque material into renal cyst with aspiration	2931
opaque or contrast media for radiological procedures	2805-2859
Inlet, thoracic, X-ray of	2634
Insufflation, adrenal and X-ray	2697
with lipiodol	2762
perirenal for radiography, preparation for	2825
X-ray of	2697
Insulin hypoglycaemia stimulation test (procedural service)	1511/1512
Intra-osseous venography, preparation for	2843
—uterine foetal blood transfusion	
—control X-ray for	2742
—venous cholangiography including preparation	2724
Intra-venous pyelography	2678
Iron and iron-binding capacity, estimation of	1345/1346
examination of blood film for	1028-1032
Isotopes, radio-active, studies	8700-8829

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Service	Item
J	
Joint study, two or more	8799/8800

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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
Lancefield precipitin test for streptococcal grouping	1661/1662
Laryngography	2784
preparation for	2855
Larynx, X-ray of	2595
Latex flocculation test	1935/1936
L-dopa stimulation test (procedural service)	1504/1505
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	1006-1013
excretion test	1851/1852
(Division 9)	2334-2336
fractionation test	1965/1966
Lipase, estimation of	1342/1343
Lipids, total, estimation of	1301-1310
Lipiodol insufflation of Fallopian tubes	2762
Lipoprotein cholesterol estimation	1360/1362
Lithium, estimation of	1342/1343
Liver and lung, study	8742/8743
spleen, study	8736/8737
Loeffler stain	1545-1549
Lung fields, X-ray of	2625-2630
Lupus erythematosus cells, preparation and examination of film for	1948/1949
Lymphangiography including follow-up radiography	2792
preparation	2853
Lymphocytes cell count	1981/1982
culture, mixed	1995/1996
function tests	1995-1998

Service	Item
M	
Macroglobulins, estimation of	1319-1323
by immunodiffusion	1342/1343
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
Mercury, estimation of	1345/1346
Methotrexate	1392-1398
Methylene blue stain	1545-1549
Microbiology	1529-1859
Micro-organisms in body fluids, detection of inhibitory substances	1732/1733
pathogenic, identification of	1644-1665
Micturating cysto-urethrography	2694
preparation for	2839
Miniature X-ray of chest	2638
Monocyte function test	1973/1974
Morphine, assay of	1392-1398
Mucous membrane, cytological examination of	2081/2082
Muramidase estimation	1345/1346
Mycoplasma, culture for	1615-1618
screening test for	1637/1638
Myelography, preparation for, using lophedylate	2847
using Metrizamide	2848
one region	2773
two regions	2774
three regions	2775

Service	Item
N	
Nasal smear, examination of cells	1545/1549
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
Nuclear medicine scanning—	
cardiovascular—	
cardiac blood pool study	8716/8717
first pass blood flow study (gated or ungated)	8724
output estimation	8716/8717
shunt study	8724
gated cardiac blood pool (equilibrium) study	8720/8721
study with intervention	8723
myocardial infarct avid imaging study	8716/8717
thallium myocardial redistribution study	8712/8713
study	8712/8713
central nervous—	
brain study (static)	8769/8770
cerebro spinal fluid study (static)	8769/8770
shunt patency study	8773/8774
endocrine—	
adrenal study	8824/8825
parathyroid study	8821
perchlorate discharge study	8813/8814
thyroid study (Tc, I, Cs)	8813/8814
uptake	8817/8818
gastrointestinal—	
bowel haemorrhage study	8738/8739
gastric emptying study	8750
gastro-oesophageal reflux study	8738/8739
hepato biliary study	8736/8737
La Veen shunt study	8746/8747
liver and lung study	8742/8743
spleen study	8736/8737
Meckel's diverticulum study	8736/8737
pancreas study	8738/8739
red blood cell spleen study	8738/8739
salivary study	8738/8739
spleen study	8738/8739
genitourinary—	
cystoureterogram	8759/8760
placental study	8755-8756
quantitative renogram	8759/8760
renal study (static)	8755/8756
testicular study	8763/8764
miscellaneous—	
study of region or organ not covered by any other item	8828/8829
pulmonary—	
lung aerosol study	8730/8731
perfusion study	8730/8731



<b>Service</b>	<b>Item</b>
Nuclear medicine scanning —	
pulmonary —	
lung ventilation study	8730/8731
skeletal—	
joint study (2 or more joints)	8799/8800
restricted bone study	8797/8798
total body bone study	8793/8794
tumour seeking—	
restricted study	8807/8808
whole body study	8803/8804
vascular—	
dynamic flow study	8779/8780
labelled platelets thrombus study	8783/8784
white cell study	8783/8784
lymphoscintigraphy	8783/8784
peripheral perfusion study	8787/8788
regional blood volume quantitative study	8779/8780
venography	8783/8784

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
Oestrogen receptor assay	1469/1470
Oestrogens, non-pregnancy, estimation of	1364/1366
Opaque enema X-ray	2716,2718
meal	2709-2714
media, preparation for radiological procedures using	2805-2859
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	1324-1326

Service	Item
P	
Palato-pharyngeal studies	2591-2593
Pancreas, study	8738/8739
Papanicolaou smear	2081/2082
Parasites, cultural examination for	1702-1706
Pathogenic micro-organisms, identification of	1644-1665
Paul Bunnell test	1194/1195
Pelvic girdle, X-ray of	2551
Pelvimetry	2740
Pelvis, x-ray of	2551
Percutaneous cerebral angiography, preparation for	2807
Periodic acid, Schiff reaction (P.A.S.) blood reaction only	1028-1032
Perirenal insufflation for radiography, preparation for	2825
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, 1673-1676
Phalanges, X-ray of	2502/2505
Phalanx, X-ray of	2502/2505
Phenosulphthalein excretion test (procedural service)	1504/1505
Phenytoin, assay of	1380-1387
Phlebography	2768
preparation for	2819
selective, preparation for	2827
Phosphate, estimation of	1301-1312
Phosphorus, estimation of	1301-1312
Placentography	2740
Plain abdominal X-ray	2699/2703
renal X-ray	2665
Plasma, recalcified clotting time	1224/1246
Platelet, adhesion test	1263/1264
agglutinins, detection of	1166/1167
aggregation test (qualitative)	1242/1243
—using adenine dinucleotide phosphate, collagen, 5 hydroxytryptamine, restocetin	1277-1280
antibodies, detection of	1271/1272
count	1006-1013
factor III availability test	1271/1272
Platelets, qualitative estimation of	1014-1016
Pleura, X-ray of	2625/2627
Pneumoarthrography	2786
preparation for	2833
—encephalography	2756
preparation for	2805
—mediastinum	2794
preparation for, radiological	2857
—peritoneum, preparation for radiography of	2833
pO <sub>2</sub> and pCO <sub>2</sub> and pH and oxygen saturation and bicarbonate, estimation of	1324-1326
Porphobilinogen, qualitative estimation of	1319-1323
quantitative estimation of	1345/1346
Porphyryn factors	1345/1346
Porphyryns, qualitative test for	1327/1328
Potassium, estimation of	1301-1312

Service	Item
Precipitin (Lancefield) test for streptococcal grouping	1661/1662
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
Progesterone receptor assay	1469/1470
Protamine sulphate titration	1263/1264
Protein Bence Jones in urine	1319/1320
specific, assay of	1342/1343
radio-active iodine test	8708
total, estimation of	1301-1312
Prothrombin consumption test	1263-1264
time, estimation of	1234-1239,1259/1260
Pyelography, drip-infusion	2672
preparation for	2837
intravenous, including preparation for	2676,2678,2681
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
chorionic gonadotrophin	1452/1453
Fibrin degeneration products	1261/1262
Quantitative estimation of a substance not specified in any other item	1345/1346
any substance by reagent strip	1296-1298
blood gases	1324-1326
chorionic gonadotrophin	1452/1453
Fibrin degeneration products	1261/1262
Quinidine, assay of	1392-1398

Service	Item
R	
Radio-active B12 absorption test	8710
chromium, for estimation of gastrointestinal blood loss	8704
iodine test, protein bound	8708
mould	2924-2933
sources	
—sealed	2899-2933
—unsealed	2935-2941
uptake survival time, erythrocyte	8700
-iodine, for hyperthyroidism or thyroid cancer, by single dose technique	2937
urinary, estimation	8706
-isotope studies	8700-8829
therapeutic dose, oral	2935
intracavitary	2491
intravenous	2939
Radioallergosorbent tests	1903-1906
Radiological procedures—examination and report	2502-2802
Radiotherapy, deep or orthovoltage	2875-2885
megavoltage or teletherapy	2887-2897
radio-active—sealed	2899-2933
superficial	2861-2873
Rapid plasma Reagin (R.P.R.)	1772/1773
Recalcified plasma clotting time	1244/1246
Red cell morphology	1014-1015
Reiter protein complement fixation test	1781-1785
Renal cyst, aspiration with injection of radio-opaque material	2831
study (static)	8755/8756
X-ray, plain	2665
Reticulocytes, examination of blood film for	1019-1022
Retrograde pyelography	2687
Retroperitoneal pneumogram	2697
Rib, X-ray of	2655-2657
Rose Waaler test, quantitative	1941/1942
Rubella antibody test	1823/1824

Service	Item
S	
Sacral X-ray	2601-2611
Sacro-iliac joint, X-ray of	2554
Salicylate, estimation of	1342/1343
Salivary calculus, X-ray of	2579
Scans, computerised axial tomography	2960-2971
Scapula, X-ray of	2539/2541
Schick test	2013/2014
Schilling test	8710
Screening test for mycoplasma ureaplasma	1637/1638 1637/1638
Semen, analysis examination	2225-2228 2201-2216
Seminal examination for presence of spermatozoa (Division 9)	2392
Sensitivity testing, organism body fluids, (other than urine) urine	1609-1618, 1633/1636 1673/1676
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
precipitin (agar-geldiffusion) test for detection of antibodies to various allergens such as fungi, feathers, etc. up to a maximum of 6 allergens	1763/1764
T3 estimation	1452/1453
Sex chromatin studies, cytological	2141/2142
determination, cytological, from blood film	2131/2132
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	2851
Sinuses, X-ray of	2563
using opaque or contrast media	2782
Skeletal survey	2621
Skin, cytological examination for malignant change	2081/2082
sensitivity testing	2013-2023
Skull, X-ray of	2560
Slide test, antinuclear factor	1190/1191
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	1301/1312
Specific gravity, examination of urine for	1536/1537, 1673-1676
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
Spine, functional view of	2611
X-ray of cervical region	2597
lumbar-sacral region	2601
sacrococcygeal region	2604

Service	Item
Spine, X-ray of thoracic region	2599
two regions	2607
three or more regions	2609
Splenography	2772
preparation for	2823
Sputum, examination for malignant cells	2091/2092
Stain, Gram or similar	1545-1549
special, excluding histological examination	1556-1567
Stereoscopic examination (X-ray)	2798
Stereotactic procedure control X-ray for	2560
Sternum, X-ray of	2655-2657
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, 1673-1676
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 stimulation hormone, administration of (procedural service)	1516/1517
stimulation test (procedural service)	1504/1505
test—estimation of	1452/1453
uptake	8817/8818
Thyrotrophin releasing hormone administration of (procedural service)	1516/1517
stimulation test (procedural service)	1511/1512
Thyroxine, (T4)—normalised (ETR)	1421-1425
—free or total	1421-1425
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	2796,2960-2971
Total lipids, estimation of	1301-1312
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
Treponema pallidum haemagglutination tests (TPHA)	1805-1809
Trichomonas, culture for	1609/1610
Triglycerides, estimation of	1301-1312
Triiodothyronine (T3)—resin uptake	1421-1425
—total	1452/1453

Service	Item
U	
Upper forearm and elbow, X-ray of	2516/2520
leg and knee, X-ray of	2524-2537
Urate, estimation of	1301-1312
Urea, clearance test (procedural service)	1504-1505
concentration test (procedural service)	1504/1505
estimation of	1301-1312
Ureaplasma, screening test for	1637/1638
Urethrography	2690
cysto-micturating	2694
preparation for	2839
Uric acid, estimation of	1301-1312
Urinary, estimation, radio-iodine	8706
tract, X-ray of	2665-2697
preparation for	2825,5851
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	1536/1537,1673-1676
qualitative estimation of	1319-1323
Uroporphyrin, estimation of	1345/1346
Uterine lipiodol X-ray	2762
preparation for	2841
Uterus, pregnant, X-ray of	2738

Service	Item
V	
Vaginal epithelium, hormonal assessment by cytological examination of smears, examination for pathological change	2104/2105,2111/2112 2081/2082,2111/2112
Vasoevididymography	2780
Vasopressin, stimulation test (procedural service)	1504/1505
V.D.R.L. (Venereal Disease Research Laboratory) flocculation tests	1772-1776
Venography, intraosseous, preparation for	2845
Ventriculography, cerebral	2760
preparation for	2811
Vertebral angiography	2758
Vesiculography	2780
Vitamin B12, estimation of	1345/1346
Vitamins, unspecified, estimation of	1345/1346

Service	Item
W	
Wet film, microscopical examination (Division 9)	1529/1530 2352
White cell count	1006-1013
Wrist, and knee, bone age study of bone age study of X-ray of	2614,2617 2617 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

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Service	Item
Z	
Ziehl-Neelson stain of body fluids	1556/1557
Zinc, estimation of	1345/1346

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## SECTION 3C

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# List of Acceptable Terms & Abbreviations in Pathology

PART A—Groups of tests which are NOT acceptable.....	3C-1
PART B—Groups of tests which ARE acceptable.....	3C-1
PART C—Approved abbreviations for common procedural tests .....	3C-2
PART D—Approved abbreviations for other tests .....	3C-2—3C-6

## **A. Groups of tests which are NOT acceptable**

Antenatal screen or profile  
 Atherogenic risk screen or profile  
 Basic screen or profile  
 Comprehensive screen or profile  
 Cardiovascular screen or profile  
 Dysproteinaemia screen or profile  
 Executive screen or profile  
 Fatigue screen or profile  
 General screen or profile  
 Hypertension screen or profile  
 Inner ear screen or profile  
 Metabolic screen or profile  
 Obesity screen or profile  
 Ophthalmic screen or profile  
 Renal calculus screen or profile  
 AND similar groupings

## **B. Group tests which ARE acceptable**

Blood gases—*Items 1364 or 1366 only*  
 Calcium estimation—*deemed to include a request for estimation of albumin*  
 Cardiac Enzymes—*includes only tests chosen from Items 1301–1310*  
 Catecholamine estimation—*deemed to include a request for an estimation of creatinine*  
 Complete Blood Examination (CBE or CBP or FBE or FBC)—*includes only Items chosen from 1006–1015*  
 Cross matching—*deemed to include a request for a screening test for Rh and/or other antibodies (Items 1121/1122)*  
 Electrolytes—*includes only tests chosen from Items 1301–1310*  
 Immunoglobulins—*includes only IgG, IgA and IgM*  
 Lipid Studies—*includes only Cholesterol, Triglyceride and Lipid Electrophoresis*  
 Liver Function Studies (LFT)—*includes only tests chosen from Items 1301–1310*  
 Multiple Biochemical Analysis—*includes only tests chosen from Items 1301–1310*  
 Muramidase estimation—*deemed to include a request for estimation for urea or creatinine*  
 Syphilis Serology or Serological Tests for Syphilis (STS)—*refer only to the screening tests—Rapid Plasma Reagin (RPR) (Items 1772/1773) or VDRL (Items 1772/1773)—one only—and Treponema pallidum haemagglutination (TPHA) (Items 1805/1806) tests.*  
 Thalassaemia Screening—*includes Haemoglobin, Mean Cell Volume and Blood Film Examination and, if indicated as a result of these examinations, Iron Studies (Items 1345/1346) and Haemoglobin A2 (Items 1360/1362).*  
 Thyroid Hormones—*includes only FTI or ETR, When such test is ambiguous either T3 or TSH may be proceeded with as required.*

NOTE: Medically useful profiles and individual tests from various divisions of Pathology are commonly grouped as renal function studies and antenatal studies etc. When such studies are required the separate acceptable groups or tests need to be separately specified.



## **C. Approved abbreviations for common procedural tests**

Adrenalin Tolerance Test	<b>Adren. T.T.</b>
Arginine Infusion Test	<b>Arg. Inf.</b>
Bromsulphthalein Test	<b>B.S.P.</b>
Carbohydrate Tolerance Test	<b>C.T.T.</b>
Creatinine Clearance Test	<b>Creat. Cl.</b>
Gastric Function Test	<b>Gastric Stim.</b>
Glucagon Stimulation Test	<b>Gluc. Stim.</b>
Glucose Tolerance Test	<b>G.T.T.</b>
Histidine Loaded Figlu Test	<b>Figlu.</b>
Phenosulphthalein Excretion Test	<b>P.S.P. Ex.</b>
T.S.H. Stimulation Test	<b>T.S.H. Stim.</b>
Urea Clearance Test	<b>Urea Cl.</b>
Urea Concentration Test	<b>Urea conc.</b>
Vasopressin Stimulation Test	<b>Vaso Stim.</b>
Xylose Absorption Test	<b>Xylose Abs.</b>
Tolbutamide Test	<b>Tol. T.T.</b>
Insulin Hypoglycaemic Stimulation Test	<b>Insulin Stim.</b>
Urine Acidification Test	<b>Urine Acid T.</b>

## **D. Approved abbreviations for other tests**

### 1. HAEMATOLOGY

<i>Name of Test in Schedule</i>	<i>Abbreviation</i>	<i>Other Alternatives Abbreviations or Names Not Recommended</i>
Haemoglobin Estimation	<b>Hb</b>	
Haematocrit, Packed Cell Volume	<b>PCV</b>	
Erythrocyte Count	<b>RBC</b>	
Leucocyte Count	<b>WBC</b>	
Erythrocyte Sedimentation Rate	<b>ESR</b>	
Complete Blood Examination	<b>CBE or CBP or FBE or FBC</b>	
Neutrophil Alkaline Phosphatase	<b>NAP</b>	
Foetal Haemoglobin	<b>HbF</b>	
Glucose 6 Phosphate Dehydrogenase	<b>G6PB</b>	
Pyruvate Kinase	<b>PK</b>	
Coagulation Bleeding Time	<b>BT</b>	
Coagulation Time	<b>CT</b>	
Prothrombin Estimation	<b>PT</b>	
Partial Thromboplastin Time	<b>PTTK</b>	

<i>Name of Test in Schedule</i>	<i>Abbreviation</i>	<i>Other Alternatives Abbreviations or Names Not Recommended</i>
Fibrin Degeneration Products	FDP	
Thromboplastin Generation Test	TGT	
Antihaemophilic Globulin	AHG	
Thrombin Clotting Time	TCT	
<b>2. CHEMICAL PATHOLOGY</b>		
Acidity	pH	
Acid Phosphatase	ACP	<i>Acid Phos, Acid P'ase</i>
Alanine Aminotransferase	ALT	<i>GPT</i>
Albumin	ALB	
Alcohol (Ethanol)	ETOH	
Alkaline Phosphatase	ALP	<i>Alk Phos, Alk P'ase</i>
Amylase	AMS	
Arsenic	As	
Aspartate Aminotransferase	AST	<i>GOT</i>
Bicarbonate	HCO <sub>3</sub>	<i>Bicarb.</i>
Billirubins (Conjugated)	BILLI.C.	<i>B'rubin direct</i>
Billirubins (Total)	BILLI.T.	<i>B'rubin total</i>
Bromsulphthalein	BSP	
Calcium	Ca	
Carbamazepine	TEGR	<i>Tegretol</i>
Catecholamines	CAT	<i>Adrenalin, nor adrenalin</i>
Chloride	CL-	
Chloresterol	CHOL	<i>Cholest</i>
Copper	Cu	
Cortisol	CORT	<i>Hydrocortisone</i>
Creatine Kinase	CK	<i>CPK</i>
Creatinine	CREAT	
Delta ALA ( $\Delta$ -aminolevulinic acid)	ALA	
Digoxin	DIG	
Effective Thyroid Ratio	ETR	
Faecal Fat	FFAT	
Folic Acid	Folate	
Free Thyroxine Index	FTI	
$\gamma$ -Glutamyltransferase	GGT	<i>GGTP</i>
Globulin	GLOB	
Glucose	GLU	
Gold	Au	
Hydroxybutyrate Dehydrogenase	HBD	<i>aHBD</i>

<i>Name of Test in Schedule</i>	<i>Abbreviation</i>	<i>Other Alternatives Abbreviations or Names Not Recommended</i>
5HIAA (5-Hydroxyindoleacetic acid)	5HIAA	5 Hydroxyindoles
HMMA (3 Methoxy, 4 Hydroxymandelic acid)	HMMA	VMA, Vanillyl Mandelic acid
Iron	Fe	
Iron Binding Capacity	IBC	
Lactate Dehydrogenase	LD	LDH
Lead	Pb	
Lecithin/Sphingomyelin Ratio	L/S	
Lithium	Li	
Magnesium	Mg	
Mercury	Hg	
Multiple Biochemical Analysis	MBA	
Occult Blood	OB	
Oestriol	E3	
Non Pregnancy Oestrogens	OEST	Oestrogens
Oxogenic Steroids	170GS	17-Ketogenic Steroids, 17KGS
Oxasteroids	170S	17-Ketosteroids, 17KS
Oxygen Saturation	OSAT	
PBG (Porphobilinogen)	PBG	
PaCO <sub>2</sub>	PCO <sub>2</sub>	Arterial CO <sub>2</sub>
PaO <sub>2</sub>	PO <sub>2</sub>	Arterial Oxygen
Phenytoin	DIL	Dilantin, Diphenyl hydantoin
Phosphate	PHOS	Po4, Pi
Potassium	K	
Pregnanediol	P-DIOL	
Pregnanetriol	P-TRIOL	T Prot
Protein (Total)	PROT	
Sodium	Na	
Strontium	Sr	
T <sub>3</sub> Resin Uptake	T <sub>3</sub> RU	
Thyroxine	T <sub>4</sub>	PBI
Triglycerides	TRIG	Triglyc
Tri-iodothyronine	T <sub>3</sub>	
UBG (utobilinogen)	UBG	
Urate	Urate	Uric ad, UA
Urea	Urea	
Vitamin B12	B12	Cyanocobalamin

<i>Name of Test in Schedule</i>	<i>Abbreviation</i>	<i>Other Alternatives Abbreviations or Names Not Recommended</i>
Zinc	Zn	
Follicular Stimulating Hormone	h—FSH	
Luteinizing Hormone	h—LH	
Growth Hormone	h—GH	
Human Placental Lactogen	h—PL	
Chorionic Gonadotrophin	h—CG	
<b>3. MICROBIOLOGY</b>		
<b>(a) Specimen Collection:</b>		
<i>i. Swabs—</i>		
Nasal Swab	N/S	
Throat Swab	T/S	
Urethral Swab	Ur/S	
Vaginal Swab	Vg/S	
Cervical Swab	Cx/S	
<i>ii. Urine—</i>		
Catheter Specimen	CSU	
Early Morning Specimen	EMU	
Midstream Specimen	MSU	
Suprapubic Aspirate	SPAU	
<b>(b) Organisms and stains:</b>		
Acid Fast Bacilli	AFB	
Cytomegalovirus	CMV	
Herpes Simplex Virus	HSV	
Tuberculosis	TB	
Ziehl-Neelsen Stain	ZN	
Pleuro-pneumonia Like Organism	PPLO	
<b>(c) Investigations:</b>		
Microscopy and Culture including organism identification when required	M & C	
Minimum Bacteriocidal Concentration	MBC	
Minimum Inhibitory Concentration	MIC	
Venereal disease—		
Dark Ground Illumination	DGI	
Fluorescent Treponemal Antibody	FTA	
Fluorescent Treponemal Antibody (absorbed)	FTA—ABS	
Gonococcal Complement Fixation Test	GCFT	
Lymphogranuloma Venereum	LGV	
Reiter Protein Complement Fixation Test	RPCFT	
Treponema Pallidum Haemagglutination Test	TPHA	

<i>Name of Test in Schedule</i>	<i>Abbreviation</i>	<i>Other Alternatives Abbreviations or Names Not Recommended</i>
Treponema Pallidum Immobilisation Test	TPI	
Veneral Disease Reference Laboratory Test	VDRL	
Wasserman Reaction	WR	
<b>4. HISTOPATHOLOGY</b>		
Frozen Section	F/S	
Cervical Cytology	Pap. Smear	
<b>5. IMMUNOLOGY</b>		
Antibody	Ab	
Antigen	Ag	
Antinuclear Factor	ANF	
Antistreptolysin O Titre	ASOT	
Australian Antigen (Hepatitis B)	HAb, HBAg and HAg	
C—Reactive Protein	CRP	
Complement	C'	
Complement Fixation Test	CFT	
Haemagglutination	HA	
Haemagglutination Inhibition	HAI	
Hepatitis Associated Antigen	HAA	
Hydatid Complement Fixation Test	HCFT	
Immuno-electrophoresis	IEP	
Immuno-fluorescent	IF	
Immunoglobulin	Ig	
Latex Flocculation Test	RA	
Lupus Erythematosus	LE	
Radio-allergosorbent Test	RAST	

**SECTION 4**

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**ADDRESSES OF  
STATE OFFICES  
DEPARTMENT OF HEALTH  
AND  
STATE HEADQUARTERS  
HEALTH INSURANCE COMMISSION**

**1 NOVEMBER 1984**

# COMMONWEALTH DEPARTMENT OF HEALTH ADDRESSES

## NEW SOUTH WALES

State Headquarters,  
Commonwealth Government Centre,  
Chifley Square,  
Sydney. 2000 Tel. 232 8000

## VICTORIA

State Headquarters,  
Commonwealth Government Centre,  
Cnr. Spring & Latrobe Streets,  
Melbourne. 3000 Tel. 662 2999

## QUEENSLAND

State Headquarters,  
Commonwealth Government Offices,  
232 Adelaide Street,  
Brisbane. 4000 Tel. 225 0122

## SOUTH AUSTRALIA

State Headquarters,  
A.M.P. Building,  
1 King William Street,  
Adelaide. 5000 Tel. 216 3911

## WESTERN AUSTRALIA

State Headquarters,  
Victoria Centre,  
2 St George's Terrace,  
Perth. 6000 Tel. 323 5711

## TASMANIA

State Headquarters,  
Kirksway House,  
2 Kirksway Place,  
Hobart. 7000 Tel. 20 5011

## AUSTRALIAN CAPITAL TERRITORY

Department of Health,  
Alexander Building,  
Furzer Street,  
Phillip. 2606 Tel. 89 1555

## NORTHERN TERRITORY

Department of Health,  
MLC Building,  
81 Smith Street,  
Darwin. 5790 Tel. 80 2911

# **HEALTH INSURANCE COMMISSION**

(Medicare, P.O. Box 9822, in the Capital City of each State)

## **NEW SOUTH WALES**

State Headquarters,  
Medibank House,  
17 Castlereagh Street,  
Sydney. 2000      Tel. Medicare Hotline (02) 233 0566

## **VICTORIA**

State Headquarters,  
8th Floor,  
460 Bourke Street,  
Melbourne. 3000      Tel. Medicare Hotline (03) 602 1455

## **QUEENSLAND**

State Headquarters,  
82 Ann Street,  
Brisbane. 4000      Tel. Medicare Hotline (07) 288 5100

## **SOUTH AUSTRALIA**

State Headquarters,  
209 Greenhill road,  
Eastwood. 5063      Tel. Medicare Hotline (08) 274 0211

## **WESTERN AUSTRALIA**

State Headquarters,  
Medibank House,  
50 William Street,  
Perth. 6000      Tel. Medicare Hotline (09) 322 0022

## **TASMANIA**

State Headquarters,  
77 Collins Street,  
Hobart. 7000      Tel. Medicare Hotline (002) 34 7999

## **AUSTRALIAN CAPITAL TERRITORY**

Medibank House,  
Bowes Street,  
Woden. 2606      Tel. Medicare Hotline (062) 83 5520

## **NORTHERN TERRITORY**

Darwin      Tel. Medicare Hotline (089) 81 4390