

**Commonwealth Department of  
Health and Family Services**

**Supplement to**

**Medicare Benefits  
Schedule Book**

**of 1 November 1995**

**Effective 1 July 1996**

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AMENDMENTS EFFECTIVE 1 JULY 1996

This supplement provides details of changes to the 1 November 1995 edition of the Medicare Benefits Schedule book. Any item not included in the summary of changes listed herein remains as it is shown in the 1 November 1995 Schedule book.

At the time of printing, the relevant legislation giving authority for the changes included herein may still be subject to the approval of Executive Council and the usual Parliamentary scrutiny.

**Review of General Medical Services**

The changes result, in the main, from reviews of services undertaken in consultation with the medical profession under the auspices of the Medicare Benefits Consultative Committee. The Schedule amendments involve the introduction of new items, the deletion of obsolete items and amendments to existing items to ensure that the Schedule reflects and supports current proper medical practice in Australia.

The changes cover the introduction of items for haemapheresis, and amendments to vascular surgery, hyperbaric oxygen therapy and services performed in the treatment of impotence (doppler studies and penile injections). In addition, a number of changes have been made to clarify the intent of certain items, delete several obsolete urological items and correct minor anomalies arising from a previous major review of anaesthesia.

**Diagnostic Imaging Services**

Changes have been made to duplex ultrasound scanning items and new items have been introduced for the diagnosis and treatment of impotence.

A revision to the rule for the payment of benefits for preparation items has also been made. Preparation items are items 60900 to 60981 inclusive. Benefits are only payable for preparation items used in the rendering of a diagnostic radiology service (items in Group I3). Benefits are not payable for preparation items for computerised tomography (items in Group I2). An exception is made for computerised tomography of the spine (item 56218) where benefits are payable for preparation for myelography (item 60957).

**Pathology Services**

A new set of hepatitis testing items have been included in the Pathology Services Table to encourage more rational ordering of hepatitis tests. New Sub-Rule 8A of the Rules of Interpretation of the Table has been developed to ensure that Medicare benefits are only payable for one hepatitis item in a patient episode. The new hepatitis items have been designed to cover all the common clinical conditions which are likely to be encountered by treating practitioners, in such a way that only one item should be necessary in a patient episode.

Rule 1 of the Rules of Interpretation has been amended to ensure that all tests performed within fourteen days on the one specimen are considered part of the same patient episode, even if they are ordered on different days.

The new and amended items and Rules were developed in consultation with the Royal College of Pathologists of Australasia and the Australian Association of Pathology Practices.

**Safety Net**

The Medicare "safety net" increased with effect from 1 January 1996 to \$271.20 (see para 1.1 of General Explanatory Notes to the 1 November 1995 Medicare Benefits Schedule book).

**SUMMARY OF CHANGES**

The changes outlined are summarised below and are identified in the Schedule pages by one or more of the following symbols appearing above the item number:-

- (a) new item †
- (b) description amended ‡
- (c) fee amended +
- (d) anaesthetics amended @

**New Items**

13020	13025	13030	13750	13755	13760	18035	32708	32710	32711	33050	33055	33070	33075
33080	33175	33178	33181	33810	33811	34528	35202	35317	35319	35320	37415	55207	55210
66422	66423	66424	69262	69264	69266	69267	69268	69269	69270	69271	69272	69273	69274
69275	69276	69277	69278	69279	69281	69282	69285	69286	69287	69289	69290	69291	69293
69294	69295												

**Ceased Items**

13000	13003	13012	13315	32706	32709	33503	33809	35318	36534	36555	36582	37017	37032
37035	37414	66221	69203	69211	69215	69221	69243	69245	69247	69249	69261	69263	69265

**Amended Descriptions**

11603	11606	11609	11918	18216	18219	18230	18232	30378	34527	34530	41500	55201	55204
55231	55234												

**Amended Anaesthetics**

16511	16512	34527	35518	35658	45638	45641
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**Amended Fees**

33115	33118	33121	33509	33512	33515	33554	34521	34527	34530	35327
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**NOTES FOR GUIDANCE**

**Note 11.1 of General Notes for Guidance - Professional Services**

Delete Item 11303 from sub paragraph (b) of paragraph 11.1.2. The service covered by this item may be rendered 'on behalf of' medical practitioners.

**Hyperbaric Oxygen Therapy - New Items 13020, 13025 and 13030**

Hyperbaric Oxygen Therapy not covered by these items would attract benefits on an attendance basis.

For the purposes of these items, a comprehensive hyperbaric medicine facility means a separate hospital area that, on a 24 hour basis:

- (a) is equipped and staffed so that it is capable of providing to a patient:
  - hyperbaric oxygen therapy at a treatment pressure of at least 2.8 atmospheric pressure absolute (180 kilo pascal gauge pressure); and
  - mechanical ventilation and invasive cardiovascular monitoring within a multiplace chamber for the duration of the hyperbaric treatment.
- (b) is supported by:
  - at least one specialist anaesthetist, consultant physician or medical practitioner who holds the Diploma of Diving and Hyperbaric Medicine of the South Pacific Underwater Medicine Society who is rostered and immediately available to the hyperbaric facility during normal working hours;
  - a registered medical practitioner who is present in the hospital and immediately available to the facility at all times when patients are being treated at the hyperbaric facility; and
  - a registered nurse with specific training in hyperbaric patient care to the published standards of the Hyperbaric Technicians and Nurses Association who is present during hyperbaric oxygen therapy.
- (c) has defined admission and discharge policies.

## Obstetric Services - Postnatal care

Benefits for a practitioner's routine postnatal care of a patient are payable under the appropriate attendance item only if there is an arm's length transfer of responsibility of the patient from one practitioner to another. The transfer of a patient within a group practice would not qualify for benefits under this arrangement except in the case of Items 16515 and 16518. These items cover those occasions when a patient is handed over while in labour from the practitioner who under normal circumstances would have delivered the baby, but because of compelling circumstances decides to transfer the patient to another practitioner for the delivery. To allow flexibility in paying benefits for postnatal attendances rendered by either doctor there is no postnatal care component in the fee for Item 16515 or 16518.

Routine examinations of a well new-born do not attract benefits. This is considered to be part of normal postnatal care.

Benefits are only payable under Items 16564, 16567, 16570 and 16573 in respect of services provided by the same practitioner on the same day if the medical condition is serious enough to warrant the patient being relocated from the delivery suite to a sterile area i.e. hospital theatre.

## Caudal Infusion/Injection

Caudal injection has been deleted from Item 18232 on the basis that 'caudal infusion/injection' is covered by 'intrathecal infusion/injection'.

## Removal of Foreign Body from Ear - Item 41500

Benefits are not payable under Item 41500 for removal of ventilating tube. This service attracts benefits on an attendance basis.

## Liposuction for Lipodystrophy - MBAC Claims (Note T8.47)

Applications to the Medicare Benefits Advisory Committee in respect of liposuction for lipodystrophy must be supported by a full body photograph.

## Assistance at Operations - Multiple Procedures

The Schedule fee for assistance at operation in respect of multiple procedures should be calculated *after* the application of the Multiple Operation Rule.

## PATHOLOGY RULES OF INTERPRETATION

### Amend PX.

#### 1. (1) In this table

"patient episode" means:

(a) a pathology service or pathology services (other than a pathology service to which paragraph 1 (1) (b) refers) provided for a single patient whose need for the service or services was determined under subsection 16A of the Act:

- (i) on the same day; or
- (ii) if more than 1 test is performed on the 1 specimen within 14 days - on the same or different days;

whether the services:

- (iii) are requested by 1 or more practitioners; or
- (iv) are described in a single item or in more than 1 item; or
- (v) are rendered by 1 Approved Pathology Practitioner or more than 1 Approved Pathology Practitioner; or
- (vi) are rendered on the same or different days; or

(b) a pathology service to which rule 4 refers that is provided in the circumstances set out in that rule that relates to the service;

"recognised pathologist" means a medical practitioner recognised as a specialist in pathology by a determination under section 3D or subsection 61(3) of the Act;

"serial examinations" means a series of examinations requested on 1 occasion whether or not:

- (a) the materials are received on different days by the Approved Pathology Practitioner; or
- (b) the examinations or cultures were requested on 1 or more request forms by the treating practitioner;

"the Act" means the Health Insurance Act 1973.

**Insert New Note 8A.**

**8A.** (1) A Medicare benefit is not payable in respect of more than one of Items 69266, 69267, 69268, 69269, 69270, 69271, 69272, 69273, 69274, 69275, 69276, 69277, 69278, 69279 and 69281 in a patient episode.

(2) For the purposes of Item 69279, 'currently elevated transaminase level' means a level of alanine aminotransferase or aspartate aminotransferase above the normal reference range in respect of the particular method of assay used to determine the level, as disclosed by a test carried out within the previous 7 days.

#### **SPECIAL ARRANGEMENTS - TRANSITIONAL PERIOD**

Where the description, item number or Schedule fee for an item has been amended the following rule will apply:-

If the 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 1996 and continues beyond that date, the old (1 November 1995) item, fee and benefit levels will apply. In any other case the date the service is rendered will determine which item and fee is applicable.

DIAGNOSTIC	VASCULAR
<b>GROUP D1 - MISCELLANEOUS DIAGNOSTIC PROCEDURES AND INVESTIGATIONS</b>	
<b>SUBGROUP 5 - VASCULAR</b>	
‡  11603	<p>EXAMINATION OF PERIPHERAL VESSELS AT REST (unilateral or bilateral) excluding the cavernosal artery and dorsal artery of the penis, with hard copy recordings of wave forms, involving 1 of the following techniques - Doppler recordings (pulsed, continuous wave, or both) of blood flow velocity with or without pulse volume recordings; Doppler recordings involving real time fast fourier transform analysis; venous occlusion plethysmography; air plethysmography; strain-gauge plethysmography; impedance plethysmography; or photo plethysmography; (not being a service associated with a service to which item 11612 or 11615 applies) - 1 examination and report (See para D1.7 of explanatory notes to this Category)</p> <p>Fee: \$37.90      Benefit: 75% = \$28.45      85% = \$32.25</p>
‡  11606	<p>2 examinations of the kind referred to in item 11603 and report (not being a service associated with a service to which item 11612 or 11615 applies) (See para D1.7 of explanatory notes to this Category)</p> <p>Fee: \$53.80      Benefit: 75% = \$40.35      85% = \$45.75</p>
‡  11609	<p>3 or more examinations of the kind referred to in item 11603 and report (not being a service associated with a service to which item 11612 or 11615 applies) (See para D1.7 of explanatory notes to this Category)</p> <p>Fee: \$69.75      Benefit: 75% = \$52.35      85% = \$59.30</p>
<b>SUBGROUP 8 - GENITO/URINARY PHYSIOLOGICAL INVESTIGATIONS</b>	
‡  11918	<p>CYSTOMETROGRAPHY IN CONJUNCTION WITH IMAGING, with measurement of any 1 or more of urine flow rate, urethral pressure profile, rectal pressure, urethral sphincter electromyography; including all imaging associated with cystometrography, not being a service associated with a service to which items 11012-11027, 11900-11915, 11921 and 36800 apply (Anaes. 17704 = 3B + 1T)</p> <p>Fee: \$314.50      Benefit: 75% = \$235.90      85% = \$285.20</p>
<b>GROUP T1 - MISCELLANEOUS THERAPEUTIC PROCEDURES</b>	
<b>SUBGROUP 1 - HYPERBARIC OXYGEN THERAPY</b>	
‡  13020	<p>HYPERBARIC OXYGEN THERAPY performed in a comprehensive hyperbaric medicine facility for a period in the hyperbaric chamber of between 1 hour 30 minutes and 3 hours, including any associated attendance (See para T1.1 of explanatory notes to this Category)</p> <p>Fee: \$190.00      Benefit: 75% = \$142.50      85% = \$161.50</p>
‡  13025	<p>HYPERBARIC OXYGEN THERAPY performed in a comprehensive hyperbaric medicine facility for a period in the hyperbaric chamber greater than 3 hours, including any associated attendance - per hour (or part of an hour) (See para T1.1 of explanatory notes to this Category)</p> <p>Fee: \$85.00      Benefit: 75% = \$63.75      85% = \$72.25</p>
‡  13030	<p>HYPERBARIC OXYGEN THERAPY performed in a comprehensive hyperbaric medicine facility where the medical practitioner is pressurised in the hyperbaric chamber for the purpose of providing continuous life saving emergency treatment, including any associated attendance - per hour (or part of an hour) (See para T1.1 of explanatory notes to this Category)</p> <p>Fee: \$120.00      Benefit: 75% = \$90.00      85% = \$102.00</p>

MISCELLANEOUS	HAEMATOLOGY
<b>SUBGROUP 8 - HAEMATOLOGY</b>	
† 13750	<p>THERAPEUTIC HAEMAPHERESIS for the removal of plasma or cellular (or both) elements of blood, utilising continuous or intermittent flow techniques; including morphological tests for cell counts and viability studies, if performed; continuous monitoring of vital signs, fluid balance, blood volume and other parameters with continuous registered nurse attendance under the supervision of a consultant physician, not being a service associated with a service to which item 13755 applies - each day</p> <p>Fee: \$100.35                      Benefit: 75% = \$75.30      85% = \$85.30</p>
† 13755	<p>DONOR HAEMAPHERESIS for the collection of blood products for transfusion, utilising continuous or intermittent flow techniques; including morphological tests for cell counts and viability studies; continuous monitoring of vital signs, fluid balance, blood volume and other parameters; with continuous registered nurse attendance under the supervision of a consultant physician; not being a service associated with a service to which item 13750 applies - each day</p> <p>Fee: \$100.35                      Benefit: 75% = \$75.30      85% = \$85.30</p>
† 13760	<p>IN VITRO PROCESSING (and cryopreservation) of bone marrow or peripheral blood for autologous stem cell transplantation as an adjunct to high dose chemotherapy for:</p> <ul style="list-style-type: none"> <li>. chemosensitive intermediate or high grade non-Hodgkin's lymphoma at high risk of relapse following first line chemotherapy, or</li> <li>. Hodgkin's disease which has relapsed following, or is refractory to, chemotherapy;</li> </ul> <p>performed under the supervision of a consultant physician - each day.</p> <p>Fee: \$560.00                      Benefit: 75% = \$420.00      85% = \$530.70</p>
<b>GROUP T4 - OBSTETRICS</b>	
@ 16511	<p>CERVIX, purse string ligation of (Anaes. 17706 = 4B + 2T)</p> <p>Fee: \$161.45                      Benefit: 75% = \$121.10      85% = \$137.25</p>
@ 16512	<p>CERVIX, removal of purse string ligature of (Anaes. 17706 = 4B + 2T)</p> <p>Fee: \$46.60                      Benefit: 75% = \$34.95      85% = \$39.65</p>
<b>GROUP T6 - ANAESTHETICS</b>	
<b>SUBGROUP 2 - ADMINISTRATION OF AN ANAESTHETIC IN CONNECTION WITH A MEDICAL SERVICE</b>	
† 18035	<p>ADMINISTRATION OF AN ANAESTHETIC in connection with a change of dressing or change of plaster undertaken in a hospital or approved day hospital facility (Anaes. 3B + 2T)</p> <p>Fee: \$69.75                      Benefit: 75% = \$52.35      85% = \$59.30</p>
<b>GROUP T7 - REGIONAL OR FIELD NERVE BLOCKS</b>	
‡ 18216	<p>INTRATHECAL OR EPIDURAL INFUSION of a therapeutic substance, initial injection or commencement of, including up to 1 hour of continuous attendance by the medical practitioner</p> <p>Fee: \$139.45                      Benefit: 75% = \$104.60      85% = \$118.55</p>
‡ 18219	<p>INTRATHECAL OR EPIDURAL INFUSION of a therapeutic substance, initial injection or commencement of, where continuous attendance by the medical practitioner extends beyond the first hour</p> <p>Derived Fee: The fee for item 18216 plus \$13.95 for each additional 15 minutes or part thereof beyond the first hour of attendance by the medical practitioner</p>
‡ 18230	<p>INTRATHECAL OR EPIDURAL INJECTION of neurolytic substance</p> <p>Fee: \$175.10                      Benefit: 75% = \$131.35      85% = \$148.85</p>
‡ 18232	<p>INTRATHECAL OR EPIDURAL INJECTION of substance other than anaesthetic, contrast or neurolytic solutions, not being a service to which another item in this Group applies (See para T7.6 of explanatory notes to this Category)</p> <p>Fee: \$139.45                      Benefit: 75% = \$104.60      85% = \$118.55</p>



OPERATIONS	GENERAL
<b>GROUP T8 - SURGICAL OPERATIONS</b>	
<b>SUBGROUP 1 - GENERAL</b>	
† 30378	LAPAROTOMY involving division of adhesions in conjunction with another intra-abdominal procedure where the time taken to divide the adhesions is between 45 minutes and 2 hours (Anaes. 17714 = 7B + 7T) Fee: \$384.50                      Benefit: 75% = \$288.40      85% = \$355.20
<b>SUBGROUP 3 - VASCULAR</b>	
† 32708	AORTIC BYPASS for occlusive disease using a straight non-bifurcated graft (Anaes. 17731 = 15B + 16T) Fee: \$1,043.70                      Benefit: 75% = \$782.80      85% = \$1,014.40
† 32710	AORTIC BYPASS for occlusive disease using a bifurcated graft with 1 or both anastomoses to the iliac arteries (Anaes. 17733 = 15B + 18T) Fee: \$1,159.65                      Benefit: 75% = \$869.75      85% = \$1,130.35
† 32711	AORTIC BYPASS for occlusive disease using a bifurcated graft with 1 or both anastomoses to the common femoral or profunda femoris arteries (Anaes. 17735 = 15B + 20T) Fee: \$1,275.60                      Benefit: 75% = \$956.70      85% = \$1,246.30
† 33050	<b>BYPASS, REPLACEMENT, LIGATION OF ANEURYSMS</b>
	BYPASS GRAFTING to replace a popliteal aneurysm using vein, including harvesting vein (when it is the ipsilateral long saphenous vein) (Anaes. 17724 = 8B + 16T) Fee: \$1,068.50                      Benefit: 75% = \$801.40      85% = \$1,039.20
† 33055	BYPASS GRAFTING to replace a popliteal aneurysm using a synthetic graft (Anaes. 17722 = 8B + 14T) Fee: \$857.00                      Benefit: 75% = \$642.75      85% = \$827.70
† 33070	ANEURYSM IN THE EXTREMITIES, ligation, suture closure or excision of, without bypass grafting (Anaes. 17720 = 8B + 12T) Fee: \$618.30                      Benefit: 75% = \$463.75      85% = \$589.00
† 33075	ANEURYSM IN THE NECK, ligation, suture closure or excision of, without bypass grafting (Anaes. 17722 = 10B + 12T) Fee: \$786.45                      Benefit: 75% = \$589.85      85% = \$757.15
† 33080	INTRA-ABDOMINAL OR PELVIC ANEURYSM, ligation, suture closure or excision of, without bypass grafting (Anaes. 17729 = 15B + 14T) Fee: \$960.05                      Benefit: 75% = \$720.05      85% = \$930.75
+ 33115	INFRA-RENAL ABDOMINAL AORTIC ANEURYSM, replacement by tube graft (Anaes. 17734 = 15B + 19T) Fee: \$1,043.70                      Benefit: 75% = \$782.80      85% = \$1,014.40
+ 33118	INFRA-RENAL ABDOMINAL AORTIC ANEURYSM, replacement by bifurcation graft to iliac arteries (with or without excision of common iliac aneurysms) (Anaes. 17737 = 15B + 22T) Fee: \$1,159.65                      Benefit: 75% = \$869.75      85% = \$1,130.35
+ 33121	INFRA-RENAL ABDOMINAL AORTIC ANEURYSM, replacement by bifurcation graft to 1 or both femoral arteries (with or without excision or bypass of common iliac aneurysms) (Anaes. 17737 = 15B + 22T) Fee: \$1,275.60                      Benefit: 75% = \$956.70      85% = \$1,246.30
† 33175	RUPTURED ANEURYSM IN THE EXTREMITIES, ligation, suture closure or excision of, without bypass grafting (Anaes. 17721 = 8B + 13T) Fee: \$865.00                      Benefit: 75% = \$648.75      85% = \$835.70
† 33178	RUPTURED ANEURYSM IN THE NECK, ligation, suture closure or excision of, without bypass grafting (Anaes. 17723 = 10B + 13T) Fee: \$1,100.00                      Benefit: 75% = \$825.00      85% = \$1,070.70

OPERATIONS		VASCULAR	
† 33181	RUPTURED INTRA-ABDOMINAL OR PELVIC ANEURYSM, ligation, suture closure or excision of, without bypass grafting (Anaes. 17730 = 15B + 15T) Fee: \$1,345.00	Benefit: 75% = \$1,008.75	85% = \$1,315.70
+ 33509	AORTIC ENDARTERECTOMY, including closure by suture, not being a service associated with another procedure on the aorta (Anaes. 17728 = 15B + 13T) Fee: \$1,043.70	Benefit: 75% = \$782.80	85% = \$1,014.40
+ 33512	AORTO-ILIAC ENDARTERECTOMY (1 or both iliac arteries), including closure by suture not being a service associated with a service to which item 33515 applies (Anaes. 17729 = 15B + 14T) Fee: \$1,159.65	Benefit: 75% = \$869.75	85% = \$1,130.35
+ 33515	AORTO-FEMORAL ENDARTERECTOMY (1 or both femoral arteries) or BILATERAL ILIO-FEMORAL ENDARTERECTOMY, including closure by suture, not being a service associated with a service to which item 33512 applies (Anaes. 17730 = 15B + 15T) Fee: \$1,275.60	Benefit: 75% = \$956.70	85% = \$1,246.30
+ 33554	ENDARTERECTOMY, in conjunction with an arterial bypass operation to prepare the site for anastomosis - each site (Anaes. 17715 = 12B + 3T) Fee: \$200.00	Benefit: 75% = \$150.00	85% = \$170.70
† 33810	INFERIOR VENA CAVA OR ILIAC VEIN, closed thrombectomy by catheter via the femoral vein (Anaes. 17713 = 7B + 6T) Fee: \$435.00	Benefit: 75% = \$326.25	85% = \$405.70
† 33811	INFERIOR VENA CAVA OR ILIAC VEIN, open removal of thrombus or tumour (Anaes. 17723 = 15B + 8T) Fee: \$1,295.00	Benefit: 75% = \$971.25	85% = \$1,265.70
+ 34521	INTRA-ABDOMINAL ARTERY OR VEIN, cannulation of, for infusion chemotherapy, by open operation (excluding aftercare) (Anaes. 17715 = 7B + 8T) Fee: \$580.00	Benefit: 75% = \$435.00	85% = \$550.70
† @ + 34527	CENTRAL VEIN CATHETERISATION by open technique, using subcutaneous tunnel with pump or access port as with Hickman or Broviac catheter or other chemotherapy delivery device, including any associated percutaneous central vein catheterisation (Anaes. 17711 = 5B + 6T) Fee: \$405.00	Benefit: 75% = \$303.75	85% = \$375.70
† 34528	CENTRAL VEIN CATHETERISATION by percutaneous technique, using subcutaneous tunnel with pump or access port as with Hickman or Broviac catheter or other chemotherapy delivery device (Anaes. 17709 = 5B + 4T) Fee: \$200.00	Benefit: 75% = \$150.00	85% = \$170.70
† + 34530	HICKMAN OR BROVIAC CATHETER, OR OTHER CHEMOTHERAPY DEVICE, removal of, by open surgical procedure in the operating theatre of a hospital or approved day hospital (Anaes. 17709 = 5B + 4T) Fee: \$150.00	Benefit: 75% = \$112.50	85% = \$127.50
† 35202	MAJOR ARTERIES OR VEINS IN THE NECK, ABDOMEN OR EXTREMITIES, access to, as part of RE-OPERATION after prior surgery on these vessels (Anaes. 17720 = 12B + 8T) Fee: \$600.00	Benefit: 75% = \$450.00	85% = \$570.70
† 35317	PERIPHERAL ARTERIAL OR VENOUS CATHETERISATION with administration of thrombolytic or chemotherapeutic agents, BY CONTINUOUS INFUSION, using percutaneous approach, excluding associated radiological services or preparation, and excluding aftercare (not being a service associated with a service to which another item in Subgroup 11 of Group T1 or items 35319 or 35320 applies) (Anaes. 17708 = 6B + 2T) Fee: \$261.20	Benefit: 75% = \$195.90	85% = \$231.90
† 35319	PERIPHERAL ARTERIAL OR VENOUS CATHETERISATION with administration of thrombolytic or chemotherapeutic agents, BY PULSE SPRAY TECHNIQUE, using percutaneous approach, excluding associated radiological services or preparation, and excluding aftercare (not being a service associated with a service to which another item in Subgroup 11 of Group T1 or items 35317 or 35320 applies) (Anaes. 17711 = 6B + 5T) Fee: \$468.30	Benefit: 75% = \$351.25	85% = \$439.00
† 35320	PERIPHERAL ARTERIAL OR VENOUS CATHETERISATION with administration of thrombolytic or chemotherapeutic agents, BY OPEN EXPOSURE, excluding associated radiological services or preparation, and excluding aftercare (not being a service associated with a service to which another item in Subgroup 11 of Group T1 or items 35317 or 35319 applies) (Anaes. 17713 = 6B + 7T) Fee: \$629.10	Benefit: 75% = \$471.85	85% = \$599.80

OPERATIONS		VASCULAR
+	ANGIOSCOPY combined with any other procedure, excluding associated radiological services or preparation, and excluding aftercare (Anaes. 17712 = 8B + 4T) Fee: \$300.00      Benefit: 75% = \$225.00      85% = \$270.70	
	<b>SUBGROUP 4 - GYNAECOLOGICAL</b>	
@	OVARIAN CYST ASPIRATION, for cysts of at least 4cm in diameter in premenopausal women and at least 2cm in diameter in postmenopausal women, by abdominal or vaginal route, using interventional imaging techniques and not associated with services provided for assisted reproductive techniques (Anaes. 17707 = 4B + 3T) Fee: \$152.55      Benefit: 75% = \$114.45      85% = \$129.70	
@	UTERUS (at least equivalent in size to a 10 week gravid uterus), debulking of, prior to vaginal removal at hysterectomy (Anaes. 17711 = 6B + 5T) (See para T8.20 of explanatory notes to this Category) Fee: \$305.40      Benefit: 75% = \$229.05      85% = \$276.10	
	<b>SUBGROUP 5 - UROLOGICAL</b>	
†	PENIS, injection of, for the investigation and treatment of impotence - 2 services only in a period of 36 consecutive months Fee: \$34.20      Benefit: 75% = \$25.65      85% = \$29.10	
	<b>SUBGROUP 8 - EAR, NOSE AND THROAT</b>	
‡	EAR, foreign body (other than ventilating tube) in, removal of, other than by simple syringing (Anaes. 17706 = 5B + 1T) Fee: \$60.55      Benefit: 75% = \$45.45      85% = \$51.50	
	<b>SUBGROUP 13 - PLASTIC AND RECONSTRUCTIVE SURGERY</b>	
@	RHINOPLASTY - TOTAL, including correction of all bony and cartilaginous elements of the external nose (Anaes. 17711 = 5B + 6T) Fee: \$744.60      Benefit: 75% = \$558.45      85% = \$715.30	
@	RHINOPLASTY involving nasal or septal cartilage graft (Anaes. 17713 = 5B + 8T) Fee: \$795.10      Benefit: 75% = \$596.35      85% = \$765.80	

ULTRASOUND	VASCULAR
<b>GROUP II - ULTRASOUND</b>	
<b>SUBGROUP 3 - VASCULAR</b>	
‡  55201	DUPLEX SCANNING (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of carotid vessels (with or without vertebral arteries) or peripheral vessels (excluding the cavernosal artery and dorsal artery of the penis) (with or without intra-abdominal studies necessary for views of the lower aorta) or intra-thoracic or intra-abdominal vascular structures (excluding cardiac and pregnancy related studies), not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - 1 examination and report (R) <b>Fee:</b> \$170.60 <b>Benefit:</b> 75% = \$127.95      85% = \$145.05
‡  55204	- 2 or more examinations of the kind referred to in item 55201 and report, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies (R) <b>Fee:</b> \$293.20 <b>Benefit:</b> 75% = \$219.90      85% = \$263.90
†  55207	DUPLEX SCANNING involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of the cavernosal artery of the penis following intracavernosal administration of a vasoactive agent, performed during the period of pharmacological activity of the injected agent, to confirm a diagnosis of vascular aetiology for impotence, where a specialist in diagnostic radiology, urology or general surgery (sub-specialising in vascular surgery) attends the patient in person at the practice location where the service is rendered, immediately prior to or for a period during the rendering of the service, and that specialist interprets the results and prepares a report, not being a service associated with a service to which an item in Subgroups 1 (except item 55054) or 4 of this Group applies - examination and report (R) <b>Fee:</b> \$170.60 <b>Benefit:</b> 75% = \$127.95      85% = \$145.05
†  55210	DUPLEX SCANNING involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis of cavernosal tissue of the penis to confirm a diagnosis and, where indicated, assess the progress and management of: (a) priapism; or (b) fibrosis of any type; or (c) fracture of the tunica; or (d) arteriovenous malformations; where a specialist in diagnostic radiology, urology or general surgery (sub-specialising in vascular surgery) attends the patient in person at the practice location where the service is rendered, immediately prior to or for a period during the rendering of the service, and that specialist interprets the results and prepares a report, not being a service associated with a service to which an item in Subgroups 1 (except item 55054) or 4 of this Group applies - examination and report (R) <b>Fee:</b> \$170.60 <b>Benefit:</b> 75% = \$127.95      85% = \$145.05
‡  55231	DUPLEX SCANNING (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis, of peripheral vessels (excluding the cavernosal artery and dorsal artery of the penis) and carotid vessels, with oculoplethysmography, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - examination and report (R) <b>Fee:</b> \$330.50 <b>Benefit:</b> 75% = \$247.90      85% = \$301.20
‡  55234	DUPLEX SCANNING (unilateral or bilateral) involving B mode ultrasound imaging and integrated Doppler flow measurement by spectral analysis, of peripheral vessels (excluding the cavernosal artery and dorsal artery of the penis), including a service referred to in item 11603, 11606 or 11609, not being a service associated with a service to which an item in Subgroups 1 (with the exception of item 55054) or 4 of this Group applies - examination and report (R) <b>Fee:</b> \$198.30 <b>Benefit:</b> 75% = \$148.75      85% = \$169.00

PATHOLOGY	CHEMICAL
<b>GROUP P2 - CHEMICAL</b>	
†	Examination for faecal occult blood (including tests for haemoglobin and its derivatives in the faeces) by: (a) an immunological method; and (b) a chemical method (except reagent strip or dip stick); with a maximum of 3 examinations on specimens collected on separate days in a 28 day period - 1 examination by both methods
66422	Fee: \$8.80      Benefit: 75% = \$6.60      85% = \$7.50
† 66423	2 examinations by both methods described in item 66422 performed on separately collected and identified specimens Fee: \$17.60      Benefit: 75% = \$13.20      85% = \$15.00
† 66424	3 examinations by both methods described in item 66422 performed on separately collected and identified specimens Fee: \$26.40      Benefit: 75% = \$19.80      85% = \$22.45
<b>GROUP P3 - MICROBIOLOGY</b>	
† 69262	Detection of chlamydia by any method in specimens from 1 or more sites Fee: \$19.85      Benefit: 75% = \$14.90      85% = \$16.90
† 69264	Examination for Herpes simplex virus of 1 or more types by culture in material obtained directly from a patient, including a service described in items 69223, 69262 or 69282 (if performed) Fee: \$28.20      Benefit: 75% = \$21.15      85% = \$24.00
† 69266	Investigation for acute Hepatitis A - Hepatitis A IgM antibody test  (Item is subject to rule 8A) Fee: \$13.90      Benefit: 75% = \$10.45      85% = \$11.85
† 69267	Determination of immune status to Hepatitis A - Hepatitis A IgG antibody test  (Item is subject to rule 8A) Fee: \$13.90      Benefit: 75% = \$10.45      85% = \$11.85
† 69268	Investigation for acute or resolving Hepatitis B, including: (a) Hepatitis B surface antigen test; and (b) Hepatitis B core antibody test; and (c) Hepatitis B e antibody test (if the Hepatitis B surface antigen test is negative and Hepatitis B core antibody test is positive) (if performed)  (Item is subject to rule 8A) Fee: \$24.70      Benefit: 75% = \$18.55      85% = \$21.00
† 69269	Investigation for resolving Hepatitis B if Hepatitis B core antibody test is positive and Hepatitis B surface antigen test is negative, including: (a) Hepatitis B surface antigen test; and (b) Hepatitis B core antibody test; and (c) Hepatitis B surface antibody test  (Item is subject to rule 8A) Fee: \$34.70      Benefit: 75% = \$26.05      85% = \$29.50
† 69270	Determination of immune status to Hepatitis B (post exposure) - Hepatitis B core antibody test  (Item is subject to rule 8A) Fee: \$13.90      Benefit: 75% = \$10.45      85% = \$11.85
† 69271	Determination of immune status to Hepatitis B (post vaccination) - Hepatitis B surface antibody test  (Item is subject to rule 8A) Fee: \$13.90      Benefit: 75% = \$10.45      85% = \$11.85

PATHOLOGY	MICROBIOLOGY
†  69272	Investigation for chronic Hepatitis B or determination of carriage of Hepatitis B antigen - Hepatitis B surface antigen test  (Item is subject to rule 8A) Fee: \$13.90      Benefit: 75% = \$10.45      85% = \$11.85
†  69273	Investigation for chronic Hepatitis B or carriage of Hepatitis B antigen if the Hepatitis B surface antigen test is positive, including: (a) Hepatitis B surface antigen test; and (b) Hepatitis B e antigen test  (Item is subject to rule 8A) Fee: \$24.70      Benefit: 75% = \$18.55      85% = \$21.00
†  69274	Investigation for Hepatitis C - Hepatitis C antibody test  (Item is subject to rule 8A) Fee: \$13.90      Benefit: 75% = \$10.45      85% = \$11.85
†  69275	Investigation for acute or chronic Hepatitis D in a patient with a positive Hepatitis B surface antigen test - Hepatitis D antibody test  (Item is subject to rule 8A) Fee: \$13.90      Benefit: 75% = \$10.45      85% = \$11.85
†  69276	Determination of immune status to Hepatitis A and Hepatitis B, including: (a) Hepatitis A IgG antibody test; and (b) Hepatitis B core antibody test or Hepatitis B surface antibody test  (Item is subject to rule 8A) Fee: \$24.70      Benefit: 75% = \$18.55      85% = \$21.00
†  69277	Investigation for chronic viral hepatitis, including: (a) Hepatitis B surface antigen test; and (b) Hepatitis C antibody test  (Item is subject to rule 8A) Fee: \$24.70      Benefit: 75% = \$18.55      85% = \$21.00
†  69278	Investigation for chronic viral hepatitis if Hepatitis B surface antigen test is positive, including: (a) Hepatitis C antibody test; and (b) Hepatitis B surface antigen test; and (c) Hepatitis B e antigen test  (Item is subject to rule 8A) Fee: \$34.70      Benefit: 75% = \$26.05      85% = \$29.50
†  69279	Investigation for acute Hepatitis A, Hepatitis B or Hepatitis C in a patient with a currently elevated transaminase level, including: (a) Hepatitis A IgM antibody test; and (b) Hepatitis C antibody test; and (c) Hepatitis B surface antigen test; and (d) Hepatitis B core antibody test; and (e) Hepatitis B e antibody test (if Hepatitis B surface antigen test is negative and Hepatitis B core antibody test is positive) (if performed)  (Item is subject to rule 8A) Fee: \$44.70      Benefit: 75% = \$33.55      85% = \$38.00
†  69281	Syphilis serology and any 1 of items 69273, 69274 or 69277  (Item is subject to rule 8A) Fee: \$34.70      Benefit: 75% = \$26.05      85% = \$29.50

PATHOLOGY	MICROBIOLOGY
† 69282	<p>Microscopy and culture to detect pathogenic micro-organisms, including the detection of chlamydia by any method from urethra, vagina, cervix or rectum and including (if performed):</p> <ul style="list-style-type: none"> <li>(a) the detection of microbial antigens; or</li> <li>(b) pathogen identification and antibiotic susceptibility testing; or</li> <li>(c) a service described in item 69201, 69205, 69207, 69223, 69262, 69264 or 73810;</li> </ul> <p>1 or more tests on 1 or more specimens  <b>Fee:</b> \$48.10      <b>Benefit:</b> 75% = \$36.10      85% = \$40.90</p>
† 69285	<p>Microscopy of faeces for parasites using concentration techniques (including the use of appropriate stains) with a maximum of 3 examinations on specimens collected on separate days, including a service (if performed) described in item 69201 - 1 examination  <b>Fee:</b> \$16.20      <b>Benefit:</b> 75% = \$12.15      85% = \$13.80</p>
† 69286	<p>2 examinations described in item 69285 performed on separately collected and identified specimens  <b>Fee:</b> \$32.40      <b>Benefit:</b> 75% = \$24.30      85% = \$27.55</p>
† 69287	<p>3 examinations described in item 69285 performed on separately collected and identified specimens  <b>Fee:</b> \$48.60      <b>Benefit:</b> 75% = \$36.45      85% = \$41.35</p>
† 69289	<p>Culture of faeces for faecal pathogens, using at least 2 selective or enrichment media and culture in at least 2 different atmospheres including (if performed):</p> <ul style="list-style-type: none"> <li>(a) pathogen identification and antibiotic susceptibility testing; and</li> <li>(b) the detection of clostridial toxins or antigens not elsewhere specified in this Table; and</li> <li>(c) a service described in item 69201;</li> </ul> <p>with a maximum of 3 examinations performed on separately collected and identified specimens in any 7 day period - 1 examination  <b>Fee:</b> \$46.45      <b>Benefit:</b> 75% = \$34.85      85% = \$39.50</p>
† 69290	<p>2 examinations described in item 69289 performed on separately collected and identified specimens  <b>Fee:</b> \$92.90      <b>Benefit:</b> 75% = \$69.70      85% = \$79.00</p>
† 69291	<p>3 examinations described in item 69289 performed on separately collected and identified specimens  <b>Fee:</b> \$139.35      <b>Benefit:</b> 75% = \$104.55      85% = \$118.45</p>
† 69293	<p>Blood culture for pathogenic micro-organisms (other than viruses), including sub-cultures and (if performed):</p> <ul style="list-style-type: none"> <li>(a) identification of any cultured pathogen; and</li> <li>(b) necessary antibiotic susceptibility testing;</li> </ul> <p>to a maximum of 3 sets of cultures - 1 set of cultures  <b>Fee:</b> \$20.80      <b>Benefit:</b> 75% = \$15.60      85% = \$17.70</p>
† 69294	<p>2 sets of cultures described in item 69293  <b>Fee:</b> \$41.60      <b>Benefit:</b> 75% = \$31.20      85% = \$35.40</p>
† 69295	<p>3 sets of cultures described in item 69293  <b>Fee:</b> \$62.40      <b>Benefit:</b> 75% = \$46.80      85% = \$53.05</p>